NUTRITION POLICY

Care Homes

Committee Approver	Operations Committee
Stakeholder Consultation	Care Home Managers, Cook In Charge
Date Approved	30 May 2023
Classification	Policy
Title	Nutrition Policy
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Location of Electronic Copy	F:\LIVE POLICIES

1. Viewpoint's Values

1.1 Viewpoint is here to help people enjoy their later years. Everything we do is about realising this vision, which is supported by the following straightforward set of values:

- Inspire with positive smiles and words;
- Say 'yes I can and I will';
- Celebrate age, experience and wisdom;
- Do according to our customers' wishes and ambitions;
- Treat people (everyone is a VIP) as we would a "loved one";
- Work hard, have fun and laugh;
- Stay courageous, creative and ahead of the game; and
- Work with those that share our values.

1.2 These promises shape us. They are a commitment to our residents, staff and suppliers. They are fundamental to every single plan, decision and project we embark on.

1.3 Ensuring that we have systems and processes in place to manage risk effectively will support us to deliver those plans, decisions and projects, in accordance with our vision and values.

2. Policy Statement

2.1 Viewpoint recognize that there are a range of factors which may influence the nutritional status of older people and people with mental health issues, than experienced by the general population. This might include ill health and other medical conditions, drug-nutrient interactions, poor dentition, lack of mobility, and social isolation or bereavement. We acknowledge that the older peoples nutrition and hydration needs are a priority and therefore, integral to an individual's care, health and wellbeing. Viewpoint has identified the need for a standardized nutrition policy to ensure that specialist advice, support and interventions will be provided in correlation with specific National Best Practice guidelines.

3. Aim

3.1 The aim of the policy is to ensure the provision of appetizing, nutritionally balanced, safely prepared meals and fluids. This will contribute to meeting the assessed needs of older people/residents in our care homes and will comply with national care standards and best practice guidelines.

3.2 It is reported that over 1 million older people in the United Kingdom are suffering from under nutrition. High levels of deficiency in Vitamin B12, iron and fluid amongst the older population displays the need for clinical vigilance and careful assessment during care planning and service provision.

3.3 The estimated average calorie requirement for men over 65 years is 2200 per day and for women over 65 years is 1800. This is a daily average only, some residents,

particularly those in High-Risk categories may need a considerably higher intake to maintain a healthy weight. Individual daily calorie requirements to maintain current weight can be calculated using the formula 30kcals per kg per day, e.g. 30 x 60 = 1800 calories per day.

3.4 A healthy fluid intake is approximately 2 liters per day on average. Individual health needs, hot weather conditions etc. may vary this estimate. Individual daily fluid requirements can be calculated using the formula 30mls per kg of body weight, e.g. 30 x 55 = 1650mls per day.

3.5 Obesity increases the likelihood of type 2 diabetes, heart disease, respiratory problems and stroke. These issues are of greater prevalence amongst individuals with mental health problems.

3.6 Procedures will aid staff to identify those with or at risk of malnutrition or obesity. The use of the Malnutrition Universal Screening Tool (MUST) (Appendix 1), will assist staff to identify those at risk. Staff thereafter, must complete the appropriate nutritional care planning documentation on the Person Centered System (PCS) and put in place suitable actions, to guide staff in supporting the residents nutritional and hydration status.

3.7 Residents, where applicable will receive the appropriate care, support and treatment to meet their dietary requirements.

3.8 Residents will be supported and guided by staff to maintain a healthy diet through education, as well as considering residents preferences and respecting their decisions. In addition some residents may require additional support to make informed healthy diet choices and require behavioral interventions at times.

4. Scope

4.1 This policy applies to Viewpoint's care homes.

5 Nutritional Needs

5.1. The Care Home Manager supported by the Deputy Manager, will have an overview of the nutritional needs of the residents in the care home, monitor closely the nutritional status of the residents and, thereafter, follow the audit process. This will make certain, as far as possible, that nutritional needs and wellbeing comply with best practice guidelines and improve practice;

5.2. The Care Home Manager/Deputy manager will ensure that a preadmission nutrition assessment has taken into account the nutritional and hydration needs of the potential resident and that this has been communicated to the chef before admission where required.

5.3. The Care Home Manager, will be confident that at all times, the person(s) in charge will be able to correctly identify and provide aid to residents who require any form of nutritional support and advice.

5.4. The Care Home Manager will ensure that all staff responsible for nutritional screening and care planning are suitably trained and competent to carry out

nutritional risk screening, monitoring and providing healthy eating advice.

5.5. A Registered Nurse (RN) will screen all new resident entering our service, providing a clear clinical pathway for both weight management and assessment of needs.

5.6. As far as possible, services will be individually tailored to meet identified nutritional needs of residents. This will include, being competent to access specialist services e.g. Dietician, Speech and Language Therapists (SALT) and where required Psychiatric input, by following the correct procedure.

5.7. The person in charge (Registered Nurse) will ensure the service makes provision for the dietary needs of its residents in accordance with best practice guidelines, by managing the risk of malnutrition, providing dietary education and support for healthy eating and monitoring/auditing the service provided.

5.8. The person in charge will ensure that all staff are aware of the importance of nutrition to residents' care and wellbeing and will keep staff informed of any changes that arise as these occur.

5.9. All residents care plans will identify their nutritional care needs and have a clear action plan detailing how these needs will be met. The care plans will be regularly reviewed/evaluated and updated.

5.10. All health care professionals; will ensure that people receiving nutritional support are consulted with and kept fully informed about their treatment.

5.11 The person in charge will request dietetic advice from the community dietetic service for individuals requiring complex intervention strategies. It is the responsibility of ALL staff to follow company policies and nutritional protocols.

5.12 The person in charge will liaise with the dietician and all relevant healthcare professionals to ensure that nursing, medical, catering and pharmaceutical staff are informed of any particular dietary requirements.

6 Nutritional Screening & PCS Care Planning

6.1. All residents will be weighed within 24hours of admission

6.2. Nutritional screening will be carried out as soon after admission as possible and will not exceed 48hrs after admission, this includes completing the risk of choking assessment and other risk assessments and documenting on PCS care plan

6.3 Nutritional screening will be carried out using the Malnutrition Universal Screening Tool (MUST)

6.4 Where there is an identified nutritional risk, either recorded on the pre-admission assessment, observed at the time of admission or noted at the time of weighing, the nutritional risk assessment and associated PCS care plan must be carried out immediately

6.5 Residents will be monitored according to their nutritional risk score. Those at

high risk will be observed closely and referred to the dietician. The nurse completes the referral.

6.6 Where a nutritional and or dietary assessment is carried out and advice is sought a specific PCS Care Plan should be formulated detailing actions to be taken.

6.7 Staff must ensure that when they are assessing the nutritional needs of residents that religious, cultural and ethnic backgrounds of the individual are considered.

6.8 Staff should never make assumptions about the type of food or drink an individual might wish to eat. Individual choices about food and drink preferences must always be respected.

6.9 Consideration should be given to the psychological orientation, cognitive capacity, oral health, dentition and physical capability of the resident, in order to determine whether a deficit in any of these areas, may affect the resident's nutritional intake. Check dentures and refer to the dentist as soon as this is assessed that this is required.

6.10 Staff carrying out assessments, must determine whether any changes in an individual's weight is associated with other symptoms (for example-nausea, vomiting, constipation or diarrhea).

6.11 Following the initial screening assessment, residents should be weighed monthly unless their condition/risk score indicates more or less frequent weighing is required.

7. Referral

7.1 Referrals to the Dietician can be made by the nurse. Staff must provide the dietician with the current completed MUST assessment, as well as an up to date set of observations–Blood Pressure (BP), Temperature, Pulse and respirations and if required a Dip-stick urine test result. Clinical issues (for example, urinary tract infection, constipation, oral thrush & dental decay etc.) are not evident. Staff must also have completed a four week food/fluid fortification chart and further interventions have been tried, such as alternative diet, softer option, energy dense foods, fortified drinks & finger foods and findings recorded. (See appendix 2).

7.2 Dietetic Referral Criteria

Urgent referrals:

- BMI greater than 40
- BMI below 18.5 (with or without loss of weight)

Non-urgent referrals:

- BMI greater than 30 with one co morbidity
- Patient's request
- Any other dietary enquiry

7.3 Care Planning for a Service User with Body Mass Index over 27

Where assessment indicates that the BMI of a resident is over 27 the opportunity to explore the possible causes of the high BMI should be discussed with the resident and or their Power of Attorney (POA, usually a family member), Guardian or Legal representative etc. Areas to be discussed may include:

- Exercise
- Dietary Patterns
- Alcohol Use
- Medication side effects.
- Consequences of physical illness.

Staff should consider referring all residents with a BMI of over 30 to the GP for dietician input however, this will depend on the resident and appropriate representative agreement. Formulation of an appropriate PCS/care plan may be required to support the decision.

7.4 Care planning for a resident with Body Mass Index score under 20.

If the resident is new to the care home, consider their previous life style, as some people may have been attentive to their weight and build, this would be evident from a preadmission assessment. Where assessment indicates that a resident has a BMI under 20 the above does not apply. The dietician should be informed that the resident is in the "at risk" category.

Staff should take the following actions:

- Complete a 4 week food/fluid intake chart
- Use "Food First" as a method of treatment. (See Appendix 3).
- Offer high protein/energy dense diet and snack selections.

High risk residents are defined as those individuals having a BMI of less than or an unintentional weight loss of greater than 10% in the previous 3 months. Staff should:

- Provide an energy dense/fortified food diet that is monitored and recorded for 4 weeks.
- Ensure the resident has been seen by the dentist and there are no other underlying issues like oral fungal infections.
- The nurse must complete a referral to the dietician.
- Continue daily recording of food and fluid intake.
- Weigh every two weeks (if the cause/health condition is treatable/likely to respond to planned interventions).

NB. Do not weigh weekly or fortnightly if the resident is too ill or on End of Life Care pathway. Document your rationale/decision not to weigh in the care plan on PCS.

8. Food Hygiene

8.1 The Care Home Manager supported by the Deputy Manager, will ensure that all staff involved in food handling will be aware of potential risks of food

contamination and will receive suitable training in all aspects of food hygiene, in accordance food safety legislation and Viewpoint's Food Safety Policy . The Care Home Manager will also ensure that staff training updates are completed as required (Induction training, in-house, external agencies E/Learning for You ELFY), to make certain that staff have a full understanding of their obligations relating to food safety, service and delivery.

8.2 The Care Home Manager and/or Deputy Manager/Infection control champion and Cook in charge/cooks will carry out the appropriate auditing process to make certain, standards are met in line with organizational Quality Assurance and comply with best practice guidelines relating to food handling.

9. Food and Beverage Provision

9.1 The nutritional content of the food prepared by our cooks is of fundamental importance to promote resident health and well-being as far as possible. Therefore, all food provided for our residents by our cooks in the catering departments will follow best practice guidelines at all times.

Our catering team will adhere to Best Practice guidance from the following documents:

- Eating Well: supporting older people and older people with dementia (The Caroline Walker Trust 2011)
- Food Standards Scotland
- British Nutrition Foundation (Revised Aug 2019)
- Eating and drinking well in care: good practice guidance for older people (Care Inspectorate)

This provides cooks with a clear direction of the nutritional content of the food prepared, as well as documents to make reference to for further clarity if and when necessary. (Copies of these Best Practice guidance documents, will be retained by the cook for immediate access and to refer to).

9.2 The Head Cook will ensure nutritious, balanced menus are planned with the participation of Care Home Manager(s), residents and staff. Menus will change four times a year, offering "Spring, Summer and Autumn, Winter" menu options. Residents will be provided with a choice of meals during the day, which will be nutritionally varied and seasonal. A 4 week rotating menu will be delivered to meet the differing needs of our residents. Breakfast varies from cereals to the option of a cooked breakfast. Residents will be provided with access to hot and cold drinks and snacks on a 24-hour basis. Pantries in the unit should be stocked to accommodate this service or accessed from kitchen if required.

9.3 When a new resident comes to live in the care home (or if possible prior to moving in), staff must complete a kitchen referral form. This will provide kitchen staff (and care staff) with information of the residents "likes and dislikes" and allergies, intolerances or identify foods that residents due to cultural or religious beliefs must avoid. See Appendix 4.

9.4 Residents will be free to take their meals in their own room or in the dining room, or other areas of the care home of their choosing. All residents have the right to

choose the food they wish to eat. Residents are invited to participate in our Menu Focus group meetings, and be part of shaping the food choices and options they wish to have (See Appendix 5). Menus are available for residents to choose their preferred food option. Where residents are unable to choose their food options independently, staff will offer support to help them to make their choices, including the use of pictorial menus for people with cognitive challenges. Residents with ethnic, cultural or religious dietary requirements will be catered for and fully supported by the kitchen and care staff as and when this arises.

9.5 Care homes promote the Protected Mealtime Procedure (Appendix 6). Many confused or ill residents may not wish to, or may be unable to eat at regular mealtimes. Provision will be made to ensure that on such occasions, a meal will be available at the time required. The kitchen will be fully operational between the hours of 7.45am and 6pm. Staff will have access to the kitchen 24hrs per day or alternatively have pantries where snacks and drinks are available to residents on demand, if they wish. Staff (both kitchen and care) must ensure that panties are adequately stocked to reflect this need.

9.6 When food that is brought into the home by visitors/outside sources, Viewpoint's Food Safety Policy will be followed. Viewpoint will not accept any responsibility for food safety or provide storage facilities or re-heating of such food. Any snacks brought into the care home for a particular resident must be stored in their personal bedroom fridge or alternatively labelled with the residents name and dated and stored in the unit pantry fridge. Such food items are consumed by the named resident at their own risk.

10. Equipment

10.1 All Care Homes must ensure that they have adequate numbers of weighing scales available to meet the various needs of the residents in our care. Scales available must be suitable for individuals who are unable to stand/walk. Weighing scales, must be serviced and on an annual basis and recalibrated additionally, in between times if required. All care homes must have access to a height stick and tape measure for alternative height measurements – mid-upper arm and waist circumference measurements. All broken/damaged equipment, must be recorded in the maintenance repair log and reported immediately to the manager/deputy manager.

10.2 The kitchen must be equipped with the right equipment to modify food and present it attractively in spite of the modification. All equipment break down must be reported to the manager immediately so that communication on how service might be affected is made to everyone.

11. Assistance & Support

11.1 Care staff will be trained to support all residents living in Viewpoint care homes, to eat and drink safely, despite any health assessments and risks identified. Care staff will ensure that residents are assisted as required prior to meal times, e.g. with hand washing; residents comfort should be assured before and after each meal. Appropriate table covers, crockery, cutlery, condiments, sauces, drinks and

clothes protectors (if requested) will be provided.

11.2 All residents who have been assessed as experiencing difficulty eating & drinking due to their physical or mental impairment will be offered assistance & support by suitably trained staff. This may be in the form of prompting residents to eat and drink, offering to cut food into smaller, bite size pieces, or providing adapted crockery and cutlery, special divided plates, suitable edged white or colored plates, as an aid to maintaining independence. Whereas, other residents may require partial or full assistance with eating and drinking.

11.3 PCS Care plans should clearly identify residents who require assistance or observation while consuming any form of food or fluids.

11.4 Sufficient staff should be made available to assist residents at meal times.

11.5 Residents who are unable to communicate their food preferences due to dementia or any other mental or physical impairments should have suitable choices selected by staff after discussions with relatives/significant others.

11.6 Staff should be knowledgeable from information recorded in PCS in residents care plans about resident's preferences, likes and dislikes

11.7 Where it is identified that a resident may require assistance to order and select food and/or to eat or drink, the manager/person in charge should ensure appropriate action is taken and detailed in a Care Plan.

11.8 Every effort must be made to maintain the privacy and dignity of residents who require assistance to eat and drink.

11.9 Any resident who requires assistance to eat and drink must be monitored closely by staff and care plans updated to record changes that may affect their wellbeing.

11.10 Staff should make sure all residents are appropriately positioned and supported at both meal and beverage times to ensure that their eating and drinking is made as safe as possible.

11.11 Where necessary monitoring of the type of food eaten, amount taken and level of hydration will form an essential part of the residents individual PCS (care plan).

11.12 Residents with dysphagia will be provided with a modified consistency diet, prescribed by the dietician in liaison with the speech and language therapist, complying with the International Dysphagia Diet Standardization Initiative (IDDIS) (Appendix 2). This global framework has been developed to improve the lives of people living with dysphagia. The IDDIS framework consists of a continuum of 8 Levels (0-7), where drinks are measured from Levels 0-4, while foods are measured from Levels 3-7. Viewpoint staff will be trained to understand and utilize this framework for the benefit of the residents that they support.

12. Compliance and Support

12.1 Executive and Leadership Teams

The role of the Executive and Leadership Teams is responsibility for ensuring that this policy, and the associated policies, procedures and documentation

which support it, are implemented within Viewpoint.

The Executive and Leadership Teams shall ensure that procedures are in place and operating. The Executive and Leadership Teams shall also ensure that relevant managers and team members familiarise themselves with this policy, and the associated policies, procedures and documentation which support it, and ensure it is fully implemented. Any associated training must be undertaken.

12.2 Staff

All staff are responsible for ensuring that they familiarise themselves with this policy, and the associated policies, procedures and documentation which support it, as well as undertaking any associated training.

13. Monitoring and Evaluation

13.1 To ensure this policy remains current and effective it will be reviewed every 3 years or where a need is identified by monitoring methods, for example through audits, inspections or incident reports.

Appendix 1

'Malnutrition Universal Screening Tool'

BAPEN is registered charity number 1023927 www.bapen.org.uk

'MUST'

'MUST' is a five-step screening tool to identify **adults,** who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

It is for use in hospitals, community and other care settings and can be used by all care workers.

This guide contains:

- A flow chart showing the 5 steps to use for screening and management
- BMI chart
- Weight loss tables
- Alternative measurements when BMI cannot be obtained by measuring weight and height.

The 5 'MUST' Steps

Step 1

Measure height and weight to get a BMI score using chart provided. *If unable to obtain height and weight, use the alternative procedures shown in this guide.*

Step 2

Note percentage unplanned weight loss and score using tables provided.

Step 3

Establish acute disease effect and score.

Step 4

Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

Step 5

Use management guidelines and/or local policy to develop care plan.

Please refer to *The 'MUST' Explanatory Booklet* for more information when weight and height cannot be measured, and when screening patient groups in which extra care in interpretation is needed (e.g. those with fluid disturbances, plaster casts, amputations, critical illness and pregnant or lactating women). The booklet can also be used for training. See *The 'MUST' Report* for supporting evidence. Please note that 'MUST' has not been designed to detect deficiencies or excessive intakes of vitamins and minerals and is of **use only in adults.**

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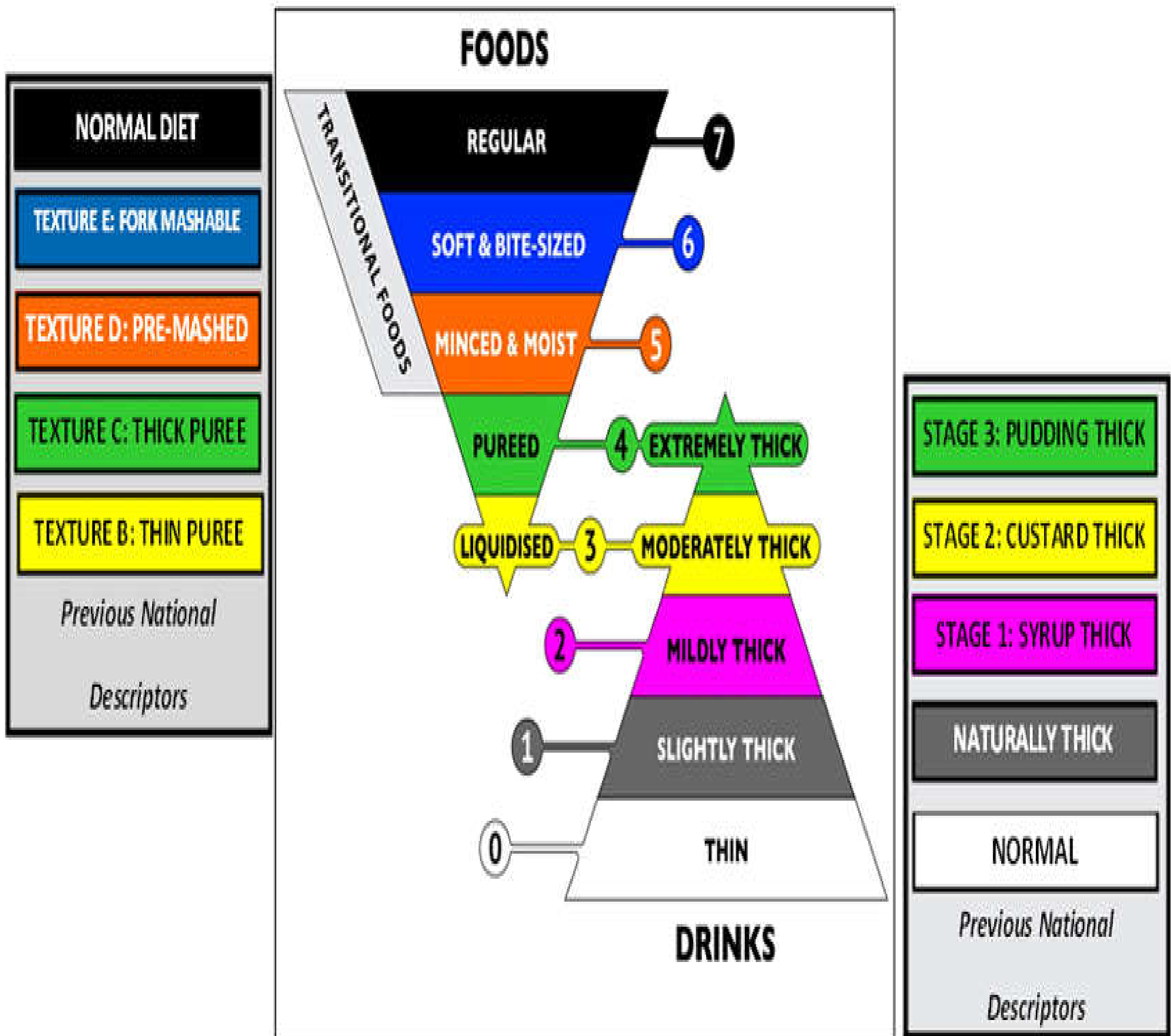
Appendix 2



Appendix 3

VIEWPOINT
joy in later years

Weekly Food First Record

Resident's name: ______________________ **Week beginning (date):** / / **Week No.:** ____________

Malnutrition Risk *please tick		Time of day	Describe how food was fortified, or snack and/or drink given	Please tick boxes below when you have fortified food and/or drink or offered extra snacks						
Medium Risk*				Mon	Tue	Wed	Thu	Fri	Sat	Sun
High Risk**										
Fortification Aim to fortify at least one food in each meal		Mid-morning								
		Mid afternoon								
		Evening								
Extra Snacks *offer at least x1 snack per day **offer at least x2 snacks per day		Mid morning								
		Mid afternoon								
		Evening								
Nourishing Drink *offer at least x1 per day **office at least x2 per day		Mid-morning								
		Mid afternoon								
		Evening								

APPENDIX 4

Menu Questionnaire

Residents Name:_______________ DOB:_____________Room No:______ Date: ______

Care Home:____________________ Unit:_____________

This menu questionnaire should be completed in consultation with the resident and/or relatives and friends. On completion the information will be shared with catering, nursing and care staff.

	Question	Yes	No	Details
1	Are there particular foods you do not want served or offered to you, either from preference or for religious/cultural reasons?			
2	Is there any particular type of food that disagrees with you e.g. gives you indigestion or heartburn?			
3	Do you still want to be offered these foods?			
4	Do you have any specific dietary requirements e.g. low sugar diet, low salt diet, soft diet, gluten free diet, vegetarian diet, lactose intolerance, any food allergies?			
5	Do you prefer a cooked breakfast: a) Always b) Sometimes c) Never			
6	What is your preferred hot beverage?			
7	Do you take milk in your hot drinks?			
8	Do you take sugar in your hot drinks?			
9	What is your preferred cold drink?			
10	Do you like a warm milky drink at bedtime?			
11	Are there particular foods that you dislike?			
12	Is there a dish that you are particularly fond of?			
13	Are you used to having a certain dish on a particular day?			

14	Is there a particular dish or recipe you would like to discuss with Cook, maybe a dish associated with your local region?			
15	Do you need assistance to eat and drink?			
Additional comments				

Completed by: ______________________ Designation: ______________________

Appendix 5

Menu Choices

Care Home: ____________________Unit:________________ Date __________

Please circle: Lunch / Dinner

Room Number	Main Course	Alternative	Soup & Sandwiches	Alternative	Dessert	Comment

ADDITIONAL INFORMATION

Appendix 6

PROTECTED MEAL TIMES PROCEDURE

Introduction

Meal times are not only a vehicle to provide residents with adequate nutrition, but also provide an opportunity to support social interaction amongst residents and staff. The therapeutic role of food within the healing process cannot be underestimated. However, food – even if it is of the highest quality – is only of any value if the resident actually eats it.

Older people with various health issues and the people suffering from dementia have particular dietary and eating requirements that need to be met to prevent malnutrition and to support their health and wellbeing.

The cultural, gender, religious and other differences of residents will be taken into account at all times when staff are actively involved in the monitoring, supporting and assessing those residents for which eating issues have been identified.

Purpose

The understanding of the importance of the resident meal experience and of nutritional requirements is increasing within the wider healthcare team. Food and the service of food are now regarded by many as an essential part of treatment.

The aims of this procedure is to:

- improve the "meal experience" for residents by allowing them to eat meals without disruption
- improve the nutritional care of residents by supporting the consumption of food and fluids
- support staff teams in the delivery of food and fluids at meal times
- ensure that meal times are a key priority and social activity for residents
- maintain privacy and dignity at all times

Responsibilities

Care home managers/deputy managers are responsible for ensuring that this procedure is implemented in their clinical areas, and that the importance of nutrition and hydration for all residents is discussed with all staff and with new staff at induction. For new resident and their family, relatives and visitors, it is important that they are made aware of the protected meal time procedure prior to the admission and the rational underpinning this.

Registered Nurses/Senior Carers/Carers are responsible for monitoring, supporting and assessing residents food and fluid intake at all meal times. This especially applies to those residents for which eating and drinking issues have been identified.

All staff, students and volunteers involved in resident meal times should:

- Provide protected meal times free from avoidable and unnecessary interruptions
- Create a quiet and relaxed atmosphere in which residents are afforded time to enjoy their meal. Limiting unwanted traffic through the dining room during meal times
- Recognise and support the social aspects of eating

- Provide an environment conducive to eating – that is welcoming, clean and tidy
- Staff should discourage as far as possible, GP or other multi agency visits during meal times
- Discourage relatives, families and friends from visiting residents at meal times, where this is unavoidable, residents, can be offered their meal in their own private bedroom
- Relatives, families and friends can if they wish book a meal to join the resident to eat, via administrator and in advance
- Where a relative or family member wishes to join their relative in the dining room to assist the resident with their meal, then staff should support the residents wish
- Emphasize to all staff, relatives, families and friends the importance of meal times as part of social care and health and wellbeing of residents
- To promote privacy and dignity at all times
- Respect residents choice in where they would prefer to dine (dining room, alternative sitting area or bedroom
- Respect how they would like their meal served either single course, two courses at the one time or all courses served at the one time
- Where required signage should be placed on the dining room door, to indicate meal times are protected

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