

# Nutrional care and hydration



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Dignity in care

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# SCIE Guide 15: Dignity in care

## Nutritional care

### Section 1: Introduction

Nutritional care is a consistent feature in the research on dignity and there is a profusion of information and guidance on the subjects of food, mealtimes, nutrition and hydration. Despite this there are still serious concerns about nutrition in the health and social care sectors. The Department of Health is taking these issues very seriously; in October 2007 it published a joint action plan, 'Improving nutritional care' (see Resources below), and set up a delivery board to ensure implementation. The Council of Europe's 10 Key Characteristics of good nutritional care (see Resources) offers a concise summary of the meaning of good nutritional care. The characteristics were initially for healthcare and are currently being adapted to support the social care sector.

Some of the guidance available gives conflicting advice and information, particularly with regard to specific nutritional matters. It is important that this does not prevent people from providing good nutritional care to older people through a balanced diet appropriate to individual needs. There is some concern in social care that much of the information on nutrition and hydration is over-medicalised and not suited to the sector.

For social care staff, only a basic knowledge of nutrition is necessary in order to tackle malnutrition in older people. The fundamental point is that older people should undergo routine screening and have access to 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.

Most important of all, older people should receive the time, help and encouragement they need in order to eat the food provided.

This section of the Dignity in Care guide aims to:

- examine why the problem of malnutrition in older people persists, despite a raft of policy and guidance
- offer some solutions to the various problems that prevent change from happening

- highlight the key messages from guidance on nutrition (see Practice points)
- ensure that guidance is accessible to the social care sector by providing links to key documents (see Resources).

Hydration is addressed in a further subsection.

## **Background**

Much of the media attention and campaign focus to improve nutrition has been on hospitals. A report by the Patient and Public Involvement Forums entitled 'Hospital food, could you stomach it?' (Commission for Patient and Public Involvement in Health, 2006) found that more than a third of hospital patients have left their food uneaten, and issues were raised about choice, the temperature and presentation of food and people not receiving the help they need to eat their meals. Age Concern also published a compelling report 'Hungry to be heard' (see Resources) into the scandal of malnourished older people in hospital which strongly argues that it is a change in culture and practice that is required. It is clear, however, that the problem also exists for many older people who access social services, including residential, day care, extra care and domiciliary care.

Older people, for a number of reasons, are more likely to suffer from malnutrition and this increases for those using health and social care services. The largest nutritional screening survey, Nutrition Screening Survey in the UK 2007 was carried out by BAPEN, the British Association for Parenteral and Enteral Nutrition<sup>1</sup>. The survey found that between 19 and 30 per cent of all people admitted to hospitals, care homes or mental health units were at risk of malnutrition. The UK Home Care Association estimates that up to 90,000 people who receive home care services could be at risk of malnutrition (Grove, 2008).

Some conditions that affect people in later life, such as stroke, Parkinson's and Alzheimer's disease, can affect a person's ability to feed themselves and to swallow. Consideration should also be given to the impact of eating difficulties on the social aspect of mealtimes. A Swedish study (Sidenvall, 1999) noted that older people affected by debilitating physical or mental conditions strive to retain their independence and dignity when eating, and that such loss of skill can be painful and can cause embarrassment. It is important that support is provided in a discreet, sensitive and respectful manner that does not draw attention to the person's difficulties.

Mealtimes and nutrition are important to older people in relation to their quality of life and as a measure of the quality of service they receive. Evidence for this comes from a range of studies into different types of health and social care provision. Mealtimes and nutrition 'have been raised repeatedly... as an opportunity to respect residents' dignity, or undermine it'.

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<sup>1</sup> <http://www.bapen.org.uk>

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Meals and mealtimes affect the quality of life for older people and are indeed the 'Highlight of the day' for many people in residential care (Commission for Social Care Inspection, 2006) (see Resources). A small study into care homes found that, for residents, food is a definer of the quality of a home (PG Professional and the English Community Care Association, 2006). In the Department of Health (DH) online survey (DH, 2006d) respondents complained that not enough help is available to those who need assistance with eating. The analysis of British data from the Dignity and Older Europeans study supports this: 'participants said patients were often not fed by nurses and this was often a problem for older people who could not feed themselves' (Calnan et al, 2003). As the Research overview found, not having appropriate help with eating and drinking can have more serious consequences for people with dementia or depression.

## Section 2: Key points from research and policy

- Food, nutrition and mealtimes are a high priority for older people and a top priority for older people from black and ethnic minority groups (PRIAE/Help the Aged, 2001).
- Malnutrition affects over 10 per cent of older people (British Association for Parenteral and Enteral Nutrition, 2006).
- Between 19 and 30 per cent of all people admitted to hospitals, care homes or mental health units are at risk of malnutrition (British Association for Parenteral and Enteral Nutrition 2007).
- The UK Home Care Association estimates that up to 90,000 people who receive home care services could be at risk of malnutrition (Grove, 2008).
- Malnutrition is estimated to cost the UK over £7.3 billion a year (BBC, 2006).
- Malnourished patients stay in hospital longer, are three times as likely to develop complications during surgery, and have a higher mortality rate (Age Concern, 2006; BBC, 2006).
- The needs of people from black and ethnic minority groups, including 'basics such as food' are not always met by mainstream services (PRIAE/Help the Aged, 2001; Afshar et al, 2002).
- Key points in bringing about a culture change in food, nutrition and mealtimes are: good leadership, staff induction and training and adequate staffing levels (Commission for Social Care Inspection, 2006).
- The NHS Standards for Better Health requires healthcare organisations to ensure that patients have a choice of food that is prepared safely and provides a balanced diet; and that 'individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day' (Department of Health, 2004e).
- National minimum standards for care homes require that 'service users receive a wholesome appealing balanced diet in pleasing surroundings at a time convenient to them' (Department of Health, 2003a). Nearly 2,000 care homes in England do not meet this standard (Commission for Social Care Inspection, 2006).
- National minimum standards for domiciliary care require that 'personal care and support is provided in a way which maintains and respects the privacy, dignity and lifestyle of the person receiving care at all times'; this includes eating and meals (Department of Health, 2003b).
- In February 2006 the National Institute for Health and Clinical Excellence (NICE) and the National Collaborating Centre for Acute Care launched clinical guidance to help the NHS identify patients who are malnourished or at risk of malnutrition.
- The NHS Essence of Care benchmarks for food and nutrition include attention to nutritional assessment, the environment, presentation of food and appropriate assistance (Department of Health, 2003c). These can be used by care homes, as well as healthcare providers, to benchmark services.

## Section 3: Why does malnutrition persist and what can be done?

### Ageism, discrimination, and abuse

Extracts from the Resource guide below highlight some of the deep-seated societal issues that influence the way older people are treated:

'The tendency to view a patient as less than human has been identified with a need to defend oneself against the anxiety which their condition provokes' (Menzies, 1977).

'Evidence of ageism across all services 'ranges from patronising and thoughtless treatment from staff to the failure of some mainstream public services [reflecting a] deep-rooted cultural attitude to ageing, where older people are often presented as incapable and dependent...' (CSCI, 2006)

'It was an uncomfortable fact, but mainstream services and mainstream society were still seen by the older people in the groups as being both ageist and racist. They said it was impossible to ignore this fact...' (Butt, 2004).

'Cultural differences and needs were not met by mainstream services – including basics such as food.' (Butt, 2004).

'Threats to dignity in care include: labelling and disrespectful, inadequate communication; target- and/or routine-driven care; unequal power relations, ageism, and racism; staff shortages and poor morale' (Shore and Santy, 2004).

These issues extend far wider than the health and social care sectors and require a government wide response that reflects this. However it is the responsibility of the health and social care sectors to ensure that they play a significant part in addressing the problems of ageism, racism and abuse. Organisations must strive, through induction, training, good leadership and peer-to-peer learning, to change attitudes and behaviours to ensure that older people are treated with the respect and dignity they deserve.

See also SCIE's leadership resources<sup>2</sup>.

<sup>2</sup> <http://www.scie.org.uk/workforce/leadership.asp>

## Attitudes and awareness

‘Our failure to address nutrition may reflect a cultural issue in our society – perhaps we do not value the quality of our food as much as we should. I have been particularly struck by the quality of food for patients and staff in hospitals in France, which has much more of a food culture. There, mealtimes are sacrosanct for both patients and staff.’ Baroness Finlay of Llandaff (Hansard, 2008).

Increased frailty and physical dependence in older people can make them particularly susceptible to malnutrition, but there are clearly wider issues relating to food and nutrition that may compound the problem. Chef Jamie Oliver’s campaign to improve school dinners brought to light a number of worrying trends in terms of general ignorance about food and healthy eating. His campaign highlighted the national problem of schools serving and selling poor-quality food to children, along with the impact on parental and institutional attitudes of increased availability of processed and convenience food. Many parents and catering staff were shown to have accepted an alternative approach to nutrition and food preparation, demonstrating an astonishing lack of knowledge and cooking skills. While ‘consumer awareness of the importance of healthy eating is rising’ (Cabinet Office, 2008) there is still much to be done. With evidence of such widespread ignorance on nutrition, it cannot be assumed that health and social care staff or carers for elderly relatives will have the knowledge to provide, or ensure the provision of, adequate nutritional care. Commissioners and assessors will need to ensure this issue is highlighted, particularly as more people are set to determine their own care through personalisation and individual budgets.

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 in food procurement.

Across statutory catering services, there has been an increasing acceptance of the practice of purchasing pre-prepared food that has systematically deskilled and devalued catering staff and impacted on the quality, freshness and nutritional value of the food served. In 2006, the National Audit Office estimated that there were £224 million worth of inefficiencies in public food procurement every year (Cabinet Office, 2008).

Statutory services and those services commissioned by them are in a key position to influence change. The government has introduced a number of measures to address food standards in schools. The new Care Quality

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Commission will be developing compliance criteria for health and social care services and is committed to raising awareness about eating for good health, but much more work is needed nationally to change culture and behaviour. 'Food Matters: Towards a Strategy for the 21st Century' recognises the need for culture change and asserts that 'the public sector in England should be leading by example' (Cabinet Office, 2008) (See Resources). The government intends to introduce a new 'Healthier Food Mark' in public services, linked to standards for nutrition and sustainability.

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.

'Best practice in sustainable public-sector food procurement' (DEFRA) (see Resources) brings together a range of information, recommendations and practice examples on these issues.

The Food Industry Sustainability Strategy (DEFRA) (see Resources) reflects Government policy objectives on nutrition and health as set out in the Public Health White Paper (DH) (see Resources). It encourages the food industry to work in partnership with Government and other stakeholders to help bring about lasting improvements to the nation's nutrition and health. It reiterates the challenges set out in the White Paper, stressing the contribution expected of the food industry to help achieve Government policy objectives to increase average consumption of fruit and vegetables to at least five portions a day; increase the average intake of dietary fibre to 18 grams per day; reduce average salt intake to 6 grams per day; reduce average intake of saturated fat to 11 per cent of food energy; maintain the current trends in reducing average intake of total fat to 35 per cent of food energy; and reduce the average intake of added sugar to 11 per cent of food energy.

Hospitals are already taking these recommendations on board, in ways such as preparing fresh food on the premises (Royal Brompton Hospital) and sourcing locally (Royal Cornwall Hospital Trust). The aim of this process is to maintain maximum nutritional value in the food.

The Royal Brompton Hospital in Chelsea has been identified as a model of good practice in care catering. Meals for both patients and staff are prepared fresh on the premises and 20 per cent of the produce is from local and organic sources which supports local farmers and suppliers (National Health Executive, 2008a). The Royal Brompton are keen to help colleagues around the country to follow their model.

The Royal Cornwall Hospital Trust 'have responded to patients' comments that they want to see fresh, locally produced ingredients in their meals' (National Health Executive, 2008b). In 2002 they made the decision to implement a sustainable approach to food provision in hospitals across Cornwall aiming to source as much as possible locally. This, in addition to improving the quality and nutritional value of the food, provides a boost to the local economy. The next phase is to open a new food production unit that will supply local hospitals with freshly prepared food. The food will then be transported to local hospitals to be cooked on the wards and served along with steamed vegetable and salads.

## Section 4: Prioritising mealtimes

Good nutrition, good hydration and enjoyable mealtimes can dramatically improve the health and wellbeing of older people. Mealtimes, therefore, should be considered a priority in terms of importance and dedication of staff time; systems within organisations should support this.

Protected mealtimes<sup>3</sup> have been introduced in many hospitals: this means that non-emergency clinical activity stops, the ward is tidied and patients are made ready for their meals. It gives patients 'space' to eat and enjoy their meals. It also gives housekeepers and nurses time to give assistance to those who need it and raises staff awareness on the importance of good nutrition. See the Council of Europe's 10 Key Characteristics of good nutritional care in the Resources section.

In social care, the same model can be applied. Managers should ensure that mealtimes are given a high priority and adequate staff time to give help to those needing support. A pleasant eating environment and opportunities for social interaction will greatly enhance mealtimes. Luncheon clubs in the community, in extra care or in sheltered housing can provide valuable opportunities for people who might otherwise be isolated. Where there is insufficient staff to support people who need help with eating, mealtimes should be staggered so that each individual can receive the attention they need.

Volunteer schemes can be utilised to provide extra support for people at mealtimes. Managers will need to consider whether it is in the interest of the people using the service to welcome visitors such as relatives and carers at mealtimes; the benefits of social interaction during mealtimes should not be underestimated. However GP's and district nurses should be encouraged to avoid mealtime visits.

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<sup>3</sup> [http://195.92.246.148/nhsestates/better\\_hospital\\_food/bhf\\_content/protected\\_mealtimes/overview.asp](http://195.92.246.148/nhsestates/better_hospital_food/bhf_content/protected_mealtimes/overview.asp)

## Section 5: Accountability

Who is responsible for ensuring that older people get the food and drink they need? There are a number of answers to this question, depending on where the older person lives and who supports them. In hospitals the nursing staff, and ultimately the ward manager, are responsible for ensuring that the nutritional needs of patients are assessed and met.

In social care the assessment and care/support plan is key to ensuring that someone is accountable. Good communication of information from these documents between all involved (social workers/assessors, medical professionals, carers, service managers, care workers/frontline staff and catering staff) is essential to ensuring good nutritional care in older people.

The Commission for Social Care Inspection (CSCI) bulletin 'Highlight of the day?' (see Resources) reports that: 'Care homes that meet the national minimum standards for meals and mealtimes are more likely to have: staff that consult with the older people in their care on their needs; managers who met the training needs of their staff; and sufficient staff numbers to support older people in enjoying their meals.' (CSCI, 2006).

The following table outlines individual responsibilities:

Responsibility	Action
Social worker/assessor	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Ensure nutritional needs are met through the care plan, making use of local resources such as luncheon clubs and access to mainstream community resources.</li> <li>• Consider community meals ('meals on wheels'), but only when all other options have been exhausted or if the individual expresses a preference for them.</li> <li>• Referral for financial assessment and income maximisation to ensure good quality food is affordable.</li> <li>• 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).</li> </ul>

	<ul style="list-style-type: none"> <li>• Communication of the person’s nutritional needs to all relevant professionals and service managers.</li> <li>• 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.</li> </ul>
<p>Medical professionals (speech therapy, occupational therapy, dietician)</p>	<ul style="list-style-type: none"> <li>• Specialist assessment.</li> <li>• Provision of all necessary information on the needs of the older person, in an accessible format, to frontline care and catering staff.</li> <li>• 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 a given time, how to make a referral to the dietician.</li> </ul>
<p>Service provider Manager</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 relevant care and catering staff. Ensure the correct information on any conditions is available to front line staff in order to offer appropriate nutritional support.</li> <li>• Ensure the provision of appropriate training to all care and catering staff.</li> <li>• Introduce best practice in food procurement for residential and day care (see Resources).</li> <li>• 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</li> </ul>

	<p>dietary needs relating to illness or condition).</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Ensure that fresh water (see hydration section) is on offer at all mealtimes and freely available throughout the day.</li> <li>• Prevent mealtimes being interrupted by other routine tasks such as medication administration.</li> <li>• Provide facilities for people to make drinks and snacks in residential and day settings, where access to industrial kitchens is denied.</li> <li>• Carry out regular consultation with people using the service and their carers on the menus offered.</li> <li>• 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.</li> <li>• Monitor the provision of nutritional care and feedback received and take action accordingly.</li> </ul>
<p>Frontline care staff</p>	<ul style="list-style-type: none"> <li>• Consult the person's assessment and any medical documentation for information regarding their nutritional needs.</li> <li>• Provide support and encouragement with eating where necessary.</li> <li>• Talk to the person and, if appropriate, their</li> </ul>

	<p>carer, family or friends about about their nutritional care needs and preferences.</p> <ul style="list-style-type: none"><li>• Avoid making assumptions about people's preferences on the basis of their cultural background – people should be asked what their preferences are.</li><li>• 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.</li><li>• Consider whether the person has a poor appetite and what can be done to improve their appetite.</li><li>• 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).</li><li>• Where necessary complete food/fluid intake charts (see hydration).</li><li>• Ensure that people living at home can access snacks and drinks between homecare visits.</li><li>• Avoid interruptions to mealtimes by other routine tasks, such as administering medication.</li><li>• Give people time to eat; they should not be rushed. Provide company where it is likely to enhance their eating experience.</li><li>• 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.</li><li>• For people with communication problems, use visual aids such as pictorial menus and non-verbal communication skills to help people to make choices.</li><li>• In residential and day care settings, inform catering staff of the needs and preferences of individuals.</li><li>• Promote independence wherever possible, involving the older person in meal preparation and planning.</li><li>• Bring concerns to the attention of the service manager.</li><li>• Use whistleblowing procedures if</li></ul>
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	necessary.
Catering staff	<ul style="list-style-type: none"> <li>• Source local, seasonal, sustainable food where possible.</li> <li>• Ensure food is freshly prepared, and where possible avoid ready-made, pre-packaged and processed foods.</li> <li>• Ensure meals are nutritionally balanced and appropriate to individual needs using guides such as the 'eatwell plate'<sup>4</sup>.</li> <li>• Offer a range of options to meet different dietary and cultural needs and preferences.</li> <li>• 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.</li> <li>• Provide snacks and drinks throughout the day – water should be freely available.</li> <li>• 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 nutritionally at risk 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.</li> <li>• Ensure the environment is conducive to eating.</li> </ul>
Commissioners/contracting staff	<p>Ensure contracts include and provide adequate finance for:</p> <ul style="list-style-type: none"> <li>• the provision of sufficient, good quality food</li> <li>• food that is well prepared in a safe environment and meets any specific dietary, cultural and religious requirements</li> <li>• nutritional screening and monitoring</li> <li>• training for catering staff and care/support workers</li> <li>• best practice in food procurement</li> </ul>

<sup>4</sup> <http://www.eatwell.gov.uk/healthydiet/eatwellplate/>

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	<ul style="list-style-type: none"><li>• the provision of alternatives such as luncheon clubs and access to mainstream community resources.</li></ul> <p>Commissioners should acknowledge the time needed for 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.</p> <p>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.</p>
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## Section 6: Screening

### Screening

Malnutrition affects over 10 per cent of older people (British Association for Parenteral and Enteral Nutrition, 2006). Nutritional screening on admission to health and social care services, and improving food intake where necessary, is therefore vital and should be a key part of assessment and care planning. Service providers are also responsible for ensuring initial and follow up screening.

‘Screening is a process of identifying [people] who are already malnourished or who are at risk of becoming so. Those at high level of risk require referral for a further comprehensive nutritional assessment. (Unqualified staff, students, carers can screen patients if they have received the necessary education and training and have been assessed as competent to undertake the assessment, but accountability remains with the registered practitioner.) (NHS Modernisation Agency, 2003).’

Preventative, low-level support for older people in the community is an important part of addressing the problem of malnutrition. Health and social care staff in the community have a key role to play in early detection and prevention. It is essential that frontline staff have an awareness of basic nutritional needs, including the symptoms of dehydration, under nutrition and malnutrition and the importance of meals and mealtimes for older people.

There are many nutritional screening tools available for use by nurses. A study entitled 'Nutritional screening and assessment tools for older adults: literature review' (Green and Watson, 2006) found 21 specific to screening for older people. In the social care sector, however there are fewer.

Initial screening involves a simple calculation of height and weight to establish a body mass index measurement. Staff expected to carry out screening will require basic training. The screening should alert staff to any problems and they should know how to refer the older person on for professional help. It is vital that screening itself is not seen as a solution. It is the actions that take place once people have undergone screening that make a difference.

The UK Home Care Association offer a simplified Nutrition Guide screening tool<sup>5</sup> that can be purchased from them.

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<sup>5</sup> <http://www.ukhca.co.uk/productdesc.aspx?ID=15>

## Section 7: Training

Staff should receive training to ensure that they have a nutritional knowledge base appropriate to their role. The training should also equip them with the skills to communicate with people that have dementia and communication difficulties. Visual aids, such as pictorial menus, and non-verbal communication skills may help people to make choices.

For care staff and managers training should include:

- screening – awareness of the need to screen older people for malnutrition and training to use a screening tool
- identification of eating problems
- dementia
- communication difficulties
- dignity issues (including ageism, racism and abuse)
- creating a conducive environment for mealtimes
- assisting people to eat
- choice and dietary/religious/cultural issues.

For those handling and preparing food training should include:

- menu planning/involving older people/providing appropriate levels of choice
- food hygiene
- eating for good health
- cooking skills and food presentation
- dietary/religious/cultural issues
- best practice in food procurement.

## Section 8: Symptoms, causes and solutions

Awareness of nutrition may, for many reasons, be low in older people and their carers. There are a number of conditions and illnesses that may cause additional problems with nutrition in older people. Older people in the community may not be motivated to cook for themselves, and the death of a partner or spouse can lead to people with no experience of cooking having to start in their later years (Leicestershire Homecare Assessment and Rehabilitation Team). Further, the tasks associated with cooking, such as shopping and washing up, can be challenging for some older people. All of these related issues should be taken into account during assessment. Local lunch clubs may offer the chance to have a good hot meal regularly as well as providing social opportunities.

The following table looks at a range of problems along with possible causes and suggested solutions.

<b>Problem</b>	<b>Possible causes</b>	<b>Possible solutions/resources</b>
Poor appetite	Illness (eg cancer)  Depression (see Guide 03: Assessing the mental health needs of older people <sup>6</sup> )  Dementia (see below)  Side effects of medication  Decrease in sensitivity to taste	Explore all possible medical causes and treatments.  Encourage people to eat by involving them in the choice and preparation, and talking about food when eating.  Make eating a pleasant, sociable experience rather than a necessary chore.
Lack of nutritional knowledge or cooking skills	Long-term lack of knowledge could have a greater impact on poor nutrition in old age.  Widowers may not have prepared food for themselves before the loss of their spouse.	Raise awareness about the importance of nutrition to health and wellbeing.  Try to introduce new skills or rekindle lost ones  Offer support to carers.
Dental problems	Ill-fitting dentures may cause discomfort when eating.  Dentures may also cause loss of sensitivity to taste (Health and Age 2008).	Ensure older people have access to good regular dental care.  Offer support with cleaning and fitting dentures in preparation for meals.  Offer food that is easier to eat, eg softer foods.

<sup>6</sup> <http://www.scie.org.uk/publications/guides/guide03/index.asp>

<p>Poor nutrition relating to dementia</p>	<p>Nutritional problems, loss of appetite and weight loss are common problems in dementia, (see NICE/SCIE: Dementia: supporting people with dementia and their carers in health and social care<sup>7</sup>) especially as the severity of illness increases. Swallowing problems become increasingly noticeable as dementia worsens.</p>	<p>The Alzheimer’s Society ‘Food for Thought’ practice guides and advice sheets were produced specifically to help health and social care staff and carers deal with the challenges experienced by people with dementia concerning food, eating and drinking.</p> <p>Manage swallowing disorders (dysphagia) using food thickeners with appropriate posture and feeding techniques. See 'Nutrition support in adults' (NICE) and ‘Eating well for dementia’ (Caroline Walker Trust) in the Resources section.</p>
<p>Problems with eating caused by physical difficulties</p>	<p>Difficulty swallowing (dysphagia) could be related to dementia (see above), stroke, abscesses, tumours or degenerative neuromuscular diseases.</p> <p>Physical difficulties which restrict ability to buy, prepare or eat food.</p> <p>Problems with digestion.</p>	<p>Explore all possible medical causes and treatments.</p> <p>Ensure barriers to physical difficulty are removed</p> <p>Provide aids to assist with particular problems.</p>
<p>Toileting concerns</p>	<p>Poor bladder control.</p> <p>Lack of support to go to the toilet.</p> <p>Constipation caused by (from Health and Age 2008):</p> <ul style="list-style-type: none"> <li>• ignoring or over-riding the urge to defecate due to immobility, poor toilet arrangements, pain or confusion</li> <li>• poor diet, dehydration</li> <li>• gastrointestinal disease (including cancer)</li> <li>• drugs</li> </ul>	<p>Explore all possible medical causes and treatments.</p> <p>Ensure people drink enough fluids for good hydration (see Hydration).</p> <p>Ensure people have support to go to the toilet as often as they feel the need to, provide reassurance for people for whom this causes anxiety.</p> <p>Encourage physical activity.</p> <p>Increase fibre intake and encourage good diet.</p>

<sup>7</sup> <http://www.scie.org.uk/publications/misc/dementia/index.asp>

	<ul style="list-style-type: none"> <li>• hypothyroidism</li> <li>• food remaining in the gut for longer (slow transit time)</li> <li>• poor digestive system muscle tone.</li> </ul>	
Low expectation and fear of complaining	<p>Attitudes to food and eating.</p> <p>Poor levels of support.</p> <p>Poor food provision.</p>	<p>Raise awareness of rights to good nutrition.</p> <p>Encourage feedback and complaints</p> <p>Communicate what people can expect from services.</p> <p>Provide advocacy where needed.</p>
Lack of access to good nutrition	<p>Lack of appropriate food or help to eat it.</p> <p>Poor levels of identification of nutritional need.</p> <p>Inadequate staffing levels and lack of training.</p> <p>Lack of access to appropriate food for people from black and ethnic minority groups.</p> <p>Lack of meal choice due to communication problems.</p>	<p>Raise awareness.</p> <p>Ensure sufficient staff are available at mealtimes.</p> <p>Ensure staff are properly trained.</p> <p>Provide food appropriate for dietary and cultural needs.</p> <p>Provide training and support to carers and volunteers who are willing to provide assistance at mealtimes.</p> <p>Use pictorial menus</p>
Social issues	<p>Poverty.</p> <p>People who live alone may feel that it is not worth cooking just for one person.</p> <p>People may be embarrassed about eating with others due to physical problems with eating.</p>	<p>Ensure income and benefits are maximised.</p> <p>Encourage social eating through lunch clubs.</p> <p>Provide help with eating (see Practice points).</p> <p>Encourage family members to bring food and visit at mealtimes.</p>
Cultural/religious issues	<p>People that adhere to strict religious diets may be wary of food served in communal or</p>	<p>Where specialist food (eg vegan/kosher/halal) cannot be provided, source</p>

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	<p>public places, or even in their own home if prepared by someone from outside.</p>	<p>reputable local providers.</p> <p>Ensure staff have appropriate knowledge and training with regard to special dietary needs.</p> <p>Seek advice from the older person, family members, carers or friends as to what is acceptable.</p> <p>Some religions allow exemptions from strict adherence (eg Muslims that are ill or frail would be exempt from fasting during Ramadan). Where necessary seek advice from specialist religious organisations to provide reassurance.</p>
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## Section 9: Practice points

- Routine nutritional screening should be carried out on admission to hospital or residential care. The dietary needs and preferences of people using services, and any assistance needed at mealtimes, should be assessed, recorded and referred to by all frontline staff.
- Where screening raises particular concerns a referral for professional assessment should be made.
- Where screening raises particular concerns a referral for professional assessment should be made (eg 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, physiotherapist to assess physical needs and posture).
- 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.
- 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.
- Staff should receive training to ensure that they have a nutritional knowledge base appropriate to their role. The training should also equip them with the skills to communicate with people who have dementia and

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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, including freshly cooked meals.
- Introduce best practice in food procurement for residential and day care, ensuring food is of good quality and is, where possible, local, seasonal and sustainable.
- Carry out regular consultation on menus with people using the service.
- Wherever possible, involve people using the service 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.

## Section 10: Ideas from practice

Practice examples are self-reported and have not been evaluated.

### Red Tray system

Many hospitals have adopted this system for identifying patients who require assistance at mealtimes. Food served on a red tray provides an effective signal to staff without compromising the patient's dignity. The system is being monitored and refined, but has been found helpful in promoting individual care and staying alert to changing nutritional requirements. Designating patients who receive a red tray is part of initial and continuing assessment, and a daily updated list of patients due to receive food on red trays can be included in shift handovers and provided for kitchen staff. A red tray is also a simple reminder to staff to check the patient's notes for guidance on any specific help or nutritional needs. In several hospitals the red tray system has been linked with protected mealtimes (see below).

### Knife and Fork Symbol (United Bristol Healthcare NHS Trust)

Under this system, a knife and fork symbol is placed above patients' beds. This gives staff the same signal as the Red Tray system, indicating which patients need support during mealtimes.

#### For further information contact

Toni Williams, Chief Dietician, Food Policy, United Bristol Healthcare NHS Trust. Tel 0117 9283006. Email [toni.williams@ubht.nhs.uk](mailto:toni.williams@ubht.nhs.uk)

### Eat Well Feel Well (Heatherwood and Wexham Park Hospitals NHS Trust)

The Eat Well Feel Well project promotes a range of nutritional care improvements, including protected mealtimes, a wider range of ethnic menus, nutritional screening, a red tray system, link nurses to monitor quality of care and volunteers to help at mealtimes. The project also raises awareness through the use of posters, information videos, public awareness sessions and staff training.

#### For further information contact

Gay Lewis, Clinical Development Facilitator. Tel 01753 633764. Email [Gay.Lewis@hwph-tr.nhs.uk](mailto:Gay.Lewis@hwph-tr.nhs.uk)

### Patient Catering Survey (University Hospital of South Manchester NHS Trust)

The Patient Catering Survey<sup>8</sup> was designed to help assess whether service users were satisfied with the standard of food and support during mealtimes. In addition to the survey, nutritional awareness training was made

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<sup>8</sup> <http://www.scie.org.uk/publications/guides/guide15/ideas/files/cateringsurvey.pdf>

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mandatory for all new staff, and a newsletter, Essence of Care News was produced outlining the work and improvements made. The changes were carried out as part of Department of Health Essence of Care benchmarking on Food and Nutrition.

### **For further information contact**

Sheila Wilkinson, Improving the Patient Experience Project Manager. Tel 0161 2912761. Email Sheila.wilkinson@smuht.nwest.nhs.uk

## **Improving the mealtime experience (Methodist Homes for the Aged)**

Methodist Homes for the Aged (MHA) have introduced a range of initiatives across their care homes and housing schemes to improve the experience of mealtimes. The initiatives include a catering manual for catering and care staff with a clear set of standards, the introduction of routine nutritional screening, and assessment of residents' eating capabilities by speech and language therapists. In one particular home, staff have looked at ways to ensure residents' rights to privacy during mealtimes. Improvements have included the introduction of pleasant background music and fresh flowers at the dining table.

### **For further information contact**

George Sampson, Head of Hospitality. Tel 0773 4151988. Email George.Sampson@mha.org.uk

## **Best Practice Guidelines (Harrogate Neighbours Housing Association)**

The Harrogate Neighbours Housing Association have produced their own Best Practice Guidelines<sup>9</sup> for catering in residential homes and sheltered housing. It includes a philosophy statement on catering and a skills assessment of catering staff.

## **Food and Nutrition Benchmark (St Michael's Community Hospital, Aylsham)**

The Food and Nutrition Benchmark at St Michael's Community Hospital was put in place as part the Essence of Care<sup>10</sup> toolkit. The ward housekeeper, together with a healthcare assistant, spoke to patients about mealtime practices and asked for ideas as to how they could be improved. Following patients' suggestions, mealtimes were protected and made more of an event, with new cutlery and tablecloths improving the dining environment. Since the changes were made, patients have reported enjoying mealtimes more. Regular audits ensure the practices are still effective. Information taken from Essence of Care Eureka! Protecting Patients' Mealtimes at St Michael's Community Hospital.

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<sup>9</sup> <http://www.scie.org.uk/publications/guides/guide15/ideas/files/harrogate.pdf>

<sup>10</sup> <http://www.scie.org.uk/publications/guides/guide15/privacy/index.asp#otherresources>

### **Volunteers and Mealtimes project (United Bristol Healthcare NHS Trust)**

The Trust has introduced a range of initiatives to improve nutrition and dignity at mealtimes, including the Volunteers and Mealtimes project, established on one ward to provide more assistance to elderly patients. The project set out to recruit volunteers to make mealtimes on the ward a more social occasion. Following its success, more mealtime volunteers were recruited, each one attending a multi-professional half-day programme of training. The Hospital is considering extending the idea to other wards.

#### **For further information contact**

Jayne Weare, Occupational Therapy Manager. Email  
Jayne.Weare@ubht.nhs.uk

### **Cooking with Care (Barchester Healthcare)**

National care home provider, Barchester Healthcare, has initiated a Cooking with Care campaign, supported by the celebrity chef Paul Rankin, to ensure that mealtimes are enjoyable, dignified and fun. Chefs spend time in the dining room with residents to ensure that food is beautifully presented and to find out about residents' likes and dislikes.

To ensure that chefs are fully trained to support individual needs and tastes, Barchester Healthcare has developed the Barchester Chef Academy to offer training for all levels, from apprentice to Master Chef. The group has also introduced a system of 5 Star Dining to improve dining standards, particularly for patients with swallowing difficulties and those unable to feed themselves. Standards include offering the resident a choice of meal at their table (rather than pre-ordering), presenting food for people on soft diets just as beautifully as other dishes, and providing assistance in cutting up food discreetly.

#### **For further information contact**

Terry Tucker, Director of Learning, Development and Hospitality, Barchester Healthcare. Tel 07718 582139. Email terry.tucker@barchester.com

### **Nutritional Awareness Week (Southampton University Hospitals NHS Trust)**

This helped raise the understanding of how important it is for patients to receive good nutritional food. Guidance was also given to all wards on nutritional supplements. The work was carried out through the Essence of Care Group.

#### **For further information contact**

Julie Dawes, Associate Director of Nursing. Tel 02380 798435. Email  
julie.dawes@suht.swest.nhs.uk

### **Related document**

- A guide to nutritional supplements and their uses<sup>11</sup>
- Newsbite: August 2006<sup>12</sup>

### **Malnutrition Universal Screening Tool (MUST) (Caterham Dene Community Hospital)**

All patients at Caterham Dene are nutritionally screened on admission as part of the assessment process, using the Malnutrition Universal Screening Tool (MUST)<sup>13</sup>. This screening immediately identifies any difficulties a patient may have so that appropriate support can be arranged through the dietitian. All meals are supervised by the nursing staff, and the hospital is due to implement protected mealtimes to ensure that mealtimes are uninterrupted and that those with specific needs are easily identified.

### **For further information contact**

Eileen Clark, Service Manager. Tel 01737 214846. Email [eileen.clark@eastsurrey-pct.nhs.uk](mailto:eileen.clark@eastsurrey-pct.nhs.uk)

### **Nutrition support pack (Surrey and Borders Partnership NHS Trust)**

The support pack was developed by the practice development nurse, who worked with a number of professionals, including dietitians, speech and language therapists and medical staff. The guide includes information on:

- promoting good dietary intake (including special needs and gastrointestinal diseases)
- nutritional requirements of older people and those from ethnic minorities
- MUST (Malnutrition Universal Screening Tool) and flow charts
- DETERMINE ABCDEF Tool for assessing nutritional risk in the community
- audit - monitoring and recording of food waste
- care plan for patients who will not eat
- constipation and incontinence in older people
- Diabetes mellitus, including pathways
- bone health.

The nutrition support pack was originally developed for use in one of the trust's localities working with older people and mental health services. The intention is to expand its use across the trust after evaluation.

### **For further information contact**

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<sup>11</sup> <http://www.scie.org.uk/publications/guides/guide15/ideas/files/nutritional1.pdf>

<sup>12</sup> <http://www.scie.org.uk/publications/guides/guide15/ideas/files/nutritional2.pdf>

<sup>13</sup> <http://www.scie.org.uk/publications/guides/guide15/ideas/files/must.pdf>

Jill Ruhomutally, Practice Development Nurse. Email  
Jill.Ruhomutally@sabp.nhs.uk

### **Involving residents (Dorset County Council)**

Adults with learning disabilities in residential care are now involved in developing their own care plan as part of Dorset County Council's dignity in care at mealtimes. Residents are nutritionally screened on admission and at monthly intervals, and are surveyed regularly about meals and mealtimes so that menus can be adapted accordingly.

#### **For further information contact**

Sue Hawkins, Catering Services, Adult and Community Services. Email  
s.hawkins@dorsetcc.gov.uk

### **Mealtimes (Hyndburn short break service)**

At Hyndburn short break service for people with learning disabilities staff spend time with the person, their family and any other professionals involved at induction to establish the person's dietary requirements, preferences, usual routines and any individual guidelines. Before the person's stay, staff refer to their person centred plan and ensure their preferences are included in shopping for that week. A review of information is ongoing and an official meeting with all involved is held every 6 months. All staff have basic food and hygiene training and understand what constitutes to a well balanced diet. Staff support individuals who require assistance during their meals. Main meals are eaten around a table in a 'family' atmosphere unless a need or preference requires different support.

#### **For further information contact**

Rebecca Toman, Short Breaks Manager, 98/100 Gloucester Avenue,  
Accrington, BB5 4BG. Tel: 01254 395060

### **Model of good practice (Royal Brompton Hospital)**

The Royal Brompton Hospital in Chelsea has been identified as a model of good practice in care catering. Meals for both patients and staff are prepared fresh on the premises and 20 per cent of the produce is from local and organic sources which supports local farmers and suppliers (National Health Executive, 2008a). The Royal Brompton are keen to help colleagues around the country to follow their model.

### **Sourcing locally (Royal Cornwall Hospital Trust)**

The Royal Cornwall Hospital Trust 'have responded to patients' comments that they want to see fresh, locally produced ingredients in their meals' (National Health Executive, 2008b). In 2002 they made the decision to implement a sustainable approach to food provision in hospitals across Cornwall aiming to source as much as possible locally. This, in addition to

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improving the quality and nutritional value of the food, provides a boost to the local economy. The next phase is to open a new food production unit that will supply local hospitals with freshly prepared food. The food will then be transported to local hospitals to be cooked on the wards and served along with steamed vegetable and salads. The aim of this process is to maintain maximum nutritional value in the food.

### **Pictorial menus (Royal Berkshire Hospital)**

The Royal Berkshire Hospital has developed a set of pictorial menus with photographs, symbolic representation of each food and the food name written in large print. There is additional information describing special food types such as puree and easy chew diets and thickened drinks. This resource can improve meal choices of patients with communication or sensory difficulties, dementia and people who do not speak English as a first language. Consequently, their nutritional status is improved. Staff found they had to spend less time ascertaining patient choices using the new menus and 95 per cent of patients surveyed said they found the menu helpful.

Food symbols were sourced from: [www.mayer-johnson.com](http://www.mayer-johnson.com)

#### **For further information contact**

[claire.harrison@royalberkshire.nhs.uk](mailto:claire.harrison@royalberkshire.nhs.uk)

### **Motivation and encouragement (Leicestershire Home Care Assessment and Reablement Team)**

The Leicestershire Home Care Assessment and Reablement Team (HART) is a specialist team that undertakes a six-week assessment and reablement programme with all new referrals for Home Care except for people who are terminally ill. The assessment can include observation of nutritional wellbeing (weight/body condition), diet and cooking skills. The team has had success in motivating people to start cooking again or develop the confidence to use equipment such as microwaves. For example, an examiner had never made himself a cup of tea or cooked a meal. When his wife died his family thought that would be unable to cope and were considering residential care for him. The HART team went in and encouraged him to use the kettle and the microwave and to make himself simple meals – starting with beans on toast. They encouraged him to go out and he now has his main meal in a local café, he is coping well, to the surprise and delight of his family. HART withdrew as he is now independent.

#### **For further information contact:**

[adultsocialcare@leics.gov.uk](mailto:adultsocialcare@leics.gov.uk)

### **Neighbourhood alternatives (Dorset County Council)**

Dorset County Council are working hard to find alternatives to 'meals on wheels' by asking older people about their preferences and trying to develop

local alternatives to provide more flexible, choice based services. The project endeavours to source local people and services that can provide alternatives, such as local food outlets and even neighbours.

**For further information contact:**

Sue Hawkins, Care Catering Services Manager [s.hawkins@dorsetcc.gov.uk](mailto:s.hawkins@dorsetcc.gov.uk)

## Section 11: Resources

For resources on hydration, see the Hydration section.

### Age Concern

Hungry to be heard (Age Concern, 2006) gives seven steps to end malnutrition in hospital. Age Concern is calling for every ward in every hospital to implement seven recommended steps to end hospital malnutrition.

- Hungry to be heard (PDF file)<sup>14</sup>
- Seven steps<sup>15</sup>

### Alzheimer's Society

The Alzheimer's Society training pack, 'Yesterday, today, tomorrow', includes a 90-minute video/DVD and 130-page training manual providing eight training sessions. The pack has been designed to help deliver training at a time that is convenient to the home/ward/department. Session five of the pack particularly focuses on personal care, including eating and drinking. The session aims to develop participants' understanding of appropriate choices of food and drink. The Alzheimer's Society also provides nutrition training events, called Food for Thought.

- Yesterday, today, tomorrow<sup>16</sup>
- Food for thought<sup>17</sup>

### British Association for Parenteral and Enteral Nutrition (BAPEN)

The British Association for Parenteral and Enteral Nutrition (BAPEN) provides a wealth of information including how to screen people for nutritional health in the form of the Malnutrition Universal Screening Tool (MUST).

- Malnutrition Universal Screening Tool (MUST) (PDF file)<sup>18</sup>
- Nutrition screening survey report (PDF file)<sup>19</sup>

### British Dietetic Association

The British Dietetic Association has produced a report, Delivering Nutritional Care through Food and Beverage Services, which is endorsed by the Hospital Caterers Association and provides useful information on the nutritional content of food in a hospital setting.

- British Dietetic Association<sup>20</sup>

<sup>14</sup> <http://www.scie.org.uk/publications/guides/guide15/files/hungrytobeheard.pdf>

<sup>15</sup> [http://www.ageconcern.org.uk/AgeConcern/htbh\\_whatwewant.asp](http://www.ageconcern.org.uk/AgeConcern/htbh_whatwewant.asp)

<sup>16</sup> <http://www.alzheimers.org.uk/site/index.php>

<sup>17</sup> [http://www.alzheimers.org.uk/site/scripts/retail\\_product\\_browse.php?product\\_id=29](http://www.alzheimers.org.uk/site/scripts/retail_product_browse.php?product_id=29)

<sup>18</sup> <http://www.scie.org.uk/publications/guides/guide15/ideas/files/must.pdf>

<sup>19</sup> [http://www.bapen.org.uk/pdfs/nsw/nsw07\\_report.pdf](http://www.bapen.org.uk/pdfs/nsw/nsw07_report.pdf)

<sup>20</sup> <http://www.bda.uk.com/>

### **British Nutrition Foundation**

The British Nutrition Foundation offers nutritional information for older adults.

- Nutrition through life: older adults<sup>21</sup>

### **British Society for Disability and Oral Health**

The British Society for Disability and Oral Health have produced a report on dental health for long-stay patients and care residents (2000).

- Guidelines for oral health care for long stay patients and residents (PDF file)<sup>22</sup>

### **Cabinet Office**

'Food matters', a report by the Cabinet Office, determines what the objectives of future food strategy should be.

- Food matters<sup>23</sup>

### **Caroline Walker Trust**

The Caroline Walker Trust (CWT) has issued two reports containing nutritional guidance specifically for older people. The first, entitled 'Eating well for older people' (CWT, 2004), offers practical guidance on catering for older people in care homes, nursing homes, at lunch clubs or community meals. The second, 'Eating well for older people with dementia' gives specific advice on how dementia affects the ability to eat and the role that good nutrition can play in patient care.

- Caroline Walker Trust<sup>24</sup>
- Eating well for dementia (PDF file)<sup>25</sup>

### **Commission for Healthcare Audit and Inspection**

- Living well in later life (PDF file)<sup>26</sup>

### **Council of Europe**

The Council of Europe's 10 Key Characteristics of good nutritional care are presented on one sheet of A4 paper and, used as a wall poster, can be a useful reminder for staff. The characteristics were initially for healthcare and are currently being adapted to support the social care sector.

- 10 Key Characteristics of good nutritional care in hospitals (PDF file)<sup>27</sup>

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<sup>21</sup> [http://www.nutrition.org.uk/home.asp?siteId=43&sectionId=399&subSectionId=315&parentSection=299&which=1\\_](http://www.nutrition.org.uk/home.asp?siteId=43&sectionId=399&subSectionId=315&parentSection=299&which=1_)

<sup>22</sup> <http://www.bsdh.org.uk/guidelines/longstay.pdf>

<sup>23</sup> [http://www.cabinetoffice.gov.uk/strategy/work\\_areas/food\\_policy.aspx](http://www.cabinetoffice.gov.uk/strategy/work_areas/food_policy.aspx)

<sup>24</sup> <http://www.cwt.org.uk/>

<sup>25</sup> <http://www.cwt.org.uk/publications.html#dementia>

<sup>26</sup> <http://www.scie.org.uk/publications/guides/guide15/files/livingwellinlaterlife-fullreport.pdf>

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## Department for Environment, Food and Rural Affairs (DEFRA)

DEFRA offers a report on effective ways of obtaining sustainable, local food for use in public sector catering.

- Best practice in sustainable public-sector food procurement (PDF file)<sup>28</sup>
- Food Industry Sustainability Strategy (PDF file)<sup>29</sup>

## Department of Health (DH)

The Nutrition Action Plan aims to ensure that health and social care staff are well informed, equipped and supported to provide effective nutritional care.

- Improving nutritional care<sup>30</sup>
- Nutrition Action Plan<sup>31</sup>
- National minimum standards for care homes (PDF file)<sup>32</sup>
- National minimum standards for domiciliary care (PDF file)<sup>33</sup>
- Public Health White Paper<sup>34</sup>

## European Nutrition for Health Alliance

Recommendations from the European Nutrition for Health Alliance can be found in their 2006 policy report 'Malnutrition among Older People in the Community: Policy Recommendations for Change'.

- Malnutrition among older people in the community: Policy recommendations for change (PDF file)<sup>35</sup>

## Food Standards Agency

The Food Standards Agency have produced nutrient and food-based guidance for care homes, including 'Food served to older people in residential care', 'Nutrient and food-based guidelines for UK institutions' and 'Menus for care homes'. The advice for care homes includes guidance on appropriate nutrient intakes, healthy eating, allergy and food hygiene tips. There is also an example menu plan to help caterers for care homes follow the guidance, with a technical report showing how the menus follow Food Standards Agency advice.

- Food Standards Agency<sup>36</sup>
- Guidance for caterers<sup>37</sup>
- Food served to older people in residential care (PDF file)<sup>38</sup>
- Nutrient and food-based guidelines for UK institutions (PDF file)<sup>39</sup>

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<sup>27</sup> <http://www.scie.org.uk/publications/guides/guide15/files/coe-principles.pdf>

<sup>28</sup> <http://www.defra.gov.uk/farm/policy/sustain/procurement/pdf/foodlinks-bestpractice.pdf>

<sup>29</sup> <http://www.defra.gov.uk/farm/policy/sustain/fiss/pdf/fiss2006.pdf>

<sup>30</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079931](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079931)

<sup>31</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079931](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079931)

<sup>32</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4067778.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4067778.pdf)

<sup>33</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4083671.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4083671.pdf)

<sup>34</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4094550](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550)

<sup>35</sup> [http://www.european-nutrition.org/files/pdf\\_pdf\\_54.pdf](http://www.european-nutrition.org/files/pdf_pdf_54.pdf)

<sup>36</sup> <http://www.food.gov.uk/>

<sup>37</sup> <http://www.food.gov.uk/healthiereating/healthycatering/pubinstguide>

<sup>38</sup> <http://www.food.gov.uk/multimedia/pdfs/olderresident.pdf>

- Menus for care homes (PDF file)<sup>40</sup>
- Guidance on food served to adults in major institutions (PDF file)<sup>41</sup>

### **Foundation of Nursing Studies**

The Foundation of Nursing Studies project 'Improving the health choices for older people: implementing patient-focused mealtime practice' aims to improve mealtime care in hospitals.

- Improving the health choices for older people<sup>42</sup>

### **Hospital Caterers Association**

The Hospital Caterers Association have suggested a framework for a protected mealtime policy. Many hospital trusts have used this as a template to develop their own local policies.

- Hospital Caterers Association<sup>43</sup>
- Protected mealtime policy (PDF file)<sup>44</sup>

### **National Association of Care Catering**

The National Association of Care Catering (NACC) offers guidance and a checklist for care caterers and has produced a series of guidance manuals. Key publications are:

- Menu planning and special diets in care homes (2006/7)
- National minimum care standards for care catering (Care Homes for Older People, 2005)
- A Recommended Standard for Community Meals (2005)

These can be purchased in hard copy, CD-ROM or PDF format from NACC.

- National Association of Care Catering<sup>45</sup>

### **NHS**

The NHS Better Hospital Food website contains best practice guidance, resources and background information to support the delivery of food in NHS healthcare facilities.

- Better Hospital Food<sup>46</sup>
- NHS Standards for Better Health<sup>47</sup>

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<sup>39</sup> <http://www.food.gov.uk/multimedia/pdfs/nutrientinstitution.pdf>

<sup>40</sup> <http://www.food.gov.uk/multimedia/pdfs/carehomemenus.pdf>

<sup>41</sup> <http://www.food.gov.uk/multimedia/pdfs/catererguide.pdf>

<sup>42</sup> [http://www.fons.org/healthy\\_ageing/projects/meal.asp](http://www.fons.org/healthy_ageing/projects/meal.asp)

<sup>43</sup> <http://www.hospitalcaterers.org/>

<sup>44</sup> <http://www.hospitalcaterers.org/documents/pmd.pdf>

<sup>45</sup> <http://www.thenacc.co.uk/>

<sup>46</sup> [http://195.92.246.148/nhsestates/better\\_hospital\\_food/bhf\\_content/introduction/home.asp](http://195.92.246.148/nhsestates/better_hospital_food/bhf_content/introduction/home.asp)

<sup>47</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4086665](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086665)

Dignity in care

## **National Institute for Health and Clinical Excellence (NICE)**

National Institute for Health and Clinical Excellence resources on nutrition are available to download.

- Nutrition support in adults<sup>48</sup>
- Malnourished or at risk of malnutrition guidelines (PDF file)<sup>49</sup>
- Nutrition support in adults guidelines (PDF file)<sup>50</sup>

## **National Nurses Nutrition Group**

The National Nurses Nutrition Group promotes education in nutrition and related subjects for members of the nursing profession, for the public benefit, and especially for the benefit of patients in the hospital and community.

- National Nurses Nutrition Group<sup>51</sup>

## **National Patient Safety Agency**

The National Patient Safety Agency produces a range of good practice guidance on nutrition and hydration.

- National Patient Safety Agency<sup>52</sup>
- Nutrition fact sheets<sup>53</sup>

## **Queen Margaret University College**

Queen Margaret University College's Recipe for life is a report resulting from a three-year project set up with the aim of identifying action to help older people eat well.

- Recipe for life: Helping older people who live alone to eat well (PDF file)<sup>54</sup>

## **Royal College of Nursing**

Nutrition Now is a clinical campaign launched by the Royal College of Nursing to raise standards of nutrition and hydration in hospitals and the community. This campaign gives nurses the practical tools, support and evidence they need to make nutrition a priority in the area where they work.

- Nutrition Now<sup>55</sup>

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<sup>48</sup> <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=10978>

<sup>49</sup> <http://www.nice.org.uk/guidance/index.jsp?action=download&r=true&o=29985>

<sup>50</sup> <http://www.nice.org.uk/cg032niceguideline>

<sup>51</sup> <http://www.nnng.org/index.html>

<sup>52</sup> <http://www.npsa.nhs.uk/>

<sup>53</sup> <http://www.npsa.nhs.uk/nrls/improvingpatientsafety/cleaning-and-nutrition/nutrition/good-nutritional-care-in-hospitals/nutrition-fact-sheets/>

<sup>54</sup> <http://www.qmu.ac.uk/copa/research/documents/Exec%20summary%20final.pdf>

<sup>55</sup> <http://www.rcn.org.uk/newsevents/campaigns/nutritionnow>

## **Royal Society for Public Health (formerly the Royal Institute of Public Health)**

The Royal Society for Public Health's 'Eating for health in care homes' is a practical nutrition handbook designed for owners, managers, chefs and other care home staff responsible for the nutritional health of older people. Call 020 3177 1600 to purchase a copy, or order from RSPH.

- Royal Society for Public Health<sup>56</sup>

### **Skills for Care**

Skills for Care have produced a Knowledge set for nutrition and well-being. It sets out the competencies expected of care workers in terms of the preparation and presentation of food, understanding the importance of food and drink, and helping people to eat.

- Knowledge set for nutrition and well-being (PDF file)<sup>57</sup>

### **United Kingdom Home Care Association**

The United Kingdom Home Care Association has produced a nutrition resource guide. It can be purchased in hard copy from UKHCA.

- Nutrition resource guide and training programme<sup>58</sup>

### **Water UK**

Water UK has published 'Water for healthy ageing: Hydration best practice toolkit for care homes' to help care managers, caterers and other service providers to develop best practice on keeping older people well hydrated.

- Water for healthy ageing<sup>59</sup>

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<sup>56</sup> <http://www.rsph.org.uk/>

<sup>57</sup> <http://www.scie.org.uk/publications/guides/guide15/ideas/files/skillsforcare.pdf>

<sup>58</sup> <http://www.ukhca.co.uk/productdesc.aspx?ID=15>

<sup>59</sup> <http://www.water.org.uk/home/water-for-health/older-people/care-homes-toolkit>

## Hydration

### Section 12: Introduction

Water is vital to life and there is increasing evidence of the benefits of good hydration in the promotion of health and wellbeing in older people. The evidence suggests that good hydration can help prevent falls, constipation, pressure sores, kidney stones, blood pressure problems and headaches (Ellins, 2006). Furthermore, poor hydration has been shown to contribute to obesity, depression, inactivity and fatigue and to prolong healing and recovery (Ellins, 2006). There is also some evidence to suggest that dehydration can increase mortality in stroke patients and prolong hospital stays for patients with community-acquired pneumonia (Water UK, 2005).

Good hydration has been related to alertness and cognitive performance, people with cognitive impairments may therefore benefit considerably from increasing their intake of liquid. For some older people the sensation of feeling thirsty may be impaired and may not be an accurate indicator for good hydration (Kenney et al, 2001; Caroline Walker Trust Expert Working Group on Nutritional Guidelines for Food Prepared for Older People, 2004) particularly for people who have had a stroke and those with dementia (Albert et al, 1994; Water UK, 2005).

Following a study of four care homes, Anglian Water has launched the Health on Tap<sup>60</sup> campaign (Anglian Water, 2008) to improve hydration for older people in care homes. The key findings of the study were:

- Availability, visibility and reminders were some of the key factors to drinking more water.
- After a regime was introduced and a water cooler installed, anecdotal evidence from one home reported:
  - a 50 per cent reduction in falls
  - a greater than 50 per cent reduction in the number of residents taking laxatives
  - decrease in GP call-outs and urinary infections.
- There were language barriers for some staff, with 50 per cent not having English as a first language.
- Hydration does not feature as a specific training topic in its own right.
- Residents' fear of increased toilet trips was the main barrier to drinking more water (the report states: 'Once the bladder had adjusted and was able to hold more volume, toilet trips soon settled down to pre-trial levels.')
- Peer-to-peer learning, rather than formal training, plays a large role in the knowledge and working habits of staff.
- Knowledgeable and committed managers generate positive results.
- Visual and mental impairments were a problem for many residents, with a high dependency on care staff to instigate water intake.
- Staff said they would like promotional materials for themselves, residents and their families, to remind them of the importance of hydration.

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<sup>60</sup> <http://www.anglianwater.co.uk/index.php?contentid=1108&sectionid=206&parentid=48>

- The ability to spread and share good practice was seen as very important (Anglian Water, 2008).

This study demonstrates that a concerted effort to improve hydration levels in older people can lead to significant benefits for older people and those who support them. For example, both staff and residents may be concerned about increasing the number of trips to the toilet resulting from an increase in fluid intake. However the result can actually lead to fewer toilet visits and better health due to a decrease in urinary tract infections. A reduction in constipation can also improve health and decrease workload with less need for enemas and laxatives.

There is a huge cost relating to falls both to the older person, in terms of mobility and quality of life, and to the provider, due to a subsequent increase in care needs. A decrease in falls due to good hydration has been attributed to a reduction in dizziness and indicates that encouraging good hydration may be a wise investment for service providers.

Anglian Water is promoting a Good Hydration Charter for residential care for older people. It requires three commitments:

- A drinking water regime is established and matched to the ability of each and every one of those in residential care.
- Fresh tap water is always available, accessible and presented attractively.
- The importance of good hydration is part of staff induction, training and is promoted to those who live in or visit the residential setting.

It is also important that people living in the community receive the support and encouragement they need to maintain good hydration. Day centres and home support workers need to ensure access to fresh tap water and provide encouragement and support with drinking where required.

### **Hot drinks**

Many older people prefer drinking tea or coffee to water and it can be difficult to persuade people to drink enough water. Furthermore, older people should not be expected to change their drinking habits just because they are receiving care services. Hot drinks are good for hydration and only likely to act as a diuretic (making the body produce more urine) if they are high in caffeine and consumed in excessive amounts. Decaffeinated teas and coffees and herbal teas should be encouraged if this is a concern. The Food Standards Agency (FSA) advice on tea is that it should be consumed in moderation as part of a balanced diet but should be avoided with meals because it can reduce the absorption of iron within the body. A recent study, however, contradicted this stating that: 'There was no evidence that iron status could be harmed by tea drinking unless populations were already at risk from anaemia.' (Gardner et al, 2007) This study also indicated health benefits related to the consumption of black tea (as opposed to green tea), particularly for the heart.

## Dignity in care

Based on the available information and the importance of good hydration in older people it would seem appropriate to encourage fluid intake generally, and to offer a selection of hot and cold drinks throughout the day and whenever people request them. There should only be cause for concern if an individual's overall liquid intake is inadequate, or their intake of caffeinated and or sugary drinks is excessive. Medical advice should be sought if an individual has particular health problems that affect the maintenance of good hydration.

## Section 13: Practice Points

- Encourage older people to drink regularly throughout the day. The Food Standards Agency recommends a daily intake of six to eight glasses of water or other fluids. (Food Standards Agency, 2008).
- Raise awareness (through education, training and information) on the benefits of good hydration to staff, carers and older people themselves.
- Provide promotional materials to remind older people, staff and carers of the importance of hydration (available free from Anglian Water<sup>61</sup>)
- Ensure there is access to clean drinking water 24 hours a day.
- Encourage peer-to-peer learning on good hydration.
- Where people are reluctant to drink water, think of other ways of increasing their fluid intake. There are lots of alternative drinks and some foods will have a higher fluid content (eg breakfast cereals with milk, soup, and fruit and vegetables that have a high water content).
- Where people show reluctance to drink related to fear of incontinence, provide reassurance that help will be provided with going to the toilet. It may help some people to avoid drinking before bedtime.
- As a rough guide, urine colour can provide an indication of hydration level (Water UK, 2005); odourless, pale urine indicates good hydration. Dark, strong-smelling urine could be an indicator of poor hydration but there may be other causes that should be investigated.

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<sup>61</sup> <http://www.anglianwater.co.uk/index.php?contentid=1109&sectionid=206&parentid=48>

## Section 14: Resources

### Anglian Water

Access free training resources from the Anglian Water 'Health on Tap' campaign.

Link: Health on Tap<sup>62</sup>

### BBC

The BBC News: Health website features video clips showing older people talking about the benefits of good hydration.

- Drinking club improves health<sup>63</sup>

### Food Standards Agency

The Food Standards Agency provides advice on hydration.

- Food Standards Agency<sup>64</sup>
- Eat well, be well: Drinks<sup>65</sup>

### Water UK

Download a best practice toolkit and other resources (publications, posters and images) from the Water for Health section on the Water UK website.

- Water for Health<sup>66</sup>

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<sup>62</sup> <http://www.anglianwater.co.uk/index.php?contentid=1108&sectionid=206&parentid=48>

<sup>63</sup> <http://news.bbc.co.uk/1/hi/health/7466550.stm>

<sup>64</sup> <http://www.food.gov.uk/>

<sup>65</sup> <http://www.eatwell.gov.uk/asksam/healthydiet/drinksq/>

<sup>66</sup> <http://www.waterforhealth.org.uk/>



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