

Best Practice Guidance



Llywodraeth Cymru  
Welsh Government

# FOOD & NUTRITION

in Care Homes for Older People



# Best practice guidance

## Food and Nutrition in Care Homes for Older People

### Contents

<b>Section 1</b>	Why eating and drinking well matters in care
<b>Section 2</b>	Food and Nutrition: standards, guidelines and menu planning
<b>Section 2A</b>	Eating and drinking well using ‘food first’ approaches
<b>Section 2B</b>	Eating and drinking well with dementia
<b>Section 2C</b>	Eating and drinking well using texture modification and IDDSI
<b>Section 3</b>	Drinking and the importance of hydration for residents in care homes
<b>Section 4</b>	Encouraging residents to eat well
<b>Section 5</b>	Food hygiene and safety
<b>Section 6</b>	Assessing and monitoring dietary needs
<b>Section 7</b>	Putting the guidance into practice

# FOOD & NUTRITION

in Care Homes for Older People

## Section 1

Why eating and drinking well matters in care

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# Section 1

## Why eating and drinking well matters in care

**An introduction to the guidance**

### **Contents**

Aims of the guidance and content

Key role of care home settings in providing a quality food and dining experience to support residents' nutritional needs

Nutrition and the health of older people

Changes associated with normal aging and impact on diet

Key health problems that are linked to nutrition in older people

Impact on food provision and support in care homes

References

Appendix 1: Regulation and Inspection of Social Care (Wales) Act 2016

## **Aims of the best practice guidance for care homes**

This guidance has been put together with input from care home providers, health care professionals, partner agencies and Care Inspectorate Wales, and is also based on the earlier work from Torfaen Local Authority and Aneurin Bevan Health Board <sup>a</sup>. Its aim is to provide the following help to care home settings, residents, relatives and carers.

### **For care homes it will help you to:**

- Demonstrate how your ethos for food and drink provision contribute to meeting the overall requirements for care and support
- Provide the right balance of nutritious food and drink in the correct portions and textures to meet the dietary recommendations of older people in your care
- Encourage residents to eat well and have positive health and well-being outcomes
- Aim for best practice in this area
- Ensure food hygiene and safety regulations are followed
- Promote your care home as an environment that prioritises the food and drink needs of your residents

### **For residents it will help to:**

- Ensure they get the right amount of energy and nutrition to maintain and/or improve health and well-being
- Ensure they are able to eat their food whilst retaining their dignity
- Ensure they enjoy their food and have a variety of choices and texture to suit their needs
- Prevent malnutrition and associated risks
- Involve them in supported decision making

### **For relatives and carers it will help to:**

- Make them feel confident that their relative is receiving good nutrition in a dignified and caring way
- Inform about the care homes approach to food and drink
- Involve them in supported decision making, when acting on behalf of their relative
- Engage them in the ethos of the home and its approach to meal times, helping their relative to eat where appropriate

<sup>a</sup> Menus Count in Care was a web based resource produced in 2016 for care homes to help plan menus and provide recipes. The information has now been updated and included in this web based guidance

Where relevant it will also:

- Support other national policy initiatives and programmes that impact on older people in care home settings e.g. 1000 lives improvement programme, Gwen am byth - oral health assessment programme, prevention and management of urine infections initiative.
- Inform the nutrition and hydration components of the new Level 2 and 3 health and social care qualifications so that newly qualified practitioners will be aware and have knowledge of food provision and nutrition needs of older people in their care
- Be embedded in the all Wales 'Nutrition skills for life' community training programme which care home settings have access to as well as other local provide training via health board dietitians
- Inform trainers of health and social care practitioners e.g. continuing professional development sessions for staff and student training

### **Who is it for?**

**All regulated providers of care home services for older people.**

It is also encouraged as best practice for other providers of care where relevant.

### **Key role of care home settings in providing quality food and positive dining experiences to support residents health and well-being**

Older people in care homes will have a range of dietary needs. Residents who are well and have a good appetite can enjoy a balanced healthy diet. Many care homes will have residents who are more likely to have support needs and/or health conditions that impact on their food and drink intake. This makes it more important to ensure that food and drink provided is enjoyable, nutritious and accessible, in order to maintain their health and wellbeing.

Appetising food that meets their individual needs and provided in a positive and caring environment is a key aspect of delivering high quality care. Provision of a nutritious balanced diet and regular drinks is essential to:

- maintain nutritional intakes and prevent malnutrition
- maintain a healthy weight
- keep hydrated
- encourage interest and enjoyment of food

Regular nutritious meals, snacks and drinks also form a structure to the day and provide opportunities for social interaction.

All staff in a care home contribute to the overall wellbeing of residents and all have an equally important role to play, to ensure that their residents have positive food experiences.

This comprehensive guidance has been developed to support care home staff in Wales to understand and meet the nutrition and hydration needs of all their residents by:

- providing food and drink to meet the range of residents' requirements, specifically in relation to the increased risk of malnutrition in their more vulnerable population
- supporting individuals to enjoy their food, eat and drink amounts that maintain their health and well-being

The challenges are to ensure that meals, snacks and drinks provided meet dietary recommendations for this vulnerable group and are eaten and enjoyed by all residents.

The recommended food standards and best practice guidance will support the care home sector in raising the nutritional quality of the food they serve, and to meet the range of resident's needs.

This will also help care homes to demonstrate to Care Inspectorate Wales and Local Authorities how they are meeting their obligations and responsibilities consistent with the statutory guidance, (see Appendix 1). It will also help to have a more objective assessment of the quality of the food provided, so that best practice can be highlighted.

### **Diet and the health of older people**

As we get older it is important to continue to eat well. Changes in our bodies mean that we need less energy (calories) but we still require the same amounts of protein and important vitamins and minerals to maintain our health and well-being – we call this a nutrient dense diet. Good nutrition and regular physical activity play a protective role in a number of conditions that are more common as we get older e.g. cardiovascular disease and cognitive decline (brain function), can help to protect oral and dental health and bone and joint health in later life.

Also as we get older other factors can affect our food and drink intake and make us more at risk of not getting all the nutrients we need, such as general ill health, drug interactions, being less mobile, having less income, social isolation, being depressed, suffering bereavement and poor dentition. Our general appetite may be less and we will need smaller portions of food. Some older people in the UK, especially those living in care homes, have been found to have low intakes and/or

low blood levels of a range of important nutrients. Table 1 shows the changes as we get older how this impacts on diet and nutrition.

**Table 1 - Changes associated with normal aging increase nutritional risk for older adults**

	<b>Health /physical changes that may happen</b>	<b>Impact on diet and nutrition</b>
<b>Well older person</b>	May be less active May be overweight	Nutritional requirements of well older people are generally similar to the general population –  A balanced healthy diet based on the Eatwell guide
<b>Ageing process</b>	Reduced Mobility Sensory changes Changes in: eyesight, oral health, GI functions, Cognitive functions  Chronic disease Medical condition may increase requirement for certain nutrients	Energy requirements will be less but protein, vitamins and mineral requirements are the same.  A poor intake overall can result in weight loss and poor nutritional status.  Special therapeutic diets may be required for medical conditions
<b>Older person with higher support needs and/or medical conditions</b>	Particular risk of dehydration  Further impact of factors that increase risk of malnutrition such as :  illness, disability, social isolation, major life events, loss of independence, change in physical health, weight changes, housing conditions	Ensuring adequate hydration is essential  Balanced, nutrient dense diet is required  If at risk:  food fortification and food first principles  may require texture modification  Special therapeutic diets may be required

## Key dietary problems in older people:

- Malnutrition is more prevalent in older people particularly those living in care settings
- Overweight and obesity are prevalent in well older people but this decreases in further old age
- Low intakes of protein, vitamin D, and iron which impact on overall health
- Constipation is common as food intake reduces, activity decreased and can be made worse by dehydration

The health impact of these are detailed in section 2

### Malnutrition

In the UK prevalence of under nutrition is widespread for people being admitted to hospitals and care homes. Results from a national survey in 2011 estimated an overall prevalence of 41% in care homes, with a range of 30-40% on admission, with a tendency to increase with age<sup>1</sup>.

Initial assessment of a resident's dietary needs, food and drink intake is therefore very important, to find out any current problems. Prevalence of malnutrition is often greater in nursing homes than residential homes, as people may have had a longer period of ill health and conditions that impact on food and drink intakes. However, many older people with dementia living in care homes will not require nursing care but may have difficulties with eating and drinking.

### Healthy weight

Maintaining a healthy weight is important as we get older, and recent surveys show that across Wales we have large numbers of people over the age of 65 who are overweight or obese. Obesity increases the risk of disease such as coronary heart disease, type 2 diabetes, high blood pressure, osteoarthritis, joint pain and obesity related cancers.

**Table 2 - Current rates of overweight and obesity in older people in Wales**

National Survey for Wales 2018-2019 <sup>2</sup>	General population	General population	General population
	55-64 years	65-74 years	Over 75 years
Overweight and obesity	67%	64%	51%
Obese	31%	25%	13 %

Obesity does decrease with increasing age due to the factors outlined. The percentage of older people in care homes who are overweight or obese is likely to be much less than the average population. However, the incidence of diabetes is likely to be greater than the general population.

**Table 3 - What are the problems of being underweight or overweight?**

Underweight	Overweight
<p>Increased risk of:</p> <ul style="list-style-type: none"> <li>• illness and infection</li> <li>• slower wound healing</li> <li>• fall</li> <li>• lower mood</li> </ul> <p>Reduced:</p> <ul style="list-style-type: none"> <li>• energy levels</li> <li>• independence and ability to carry out daily activities</li> <li>• muscle strength</li> <li>• quality of life</li> </ul>	<p>Increased risk of:</p> <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Type 2 Diabetes</li> <li>• Coronary heart disease and stroke</li> <li>• Osteoarthritis</li> <li>• Some Cancers</li> <li>• Sleep apnoea and breathing problems</li> <li>• Mental health problems</li> <li>• Reduced physical functioning</li> </ul>

People in your care may choose to eat an unbalanced diet and therefore their rights need to be respected. There should always be a risk assessment and management process, if there is a potential impact on their health.

### **Important nutrients**

**Energy** – although energy requirements may be less, the quality of the diet needs to be the same. However, some residents may have increased energy requirements, for example if they have chronic obstructive pulmonary disease (COPD), Parkinson’s disease or dementia.

**Protein** intakes are important to preserve muscle mass and help to prevent sarcopenia.

**Dietary Fibre** is important to help prevent constipation, which is more common in older people.

**Vitamin D** - There are specific recommendations for vitamin D for older people. Vitamin D is synthesized in the skin via the action of sunlight. It is essential for bone health and believed to improve muscle strength. But older people typically go out of doors less than younger age groups and their skin is less efficient at producing vitamin D from sunlight. It is therefore recommended that all adults over the age of 65 take a supplement containing 10 micrograms of vitamin D daily and regularly eat foods containing vitamin D (e.g. oily fish and fortified breakfast cereals).

**Iron** – Poor food intakes of iron can lead to iron deficiencies in older people, causing tiredness and dizziness and can result in anaemia.

## **Hydration**

Older people are particularly at risk of dehydration due to being less able to sense thirst, particularly those of a very advanced age or because of illness.

**Fluids** are particularly important to:

- stay hydrated
- reduce the risk of constipation, falls, urinary tract infections and renal stones
- to help regulate body temperature

**Oral health** – having poor oral health, tooth decay, gum disease or ill-fitting dentures can have a large impact on food intakes and enjoyment of food. Ill fitting dentures may also indicate previous weight loss, which is important to find out when first assessing a resident's needs.

**Further information on important nutrients and food can be found in Section 2.**

## **What does this mean for provision of food and support in care homes?**

Care homes are much more likely to have residents who are at risk of being underweight and malnourished, but may also have some residents who are overweight or obese which can impact on their mobility and care and their dietary requirements will differ.

The important message here is to ensure that there is not a blanket approach to food provision. For example all residents should not receive fortified puddings. Similarly all residents should not receive lower fat milk. Individual requirements, preferences and needs must be taken into account. These aspects are all explained in the practical food guide.

## **Provision of food and drink that meets resident's individual needs is essential**

In order for 'healthy diet provision' to meet the range of requirements, a variety of food provision options may be needed e.g. a healthy balanced diet, smaller more nutrient dense meals and snacks, modified texture foods and appropriate hydration may all need to be offered.

This needs to reflect the average requirement of an older person and also take into consideration specific dietary needs of those with dementia, swallowing difficulty and therapeutic needs and those who may be overweight or obese.

**What does the best practice food and nutrition guidance for care homes contain?**

<b>Best practice guidance</b>		<b>Menus and recipes</b>
<b>Section 1</b>	<b>Why eating and drinking well matters in care</b>	<b>Example menu plans</b>
<b>Section 2</b>	<b>Food standards, guidelines and menu planning</b>	
<b>Section 2A</b>	<b>Eating and drinking well using Food First approaches</b>	<b>Recipes for standard and fortified menu</b>
<b>Section 2B</b>	<b>Eating and drinking well with dementia</b>	
<b>Section 2C</b>	<b>Eating and drinking well using textured modified diets and IDDSI*</b>	
<b>Section 3</b>	<b>Keeping hydrated</b>	<b>Recipes for texture modification or link to resources</b>
<b>Section 4</b>	<b>Encouraging residents to eat well</b>	
<b>Section 5</b>	<b>Food Hygiene and Safety overview</b>	
<b>Section 6</b>	<b>Assessing and monitoring dietary needs</b>	
<b>Section 7</b>	<b>Putting it into practice</b>	

**\*IDDSI – International Dysphagia Diet Standardisation Initiative**

**Section 2** provides a complete guide to providing a nutritious balanced diet to meet the range of needs of residents in your care. It describes food standards based on nutrient requirements for the food groups and demonstrates how meal standards can help you plan your menus.

The remaining sections provide a comprehensive guide to achieving quality nutrition and hydration care for all your residents.

The menus and recipes can be used to add to your current menu planning or to review and improve your current food provision:

- To enable current dietary recommendations to be met and promote appropriate amounts and types of food for older people living in care homes;
- To ensure that individuals are provided with care and support which enables them to achieve the best possible outcomes and are supported to maintain a healthy diet and fluid intake.

**Links to statutory guidance on meeting service standard regulations made under the Regulation and Inspection of Social Care (Wales) Act 2016 can be found in Appendix 1**

The [Statutory guidance](#) includes the requirement to ensure that people are provided with care and support which enables them to achieve the best possible outcomes. The guidance specifically sets out how providers may comply in respect of supporting individuals to maintain a healthy diet and fluid intake.

**Table 4** outlines how this food and nutrition best practice guidance can support you in relation to the statutory guidance and provides examples of how you can demonstrate that you are providing a high quality service and meeting the care and support needs of your residents.

Further examples of how care homes can demonstrate best practice and excellent quality in the wider food environment and management of nutrition care and hydration can be found in the guidance.

**Table 4 - Statutory guidance for service providers and responsible individuals on meeting the regulations for care home services**

<b>Statutory guidance</b>		
<p><b>1.5 Requirements on service providers as to the standard of care and support to be provided</b></p> <p><b><u>Example</u></b>  <b>Individuals are supported to maintain a healthy diet and fluid intake:</b></p>	<p><b>How the food standards and best practice guidance supports care homes to meet this:</b></p>	<p><b>Examples of how care homes could demonstrate excellent quality in food and drink provision and nutritional care of residents</b></p>
<p>Where food and/or drink is provided for individuals, there is a choice which meets their needs and preferences as far as is reasonably practical</p>	<p><b>Example menus, recipes and menu planning based on food and nutrient standards, to meet a range of needs</b></p>	<p><b>Cyclical menu available with range of choices to meet food standards and individual resident's needs</b>  <b>This should include therapeutic diets, texture modified diets, and attention to individual preferences</b></p>
<p>Healthy choices of food are available and are promoted.</p>	<p><b>Defines what 'healthy' means in respect of the different needs of older people e.g.</b>  <b>For a well older person - a balanced healthy diet</b></p> <p><b>For an older person with higher support needs and risk of malnutrition - a meal plan including more concentrated sources of energy and protein, more frequent smaller meals and potentially modified texture</b></p>	<p><b>Healthier choices for well older residents</b></p> <p><b>Hot and cold drinks available at all times</b></p> <p><b>Nutritious snacks, and drinks and smaller meals made available</b></p> <p><b>A range of texture modified diets to meet IDDSI and individual resident needs</b></p> <p><b>Use of food fortification and reduced reliance on nutritional supplements</b></p>

<p>Mealtimes are a positive experience and, where required, individuals are supported sensitively to eat and drink.</p>	<p><b>Section on care and support includes focus on the dining environment, assisting with eating and drinking, care and dignity</b></p> <p><b>Additional guidance on specific needs of residents with Dementia and those requiring texture modification</b></p>	<p><b>Observation of :</b>  <b>pleasant dining environments</b>  <b>positive engagement with residents (including language used)</b>  <b>dignified assistance with eating and drinking</b>  <b>involvement of families where appropriate</b></p>
<p>Where assessments are undertaken this includes the identification, using nationally recognised tools and evidence based guidance, of where an individual's nutritional or fluid intake could be compromised.</p>	<p><b>Section on screening and assessment and link to a screening tool for use in care homes</b></p>	<p><b>Residents food and nutrition needs are assessed using the appropriate tools</b></p> <p><b>Care plans are developed and implemented to meet resident's needs</b></p>
<p>Where individuals are identified as being at risk of weight loss or dehydration there is effective monitoring of weight, nutritional and fluid intake, and remedial action is taken when concerns arise or persist.</p>	<p><b>Recipes for fortified foods and 'food first' approach</b></p> <p><b>Examples for effective hydration</b></p> <p><b>Links to resources and training to support monitoring</b></p>	<p><b>Care is monitored and evaluated and changes implemented as required</b></p>
<p>Where necessary, additional specialist advice is sought to support care. Prescribed treatments and support, including specialist diets and food and drink preparation, is adhered to.</p>	<p><b>Specific advice on special diets in guidance and where to get help</b></p>	<p><b>Care home have contact with relevant health professionals and know how to access further support</b></p>

(Part 7, Regulation 21, The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 (as amended).

## References

1. Nutrition Screening Survey in the UK and the republic of Ireland (BAPEN, 2011)  
Hospitals, Care Homes and Mental Health Units  
[https://www.bapen.org.uk/pdfs/nsw/nsw\\_report2008-09.pdf](https://www.bapen.org.uk/pdfs/nsw/nsw_report2008-09.pdf)
2. National Survey for Wales (2018) Statistics for Wales  
<https://gov.wales/national-survey-wales-population-health>

## APPENDIX 1

### Regulation and Inspection of Social Care (Wales) Act 2016

The Regulation and Inspection of Social Care (Wales) Act 2016 ('The 2016 Act') provides the statutory framework for the regulation and inspection of social care in Wales. It aims to continuously improve the **quality of care and support** in Wales with an emphasis on:

- **Improving well-being** by assessing the impact of services on people's lives
- **Giving a stronger voice** to people who use services
- **Strengthening protection** through regulatory powers and greater transparency and comparability across services in Wales
- **Increasing accountability** of service providers by ensuring a clear alignment between leadership, culture and well-being

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 as amended were made under the 2016 Act. They place requirements on providers and responsible individuals of regulated social care services, including care home services.

Statutory guidance accompanying these regulations sets out how providers of regulated services (including care home services) may comply with requirements imposed by regulations made under the 2016 Act.

Available at:

<https://gov.wales/sites/default/files/publications/2019-04/guidance-for-providers-and-responsible-individuals.pdf>

### Requirements on service providers as to the standard of care and support to be provided (Part 7, Regulations 21 - 25)

The intent of Part 7 of the Regulations is to ensure that individuals are provided with care and support which enables them to achieve the best possible outcomes. The service is designed in consultation with the individual and considers their personal wishes, aspirations and outcomes and any risks and specialist needs which inform their care and support. This includes:

- provision of staff with the knowledge, skills and competency to meet individual's well-being needs
- ensuring staff have the appropriate language and communication skills
- planning and deploying staff to provide continuity of care

- consultation with and seeking support from relevant agencies and specialists where required.

Part 7, Regulation 21 sets out the overarching care and support requirements including provision of care and support which protects, promotes and maintains resident's safety and well-being and enables them to achieve the best possible outcomes. The full regulation is set out below:

21

- (1) The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.
- (2) The service provider must ensure that care and support is provided to each individual in accordance with the individual's personal plan.
- (3) The service provider must ensure that care and support is provided in way which—
  - (a) maintains good personal and professional relationships with individuals and staff; and
  - (b) encourages and assists staff to maintain good personal and professional relationships with individuals.
- (4) If, as a result of a change in the individual's assessed needs the service provider is no longer able to meet those needs, even after making any reasonable adjustments, the provider must immediately give written notification of this to the individual, any representative, the service commissioner and the placing authority.

# FOOD & & NUTRITION

in Care Homes for Older People

## Section 2

Food and Nutrition:  
standards, guidelines and menu planning

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# Section 2

## Food and Nutrition: standards, guidance and menu planning

A complete guide to providing a nutritious balanced diet to meet the range of needs of residents in your care.

### Contents

<b>Food and Nutrients, balancing requirements, the Eatwell Guide</b>	<b>1</b>
Balancing requirements throughout the day	2
The Eatwell Guide for older people in your care	
Overall energy and protein requirements	4
Meeting dietary needs	4
<b>Menu planning</b>	<b>6</b>
Planning the day and weeks food and drink	6
<b>Food groups and food standards</b>	<b>8</b>
Fruit and vegetables	8
Potatoes, bread, rice, pasta and other starchy carbohydrate	11
Beans, pulses, fish, eggs, meat and other proteins	13
Dairy and alternatives	15
Oils and spreads	15
<b>Meal planning and standards</b>	<b>16</b>
Breakfast	16
Main meal	17
Lighter meal	18
Vegetarian diets	19
<b>More information on specific nutrients and their importance for older people</b>	<b>20</b>
<b>Food labelling and buying healthier products</b>	<b>24</b>
<b>Sustainable food in care home settings</b>	<b>29</b>
<b>Food Service best practice</b>	<b>30</b>
<b>Catering for the range of needs and special dietary requirements</b>	<b>31</b>

Additional separate sections will cover the following:

2A Eating and drinking well using 'food first' approaches

2B Eating and drinking well with dementia

2C Eating and drinking well using texture modification and IDDSI

# Food and nutrients, balancing requirements, the Eatwell Guide

It is crucial to ensure that food and drink provided to older people in care homes is enjoyable, nutritious and accessible, to benefit their health and wellbeing.

Appetising food and drink that meets residents individual needs and provided in a positive and caring environment is a key aspect of delivering high quality care.

This section provides all you need to know about the food and drink you provide to ensure it meets the dietary recommendations for older people in your care. This will help to ensure residents are well nourished, hydrated and maintain a healthy weight.

## What are nutrients?

The body needs energy, nutrients and water to provide essential nourishment:

Macro nutrients are: protein, carbohydrate, fats	Micro nutrients are: vitamins and minerals e.g. Vitamins A, C & D, Minerals – iron, calcium
	

- **Food standards** outline the types of food that older adults should be offered at each meal e.g. breakfast, main meal or a snack, or overall in a day to meet the recommendations for nutrient intake.

A separate volume of example menus and recipes that meet the food standards is provided. \*

For more information on the recommended amount of nutrients for an average day for older adults see Appendix 2.

\* A set of menus and recipes that meet the food standards will be produced as part of the final guidance.

# Balancing requirements throughout the day

## What is the ideal healthy balanced diet?

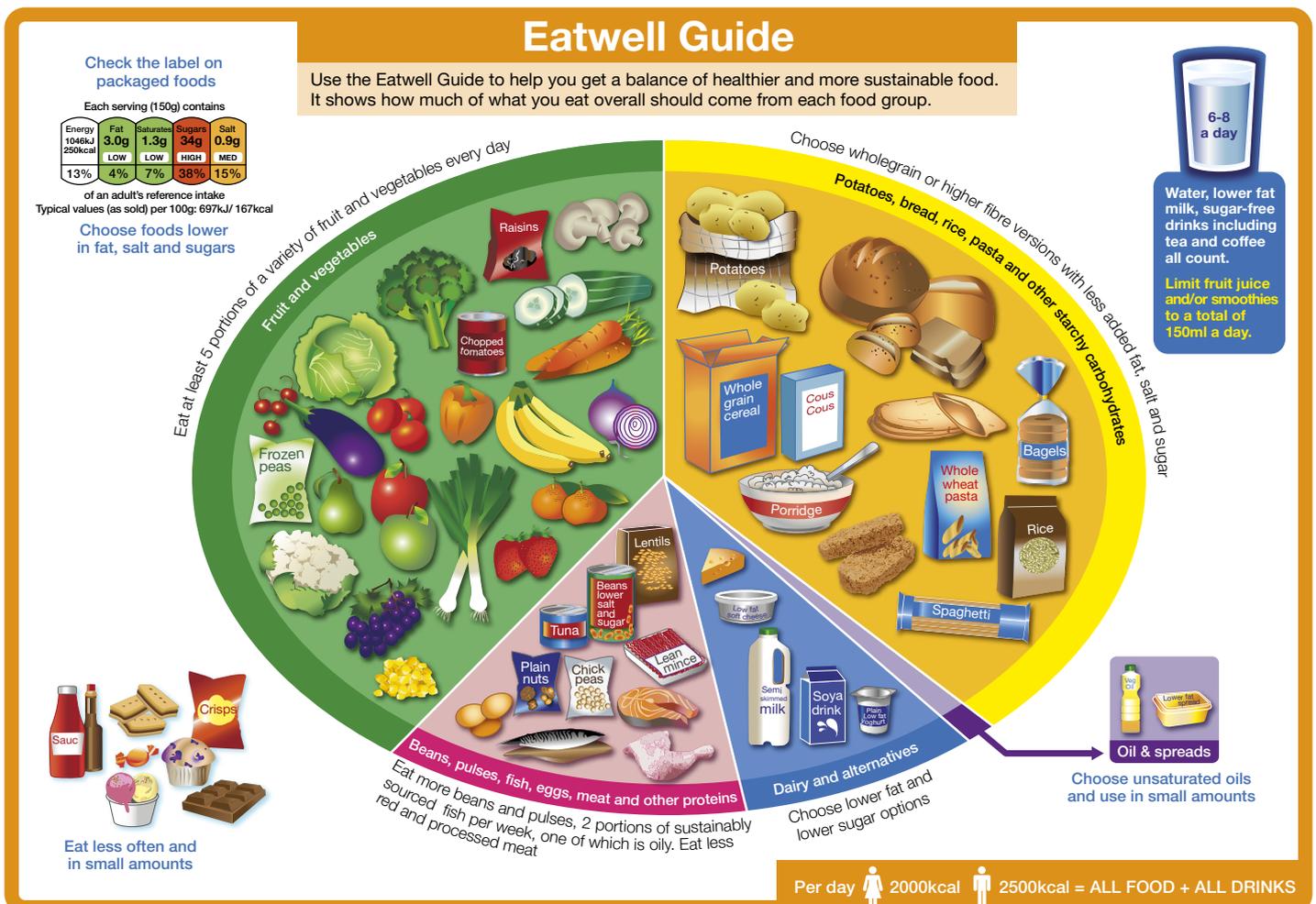
Eating well and having a healthy lifestyle can help us all feel our best and make a big difference to our immediate and long term health. The Eatwell Guide is used across the UK to help everyone understand what the ideal balance of foods is for a healthy diet and is aimed at children over the age of 5, adolescents, adults and older people in good health. It promotes a healthy balanced diet with lots of fruit and vegetables, high fibre cereals and grains, lower fat, sugar and salt in order to help prevent many conditions that are linked to a poor diet.

## How much and what types of food to have during the day

The Eatwell Guide encourages us to choose a variety of foods from the 5 food groups to help us get the wide range of nutrients our bodies need to stay healthy.

### The five food groups are:

- Potatoes, bread, rice, pasta and other starchy foods
- Fruit and vegetables
- Beans, pulses, fish, eggs, meat and other proteins
- Dairy and alternatives
- Oils and spreads



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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The Eatwell Guide shows how much of what we eat overall should come from each food group:

- Eat at least 5 portions of fruits and vegetables every day.
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible.
- Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options.
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily).
- Choose unsaturated oils and spreads and eat in small amounts.
- Drink 6-8 cups/glasses of fluid a day.
- If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

It does not apply directly to those with special dietary requirements or medical needs, which should have advice from a registered dietitian.

## The Eatwell Guide for older people in your care – what’s important and how does it differ

Being older doesn’t mean making big changes to your diet, the recommendations for ensuring a varied and balanced diet are the same as the general population.

However, ill health and the ageing processes have an impact on nutritional status and can result in needing to meet a persons dietary needs in a variety of ways.

*“What do I need to know about older adults and nutrition and how do I achieve a good diet and the best health for my residents?”*

Your residents will have a range of needs and appetites and it will be necessary to have a flexible, person centred care approach to meet their different food and drink needs. This may mean that the majority of residents may have breakfast, lunch and evening meal with snacks in between and others may need more frequent, smaller, nutritious snacks and meals or require a fortified diet.

### Note:

- Initial and ongoing screening and monitoring of residents are essential components to the nutritional care of your residents
- Staff training in food and nutrition care of older people can maximise impact
- Good nutrition is essential to keeping healthy and being able to recover from illness
- The malnourished older person will have greater risk of mortality, reduced rate of healing and a poorer quality of life.

Appetising and nutritious food is key, however other aspects of nutritional care are also important to support residents to eat and enjoy food which meets their needs. These include nutritional screening, oral health care, providing assistance to eat, a positive eating environment and protected meal times, which are all covered in the relevant sections of this guidance.

## Overall energy and protein requirements

Estimated average requirements for Energy of well adults<sup>1</sup>

	Male Energy kcals per day	Female Energy kcals per day
<b>55-64 years</b>	2581	2079
<b>65-74 years</b>	2342	1912
<b>75 + years</b>	2294	1840

A range of **1900 – 2600 Kcal energy per day** will cover the needs of the majority of your residents:

**Nutritionally well** – residents with normal appetites and requirements and

**Nutritionally vulnerable** – residents with poor appetites and not able to eat usual quantities of food at mealtimes or with increased needs.

<sup>1</sup> Dietary Reference Values for energy, SACN 2011

## Protein requirements

For well adults a minimum 55 g protein per day.

A range of 55-90 g protein per day will cover the majority of residents requirements<sup>2</sup>.

The majority of your residents will be of older age and potentially be at risk of malnutrition. If they have higher support needs they are more likely to have poorer appetites. Their meals may be less in quantity but they need to have the same level of protein and important nutrients. This is called a nutrient dense diet.

<sup>2</sup> Dietary reference values for food energy and nutrients for the United Kingdom, HMSO 1991

If residents are in bed most of the time their energy requirements will be lower and it is important to meet their dietary needs through small quantities of nutritious food and drink. Some residents may not appear to walk far however the effort required can demand more energy than you might expect.

Note: energy requirements will change for an individual depending on illness and mobility changes.

## Meeting dietary needs

The diagrams below show some different ways that a daily intake of 2,200 kcals and 70g protein and the range of vitamins and minerals, can be achieved.

### Example 1

#### 3 main meals



600 kcal and  
39g protein



580 kcal and  
18g protein



575 kcal and  
25g protein



135 kcal and  
6g protein



include a total of 6-8 drinks  
(200-300 kcal)

### Example 2

#### 3 small meals and 2-3 larger snacks and nutritious drinks



290 kcal and  
9g protein



580 kcal and  
18g protein



415 kcal and  
35g protein



135 kcal and  
6g protein



340 kcal and  
12g protein



325 kcal and  
7g protein



340 kcal and  
12g protein



6-8 drinks (200-300 kcal)

---

### Example 3

#### 5 snacks and 3 nourishing drinks



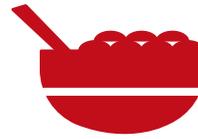
320 kcal and  
9g protein



180 kcal and  
4g protein



185 kcal and  
3g protein



310 kcal and  
8g protein



135 kcal and  
6g protein



220 kcal and  
7g protein



340 kcal and  
14g protein



135 kcal and  
6g protein



6-8 drinks (200-300 kcal)

---

**Fluid** – there should be 6-8 drink periods throughout the day offering both hot and cold drinks. This will provide approximately 1600mls fluid. The drinks at lunch and evening meal should be served immediately after the meal has been completed.

Drinks and the importance of residents keeping hydrated are covered fully in the section on Hydration.

# Menu planning

Menu planning is essential to achieve a well-balanced and healthy diet for the older people in your care. It will help you to meet the standards of care expected and the nutritional and health needs of your residents. It will also help you to demonstrate excellent practice in the quality of the food you provide.

Menu planning should be undertaken by a member of staff with the relevant knowledge and skills and an understanding of resident's nutritional needs, with input from staff, residents, relatives and managers.

Consider the different needs and choices of residents and how you can best accommodate them. For example providing a choice of main or light meals at both mid day and evening meal will accommodate those who like a larger breakfast and are then not ready for a main meal at mid day.

Planning menus in advance for your setting can:

- Ensure the right variety and balance to meet the food standards and guidance.
- Ensure variety to meet residents' needs and reduce menu fatigue.

- Reduce overall cost of food.
- Reduce and minimise waste.
- Help with staff cover, as all staff will know what food is provided.
- Inform residents and relatives on the choices available.

Aim for **at least** a 3 week menu cycle – to ensure a good variety and balance of different meals and to avoid too much repetition.

Use the food standards, meal standards, practice points, top tips, and the example menus and recipes to help plan your food provision.

Produce a menu that meets the needs of the majority of your residents with the right balance of energy and nutrients and then adapting this for individual needs. Include all food and drink provided on the menu.

For people with poor appetites always aim for a 'food first' approach initially with a variety of suitable drinks. 'Food first' is a dietary strategy for treating poor dietary intake and unintentional weight loss using every day nourishing food and drinks. See section 2A for 'food first'.



## Top tips for menu planning



### A menu structure should include:

- breakfast, lunch and evening meal
- snacks between meals
- regular hot and cold drinks throughout the day to offer 6-8 drinks a day a day and access to water 24 hours
- flexibility to accommodate a range of meal patterns e.g. smaller frequent meals and more nutritious snacks

1

2

**Talk to residents and relatives when planning menus** – this helps you to cater for everyone's needs.

3

**Plan menus for all the meals and snacks you provide for a 3 week cycle** – this will help to ensure there is variety and balance from the each of the main food groups and helps planning for shopping and preparation.

4

**Plan each meal and snack menu to meet the food and drink standards provided** – this will help to ensure that older people in your care receive the correct amount of nutrients and balance of food at each meal.

5

**Plan menus to include a variety of colours, tastes and textures** to make meals more interesting and appetising, and alternating hot and cold to add variety.

6

**Plan for preparation and cooking time** – Take into account the preparation and cooking time – look at what you are cooking each day, and avoid having a main course and dessert which will take a lot of time to prepare. Divide the food preparation so that it is equally spread throughout the day. You may find that you are limited by what you can fit in the oven and on the hob.

7

**Home-made dishes will generally be healthier than ready meals** because you can select your ingredients carefully and the salt content is likely to be lower, they can also be more easily adapted if fortifying meals for some residents.

8

**Make sure menus cater for all cultural, religious and dietary needs** and try adapting usual recipes for some diets, and if necessary have individual meals.

9

**Introduce new menu cycles at least twice a year**, this will help to introduce new recipes and ensure seasonality. Using special occasions or themed meal times can also help to add variety and interest.

10

**Minimising waste/use of left overs** – planning menus and ingredients lists can minimise food waste and maximise use of all food e.g. left overs in recipes. Remember to follow the rules about storing and keeping food.

[www.wrap.org.uk/sites/files/wrap/labelling-guidance.pdf](http://www.wrap.org.uk/sites/files/wrap/labelling-guidance.pdf)

# Food groups and standards

The following sections outline the overall food standards to aim for:

For each food group, there is information to explain:

- the **types of food and drink** included in the food group
- **why the food group is important**
- **food safety information**
- **guidelines** for planning menus
- **typical portion size information**

**Food standards** describe **how often, how much, and which different types** of food and drink to provide each day and at each meal.

## Fruit and Vegetables

**Why is this food group important?**

**Fruit and vegetables are an important source of vitamins A & C & E, folic acid, minerals such as zinc and iron and fibre.**

Food Standard	Best Practice to include these healthy choices	Preparation do's and don'ts
<p>Fruit and vegetables should make up about a third of the daily diet</p> <p>Aim for each full day's menu to offer '<b>5 a day</b>' including a variety of vegetables, salads and fruit</p> <p>Include with breakfast, main meals, and as snacks</p> <p>Provide correct portion sizes 80g is one portion or see table</p> <p>Fruit based desserts can be offered as one of 5 a day if one portion of fruit included</p> <p>A glass of 100% unsweetened fruit juice should be offered at one meal time to help meet the Vitamin C intakes</p> <p>Always have fresh fruit available and ready to eat for those who require it e.g. fresh fruit salad in containers</p>	<p><b>Vegetables and salad</b></p> <p>All types of <b>fresh, frozen and tinned vegetables</b> – for example, fresh broccoli, frozen peas, tinned sweetcorn, courgettes, pak choi, okra</p> <p><b>Salad vegetables</b> – for example, lettuce, watercress, cucumber, tomato, raw carrot, raw pepper, radish and beetroot</p> <p><b>Remember:</b> potatoes are a starchy food and not included as a vegetable and do not contribute to one of your 5 a day, however sweet potatoes, parsnips, swedes and turnips do</p>	<p><b>Do</b> not overcook fresh vegetables or cut them up a long time before cooking and leave them in water</p> <p><b>Do</b> not cook vegetables early and re-heat before serving. (these practices all reduce the vitamin content)</p> <p><b>Do</b> choose fresh vegetables when in season</p> <p><b>Do</b> include frozen or tinned vegetables as these can save on cooking time and are just as nutritious</p> <p>Add vegetables and pulses to stews, casseroles, rice dishes</p> <p>Store fresh vegetables in a cool dark place</p>

Food Standard	Best Practice to include these healthy choices	Preparation do's and don'ts
	<p><b>Fruit</b></p> <p><b>Fresh fruit</b> – such as apples, bananas, pears, grapes, kiwi fruit, oranges, satsumas, plums, berries, melon or mango</p> <p><b>Tinned fruit in juice</b> – for example, peaches, pears, pineapple, mandarin oranges or apricots</p> <p><b>Stewed fruit</b> such as stewed apple, stewed dried fruit, stewed plums or stewed rhubarb</p> <p><b>Dried fruit</b> such as raisins, dried apricots, dates, dried figs, prunes</p> <p><b>Fruit juices and smoothies</b> Do offer different fruits and vegetables at meals and snacks</p>	<p>Experiment with salads and try adding fruits and vegetables with nuts and seeds, noodles, bulgar wheat, quinoa and cous cous</p> <p>Add fruit to a range of desserts and dishes including cold starters and savoury, this may help some residents with dementia if they have a preference for sweeter foods</p> <p>Dried fruit are a good addition to desserts and breakfast to increase fibre and fruit intake.</p> <p><b>Note:</b> some residents may not be able to chew them</p> <p>Dried fruit can be damaging to teeth, so include them as part of a meals which will have less impact than a snack</p> <p>Remember products like tomato ketchup, fruit yoghurt, jam are not included as they contain very little fruit or vegetables</p> <p>Watch out for drinks that say 'juice drink' on the pack as these are unlikely to contain much fruit and can be high in sugar</p>

## What counts as 5 A Day?

For adults a portion is 80g of fruit, or vegetables, which is:

- A large slice of fruit like melon or pineapple
- 1 medium apple, banana or pear
- 2 smaller fruits like plums or satsumas
- 7 strawberries or 20 raspberries
- 1 handful of grapes
- 3 heaped tablespoons of peas, beans or pulses
- 3 heaped tablespoons of veggies like sliced carrots, mixed vegetables or corn
- 4 heaped tablespoons of cooked green veggies like cabbage and spring greens
- 2 spears of broccoli or one medium tomato. A dessert bowl of salad greens.

Fruit and vegetables that are good sources of iron include dark leaf vegetables, broccoli, dried apricots and raisins, blackcurrants and broad beans.

Fruit and vegetables that are good sources of folate include green leafy vegetables, broccoli, brussels sprouts, peas, asparagus and oranges.

### Practice point

#### **Buying fruit and vegetables**

Choose fruit and vegetables in season where possible as they will be tastier, cheaper and more likely to be locally grown.

Try growing fruit and vegetables in pots or bags and fresh herbs in window boxes, or in a vegetable patch if you can and encourage residents to join in if able.

Consider buying fair trade if grown abroad.

### Practice point

#### **Food hygiene & safety**

All fruit and vegetables should be washed before eating, unless if packaged and says pre-washed.

Remember food safety advice when washing and preparing home grown vegetables see Section 6.

Remember some residents may be allergic to some fruits, more common ones are apples, peaches, melon, mango, kiwi, strawberries. Follow the FSA allergen guidance. See later Management of Allergens.

## Potatoes, bread, rice, pasta and other starchy carbohydrate

### Why is this food group important?

Starchy foods provide a good source of energy from carbohydrates and are the main source of a range of nutrients including folate B vitamins and iron

They also provide fibre

Food Standard	Best Practice to include these healthy choices	Preparation do's and dont's
<ul style="list-style-type: none"> <li>Starchy foods should, make up about a third of the daily diet: Provide a portion of foods from this group at every meal</li> <li>As a guide include 6 or more portions daily</li> <li>Provide a variety each day and include wholegrain and high fibre options</li> <li>Provide bread and bread products with lower salt content</li> <li>Serve correct portion sizes: 1 portion = 1 slice of bread, ½ bagel, 1 crumpet 1 medium sized potato or 2-3 small (egg size) 60g (3 tablespoons) of cooked rice or pasta 60g (3 tablespoons) of breakfast cereal</li> <li>Bran should not be added to cereals or foods as it contains phytates which can bind with important minerals such as calcium, zinc, iron and reduce their absorption</li> </ul>	<p><b>All types of bread</b> – wholemeal, granary, brown, wheatgerm, white, multigrain, soda bread, potato bread, chapattis, naan bread, rolls, bagels, pitta bread, wraps, tortilla</p> <p><b>Potatoes or sweet potatoes</b> – boiled, mashed, baked or wedges Yam, and other starchy root vegetables</p> <p><b>Pasta and noodles</b> – wholewheat and white</p> <p><b>Rice</b> – brown and white</p> <p><b>Other grains</b> such as couscous or bulgur wheat, maize (polenta) and cornmeal</p> <p><b>Porridge oats</b></p> <p><b>Breakfast cereals</b> puffed wheat, wheat bisks, crisped rice or flaked wheat. Fortified cereals can be a good source of iron, Vitamin D and folate Do choose bread and bread products with lower salt content – those labelled green (low) or amber (medium) in salt</p>	<p><b>Do</b> encourage bread and bread products with higher fibre content Higher fibre options include wholemeal breads, breads made with a combination of white and wholemeal flour with or without added fibre</p> <p><b>Do</b> encourage bread and bread products with lower salt content those labelled green (low) or amber (medium) in salt</p> <p>Brown rice, wholewheat pasta and wholewheat/wholegrain</p> <p>Aim for at least half of breakfast cereals to be higher fibre (i.e. more than 6g/100g) If following a healthier diet choose lower sugar cereals Those labelled green (low) or amber (medium) so less than 22.5g/100g total sugars</p> <p><b>Do</b> use monounsaturated or polyunsaturated fats in cooking</p>

## Practice point

### Whole grain and high fibre

Residents should be encouraged to eat more foods that are naturally rich in fibre, but it is important to increase this gradually and ensure fluid intake is also increased.

Constipation is a common problem because of reduced intake of these foods, reduced fluid intakes, being less active, and decreased physiological functions e.g. bowel muscle action and some medications . It is important to try and prevent constipation as it can have a big impact on a person's quality of life and can have lead to further medical problems.

Remember that fruit and vegetables are also good sources of fibre.

### How much fibre do we need

The dietary reference value for the population intake of dietary fibre is 30g per day.

This is an example of how it can be achieved in one day's intake.

<b>Breakfast</b>	Bowl of high fibre cereal (such as all bran) with milk, topped with one sliced banana 1 slice wholemeal toast w/jam	9.84g 1.12g 2.52g	<b>Total: 13.5g</b>
<b>Morning Snack</b>	Cup of Coffee/Tea Digestive biscuit	0 0.5g	<b>Total: 0.5g</b>
<b>Lunch</b>	Beef, lentil and vegetable stew Wholegrain rice & peas Apple Crumble & Custard	2.53g 3.7g 1.36g	<b>Total: 7.6g</b>
<b>Afternoon Snack</b>	Cup of Tea/Coffee Pear & a piece of fruit cake	0 3.24g	<b>Total: 3.2g</b>
<b>Evening meal</b>	Vegetable soup Tuna & sweetcorn & lettuce sandwich with 2 slices of wholemeal bread Fruit yoghurt	0 0.3g 4.5g 0.45g	<b>Total: 5.3g</b>
			<b>Total per day: 30g</b>

## Beans, pulses, fish, eggs, meat and other proteins

Why is this food group important?

Foods from this group provide protein, iron and zinc, B vitamins. Oily fish provides omega 3 fats, Vitamin A and Vitamin D

Food Standards	Best Practice to include these healthy choices	Preparation do's and dont's
<ul style="list-style-type: none"> <li>Provide one portion of beans, pulses, fish, eggs, meat or other proteins <b>at least at 2 meals (Breakfast, lunch and/or tea)</b> <b>Note:</b> some residents will require more frequent smaller portions</li> <li>Provide a variety across the week</li> <li>Aim to serve oily fish once a week</li> <li>Serve correct portion sizes: 1 portion = 60-90g (2-3 oz) cooked meat or poultry 120-150g (4-5oz) of cooked fish 2 eggs 90-120g (3-4oz) of cooked pulses, baked beans, dahl 60g (2oz) of raw lentils 60g (2oz) of unsalted nuts or 30g (10oz) of peanut butter</li> <li>Vegetarians serve 2-3 portions of beans, pulses, eggs, or other meat alternative across the day</li> <li><b>Vegans see section on specific diets</b></li> </ul>	<p><b>Beans, pulses:</b> Includes a variety of beans, lentils and peas such as butter beans, kidney beans, chick peas, lentils, processed peas or baked beans</p> <p><b>Fish:</b> White fish such as cod, haddock, plaice and coley Oily fish such as herring and mackerel, salmon, trout, sardines or pilchards, tinned or fresh. Tinned tuna does not count as an oily fish but is a good source of nutrients</p> <p><b>Eggs:</b> Boiled, scrambled or poached, or in an omelette</p> <p><b>Meat and poultry:</b> All types including beef, lamb, pork, chicken and turkey liver and liver pate is a useful source of nutrients but should not be served more than once a week as they contain a lot of Vitamin A and some groups are at risk if consume too much</p> <p><b>Other proteins:</b> Such as soya mince, textured vegetable protein, quorn™ or tofu</p>	<p><b>Do</b> encourage tinned pulses with no added salt and sugar Dahl and other dishes made from pulses should be made without adding a lot of oil and salt</p> <p>Make sure fish dishes are free of bones</p> <p>Eggs with the lion mark and are ok to eat soft</p> <p>Do encourage cooking from scratch If using processed food - choose higher quality see later section on buying food</p> <p>Cheese should not be used too often as the main source of protein for a vegetarian diet, make sure there is variety and different flavours and textures</p>

### Practice point

#### **Vegetarians should have 2-3 portions of pulses, eggs, meat alternatives per day and ensure variety**

e.g. substitute beans, pulses, soya or textured vegetable protein for meat in recipes like bolognese, stews, curries, lasagne and shepherds pie. Make vegetable risotto and nut roasts. It is important not to rely on cheese and eggs as the main vegetarian choices as these won't contain the variety of nutrients needed.

### Practice point

#### **Sustainable sources**

If you are buying fish (including where it is an ingredient in a product), look for the blue and white logo of the Marine Stewardship Council, which guarantees it is from a sustainable source. Avoid red list or endangered species of farmed or wild fish (Marine Conservation Society 'fish to avoid').

### Practice point

#### **Meeting cultural and religious needs**

Caterers need to prepare for cultural and food sensitivities and also be aware that some individuals may fast on occasion. See section/page ....

### Food safety tip

Some people are allergic to tree nuts, peanuts, lupin, fish, crustaceans, mollusc and eggs. The labelling of bought in products will need to be checked carefully for these allergenic foods see section 5.

### Practice Point

#### **Sarcopenia**

Ensuring residents have the right amount of protein at meals and snacks is very important for care home residents. Some people over the age of 65 years are likely to have sarcopenia which is a term used to describe the progressive loss of muscle mass and muscle strength. This can lead to a decline in physical health and being less mobile, increasing risk of falls and fractures and physical disability.

Nutritional supplements may need to be given if not eating well, but aiming for a food first approach is the first step to maintaining good nutrition. Adequate protein intake will help prevent and treat sarcopenia.

Oral nutritional supplements may be recommended by a healthcare professional for residents who are not eating well, however aiming for a food first approach is the first step to maintaining good nutrition.

## Dairy and alternatives

### Why is this food group important?

Foods from this group are a good source of energy, protein, calcium and Vitamin A, Vitamin D

Food Standard	Best Practice to include these healthy choices	Preparation do's and dont's
<ul style="list-style-type: none"> <li>Provide – 3 portions of dairy and alternatives each day from the following: 200ml (1/3 pt) milk 30g (1oz) cheese 150g ( 1 med. pot) yoghurt 200g (1 large pot/1/2 can) custard, milk pudding</li> <li>Each item is one portion</li> <li>Choice of whole milk and semi skimmed</li> </ul>	<p>Residents should be able to choose what type of milk they have for drinks and cereals</p> <p>For residents with poor appetite and requiring food fortification whole milk should be used</p> <p>Milky drinks and puddings are important for protein and energy, if not eating well</p> <p>Milky drinks, puddings and sauces are good examples of foods that can be fortified – see fortified foods section</p>	<p>Choose from :</p> <p>Milk, Yoghurts, cheese, cream cheese, fromage frais, milk based puddings and sauces</p> <p>Vegetarian cheese should be used where appropriate</p> <p>Soya products that are fortified with calcium can be used as an alternative to milk for those who are lactose intolerant or vegan.</p> <p>Butter and cream are part of fats group – see section on fats</p>

### Food safety tip

Some people are allergic or intolerant to milk and will need to avoid all milk products including yoghurts and cheese.

Vulnerable groups should avoid unpasteurised and soft mould ripened and blue veined cheeses see section 5.

Milk and dairy produce should always be refrigerated between 0 °C – 4 °C.

## Oils and spreads

Well and healthy older residents should follow the Eatwell guide for fats and oils and choose lower fat options where possible and if desired. Oils and spread are high in calories and can contribute to excess energy intakes if eaten in large amounts. When cooking try to choose products which are low or medium in saturated fat and higher in unsaturated fats:

- Use monounsaturated (rapeseed or olive oil) or polyunsaturated fats (sunflower or safflower oil) in cooking but try not to fry foods too often. Use fat spreads labelled high in monounsaturates or polyunsaturates or reduced and low fat spreads

However if residents are identified as being at risk of malnutrition they will probably be needing a fortified diet and drinks. Full fat milk and spreads should be used to maximise calorie intake. (see section on fortified foods). The monounsaturated or polyunsaturated fats contain as many calories and can still be included in fortified options (see section on fortified foods).

# Meal Planning standards

## Breakfast is an important meal for older people

It is often difficult to meet all residents needs if waking times are variable, but aim to be flexible to meet individual needs and respect previous patterns of waking.

Food groups	Food and drink standards at breakfast
Potatoes, bread, rice, pasta and other starchy carbohydrates	<p>Provide one portion of these foods as part of breakfast each day</p> <p>Provide a variety across the week e.g cornflakes, wholegrain toast, porridge</p> <p>Include and encourage wholegrain and high fibre choices</p> <p>Provide correct portion sizes</p>
Fruit and vegetables	<p>Provide a portion of vegetables or fruit at breakfast each day or a glass of fruit juice</p>
Beans, pulses, fish, eggs, meat and other proteins	<p>These foods provide a useful source of iron and zinc and can be provided as part of breakfast, especially if appetite is poor and residents enjoy these foods</p>
Dairy and alternatives	<p>Breakfast can include one of the 3 portions of dairy foods each day – e.g. milk on cereal, porridge, yoghurt or glass of milk</p>
	<p>It is important to have a drink at breakfast and on waking if appropriate. This can be water, tea, coffee or other drink of choice</p>

## Example breakfast

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
Porridge made with semi skimmed or whole milk	Porridge made with fortified milk and a handful of raisins. Can also add honey, sugar, fruit, cream	Porridge -texture fully softened Any excess milk or fluid must be drained	Smooth Porridge or instant hot oat cereal
Scrambled egg	Add butter, fortified milk and grated cheese	Add butter, milk (fortified as necessary)and grated cheese	Savoury egg custard

## Main meal – this can be served at lunch time or evening meal

Lunchtime may be the main meal of the day for most residents, however residents who eat breakfast later in the morning may be unable to manage a substantial meal a couple of hours later. For them, a lighter lunch and main meal in the evening may allow them to eat much more through the day.

Food groups	Food and drink standards for main meal
Potatoes, bread, rice, pasta and other starchy carbohydrates	Provide one portion of these foods as part of main meal each day Provide at least 3 different starchy foods as part of main meals each week e.g. pasta, rice, potato Provide correct portion sizes
Fruit and vegetables	Provide a portion of vegetables and/or fruit as part of main meal each day Provide a variety of vegetables and fruit across the week at main meal Provide correct portion sizes (80g is one portion) A glass of fruit juice should be offered to help meet Vitamin C intakes Check product labels if using tinned, choose lower salt, sugar
Beans, pulses, fish, eggs, meat and other proteins	Provide a portion of these foods at main meal each day Provide a variety across the week Provide one main meal each week which uses pulses or a meat alternative as the protein source Provide oily fish once a week
Dairy and alternatives	The main meal can include one of the three portions of dairy foods each day – one of these can be part of lunch e.g a milk based pudding
Drinks	It is important to have a drink of choice with main meals

\*processed meat or fish products include crumb coated chicken products, sausages, burgers, pies and tinned meats, fish bites. Processed meat alternatives include vegetarian sausages, burgers and pies see page 30.

## Example main meal

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
Oven baked cod fillet A few boiled potatoes and parsley sauce Peas	Cod fillet fried in vegetable oil with parsley sauce, Mashed potato made with fortified milk, butter and grated cheese, Peas with a knob of butter	Soft enough cooked fish to break into small pieces with fork, spoon or chopsticks No bigger than 1.5 cm x 1.5 cm pieces No bones Mashed potato and grated cheese and butter in soft lumps of 1.5 cm x 1.5 cm	Cook fish before pureeing, make sure no gristle and bones. Puree needs to be thick and smooth with no lumps. Add parsley sauce as you puree to help achieve the correct consistency

## Lighter meal – this can be served at tea time or lunch

Food groups	Food and Drink standards for lighter meal
Potatoes, bread, rice, pasta and other starchy carbohydrates	<p>Provide one portion of these foods as part of lighter meal each day</p> <p>Provide at least 3 different starchy foods as part of teas each week e.g. pasta, rice, potato</p> <p>Avoid flavoured dried rice, pasta and noodle products e.g. packets of instant flavoured noodles, pasta, rice as these are not very nutritious and can contain high levels of salt</p> <p>Provide correct portion sizes</p>
Fruit and vegetables	<p>Provide a portion of vegetables and/or fruit as part of tea each day</p> <p>Provide a variety of vegetables and fruit across the week</p> <p>Check product labels if using tinned, choose lower salt, sugar</p>
Beans, pulses, fish, eggs, meat and other proteins	<p>Provide a portion of these foods each day</p> <p>Provide a variety across the week</p> <p>Provide oily fish once a week</p> <p>If using processed products choose good quality</p>
Dairy and alternatives	<p>Lighter meal can include one of the three portions of dairy foods each day – one of these can be part of tea e.g a milk based pudding</p>
Drinks	<p>It is important to have a drink of choice with lighter meals</p>

## Example lighter meal

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
¼ tin of baked beans on 1 slice of toast	¼ tin of baked beans on 1 slice of toast with butter thickly spread and grated cheddar cheese.	¼ tin of baked beans with mashed potato and grated cheese and butter in soft lumps of 1.5 cm x 1.5 cm	¼ tin of baked beans and grated cheese Pureed thick and smooth mashed potato with butter

## Catering for a resident who is vegetarian

This should not be treated as a special diet. Vegetarian meals and snacks are suitable for all residents and you can include at least one meal a week on the main menu based on a suitable meat alternative, if all residents are happy with this.

There are different types of vegetarian diets, so always check what your resident will eat and document it clearly. When people say they are vegetarian they may mean different things about what they do and don't eat. Also they may say they don't eat meat because they are not able to chew it so always check the reasons.

### Generally

- Lacto-ovo vegetarian – eat dairy products and eggs , do not eat red meat, offal, poultry, and fish.
- Lacto-vegetarian – will eat milk containing foods but not eggs. Do not eat meat, offal, poultry, fish and eggs.
- Vegans – all animal products are avoided, including milk and honey.

Follow the food standards and guidance to provide a variety of vegetarian choices to ensure the nutritional needs of your residents requiring a vegetarian diet are met.

### Remember:

- choose alternatives sources of protein to meat and fish such as beans or pulses, soya, tofu, Quorn TM to provide protein, iron and zinc
- other sources of iron and zinc containing foods to include are fortified breakfast cereals, bread, especially wholemeal, green leafy vegetables and dried fruit
- fruit and vegetables should be included, as they are rich in vitamin C, which helps to absorb iron from non meat sources in the body
- ensure an adequate calcium intake by offering milk, cheese, and yoghurt on the menu
- if cheese is served at the main course at lunchtime include a protein containing iron at the other main meal, for example beans, lentils or eggs.

There are a range of good vegetarian choices include in the example menus and recipes.

**For Vegans – see special diet section.**

### For non vegetarians

Pulses can also used to replace some of the meat or fish in dishes such as casseroles or curries to increase fibre and nutrients.

# More information on specific nutrients and their importance for older people

Micronutrients	Impact	Diet and foods
Iron	Iron is essential for health as it helps carry oxygen around in the blood. Older people can get anaemic if they don't have enough iron and feel tired, weak and dizzy, with pale skin	Red meat, such as beef, lamb, pork, liver, and some oily canned fish Green leafy vegetables Pulses, beans, nuts and wholemeal bread, fortified breakfast cereals Tip: eating foods rich in vitamin C with iron containing plant foods helps to improve absorption so it's good to have a glass of orange juice with breakfast
Zinc	Zinc is an important mineral for wound healing	A balanced diet should contain enough zinc but if appetite is poor try and increase green vegetables, cereals, dairy foods and red meat
All B Vitamins	Lack of B vitamins can lead to tiredness and feeling depressed or irritable	Fortified foods including wholegrain cereals, animal protein foods such as meat/ fish, eggs and dairy
Folate	Increased chance of feeling depressed, particularly important in older people	Folate is found in liver, green vegetables, oranges and other citrus fruits, beans and fortified foods such as yeast extract (marmite) and fortified breakfast cereals
Vitamin D	Vitamin D is essential for healthy bones as it helps the body to absorb Calcium  We get most of our Vitamin D from the effect of summer sunlight on our skin  But older people typically go out of doors less than younger age groups and their skin is less efficient at producing vitamin D from sunlight	Encourage residents to be outside as often as possible and in sunny weather  Good diet sources are eggs, oily fish, some fortified breakfast cereals and fortified spreads  There are specific recommendations for vitamin D supplements for older people see practice point below

Micronutrients	Impact	Diet and foods
Calcium	<p>Osteoporosis or brittle bone disease is a problem in older people especially women. Adequate calcium intake and regular weight bearing activity such as walking, dancing, climbing stairs, throughout our life is important to help prevent it.</p> <p>People diagnosed with osteoporosis may be prescribed calcium and Vitamin D supplements</p>	<p>Milk and dairy products are the best sources of calcium.</p> <p>Calcium is also found in canned fish with bones e.g. sardines and pilchards, green leafy vegetables such as broccoli and cabbage, soya beans and tofu</p>
Selenium	<p>May increase the incidence of feeling depressed and other negative mood states</p>	<p>Brazil nuts, meat, fish, seeds and wholemeal bread</p>
Salt	<p>Too much salt can cause high blood pressure which increase the risk of heart disease and stroke Its important to limit the amount of salt</p> <p>Most of our salt comes from processed food like bacon, cheese, pies, pizza, crisps ready made meals so it is better to cook from scratch to be able to limit the amount of salt used in cooking</p> <ul style="list-style-type: none"> <li>• Not adding salt to cooking</li> <li>• Not using packet soups, stock cubes, packet sauces</li> <li>• Limiting the use of processed foods</li> <li>• Cooking from scratch</li> <li>• Checking labels and choose low salt products</li> <li>• Enable resident to choose if they want to add salt at the table to taste</li> </ul> <p>Food labelling, flavour enhancers are often used to bring out the flavour in foods, but can be high in sodium – e.g monosodium glutamate (MSG E621)</p>	<p>What to use instead:</p> <p>Flavour with herbs and spices</p> <p>Fresh vegetables or frozen will not contain added salt</p> <p>If you do buy tinned vegetables get them without added salt.</p> <p>Do the same with tinned pulses</p> <p>Make sauces using ripe tomatoes and garlic</p> <p>Cooking with less salt and allowing residents to add to their own taste will also help to make meals appealing to the most amount of people</p>

Macronutrients	Impact	Diet and foods
Protein	Adequate protein intake will help prevent and treat sarcopenia, which is the progressive loss of muscle mass and muscle strength. This can lead to a decline in physical health and being less mobile, increasing risk of falls and fractures and physical disability.	For well adults a minimum 55g protein per day A range of 55-90g protein per day will cover the majority of resident's requirements Provide one portion of beans, pulses, fish, eggs, meat or other proteins at least at 2 meals.
Fats Omega 3 Fatty Acids	These type of fats are important to help prevent coronary heart disease or stroke	Recommended to eat 2 portions of fish per week one of which should be oily fish e.g. mackerel, salmon, sardines, pilchards
Other fats	Plant based (Polyunsaturated) fats are encouraged rather than animal fats (saturated) but individual choice and preference is important	Polyunsaturated fats such as sunflower or corn oil and monounsaturated fats such as rapeseed and olive oil should be encouraged, rather than butter, lard, suet

<p>Sugar</p>	<p>Sugar intakes from food and drinks can impact on oral health of older people but may also be a source of energy for those with poor appetites so care needs to be taken</p> <p>Residents who need a modified diet with increased nourishing drinks and potentially more sugar in their diet through use of nutrition supplements, sugary foods or medication will need extra care for their oral health. Poor oral care can result in gum disease, tooth decay and tooth loss which will have a big impact on ability to eat and enjoy food</p> <p>Many residents will have poor oral health when they move to a care home or have complex needs that require a lot of support to do daily tasks such as brushing teeth.</p> <p>Effective oral health and mouth care helps us all to maintain health wellbeing and dignity and is essential for enjoyment of food and meals. It is therefore even more important for those who are more vulnerable to have regular assessment of their oral health and hygiene</p>	<p>Well older people who are a healthy weight and at no risk of malnutrition can have moderate amounts of sugar in their diet, if it is their choice and preference</p> <p>Residents requiring modified diets and in particular fortified diets require additional foods and/or drink that may have higher sugar contents</p> <p>Residents with dementia may have preference for sweeter foods and it will be important to offer food and drinks containing more sugar if they are not eating well.</p> <p>See section on mental health and diet for more information</p>
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### Practice point

#### Vitamin D

New government recommendations for Vitamin D.

It is recommended that all adults over the age of 65 take a supplement containing 10 micrograms of vitamin D daily and regularly eat foods containing vitamin D (e.g. oily fish and fortified breakfast cereals).

### Practice point

#### Oral health

Gwen am Byth is an all Wales programme to help you to provide consistent high quality oral hygiene and mouth care for your residents. This can make a significant contribution to residents' general health and wellbeing and quality of life, and ensure they can continue to enjoy their food and eating.

For more information on Gwen am Byth please see:

<https://www.nice.org.uk/guidance/QS151>

<http://www.wales.nhs.uk/improvingoralhealthforolderpeoplelivingincarehomesinwales>

# Food labelling and buying healthier products

Processed foods aren't just microwave meals and other ready meals.

Basic processing does not alter the food for example, frozen or tinned vegetables can be as good as fresh. However, salt, sugar and fat are often added to processed foods to make their flavour more appealing and to extend their shelf life, so generally reducing the processed foods we eat is recommended. To keep a check on fat, salt and sugar content, reading food labels can help you choose between processed products. Most pre-packed foods have the nutrition information on the front, back or side of the packaging.

More food companies are now using the traffic light labelling of red, amber and green to tell you if a food is high or low in fat, saturated fat, salt or sugar.

When you're choosing between similar products, try to go for more greens and ambers, and fewer reds, if you want to make a healthier choice. But remember for residents who are requiring fortified diets and higher calories this doesn't apply.

**Figure 4: How do I know if a food is high in fat, saturated fat, sugar or salt?**

## Using food labels to identify baked beans lower in salt and sugar

	LOW per 100g Less than...	MEDIUM per 100g	HIGH per 100g More than...
Fat	3g	3g - 17.5g	17.5g
Saturates	1.5g	1.5g - 5g	5g
Sugars	5g	5g - 22.5g	22.5g
Salt	0.3g	0.3g - 1.5g	1.5g

**Brand 2** baked beans contain less sugar and less salt than brand 1, and are therefore a better choice than brand 1.

Baked beans – brand 1	
Nutritional information	
Typical values	Per 100g
Energy	355kJ 84 kcal
Fat	0.6g
of which saturates	0.1g
Carbohydrate	15.3g
of which sugars	5.9g
Fibre	3.7g
Protein	5.2g
Salt	1.3g



Baked beans – brand 2	
Nutritional information	
Typical values	Per 100g
Energy	311kJ 73 kcal
Fat	0.6g
of which saturates	0.1g
Carbohydrate	12.5g
of which sugars	2.8g
Fibre	3.8g
Protein	5.4g
Salt	0.8g

## How to choose better quality processed foods e.g. processed meat and fish products

Processed meat or fish products include crumb coated chicken products, sausages, burgers, pies and tinned meats, fish bites. Processed meat alternatives include vegetarian varieties of sausages, burgers and pies.

From the Food labels, look at:

**Ingredients:** here you will find the meat content of the product. This will be given as a percentage for example: Pork (42%), Cod (fish) (64%). Ingredients are listed in weight order, when purchasing processed meat and fish products aim to choose products with the highest meat or fish percentage (this may vary greatly between products for example meat pies and burgers).

**Nutritional Labelling:** Nutritional information is normally given per 100g of the product, it sometimes appears per portion. When preparing foods for older people, particular consideration should be given to the salt and protein content of the foods. The salt content can be determined using the traffic light system, aim for green (low) or amber (medium) products. The traffic light system does not specify high, medium or low protein content of foods. Older people should have between 55-90g of protein per day with the main meal contributing at least 18g of this. For meat based products, the higher the meat content the greater the protein content.

### Example 1

#### Sausage brand 1

**Ingredients:** Water, Pork (32%), fortified Wheat Flour...etc

**Nutritional Label:**

Typical Values	(grilled) per 100g
Energy KJ	914
Energy kcal	219
Fat	14g
Of which saturates	5.2g
Carbohydrate	14g
Of which sugars	1.4g
Protein	9.6g
Salt	1.1g

#### Sausage brand 2

**Ingredients:** Pork (72%), Water, Wheat Flour...etc

**Nutritional Label:**

Typical Values	(grilled) per 100g
Energy KJ	809
Energy kcal	193
Fat	9.4g
Of which saturates	3.4g
Carbohydrate	7.5g
Of which sugars	2.4g
Protein	18.9
Salt	1.3

## Example 2

### Breaded fish brand 1

**Ingredients:** Alaska Pollock (fish) (49%), Breadcrumbs coating, Rapeseed oil.....etc

**Nutritional Label:**

Typical Values	(grilled) per 100g
Energy KJ	935
Energy kcal	229
Fat	7.6g
Of which saturates	0.6g
Carbohydrate	26.0g
Of which sugars	1.0g
Protein	12.0g
Salt	0.98g

### Breaded fish brand 2

**Ingredients:** Cod (fish) (80%), Wheat flour, Rapeseed Oil.....etc

**Nutritional Label:**

Typical Values	(grilled) per 100g
Energy KJ	629
Energy kcal	150
Fat	5.4g
Of which saturates	0.4g
Carbohydrate	9.5g
Of which sugars	0.5g
Protein	15.3g
Salt	0.4g



## Practice point

### Better quality processed meats

When buying better quality processed meats consider the following:

- Look at ingredient lists and choose those meats with the highest percentage meat content.
- Using the front of pack label choose products showing green or amber (low or medium) levels of salt.
- Be aware of the protein content which is shown on the nutritional label on the back or side of packets. Aim for foods with higher protein contents to help meet the 55-90g per day protein target.
- Be aware of saturated fat, this is usually displayed using the traffic light system. Aim for green or amber (low or medium) levels of saturated fat.

## Practice point

### Savvy shopping

When buying food consider the following:

- Pasta, rice and bread are economical; as are eggs, pulses and tinned fish. Lean meat is often better value than cheaper fattier varieties.
- The ingredient list on food labels starts with the main ingredient and is in weight order. Nutrition labels are often displayed as a panel or grid on the packaging, but may sometimes appear simply as text.
- Compare foods and choose those that are lower in salt or sugar for standard diets.
- Nutrition information is normally given per 100 grams (100g) of the product, and sometimes per portion (such as 'one slice'), for an average adult.
- Sugar may appear on labels under different names: sucrose, maltose, lactose, dextrose, fructose, glucose, glucose syrup, xylitol, sorbitol, mannitol raw sugar, brown sugar, molasses, and honey.
- Value staple foods are often no different to premium brands e.g. dried pasta, rice, tinned tomatoes, they may also contain less salt and sugar.
- Special discounts are often on less healthier products so don't be tempted to buy these
- However if you have storage, buying in bulk can be more cost effective such as for tinned and frozen products.

Care needs to be taken not to rely too much on 'easy' convenience foods as they may not contain many essential nutrients.

- savoury snacks, such as crisps, sausage rolls, pies and pasties
- meat products, such as bacon, sausage, ham, salami and paté
- cakes and biscuits
- drinks such as sugary soft drinks
- "convenience foods", such as microwave meals or ready meals unless able to determine that they are well balanced.

Getting a balance between 'value for money' and providing 'quality' food can be a challenge. Cooking from scratch helps you to have more control on what you put into food and meals, helps you to meet the range of needs as well as being more economical. This will also enable you to fortify foods more easily if you need to cater for a range of needs.

### Sustainable food in care home settings

Care home settings can play a key part in the well being of future generations in Wales, and contribute to doing things differently for our future generation by providing more sustainable food as an important aspect of encouraging better food for all.

Sustainable food is about food culture and how decisions made about growing, buying, storing, cooking and wasting food today will impact future generations.

### Putting it together

Use the action plan templates from Section 5 to help ensure your menus are planned to meet all requirements.

Here are some ideas that you can consider to make small changes and be able to offer more sustainable food:

- Use local and in-season ingredients when possible.
- Ensure meat, dairy products and eggs are produced within high animal welfare standards. Look out for the following quality assurance standard logo's:



- If you are buying fish (including where it is an ingredient in a product), look for the blue and white logo of the Marine Stewardship Council, which guarantees it is from a sustainable source. Avoid red list or endangered species of farmed or wild fish (Marine Conservation Society 'fish to avoid')
- Provide facilities for recycling.
- Menu planning can be used to reduce the use of those ingredients with a high environmental impact and will also reduce food waste.
- Use local suppliers where possible and try to cook as much of the food on site.



## Food service best practice:

*“Meals and refreshments should be delivered in an environment that meets the needs of each individual resident, and allow flexibility of timings and be sensitive to specific care needs and preferences.”*

- 1 The food should be presentable and palatable, this is particularly important for modified texture meals.
- 2 **Food choices:** Food is more likely to be eaten and nutritional requirements more likely to be met when residents are given the opportunity to choose their own food near to the time of service as possible.
- 3 The immediate environment should be prepared in order for residents to be able to enjoy their food in a dignified manner, with the appropriate level of support as required.
- 4 Consideration should be given to washing hands, positioning, dental needs and any special aids required.
- 5 Visiting relatives should be encouraged to help at mealtimes as appropriate.
- 6 Portion sizes should be offered for all main meals to meet the range of appetites, energy and nutrient requirements.
- 7 Residents should not miss meals and if they do they should have an alternative provided.
- 8 Main meals should be available every 4 to 5 hours during the day. The maximum period between the last main meal at night and the following breakfast should not exceed 12 hours.
- 9 Assistance to eat and the appropriate level of support must be given to all those who require it.
- 10 All staff involved in serving food to residents should be trained in food hygiene and safety and how to serve

For more information on supporting residents at meal times – **See section 4 Encouraging residents to eat well**

For more information of food hygiene and safety **See section 5**

### Practice point

#### **Training on food and nutrition for older people care is available for care home staff from dietitians in health boards**

1 day accredited courses are offered through the ‘Nutrition Skills for Life’ programme across Wales

- Improving food and nutrition care
- Food and nutrition skills for those providing care

Other more bespoke session on specific aspects of nutrition care such as MUST screening, food fortification, Food First approaches may also be offered.

For more information, contact your local health board dietitian department

<https://www.publichealthnetwork.cymru/en/topics/nutrition/nutrition-skills/>

# Catering for the range of needs and special dietary requirements

## **Provision for cultural and religious needs, including vegan diets.**

## **Provision for special diets for medical reasons (diabetes, coeliac disease, allergies, weight management).**

Obtaining information about a resident's special dietary requirements in addition to general likes and dislikes will help care home providers demonstrate compliance with regulations under the Regulation and Inspection of Social Care (Wales) Act 2016, specifically Regulation 21 which requires them to ensure that care and support is provided in accordance with the individual's personal plan. **See Appendix 1 for regulations.**

## **Provision for cultural and religious needs**

A resident's cultural background has to be respected and any specific dietary requirements should be followed. Care homes must ensure that they make appropriate provision for resident's preferences including for example the provision of halal and kosher food as appropriate.

Care homes can utilise the range of cultural aspects in theme days and events to share periods of celebration and social activities.

Some cultures have periods of fasting, which may mean foods eaten may be different during fasting periods and need to be respected. Many of these cultures accept that people who are unwell may not fast, however this is an individual choice.

Specific dietary requirements is different from likes and dislikes although attempts should be made to accommodate all preferences and needs.

**Table 1: Cultural and religious considerations**

A guide to food choices commonly observed by different religions and cultures

	<b>Jewish</b>	<b>Sikh</b>	<b>Muslim</b>	<b>Hindu<sup>1</sup></b>	<b>Buddhist</b>	<b>Rastafarian<sup>2</sup></b>	<b>Vegan</b>
<b>Eggs</b>	No Blood-spots	Yes	Yes	It varies	It varies	It varies	No
<b>Milk/Yogurt</b>	Not with meat	Yes	Yes	Yes	Yes	It varies	Calcium fortified from plant source only
<b>Cheese</b>	Not with meat	Yes	It varies	Yes	Yes	It varies	Vegan cheese only
<b>Chicken</b>	Kosher	It varies	Halal	It varies	No	It varies	No
<b>Lamb/Mutton</b>	Kosher	It varies	Halal	It varies	No	It varies	No
<b>Beef/beef products</b>	Kosher	No	Halal	No	No	It varies	No
<b>Pork/pork products</b>	No	Rarely	No	Rarely	No	No	No
<b>Fish</b>	With scales, fins and back bone	It varies	It varies	With fins and scales	It varies	Yes	No
<b>Shellfish</b>	No	It varies	It varies	It varies	No	No	No
<b>Butter/Ghee</b>	Kosher	Yes	Yes	Yes	No	It varies	No Vegan spreads such as nut spreads
<b>Lard</b>	No	No	No	No	No	No	No
<b>Cereal foods</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Nuts/Pulses</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Fruit/Vegetables<sup>3</sup></b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Fasting<sup>4</sup></b>	Yes	Yes	Yes	Yes	Yes	Yes	No

<sup>1</sup> Strict Hindus and Sikhs will not eat eggs, meat, fish and some fats

<sup>2</sup> Some Rastafarians are vegan

<sup>3</sup> Jains have restrictions on some vegetable foods. Check with the individuals

<sup>4</sup> Fasting is unlikely to apply to young children

## Vegan diets

Vegans do not eat any foods of animal origin. This includes meat, fish and dairy foods, and also honey. Vegan diets may be low in a number of nutrients such as energy, protein, vitamins B2 and B12, calcium, zinc and iron.

These diets need careful planning and vitamin supplements may be necessary to complement the menu. The Vegan Society recommends that vegans take supplements of Vitamin B12, Vitamin D and calcium.

When preparing vegetarian or vegan meals it is important that food provided is not compromised in any way. For example, picking meat out of a dish already cooked is not appropriate. The vegetarian/vegan dish should be prepared first and the meat added later for other residents if feasible.

Talk to residents and /or their families to devise a suitable menu including foods they are familiar with at home, and which particular foods are to be avoided e.g. gelatine and rennet. You may need to seek advice from a dietitian.

For more information:

<https://www.vegansociety.com/>

## Provision of special diets for medical reasons

A special diet is one that cannot be selected freely from the menu choices available.

Care homes and their caterers should work closely with residents and their relatives to support residents with dietary requirements for medical reasons. It is important that requests for special diets including diets for food allergies are handled sensitively and appropriately, and is included as part of the food and drink policy describing how these are managed, and the procedure that is followed.

The range of diets can include:

- food modified to a safe texture for a residents required needs (see section 2C on IDDSI)
- modified diet for diabetes and or weight management

allergy free: e.g nut-free or milk-free diets, gluten free diets for Coeliac disease.

The resident and/or family should have all the necessary dietary information from home or via discharge information if coming from a hospital. If the resident has recently been advised a special diet for a medical reason, a Dietitian may be in contact with the care home setting directly or a dietitian may already be involved in their care.

Be familiar with any local policy for special diet referral or advice. **See also the sample procedure for managing request for a special diet in Section 7.**

## Managing food allergies and intolerances

Food allergy and food intolerance are different.

Food allergy involves the immune system and is a response to specific proteins found in foods, and can occur after a trace of the allergic food is eaten. Reactions are usually immediate and symptoms are wide ranging and may include diarrhoea, swelling of the lips, tongue or throat. The most severe reaction can result in anaphylaxis (a severe and potentially life threatening reaction).

Food intolerances do not involve the immune system and tend to occur more slowly and symptoms may depend on the amount of food that has been eaten.

For confirmed food allergies there should be a protocol in place which is accessible to all staff, to ensure everyone is aware of individual residents allergies and symptoms.

## Providing food allergen information

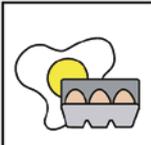
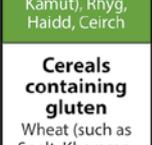
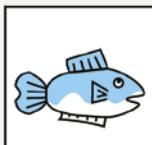
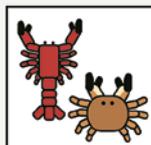
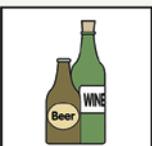
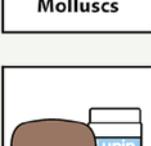
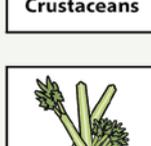
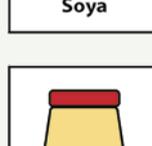
Understanding which allergens are present in every meal and snack you provide is an important step in providing food which is safe for residents with food allergies and intolerances. Since 2014, all food businesses, including care home settings have been required by law (EU Food Information for Consumer Regulations), (FIC), to give details about the allergens in the food they provide.

For food businesses which provide non-pre-packed (loose) food such as to those providing care in Residential and Nursing Homes, you are obliged to declare information

on any of the 14 allergenic ingredients used in food provided. This can be achieved in a variety of possible ways for example in writing such as on menus, chalkboards, etc or, through verbal communication.

The allergen information needs to be accurately conveyed and backed up by a system that can be checked and verified by others such as your food safety officer, additionally, businesses need to consider the “duty of care” in this respect, and ensure they have taken, and put in place, measures to avoid any incidents in relation to the area of allergens.

There are 14 allergens covered by this requirement:

 <p><b>Grawnfwydydd sy'n cynnwys glwten</b> Gwenith (megis gwenith yr Almaen, Khorasan, Kamut), Rhyg, Haidd, Ceirch</p> <p><b>Cereals containing gluten</b> Wheat (such as Spelt, Khorasan, Kamut), Rye, Barley, Oats</p>	 <p><b>Wyau</b> Eggs</p>	 <p><b>Cnau Coed</b> Tree Nuts</p>	 <p><b>Pysgnau</b> Peanuts</p>	 <p><b>Llaeth</b> Milk</p>
 <p><b>Molysgiaid</b> Molluscs</p>	 <p><b>Pysgod</b> Fish</p>	 <p><b>Cramenogion</b> Crustaceans</p>	 <p><b>Soia</b> Soya</p>	
 <p><b>Sylffwr Deuocsid (sulffitau)</b> Sulphur Dioxide (sulphites)</p>	 <p><b>Bys y blaid</b> Lupin</p>	 <p><b>Hadau Sesame</b> Sesame Seeds</p>	 <p><b>Seleri</b> Celery</p>	 <p><b>Mwstard</b> Mustard</p>

**Note:** types of nuts include: almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts, pistachio nuts, macadamia

It is important to remember that residents may have allergies to foods and ingredients not covered by this list. These will not be highlighted in bold on product ingredients lists. The same policy and procedure should be followed where a resident has an allergy to a food not included on this list, to ensure appropriate and safe meals and snacks are provided for them:

The Food Standards Agency has published guidance for catering establishments (this includes institutional caterers), in relation to allergens and procedural issues. Advice is provided for those who are catering for residents and is relevant to Care Homes.

**Guidance for food preparation and catering for food allergens is found in Section 5.**

## Diabetes

You may have a number of residents with Type 2 diabetes that will be managed by diet alone, or diet and medication.

Residents with Type 1 Diabetes will have insulin injections.

### **Practical food guidance for people living with diabetes will not differ greatly from guidance for the provision of standard meals for the well older person:**

- aim to have 3 regular meals a day spaced over the day to help control blood sugar levels
- at each meal have a starchy carbohydrate food
- higher fibre choices should be encouraged
- limit sugar and sugary foods as people with diabetes do not need to eat a sugar free diet but can use the sugar in foods and baking as part of a healthy diet
- if they have any specific individual requirements and have seen a dietitian then this information will be provided.

### **Items that should be available and can be provided by the main menu:**

- Snacks – Fruit, plain scones, plain biscuits
- Desserts – Tinned fruit in natural juice, fresh fruit, stewed fruit (no added sugar), diet yoghurt, milk puddings, sugar free jelly
- Drinks – water, sugar free fizzy drinks and squashes, tea and coffee without sugar and sweetener if chosen, pure unsweetened fruit juice ( 1 glass with a meal)
- Diabetic food and drinks are not recommended – they have no benefit
- Regular review of medication and/or insulin should be provided to enable any adjustment to dietary advice, if needed .
- People receiving mixed insulin must have a supper snack to prevent overnight hypoglycaemia (low blood sugar)
- People with consistently low or high blood sugar should be referred to the diabetes specialist nurse/dietitian/GP/district nurse

For further information on diet and diabetes see Diabetes UK in reference list.

**Note:** Residents with diabetes who are also at risk of malnutrition will need careful monitoring and if any nutritional supplements are prescribed advice from a dietitian GP or specialist nurse. See section on food fortification for additional advice for people with diabetes.

**Note:** preventing hypos and emergency admission.

Residents with diabetes who take medication or insulin to control their blood sugar may have “hypos” when their blood sugar falls too low. If this is severe they may need emergency admission to hospital, so care needs to be taken to prevent this from happening.

This can happen if they have a poor appetite and eat less or miss meals, or have sickness. It is important to monitor food intake carefully in a resident who has diabetes, and if this happens seek advice,

<https://www.diabetes.org.uk/Guide-to-diabetes/Complications/Hypos>

There are a number of resources available from Diabetes UK on the care of people in care homes with diabetes or refer to any local guidance.

<https://www.diabetes.org.uk/professionals/resources/shared-practice/diabetes-care-in-care-homes>

## Obesity

It can be very difficult to support residents to lose weight in a care home setting especially if less mobile. Empathy and understanding are key and raising the issue sensitively and explaining the benefits of some weight loss can help.

Regular physical activity (dependant on ability) combined with modest reduction in calories can help to either maintain weight or achieve small weight loss.

It is important to address it, as obesity can have a big impact on a person's quality of life and their health, as it increases the risk of pressure sores, diabetes and heart disease. Following healthy eating guidance in the Eatwell guide particularly for snacks and drinks will help.

Food record charts may help to identify potential changes which can be discussed with the resident to encourage healthier eating habits. Referral to health professionals may be necessary.

**See also tips in the menu and recipe section.**

## Coeliac disease and Gluten-free diets

If a resident has a diagnosis of coeliac disease this means they must follow a gluten-free diet. Gluten is the protein found in wheat, rye and barley and therefore all foods which contain these cereals must be avoided.

People with coeliac disease may be able to tolerate oats, but always check. There are a good variety of gluten-free foods available and advice on foods to choose and avoid can be given by a dietitian. Coeliac UK also provides help and advice as well as booklets outlining gluten-free foods.

**Advice on catering is provided in the menu and recipe section.**

# References

1. Well-being of future generations (Wales) act 2015

<https://futuregenerations.wales/about-us/future-generations-act/>

2. Evidenced based nutrition guidelines for the prevention and management of diabetes

<https://www.diabetes.org.uk/professionals/position-statements-%09reports/food-nutrition-lifestyle/evidence-based-nutrition-guidelines-for-the-%09prevention-and-management-of-diabetes>

### Additional sections:

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**2A Eating and drinking well using Food First approaches**

**2B Eating and drinking well with Dementia**

**2C Eating and drinking well using Texture Modification and IDDSI**

# Section 2A

## Eating and drinking well using Food First approaches

### Contents

What is 'food first' and 'food fortification' and who needs it?

Food first and food fortification approaches

Fortified milk and fortified foods

100 calorie boosters

The differences between a standard and a fortified menu

Fortification oral nutrition supplements

Residents with diabetes and a poor appetite

## **What is Food First and Food Fortification?**

Finding out your residents' likes and dislikes is key to ensuring that the range of meal choices cater for everyone's needs as far as possible.

If residents are unable to take their meals in full they may require smaller portions of meals more often, together with nourishing drinks and snacks, and may also need to have their food and drinks fortified.

Adopting a 'food first' approach in care homes is the best way to encourage increased food and drink intake and ensures the individual needs of residents are taken into account. It also reduces reliance on nutritional supplements. These simple dietary adjustments can significantly increase the calorie and protein intakes throughout the day.

The need to adapt meal portions or fortify food may happen as a result of a resident:

- identified as being nutritionally at risk using the 'MUST' tool
- losing weight unintentionally
- experiencing continued poor appetite, either not finishing meals or missing meals
- needing a change in texture because of a health condition

When appetite is poor it is even more important to:

- eat little and often - this may mean 3 small meals and 3 snacks in between
- make the most of when a resident's appetite is at their best
- boost appetites by making food look attractive and use smaller plates
- encourage eating slowly, chewing well and relaxing after eating
- gentle exercise, if able to can help to increase appetite
- alcohol in small amounts can stimulate appetite – check with each resident if this is acceptable and if on any medications, confirm if it is suitable before offering.

## **Food First and Fortification approaches**

Fortified recipes or drinks have food ingredients added to increase the energy and/or protein content without increasing the portion size. This is used specifically for residents that are at nutritional risk. For example extra skimmed milk powder can be added to soups and puddings, additional fat spread added to vegetables, grated cheese added to mashed potato.

Smaller portions of higher energy and full fat food items and snacks can also be used for residents with smaller appetites.

Start with good 'food first' ideas for making the most of the food:

- Eat little and often
- Use fortified milk
- Enrich the food

The recipe section\* contains groups of recipes for breakfast, main meals, snacks, desserts and drinks. Each of these groups contain standard and fortified recipes. Standard recipes are for residents who have a good appetite, are able to eat well, are not at nutritional risk and should be used first.

For residents at risk of malnutrition or who have lost weight and have a poor appetite the fortified recipes can be used. These can raise protein intake as well as increasing calorie intake by at least 500 calories a day. This amount is recommended to help promote weight gain.

Improving staff knowledge of fortified diets may also impact positively on practical factors such as ensuring they are provided to those residents who need it and reducing food waste.

#### **Practice point**

Fortified drinks, soups, and meals should be provided for individual residents who have been identified as needing them. You may need to seek advice from a registered Dietitian if you have concerns about a particular resident. Do not fortify all meals and drinks as many residents may not need it.

#### **Fluid intake**

It is still very important to maintain a good fluid intake and to drink at least 6-8 cups of fluid per day.

Tempting residents who have a poor appetite with nourishing drinks in between meals can make a big difference to their daily intake. However, some residents may prefer a variety or find they become too sickly, so offer a variety of savoury and sweet, as well as tasty meals.

\*Recipe section to be added into final resource

## Fortified milk and fortified foods

### Recipe for Fortified Milk

One of the simplest ways to get extra protein and calories into food is to fortify milk and then use this in recipes.

### Recipe for Fortified Milk – 1 pint (568ml)

Full fat milk                      1 pint  
Skimmed milk powder        4 tablespoons (60g)

Place skimmed milk powder into a jug and mix with a small amount of full fat milk to form a smooth paste. Add remaining milk from the pint. Once fortified the milk can be stored in the fridge and used within 24 hours.

### Calorie and protein values of fortified milk

	200mls or 1/3 pint 1 glass		568 ml or 1 pint	
	Energy (kcal)	Protein (g)	Energy (kcal)	Protein (g)
Skimmed	76	7.2	215	20.4
Semi-skimmed milk	100	7.2	284	20.4
Full fat milk	128	6.4	363	18
<b>Fortified milk</b>	<b>204</b>	<b>14</b>	<b>583</b>	<b>38.5</b>

### Using fortified milk

Fortified milk can be used in place of ordinary milk in teas, coffee, other hot and cold milky drinks, soups, sauces, mashed potato, milk puddings, custard, porridge, on cereals or as drink on its own.

### Fortified foods

Other ways to increase calories is to enrich the food by adding butter, cream, cheese, honey, sugar, dried fruit, nuts.

### Potatoes

add:  
grated cheese  
double cream  
fortified milk  
salad cream  
butter



### Sauces

add:  
double cream  
fortified milk  
salad cream  
butter



Design sample

### Soups

add:  
double cream  
grated cheese  
milk powder  
dumplings  
baked beans



### Vegetables

add:  
grated cheese  
double cream  
butter  
olive oil



### Puddings and fruit

add:  
double cream  
custard  
coconut cream  
ice cream  
syrup/jam/honey



### Breakfast cereals

add:  
fortified milk  
evaporated milk  
syrup/honey  
yoghurt  
dried fruit/nuts



The following table gives handy measures of food that provides 100 calories:

100 Calorie Food Boosters		
Add 100 calories with each of the following food booster portions		
Product	Portions (1 portion = 15ml)	Weight (In grams)
<b>Savoury</b>		
Houmous	2	30g
Peanut Butter	1	15g
Pesto	2	30g
<b>Sweet</b>		
Lemon Curd, Jam, Honey, Syrup	2	40g
Chocolate Nut Spread	1	20g
Sugar	2	25g
<b>Fruit, nuts &amp; seeds</b>		
Sultanas	2	35g
Chopped nuts	2	20g
Seeds	2	20g
Granola or Muesli	2	20g
<b>Dairy &amp; non-dairy alternatives</b>		
Cheese, grated cheddar	3	25g
Cheese, soft	2	40g
Coconut milk	3	45g
Condensed milk	1.5	30g
Coffee whitener	2	20g
Dried skimmed milk powder	2	30g
Coconut milk powder	1	15g
Evaporated milk	4	70g
Yoghurt (full fat / greek style)	2	100g
<b>Fats &amp; oils</b>		
Butter	1	15g
Cream - double / whipping	1.5	45g
Creamed coconut	1	15g
Mayonnaise	1	15g
Oil (sunflower, olive, vegetable)	1	10g

Design sample

A fortified daily meal plan for the residents identified as nutritionally at-risk could look like this:

<b>Meal</b>	<b>Standard Menu –intake</b>	<b>Example of Fortified options</b>
<b>Breakfast items</b> Consider how you can fortify options from your main menu using fortified milk for cereals, porridge and drinks	Porridge made with milk	Porridge made with fortified milk and a handful of raisins. Can also add honey, sugar, fruit, cream.
	Scrambled egg	Add butter, fortified milk and grated cheese.
	Cup of coffee as preferred	Cup of milky coffee made with fortified milk.
<b>Mid-morning</b> Residents requiring a fortified diet should have choices which provide approximately 200kcal and 2.5g protein	Drink of choice Biscuit	Cup of milky tea/coffee made with fortified milk and 2 short bread biscuits
<b>Lunch</b> Fortify by adding additional calories to a to a lighter meal	¼ tin of baked beans on 1 slice of toast	¼ tin of baked beans on 1 slice of toast with butter thickly spread and grated cheddar cheese.
<b>Mid-afternoon</b> Residents requiring a fortified diet should have choices which provide approximately 200kcal and 2.5g protein	Cup of coffee as preferred with cake or fruit	Cup of milky coffee with fortified milk (offer biscuits)
<b>Evening meal</b> Include on the menu: one fortified main course which provides a minimum of 500kcal and 18g protein	Oven baked cod fillet with mushroom sauce Boiled potatoes Peas	Oven baked Cod fillet with fortified mushroom sauce or fried in vegetable oil, Mashed potato made with fortified milk and grated cheese, Peas with a knob of butter
<b>Dessert</b> Fortified or high calorie dessert providing a minimum of 300kcal and 5g protein	Apple Pie with ice cream	Apple pie with cream/ice cream/custard made with fortified milk
<b>Supper</b>	Cup of tea	Horlicks/Hot chocolate with fortified milk
<b>Total per day approx.</b>	1231 Kcals 47g protein	1890 kcals 81g protein

**Note: this does not take into consideration any texture modification requirements**

### **Oral nutrition supplements**

**Food fortification and offering nourishing drinks may be adequate to improve the nutritional intake of a resident, however others may need the addition of an oral nutritional supplement.**

Powdered supplements are available in sweet and savoury flavours which can be bought over the counter and should be tried first.

You will need to refer to your local guidance or pathway for the appropriate prescribing of oral nutritional supplements.

#### **Practice point for use of prescribed oral nutrition supplements**

- Consider how they are served e.g. a resident may prefer them heated or fridge cold. Some supplements are in a container served with a straw but your resident may prefer it in a cup
- Make sure supplement drinks are not shared between residents
- Monitor the length of time they are left – don't leave lying around
- Observe if residents are not drinking them and find out why
- Review if they have been prescribed a long time – they should have the same review mechanism as prescribed medicine

### **Diabetes and a poor appetite**

Dietary advice for residents with diabetes, who have lost their appetite and/or need extra nourishment to prevent weight loss.

#### **Dietary Guidelines for Diabetes**

The dietary guidelines for people with diabetes are similar to the healthy eating advice given to the rest of the population. During times of illness or stress, a person's appetite can be affected. If a resident has a poor appetite, this may delay their recovery and becoming underweight can have negative effects on overall health and wellbeing. Typical healthy eating guidelines can be relaxed during these times and this means the means the energy, protein, and fat content of a resident's diet can be increased. Extra care needs to be taken not to increase the sugar intake greatly for a resident with diabetes.

## **Increasing a resident's calorie intake**

This can be done in a number of ways;

- Food fortification (e.g. adding butter to mashed potato or cream to soup). Guidance on this topic can be found in the food fortification section.
- Provide snacks between meals
- Offer nourishing drinks such as a milky coffee or hot chocolate. These drinks can be found in the drink recipe section
- More regular small meals and snacks

## **If a resident's blood glucose levels increase**

Illness and stress will alter blood glucose levels making them HIGH or LOW so it can be hard to achieve normal control during times of illness. In the short term this is may be nothing to worry about, but if it continues or if a resident develops symptoms such as fatigue (tiredness), thirst or someone is going to the toilet and passing more water than usual, the medication and/or insulin may need to be adjusted and you as a care provider should seek advice from your diabetes team.

Increasing the amount of sugary or starchy carbohydrate and/or starting on nutritional supplements, may also increase a resident's blood glucose levels and medication and/or insulin may need to be adjusted as a result of this change to a resident's diet.

## **Avoiding low blood glucose levels (Hypoglycaemia 'HYPO's)**

If a resident has lost or is losing weight, are missing meals or are eating less than normal, plus they may be on certain types of medication for example; Gliclazide or insulin they **may be at risk of HYPO's low blood glucose levels (under 4mmol/L)**. If a resident experiences hypo's there may be a specific plan to manage these provided by the GP/ consultant/ diabetes specialist nurse. If a plan is not in place, you need to seek advice from your diabetes team **as soon as possible**. If a resident has a poor appetite and misses a meal or snack, having a nourishing drink such as a milky coffee, hot chocolate, Horlicks, Ovaltine or fruit juice may help to prevent hypos. If their appetite remains poor you may need to seek advice.

**Recipes for all fortified food and drinks will be produced in the final version.**

# Section 2B

## Eating and drinking well with Dementia

### Contents

Diet and mental health

Food values and emotional health

Exercise and mental health

Caring for people with dementia and ensuring their nutritional wellbeing

## **Diet and Mental health**

Ensuring good mental health and well-being in older adults impacts positively on factors that may affect eating or drinking. Mental health conditions such as anxiety and depression or even a low mood can have damaging effects on the nutritional status of an older adult.

This is particularly important for older adults in care settings. It is estimated that up to 40% of older adults living in a care home experience depression and it often remains undetected<sup>1</sup>.

Also, up to 60% of older adults who have had a stroke and up to 40 % of those with heart disease, Cancer, Parkinson's, Alzheimer's experience depression, which will impact on a large number of care home residents.

Encouraging residents with small, nourishing, frequent meals, snacks and drinks, can help to ensure that good nutrition and hydration is maintained.

### **How can mental health conditions affect eating and drinking?**

Developing mental health conditions is not an inevitable part of ageing, however stressful life events such as bereavement or moving into a care setting from the family home, can trigger conditions such as anxiety and depression, which can impact negatively on eating and drinking.

Having a mental health condition can sometimes mean that individuals may experience unintentional weight loss or gain. This may become more of a problem in care settings due to many factors such as:

- self neglect, apathy, low motivation, lack of interest in food leading to a poor appetite or over eating
- not understanding how important good nutrition and hydration is and what happens as a result of not eating and drinking much
- lack of nearby support from family or friends

These factors are important to overcome in care settings in order to:

- promote good mental health and nutritional status
- reduce the risk of malnutrition
- reduce the risk of admission to hospital as a result of malnutrition-related illness.

### **How can food help a person's mental health**

Research shows that food can have an important effect on emotional and mental health. It not only has an important effect on general well being but a poor diet can also have a negative effect on a person's mental health.

Many foods affect the way we feel; some foods may have a particular significance attached to them. For example, a bread and butter pudding may remind a person of their family life when they were a child. Therefore this is important to discuss food preferences with a resident and try to frequently offer a range of foods that are familiar or hold value to someone.

**Food values and emotional health**

Making time to talk to residents about the value of food to them and their life can have a positive impact on their uptake and enjoyment of food. This should also extend to mealtimes and making them a social occasion with residents fully engaged, enjoying the dining experience.

Consider the following questions and solutions:

<p>How do we connect food to people in the care setting?</p>	<p>Have conversations with individual residents or groups of residents and /or relatives and friends, about their own food stories and what food means to them. Have recipe sharing sessions and ask the cooks to try them out.</p>
<p>How can we ensure that all residents are able to express their food choices and preferences?</p>	<p>Plan visits for younger children and get them to share stories about food practices and food skills across the generations and what has changed, food that has disappeared and foods that are new.</p>
<p>How can we be sure we meet these choices?</p>	<p>Involve residents in food activities such as growing food, preparing food, preparing the tables, cooking activities, tasting sessions and ideas for themed events</p>
<p>How can we get everyone involved in providing the care home support talking about food and drink choices, to see how everyone’s needs can be met?</p>	<p>Do any residents have strong connections with food, any chefs, cooks, keen bakers, cookery teachers - ask if they want to be more involved</p>
<p>How can we ensure that food contributes to the well-being of residents?</p>	<p>Culture and food – do you have residents from a range of cultural or religious backgrounds that can share stories of their food culture and any specific food customs</p>

**Exercise and mental health**

Exercise is vitally important for good mental health and well-being. Exercise leads to the release of certain hormones which can improve mood and also helps to prevent muscle loss, which in turn can help prevent falls.

In care home settings, gentle physical activity can be encouraged according to individual need and ability. Activity co-ordinators can play a huge part in helping to improve well-being, mood and increase social interaction.

See Section 4 for further information on exercise and activity.

### **Caring for people with Dementia and ensuring their nutritional wellbeing**

Dementia results in a progressive decline in a range of functions including memory, communication skills and general skills to carry out daily living and can have a huge impact on a person's quality of life. Being able to express wishes and preferences is a hugely important part of an older person's life in a care setting. Research has shown that the way in which care staff communicate with residents with dementia has a huge impact on their quality of life<sup>2</sup>.

Mealtimes and drinking are such an important and enjoyable part of the daily lives of residents that you care for and even more so for residents with dementia. Meals can help to orientate a person to time of day, engage in familiar activities and utilise food as a topic for reminiscence.

Declining function can result in many difficulties with eating and drinking, which can then lead to reduced appetite, weight loss and dehydration. This may then increase the risk of pressure sores, infections, falls and fractures. Weight loss can also make dementia progress more rapidly.

All residents with varying stages of dementia should be provided with care and support which enable them to have appropriate food choices served in a dignified way with assistance as necessary. This will help to ensure they maintain their food and drink intakes and achieve the best possible health and well being outcomes.

The following guide provides ideas and information to help you achieve this.

### **Why are people with dementia at risk of weight loss and dehydration**

There are a number of factors that can make it difficult for people with dementia to eat and drink enough to meet their needs. These include:

- forgetting to eat or forgetting when last eaten
- being less able to recognise when hungry, full or thirsty and to communicate this
- sense of smell may be reduced and this will effect taste and enjoyment of food
- low mood may result in a lack of interest in food
- food preferences may change – often a craving for sweet food
- cutlery may become difficult to use or forgotten how to be used

- difficulties with chewing and swallowing, preference for different textures, some foods may be particularly difficult such as spaghetti and peas
- poor mouth care can lead to reduced food intake
- confusion may lead to not recognising familiar foods and how to eat
- more difficult to communicate likes and dislikes, which may be expressed by spitting out food, refusing to eat or storing food in their mouth
- in more severe dementia, depression and paranoia can cause suspicion of food resulting in avoidance or concern when food will be available resulting in hoarding
- may be agitated and restless when sitting making it more difficult and less able to focus on meal times
- effects of medication which may cause drowsiness, taste or smell changes, dry mouth

### **Nutritional management of residents with dementia**

Person centred care is the guiding principle when caring for all residents with dementia and should also be applied to nutritional care. The following section provides guidance on;

1. Assessing dietary needs
2. Communication and relationships
3. The dining environment
4. Food and drink availability - how to adapt and accommodate for residents with dementia
5. Monitoring food and drink intakes
6. Involving residents in food activities

It is important to identify those who may be at more risk of problems that may lead to poor food and drink intakes, this includes residents who;

- require moderate assistance with self care and therefore may not be observed as readily at mealtimes
- have few visitors and less engagement with other residents
- have poor oral hygiene
- take lots of medication

#### **1. Assessing dietary needs**

Using memories and stories can help to find out what foods residents like and enjoy and also by talking to families and visitors. Making a life story book can include a variety of information which helps to personalise the care you provide. Including food and drink preferences and memories will enable you to talk to residents at mealtimes

about what they can manage and enjoy. The story book can also be useful to monitor any changes in preference and taste.

Suggestions of information to include in personal plans;

Drinks and snacks	What are their favourites, colour and strength of tea and coffee, type of milk, sweetener/ sugar Sweet and/or savoury snacks
Table ware	A favourite cup or mug Coloured crockery
Food likes and dislikes	These may change as dementia progresses A preference for sweet foods may develop Ask about preferred ways of preparing and serving Check with relatives and friends if your resident is less able to express their choices Use pictures of food and meals
Meal time routine	Does the person have a set time for eating What is their usual pattern? <ul style="list-style-type: none"> <li>- Do they wake early for cup of tea</li> <li>- Do they like their main meal at lunch time</li> <li>- Do they prefer a cooked breakfast and smaller lunch</li> <li>- Do they prefer little and often</li> </ul> Has their sleep pattern changed?

**Practice point** – people living with dementia may prefer foods that were familiar many years ago and are associated with certain times in their lives

## 2. Communication and relationships – retaining independence and dignity

Talking and eating with residents at mealtimes can have a big impact on enjoyment and food intakes, but this needs to be balanced with the need of some residents who may still prefer to eat alone.

It is important for the choice of meals to be as close to meal delivery as possible and use plates of food and/or pictures to help residents to make a decision.

It may help to talk about the smell and taste of food and smells from the kitchen. Also history and memories of food can include talking about childhood memories, war time rationing, cooking for their family.

Seating plans may need to take into account individual wishes to sit by people or not.

If a resident is anxious at meal times, try and find out the reason from the resident or their relatives. Observe signs of what may be causing it and review any specific needs at mealtimes.

Communication is also key between staff and across the whole care home setting to ensure continuity of care and best outcomes for each resident.

#### **Practice point**

Ensure all staff within the care home, visiting staff and family carers are aware of a resident's food and drink needs and how to meet them by:

Including in personal care plans

Regular staff training

Ongoing support and updates for staff on food and nutrition

Regular monitoring and review

### **3. The dining environment**

This is important for all residents but even more so for residents with dementia to ensure that their individual needs are met. Residents living with dementia may find it difficult to carry out usual self caring tasks but may still be able to eat and drink with or without assistance. It is important to maintain this independence as long as possible. They may also be confused in a care home environment if not used to eating with others. Other important factors to look out for:

- Sight, smell, hearing and taste are all important for stimulating appetites - ensure they have everything they need to help them to eat; glasses, dentures hearing aid
- Make sure people are seated in a comfortable position and do not need the toilet
- Routines that help before the meal such as setting up the table, being involved in the preparation can help
- Make it as relaxed and much like home as possible, if staff can sit and eat with residents , this can make a big difference
- Loud noises can be distracting – whereas soft music playing has been shown to help
- Some people may like the social interaction whilst others may prefer to be on their own

### **Practice point**

- Crockery - does the colour of the food stand out against the plate? Studies have shown that using photographs and contrasting bright, plain colours for crockery and tables such as blue or red can help with food recognition and increase nutritional intakes for people with dementia.
- Lightweight plates with a broad rim and bowls with deep sides may also help with grip and independence
- Use of adapted cutlery where necessary and non slip plain coloured place mats

Further information about the dining environment and care and support of all residents at mealtimes is covered in Care and support Section – the dining environment – Section 4.

#### **4. Food and drink availability - how to adapt and accommodate for residents with dementia**

A resident who is healthy and well and has mild dementia should be offered the usual menu for all residents based on the food and drink standards and best practice guidance in Section 2 , and taking into account likes and dislikes and meal patterns.

Residents with dementia may be more at risk of malnutrition and not eating and drinking enough. When it is observed that someone is not eating enough, there are ideas which may help below:

- Offer assistance to eat when needed but start with minimal support and encourage, using adapted cutlery if required
- Residents may respond to having smaller meals more often
- Making changes to traditional meal pattern in response to behavioural changes such as changing sleeping patterns, weight loss, walking around

For care providers caring for someone with dementia, it can be difficult to ensure that they are able to meet their nutritional needs and further adaptations to the usual menu may be needed.

**Finger foods** can provide a nutritious and enjoyable alternative to plated meals. They can also be used to provide extra nutritious snacks to those who need them.

Finger foods can be particularly useful for people who forget to eat, those who find it difficult to sit throughout meal times, walk around or find co-ordination difficult especially when using cutlery. Food can be left in the place they frequent and/or a

food pouch can be used. They can also encourage independence and confidence.

It is important to make sure that enough energy and nutrients are consumed which can be tricky. See 'Menus and Recipes' for a range of ideas for a finger food menu and snacks.

#### **Practice points when offering finger foods**

- Present food attractively e.g. different coloured foods on contrasting plates
- Use foods that are easy to hold. For people who walk around, choose foods that can be eaten on the move or carried in a pouch – Leave out snacks along the route your resident walks or place foods in their hand to prompt
- Use snack boxes filled with favourite foods
- Change the environment and meal times to suit your resident
- Some foods will lose their freshness and appeal if left out for too long, so may need replacing and note food hygiene and safety regulations need to be adhered to
- Choose foods that don't need to be served hot and served at a temperature that can be held in the hand
- Show the person what to do so they can copy
- Allow time to look at the food and explore it
- Take time to describe the food
- Provide wipes or hot flannels to wipe hands before/after meals

The chef or cook is crucial to providing ideas and variety, as are key workers who can get to know a person's likes and dislikes and how they enjoy their food. The potential benefits of taking time to meet each person's needs when serving finger foods can result in improved food intakes by:

- residents being enabled to eat themselves, helping to maintain independence and preserve eating skills
- a renewed interest in food and stimulate appetite
- residents may be able to remain at the table to be served finger food in place of a plated meal and as snacks between meals
- food can be left in different places to pick up and eat throughout the day.
- boosting confidence and self-esteem at mealtimes
- having more choice and freedom to eat as desired
- having more time to eat

**Safety spot** - if a person has a swallowing difficulty, finger foods may not be suitable. Seek advice from the Speech and Language Therapist for appropriate food textures.

**Other considerations:**

**Food First approach and fortified foods and meals** – residents with dementia who can eat meals but not in sufficient quantities will need to be assessed to see if they need to have meals and foods that are fortified – see section 2A on food fortification.

**Texture modification** – if a resident has been assessed by a health professional and requires a specific texture modification from one of the levels described by IDDSI this needs to be followed - see Section 2C on texture modified diets.

#### **Practice point assisting to eat**

**Hand-over-hand assistance** is a preferred method for assisting a resident with dementia to eat when required. It involves placing ones **hands over** an individual's **hands** to help them complete a movement.

See more on assisting to eat in Section 4.

**You may already have or wish to introduce the Butterfly scheme to enhance your care for residents with Dementia.**

<https://butterflyscheme.org.uk/>

#### **Remember about fluid intake:**

##### **Practice points for drinking more**

- Offer a variety and ensure individual likes and habits are taken into account – the colour of tea is very important to some people and can make a huge difference to their enjoyment of a drink.
- If someone has difficulty expressing their choice – consider different ways to describe food and drink. For example use a paint colour chart or sample cups of tea at different strengths
- Water served in jugs, small decanters or a water dispenser with ice in summer – allows residents to help themselves. Make this easier by half filling and have lids which make it easier to pour
- Squashes – have a variety and remember if people have favourite flavours or strengths
- Hot drinks – do they prefer a mug or cup, a large drink or small china tea cups?
- A tea trolley may help to demonstrate it is time for a drink
- Smoothies, milkshakes, ice creams and lollies can also help provide variety to stimulate interest
- Foods with high water content – melon, cucumber, jellies can also provide liquid to improve hydration

- Themed events can have a big impact on drinking and jogging memories of favourite outings and occasions
- Take time to prompt and be patient

Remember mouth care is really important to continue to enjoy food and avoid mouth or gum infections – see Section 2 oral health.

## **5. Monitoring food and drink intakes**

Residents with dementia may have more need for being observed regularly and having their food and drink intake recorded.

Colour codes can be used to identify those at high, medium or low risk to alert staff, such as a specific colour jug lid in the rooms of residents who need prompting with fluid or coloured place mats for those needing support at meal times. All staff should have access to this information; carers, cooks and chefs, nurses, relatives and managers using agreed processes. Monitoring needs should also be written in the personal care plan.

Further information on the monitoring of food and drink intakes and the use of food and fluid charts is found in section 6.

## **6. Involving residents in food related activities**

Being involved in food related activities is important for all residents. For those living with dementia it can help to give them a sense of purpose and value and trigger memories of activities carried out when younger.

Talk about past roles in in food, cooking and caring and involve residents in some aspects of the meal preparation which are meaningful to them – laying the table, preparing vegetables, clearing away, washing or drying up, stirring cake mixes.

Use memory cues such as fish and chips in paper.

Growing food in boxes or raised beds can stimulate further interest.

Keeping chickens and collecting eggs can be an enjoyable activity (note: food safety aspects of using own eggs - see Section 5).

### **Stimulating the senses**

Smells of food and baking can help to evoke interest in food and stimulate appetites. This can be extended to activities that can help residents living with dementia to continue to recognise and enjoy food as best they can, when some of their senses are reduced:

- Using smells of foods that evoke memories e.g. certain spices or herbs
- Sounds of food cooking

- Visual clues of meal times, being able to watch or be involved in preparing the food, drink or dining area such as putting items on a drink trolley
- Food tasters
- Use of natural flavour enhancers to stimulate senses
- Make food look attractive
- Vary food tastes
- Use brightly coloured crockery

Stimulating the senses is particularly important when changing the texture of foods, as they will appear less familiar, especially when pureed. Refer to section on modifying texture of foods.

### **Useful Documents/references**

The Caroline Walker Trust – Eating Well and Supporting Older People and Older People with Dementia Practical Guide (2011)

Alzheimers Society – specialist crockery and cutlery

<http://shop.alzheimers.org.uk/eating-and-drinking>

Dementia UK

[https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later\\_life\\_uk\\_factsheet.pdf?dtrk=true](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf?dtrk=true)

British Dietetic Association (2014) Food facts: Food and mood. Available at <https://www.bda.uk.com/foodfacts/foodmood>

Bournemouth University optimising food and nutritional care for people with dementia

<https://www.bournemouth.ac.uk/research/projects/optimising-food-nutritional-care-people-dementia>

For further support contact your local dementia training teams

### **References**

1. *Godfrey M 2005, cited in Mental Health Foundation (2016) Fundamental facts about mental health , Mental Health Foundation: London*
2. *To add*

# Section 2C

## Eating and drinking well using Texture Modified Diet and IDDSI

### Contents

Swallowing problems (dysphagia)

Classification of texture modified diets using the International dysphagia diet standardisation initiative (IDDSI)

IDDSI resources

## **Swallowing problems (dysphagia)**

It is estimated that up to 13% of adults over the age of 65 years and over 51% of older people living in long term care homes will have swallowing problems<sup>1</sup>. In nursing homes this is likely to be higher again, between 50-75% of residents<sup>2</sup>.

### **How can I spot swallowing difficulties?**

All members of staff within a care setting should be aware of the signs of swallowing difficulties or any oral problems suffered by residents that may lead to a reduced food intake.

Some signs of swallowing difficulties are:

- Difficulty chewing or controlling food in the mouth
- Food or fluids falling out of the mouth
- Food left in the mouth after a meal
- Difficulty starting to swallow
- Coughing/choking while eating
- Regular chest infections
- Poor appetite
- Unexplained weight loss
- Eating more slowly than usual
- Feeling anxious or frightened around mealtimes

Care providers have a duty of care to provide the correct consistencies of meals and fluids to residents. For further advice on texture modified meals or if you are concerned about a resident's swallow, contact your local Speech and Language Department for further advice.

### **Texture Modified Diet and IDDSI**

Some people who have swallowing difficulties may have an increased risk of choking and aspiration. Also some people may need to have the texture of their food and drink altered to reduce these risks.

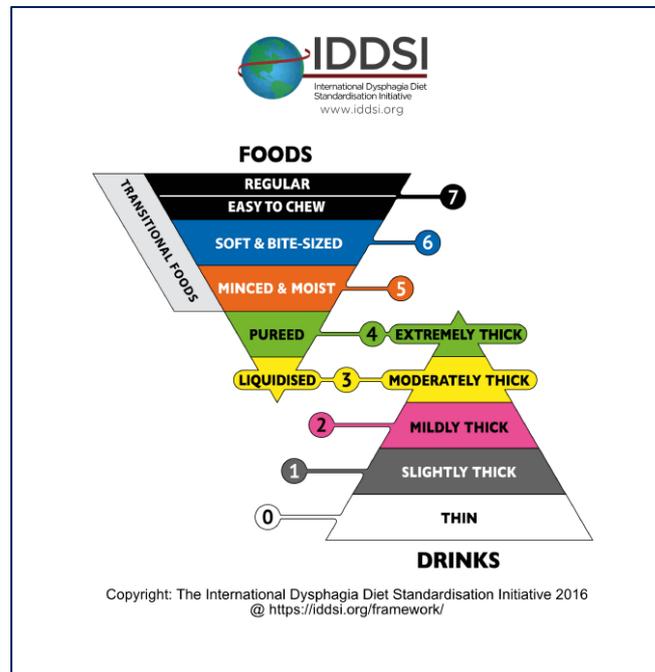
Traditionally food has been described using a variety of different terms such as: soft, fork mashable, puree and liquidised textures.

These have all now been replaced by the IDDSI framework.

The over-riding goal of IDDSI is around patient safety. It has been developed to provide accurate and consistent definitions of texture modified diets and practical support to produce foods, meals and drinks to the right consistency.

The dysphagia diet framework describes food and drinks that are safest for people

with feeding, chewing or swallowing problems. It 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.



All care settings will be expected to adopt the IDDSI definitions for texture modified meals. All commercial companies that produce textured modified ready meals will also use these definitions.

For all the information on IDDSI and how to implement it in practice go to:

British Dietetic Association: [www.bda.com](http://www.bda.com) for training materials, implementation strategy, frequently asked questions

International Dysphagia diet standard Initiative [www.iddsi.org/framework/](http://www.iddsi.org/framework/) for IDDSI framework, resources, open access articles, frequently asked questions

Royal College of Speech & Language Therapists: <https://www.rcslt.org/speech-and-language-therapy/clinical-information/dysphagia#section-4>

RCSLT and IDDSI webinar: making IDDSI work for you: 13<sup>th</sup> February 2019: <https://www.rcslt.org/webinars/rcslt-and-iddsi-webinar-making-iddsi-work-for-you>

Your local health board may also have additional resources to help you.

### **Additional tips**

As care providers, it can be difficult to make textured modified meals varied and appetising to entice residents to eat when, they may be suffering from swallowing

problems, have a sore mouth or have poor dentition. The following tips might help to keep meals interesting, where appropriate to the texture.

- Add syrups and sauces to ice cream
- Add spices such as nutmeg and cinnamon to stewed fruits
- Trial different flavours in cheesecakes such as lemon and lime or toffee apple
- Use a range of sauce with fish; cheese, parley and white sauce
- Drizzle cream on soup and garnish with herbs
- Add red or green pesto sauces to pasta and sprinkle with cheese

It is always preferable to use scoops, piping or moulds when preparing pureed (Level 4) foods and serving individual items on a plate to make up a meal, this way it is more recognisable, attractive and tempting for a resident who may already have a poor appetite.

**Note:** ensure all sauces are appropriately thickened to the correct IDDSI level if the resident needs thickened fluids.

## References

1. World Gastroenterology Global guidelines (World Gastroenterology Organisation, 2014)
2. O'Loughlin G, Shanley C. Swallowing problems in the nursing home: a novel training response. *Dysphagia* 1998; 13, 172-183

# FOOD & NUTRITION

in Care Homes for Older People

## Section 3

Drinking and the importance of hydration for residents in care homes

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# Section 3

## Drinking and the importance of hydration for residents in care homes

Positive actions to promote drinking are so important for residents in care homes.

### Contents

What is dehydration

How much to drink

The role of carers in detecting dehydration

Reasons and risk for not drinking

Highlighting importance of hydration and encouragement to drink

Monitoring fluid intakes

Appendix 1 Keeping hydrated

Appendix 2 Reviewing hydration care

Appendix 3 Resident preference for drinks

Appendix 4 Additional information on prevention of urinary tract infections

Being properly hydrated will improve the quality of life of your residents and reduce illnesses related to dehydration. Older people in your care are more vulnerable to dehydration and therefore making sure they can access drinks, are able to take the drink and are prompted to drink if needed, are all important parts of care.

### **What is dehydration?**

Dehydration is the loss of essential water from the body and this can cause serious effects if fluids are not replaced. The body needs water so that it can work normally every day, and it helps to regulate body temperature.

Not drinking enough fluids can result in increased risk of:

- repeated infections
- falls
- constipation

It can also lead to confusion, headaches and irritability.

Older people are more vulnerable to dehydration because of the effects of ageing. Kidneys may not function as well, there is less muscle mass where most water is stored and they may not have a sense of thirst or be able to communicate that they are thirsty.

Other physical illnesses such as arthritis, poor mobility, sight loss, dementia and swallowing difficulties can also affect fluid intake.

A good fluid intake should be included as part of overall nutrition care and support to ensure the best possible outcomes for residents.

This section outlines how many drinks your residents should be having, types of drink and simple tips to help people increase their fluid intake.

### **How much to drink?**

Fluid standards and guidance are based on the recommended amount of drinks per day for adults:

**Amount per day 6- 8 cups or mugs**

**This is about 1.6 litres (1600ml) per day**

### **Common household measures**

**1 medium glass = 200ml**

**1 can of fizzy drink = 330ml**

**1 mug = 250ml**

**1 cup = 200ml**

## What counts as fluid intake?

Fluids include water and anything that contains water such as tea, coffee and fruit drinks or juices. Soft drinks like cola and lemonade are fine in small amounts only, but remember they contain a lot of sugar and could therefore lead to tooth decay. Most fruits and vegetables also have high water content such as water melon and cucumber and tomatoes, so encourage these as well.

# Canllaw i Gyfeintiau Hylif Fluid Volume Guide



Diben yr wybodaeth hon yw eich helpu i roi gwybodaeth gywir am yr hylif a gymerir ar Start Bwyd a Hylif Cymru Gyfan ar gyfer Lleoliadau Cymunedol. Cyfeirir at y lluniau isod wrth lenwi'r Siart. Rhaid cofnodi pob hylif a gymerir yn gywir.

This information is designed to help you with accurate documentation of fluid intake on the All Wales Food and Fluid Chart for Community Settings. Please refer to the photographs below when completing the Chart. All fluid intake must be recorded accurately.

[www.cymru.gov.uk](http://www.cymru.gov.uk)



Item	Volume
Cwpan Llawn / Full Cup	150ml
Cwpan Plastig Llawn / Full Plastic Cup	150ml
Bicer Llawn / Full Beaker	200ml
Bicer Llawn / Full Beaker	200ml
Bicer Llawn / Full Beaker	200ml
Mwg Llawn / Full Mug	200ml
Gwydruid Llawn / Full Glass	200ml
Llond Jwg / Full Jug	1000ml
Cawl / Soup	-
Jeli / Jelly	-
Ychwanegion maethol / Nutritional Supplements	-
Hufen iâ / Ice Cream	-

## The Role of Carers

Carers have a vital role in ensuring that those they care for maintain healthy hydration levels. Carers can do this by making sure that fluids are freely available and physically accessible both day and night, as well as with meals. Carers should be aware of the need for fluid, encouraging residents to drink regularly and reminding visiting relatives to encourage too if appropriate.

Many types of food contain a substantial amount of water. If a resident finds it difficult to increase the amount of fluid they drink, it may be possible to help maintain adequate hydration by increasing the amount of moisture consumed in foods, such as fruit and vegetables which are about 80-90% water.

**Look out for common signs of dehydration - these may appear over a few hours or days**

- Thirst and/or dry lips and tongue
- Sunken eyes and/or skin looks dry and may sag
- Not passing much urine
- Dark coloured strong smelling urine
- Headaches, confusion, lack of concentration and/or mood swings

**Practice point:**

Some studies have shown that these every day observations are not always accurate in detecting dehydration, so it is always best to ensure adequate fluid intakes and identify quickly when residents are not drinking enough.

**Longer term more severe problems can occur:**

- Increased risk of falls
- Urinary tract infections
- Delirium
- Chest infections
- Constipation
- Increased risk of pressure ulcers
- Admission to hospital

See Appendix 1 for more information on benefits of keeping hydrated.

**Residents may have different reasons for not drinking enough fluid such as:**

- Loss of appetite generally
- Lack of sense of thirst
- Not remembering to drink
- To manage or avoid the urge to go to the toilet
- Feeling embarrassed drinking from a 'sippy cup'

**Situations where residents may lose more fluid and therefore are at more risk of dehydration:**

- Vomiting, diarrhoea, fever
- Heat exhaustion
- Medicines that remove water from the body
- Medical problems; ill health
- Drinking alcohol removes water from the body

## **Top tips for highlighting importance**

- Start by encouraging all staff to develop a policy on how you will provide water and other drinks for your residents, see how to review hydration care Appendix 2
- Carers should encourage water or other drinks for those at higher risk, this may need an indicator such as a yellow lid\* on a water jug, coloured napkin at mealtime or a water symbol in their room. Always use a positive approach
- Many people will prefer to drink little and often
- More water can be encouraged when taking tablets
- Residents often worry about increased toilet visits, so encourage good hydration from waking and less late at night
- Some residents may lose their thirst response and taste sensation so may need reminding
- Visiting relatives and friends can be a positive influence on helping residents to drink
- Any concerns about a resident's drinking or risk of dehydration should be documented in their care plan, with clear instructions on any actions required
- Identify whether residents are able to drink independently, if they need prompting or need assistance to drink, but remember if they can drink independently they may still forget

\*some hospitals are trialling the use of yellow lids to highlight those at risk (ref)

## **Practical points for encouraging people to drink**

- Water is best served cool and fresh from the tap not left in open jugs to get warm
- Ensure 'fresh' hot and cold fluids are offered with and between meals
- Ask residents about their favourite cup or mug – what do they prefer or what can they manage best, would they benefit from having their name on the cup or a brightly coloured handle /lid

- Serve small cups of water alongside tea and coffee
- Sometimes warm/hot water with a piece of fruit added can appeal
- Cups should not be overfilled
- Milk and sugar should be added as individual preferences
- Find out resident's preferences – what colour (strength) do they like their tea and coffee and how much milk, what sort of cup - china tea cup or mug, these little things are important. Fill out a hydration guide for each resident ( see appendix 3 )
- Language is important – use positive encouragement rather than asking if someone wants a drink
- Make drinks easily accessible and have small tables available for placing drinks near residents
- Cups should be placed in the hands of residents who cannot or do not know how to reach for a drink
- Consistency of fluids – make sure to follow any individual advice regarding use of thickeners with individual residents
- As it gets warmer increase the frequency of drinks and make water more available
- Offer foods with a high fluid content e.g. melon, cucumber, ice lollies, soup, sauces
- Provide social occasions to encourage drinking e.g. afternoon teas, themed picnics, social 'bar'

**Note: fluid intake may be restricted in some residents in nursing homes with liver disease, kidney disease or heart failure – their needs should be met after discussion with a health professional**

### **Keeping a fluid chart**

A fluid intake chart or diary can be used if a resident is showing signs of possible dehydration or is observed to not be drinking enough, to monitor their progress.

All staff should be aware and care plans should be updated.

The chart can help to identify the reasons why a resident is not drinking enough – is it the choice of drink, access, timing, mood, illness, forgetfulness.

**Note:** those who have difficulty with drinking enough may also have difficulty eating so always consider both together. See section 6 for an example template for a food and fluid diary or refer to local guidance.

**Note:** Older people with respiratory problems are likely to lose additional fluid through their breathing or their treatments and are particularly prone to dehydration. In these cases, fluid monitoring can be beneficial.

**Note:** keeping hydrated is very important in helping to prevent urinary tract infections see Appendix 4 for more information.

### **Practice point**

**Take part in the annual nutrition and hydration week**

**Try new ideas and if they work, continue them afterwards as good practice**

**<https://nutritionandhydrationweek.co.uk/>**

## Appendix 1

### Keeping Hydrated – Benefits of good hydration Summary

#### **Pressure ulcers**

Poorly hydrated residents are twice as likely to develop pressure ulcers. This is because dehydration reduces the padding over bony points. Fluid intake to correct dehydration increases levels of tissue oxygen and enhances healing.

#### **Constipation**

Poor fluid intake is one of the most frequent causes of chronic constipation. Drinking more water can increase stool frequency. It can also enhance the beneficial effect of daily dietary fibre intake.

#### **Urinary infections and continence**

Water helps maintain a healthy urinary tract and kidneys. Being adequately hydrated, rather than having a high fluid intake, is important in the prevention of urinary tract infection (UTI). Many older people do not drink enough in the evening to prevent them from having to use the toilet in the night. However, it has been shown that restricting overall fluid intake does not reduce urinary incontinence.

#### **Falls**

The risk of falls increases with age. In older people falls can result in injury and fractures. For example, a broken hip can lead to a reduced quality of life, over and above the trauma and hurt. Such individuals rarely get back to the same degree of independent living as they enjoyed before they fell. Dehydration has been identified as one of the risk factors for falls in older people.

This is because it can lead to a deterioration in mental state, and increase the risk of dizziness and fainting. Maintaining adequate hydration in older people could be effective in preventing falls, together with other factors. In hard water areas, tap water can contribute to dietary calcium intake - calcium is essential for healthy bones and protecting against osteoporosis and fractures.

#### **Skin**

Being well hydrated is a good way to keep the skin healthy. The skin acts like a water reservoir and helps regulate fluid for the whole body. Mild dehydration causes skin to appear flushed, dry and loose, with a loss of elasticity, which makes it look older than it is.

#### **Kidney and gallstones**

Good hydration can reduce the risk of kidney stone formation by 39%. This is because dilute urine helps to prevent crystallisation of stone-forming salts. Drinking water at regular intervals can also help by diluting bile and stimulating gallbladder emptying. This in turn helps to prevent gall stone formation.

#### **Heart disease**

Adequate hydration reduces the risk of heart disease by 46% in men and by 59% in women. It also helps prevent blood clots forming by decreasing the viscosity of the blood (how 'thick' the blood is).

**Diabetes**

Water is an essential part of the dietary management of diabetes. Dehydration can worsen the control of diabetes. Individuals with poorly controlled diabetes have a high urine output, which can increase the risk of dehydration.

**Low blood pressure**

Many older people have a drop in blood pressure when they stand. This sometimes causes them to pass out. Drinking a glass of water 5 minutes before standing helps stabilise blood pressure, and prevents fainting.

**Cognitive impairment**

Dehydration worsens mental performance. Symptoms of mild dehydration include light-headedness, dizziness, headaches and tiredness. It reduces alertness and the ability to concentrate. Once you feel thirsty (0.8-2% dehydration), mental function may be affected by up to 10%. Mental performance gets worse as the individual becomes more dehydrated. In older people this affects cognitive function leading to increasing frailty, reduced ability to do things for themselves, and a reduction in quality of life.

**Hospitalisation in older people**

Dehydration has been shown to increase by two-fold the mortality of patients admitted to hospital with stroke. It also increases the length of hospital stay for patients with community-acquired pneumonia.

## **Appendix 2**

### **Reviewing hydration care**

**What currently happens – find out whether all your residents do get all the drinks they need**

**Section 7 has an example drinks audit that you can use or adapt to your setting**

**What actions need to be taken as a result of the drinks audit?**

- Do some residents need more prompting
- Do some residents need their specific preferences more tailored e.g. a favourite cup or mug or a specific type of cup that helps them to drink independently
- Do some residents miss out on drinks as they don't have enough help
- Is there not enough times in the day to serve all the necessary drinks
- Do you have a drinks menu whenever you serve drinks
- Are particular times more rushed
- Do you need to identify times in the day where more drinks can be served
- Consider if some residents have more difficulty than others e.g. those who tend to stay in their rooms or those with specific needs
- How are staff allocated to support and monitor what residents are drinking

**Identify the issue(s) and decide as a team how to improve practice to ensure that all residents get the drinks they need every day**

### Appendix 3

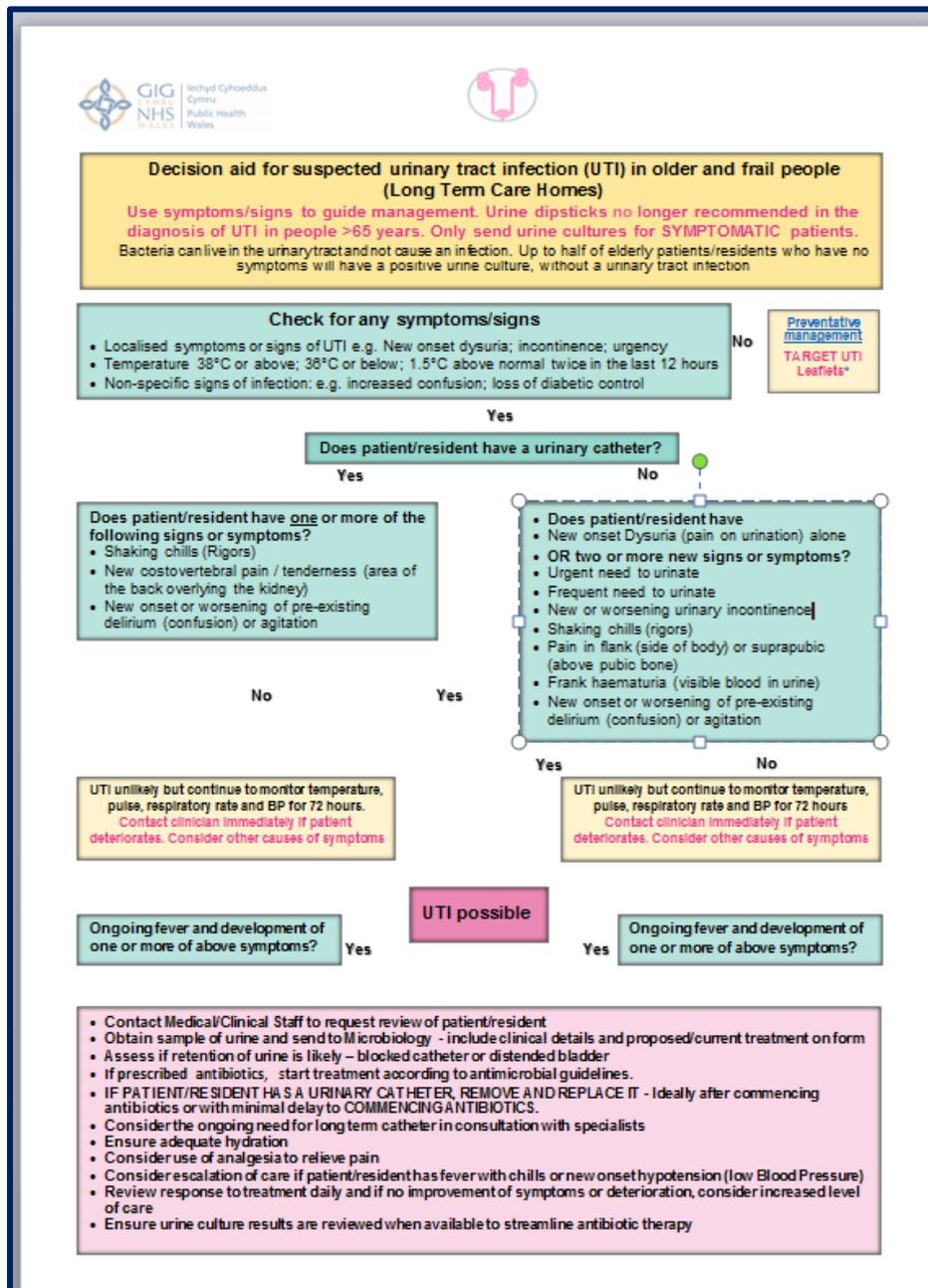
**Resident preference for drinks** - this can form part of the introductory assessment of both food and drink, when a resident first comes to the care home and should be reviewed if their circumstances change.

<b>Name:</b>	
<b>Do you like to have a drink on waking? YES/NO</b> If yes, what time is this usually What is your preferred drink at this time?	
<b>What do you usually like to drink:</b> With Breakfast At Mid morning With lunch At Mid afternoon With tea In the evenings	
<b>Would you like your drink to be served with your meals or after?*</b>	
<b>Are there any drinks you don't like or enjoy?</b>	
<b>Do you like a certain type of cup or mug?</b> Would they like their name on their cup or mug?	
<b>Do you like any foods that have a lot of fluid in them such as jelly, ice cream, yoghurt, fruit, vegetables, custard, soup</b>	
<b>How do you like your tea – strong, medium, as it comes</b> With a little milk, milky (if unable to express, use actual drinks or colour charts) Sugar? if yes how much Sweetener? If yes, how many	
<b>How do you like your coffee</b> strong, medium, as it comes With a little milk, milky (if unable to express, use actual drinks or colour charts) Sugar? if yes how much Sweetener? If yes, how many	
<b>Have your drinking habits changed recently?</b> If yes, how are your drinking less or more	
<b>Are you worried about drinking too much and needing to go to the toilet?</b>	

\*If the resident has a poor appetite, discuss whether drinking after a meal may help, so they are not too full to eat

## Appendix 4 - Additional information on prevention and management of urinary tract infections

The following chart is a nationally agreed guide for care homes with long term residents over the age of 65 years. It helps to identify what to do if a urinary tract infection is suspected. Produced by Public Health Wales.



For further information and resources go to:

<https://phw.nhs.wales/services-and-teams/harp/urinary-tract-infection-uti-resources-and-tools/>

The sections on preventing UTI infections and Hydration have lots of useful resources.

# FOOD & NUTRITION

in Care Homes for Older People

## Section 4

Encouraging residents to eat well

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# Section 4

## Encouraging residents to eat well

This section covers what you can do as a care setting to help all residents enjoy their food and drink and be able to access it in a dignified and sensitive way.

### Contents

Mealtimes and availability of food

Developing a positive dining environment and experience

The importance of all staff in creating a positive dining experience

Good communication

Additional considerations for helping residents with dementia to eat well and enjoy their food

Taste changes

Engagement in activities

Keeping physically active

## Mealtimes and availability of food

A loss of appetite is not inevitable with age, however some residents may have a small appetite and may struggle to eat all of their meals. To encourage some residents to eat well, it will be important to offer small, frequent meals with snacks in-between meals. This daily structure will help to regulate appetite and avoid excessive weight loss or gain and ensure residents are provided with the nutrition they need.

Residents who regularly only eat small amounts of their meals (around half or less) could be at risk of malnutrition. The recipe section provides nourishing drink and snack ideas that you could offer residents in-between meals to help overcome this. It is important to consider the different needs of residents and when best to provide a main meal or lighter meals or more frequent smaller meals. This can have a big impact on appetite. For example your residents who have breakfast quite late may not manage a main meal, only a couple of hours after. Table 1 is an example daily meal plan of food and drink provided and how it needs to be flexible to meet the range of resident's individual needs.

**Table 1 – flexible meal plans**

Resident Joy who wakes early and enjoys a light breakfast			Resident Frank who wakes late and has a good breakfast		
6-8 am	On waking	Enjoys a cup of tea and a biscuit	6-8 am	asleep	
8-9 am	Breakfast	Enjoys a small bowl of cereal and sometimes a piece a piece of toast with another cup of tea	9am	Breakfast	Enjoys a bowl of porridge, fruit juice and a piece of toast an sometimes and egg
11 am	Mid morning drink and snack	Cup of coffee and a banana	11 am	Mid morning drink and snack	Just a drink
12.30 -2 pm	lunch	Enjoys a main mid day meal	12.30 – 2pm	lunch	Enjoys a light meal after a large breakfast
3.30 pm	Mid afternoon snack and drink	Cup of tea and a piece of cake	Mid afternoon snack and drink	Mid afternoon snack and drink	Cup of tea and a small sandwich or cheese and biscuits
5pm	Tea	Enjoys a lighter meal and dessert	5pm	Tea	Enjoys a main meal
7-8 pm	Supper drink and snack	Milky drink	7-8 pm	Supper drink and snack	Cup of tea and a biscuit sometimes some fruit

Consider how you can meet both their needs. It is often difficult to meet all residents needs when waking times are variable, however it is important to be flexible to accommodate individual needs and respect previous patterns of waking and eating.

### **Developing a positive dining environment and experience**

Recent publications have provided a range of ideas to help you create the right supportive environment for your residents at mealtimes.

Take a look and see how many of these practices you already do and talk with residents, relatives and staff to make more positive changes.



<https://gov.wales/mealtimes-care-homes>

<http://myhomelife.org.uk/resources/>

Also look at the hints and tips here and the action plans in section 7. You can use these to review your practice and identify any changes you may want to make.

Social interactions: eating together can encourage social conversation and enjoyment of food. However residents who have may have been on their own a long time may wish to continue eating alone and this needs to be respected.

Adapted cutlery and crockery can improve independence; however equipment and clothing protection may be perceived by some residents as a visible representation of difficulties, resulting in them feeling their dignity is maintained by eating alone.

Meal interruption: In a care home setting there can be interruptions to mealtimes from giving out medications, a visiting health professional, assessments and paperwork. Aim to minimise this as far as possible, providing enough time for residents to have the opportunity to eat as much as they wish, (in hospital this is often referred to as protected mealtimes).

Create mealtimes that are for enjoyment and socialising if desired or eating quietly alone if preferred. It can also be helpful for staff to sit and eat with residents and to talk about the food and encourage the chef or cook to come and talk to residents about the meals.

### **The importance of all staff in creating a positive dining experience**

Below are some hints and tips that show how all the staff in a care home have a role in encouraging residents to eat well and enjoy their food and drink.

#### **Carers – preparation for meal times**

- Encourage your resident to go to the toilet before meals if needed and/ or wash their hands
- Use signage for meal areas
- Making sure glasses or dentures are in place ready for the meal
- Ensure your resident is sitting upright and is comfortable
- Consider using adapted cutlery and coloured plates (see below)
- Use plate warmers to help keep food warm if necessary
- Avoid distracting items on the meal table
- Set a table to eat and enable residents to help in this activity if they wish, this can help give clues that it is a meal time for those with dementia and memory loss. Setting tables differently for each type of meal will improve orientation to time and stimulate appetite
- Use contrasting colours for table cloth and plate and plate and food. Patterns may be distracting or confusing for those with sight loss or dementia
- Create a homely and welcoming atmosphere e.g. flowers on the table, jugs of water
- Consider music, lighting, comfort
- Make sure the dining area is a calm environment. A stressful or busy environment may discourage eating and try to calm residents before mealtimes, if they are anxious or distressed
- If assistance is required with eating and drinking, try and do this in a way which will encourage eating, for example sitting those who need assistance where they feel comfortable

#### **Chefs and cooks - making food appealing**

- Sight and smell can play an important role in stimulating appetite so present all meals attractively and make appetising with different flavours and colours
- Smells of cooking and baking can stimulate conversations about food and help people look forward to meals
- Serving smaller meals and offering a second portion might help stop feelings

- of being overwhelmed by a meal that is perceived as too large by a resident
- Use different textures (where safe to) such as adding croutons to soup or syrups to ice creams.
  - If a special diet such as a modified texture diet is needed; try to ensure that the food looks similar to its original shape - see section 2C
  - Ensure the food is the correct temperature. Hot meals should not be left to go cold and cold foods not left for periods to go warm
  - Be actively involved in talking to residents about food and meal preparation

### **Carers - food service during meal time**

- Always ask what the resident likes to eat and ensure they are served meals that they have ordered Dish up or serve your resident a small amount of food at any one time
- Ask residents what makes them feel most relaxed when eating. They might feel anxious, need reassurance and might be too embarrassed to ask for whatever they need to help them to eat more
- Use encouraging and positive language as this can make food seem more appealing such as “This meal looks warming on a cold day” and describing food such as “The mousse is fresh, zingy and refreshing” to entice the senses.
- Use appropriate personal protective equipment if needed and remember that use of plastic aprons and gloves can be off-putting and clinical
- Cut foods into small pieces for those who need it
- For those who have weakness e.g. from a stroke, place plates and cutlery near to the stronger side of the body
- Try to minimise distractions and interruptions during mealtimes, as distractions may mean not as much is eaten
- It is very important to ensure that mealtimes are not rushed, this will help to reinforce the importance of mealtimes
- If residents are struggling to eat due to having difficulties in holding cutlery, get advice on the use on using adapted cutlery or using items such as plate guards
- Always ensure there are adequate staff to supervise meal times in case of choking or accidents

### **Carers - assisting a resident to eat**

- Provide assistance only where required e.g. to open packets, pour drink, cut up food with dignity and respect
- Maintain dignity during mealtimes, only provide as much help as is needed, aiming for as much independence as possible

- Give your resident your full attention, avoid talking to others or being distracted
- Try to sit at the same height as the person you are helping and maintain eye contact and talk to them
- Encourage your resident to allow time between each mouthful and avoid removing your resident's plate early
- Try prompting or reassuring your resident as appropriate rather than asking and reminding directly
- Some residents may need verbal cues to remind them to open their mouth or swallow
- For those who have visual impairment, describe the position and appearance of food items and drink, so that they know what to expect in each mouthful

### **Carers - after meals**

- Carers should observe what has been eaten and drank and if ongoing concerns, follow the guidance on screening for risk of malnutrition (see section 6)
- Where appropriate, monitor food and fluid intake and complete a food and fluid chart
- Remove spilled food or drinks after meals and help with hand-washing
- Check that no food is left in the mouth after eating
- Ensure good oral hygiene after eating
- To support dignity, if any spillages have affected clothing, offer to clean or replace the item

### **Manager and/or responsible individual (RI) – overall food service**

For an effective food service and quality dining experience managers and RI should ensure that there is effective communication with all staff about roles, responsibilities, specific policies and procedures, menus and menu planning and food procurement processes. Staff should feedback specific requirements that residents may have and/or enable the resident to themselves.

### **Clinical lead /qualified nurse – more detailed monitoring**

For residents identified as being at high risk of malnutrition and/or with complex clinical needs, nursing staff should liaise with carers and chefs regarding meeting dietary needs appropriately.

## Good communication

Never underestimate the importance of good communication. Listen to your resident; it may be that they are reluctant to reveal why they are eating less and feel embarrassed. It may be that they do not fully understand how important good nutrition and hydration is to overall health and recovery from any ailments.

- Talking to a resident about the meal they are eating might help encourage them to eat more. Having a conversation and being positive about the meal might help entice residents with a small appetite to eat more
- Encourage mindful eating; talk to your resident about the look, smell and taste of the meal. Encourage them to talk about their favourite foods
- Offer encouragement. Remind your resident that the food they are eating is good for them and eating as much as they can manage comfortably will help them to maintain good health
- Be enthusiastic!

Remember to use the right language, using some terms can be upsetting and at worst judgemental.

<b>Using the right language</b>	
<b>Negative, deficit based terminology</b>	<b>Positive, strengths based terminology</b>
The frail elderly	Older people with high support needs
Elderly Mentally Infirm (EMI)	People with dementia
Dements	
People <b>suffering</b> with dementia	People living with dementia
People <b>afflicted</b> by dementia	
Wandering	Walking
Feeders	People who need help or assistance with eating
36 (i.e. naming a care home resident by their room number)	Never a number!
Not there	Still here
An empty shell	A person

**Source:** *Good Work: A Dementia Learning and Development Framework for Wales*

**Additional practice points for helping residents with dementia to eat well and enjoy their food**

### **Practice point: crockery and cutlery**

- Lightweight plates such as high quality melamine with a broad rim for a better grip
- Specialised lightweight glasses and cups
- Lipped plates
- Bright coloured plates to help differentiate food (plain blue, yellow, green, red) have been shown to help increase appetites. Colour requirements may vary with different individuals living with dementia
- Weighted handle cutlery or specially adapted cutlery
- Non slip plain colour placement mats

### **Practice point - choosing a meal**

- Best practice is to offer a choice of meals at point of delivery and showing the meals on a plate
- Picture cards on menus are also useful
- Memory cues for different or favorite meals such as fish and chips in paper , picnics in a beach environment

### **Taste changes**

Sensory changes such as changes in taste, smell and hearing can change as people age. Taste changes can occur as a result of illnesses such as Parkinson's, Alzheimer's Dementia and during treatment for cancer. Other factors such as oral thrush, gum disease and dentures can leave a bad taste in a resident's mouth that changes the way food tastes. Medications may make the mouth dry or alter a resident's sense of taste.

The following points may help care home staff to support residents with taste changes:

## **Chefs and cooks**

- Use pepper or herbs and spices in dishes to enhance flavour
- Ketchup, mustard and dressings can all help to add extra flavour
- Marinating fish and meats can help to add a strong flavour
- Strong flavoured foods, spicy foods or previously disliked foods may now be enjoyed, try adding additional spices, herbs, onion, garlic, chilli, curry sauce to meals

If a preference for sweeter foods try:

- Naturally sweet vegetables
- Sweet and sour sauces in cooking
- Adding honey to vegetables
- Adding a little sugar to mince, stews or potatoes
- Using milk based puddings

If sharp flavours are preferred, try adding lemon, lime or orange zest to savoury sauces or as garnish on puddings.

## **Carers**

- Oral care: encourage residents to brush their teeth regularly. Brushing before meals can help to freshen a resident's mouth and prepare them better for a meal. Encourage residents to use a minty mouthwash to refresh their mouth before eating
- Be aware that cutlery might taste metallic to a resident, try reusable plastic ones instead
- Try to encourage residents to eat foods which have more flavour e.g. curry or foods with spice
- If a resident has lost their appetite for certain foods, try to encourage meals you know they will enjoy
- Encourage cold foods as these may be more palatable than hot foods.
- If a resident can no longer drink tea or coffee, encourage them to try green or fruit teas, such as lemon teas or cold drinks
- Between meals offer ice-cubes or fresh pineapple or grapefruit pieces to help freshen a resident's mouth. Boiled fruit sweets or mints may also help but take care regarding oral health.
- Encourage residents to have a glass of fruit juice and have some fruit after a meal. You could also encourage them to try fizzy water/lemonade with lemon juice
- Offer table sauces, chutney, pickle, relishes, vinegar, or mustard

**Note:** The use of finger foods can help residents with dementia to maintain their food intakes; this is covered in Section 2B

### **Engagement in daily activities involving food**

This again is important for all residents and for those living with dementia. It can help to give people a sense of purpose and value and trigger memories of activities carried out when younger.

- If your care home has an allotment, encourage residents (who are able) to help plant and pick fruit, vegetables and herbs or grow in boxes or raised beds
- Where possible and appropriate, encourage residents to help with kitchen tasks such as scrubbing vegetables or potatoes
- Talk about residents past role in food, cooking and caring
- Involve residents in some aspects of the meal preparation which are meaningful to them, laying the table, preparing vegetables, clearing away , washing or drying up, stirring cake mixes
- Organise tasting sessions with different themes to stimulate interest, this could also include tasting new menu ideas with the chef
- Keeping chickens (note: food safety rules ) See also Section 5.

### **Keeping physically active**

Exercise is vitally important for good mental health and well-being. Exercise leads to the release of certain hormones which can improve mood and also helps to prevent muscle loss, which in turn can help prevent falls.

In care home settings, gentle physical activity can be encouraged according to individual need and ability. Activity co-ordinators can play a huge part in helping to improve well-being, mood and increase social interaction.

### **Ways to encourage physical activity for those in the care home setting who are able to**

- Try to encourage residents to walk as much as possible throughout the day  
Ask staff or family members to help join in if you are worried about a resident falling
- Ask your GP or Occupational Therapist about walking aids for residents who may require them
- Encourage individuals to try standing up from their chair regularly
- Chair-based group activity sessions with an instructor can help to improve the activity levels of residents who cannot walk

It is important that those in the care setting are as active as they can be, as this will help maintain independence, mental and physical health. Making the activity purposeful can encourage participation. Examples include planning ahead of meal times to allow time to move to the dining area, regular toilet breaks to avoid the “last minute” rush, having a time-table of activities such as film nights, which tempt residents away from their room or usual seating area

Encouraging gentle physical activity will help to maintain balance, strength, flexibility and co-ordination.

### **Exercise, food, hydration and falls are all linked**

Keeping hydrated can help prevent falls and good nutrition will contribute to a person’s ability to retain the strength required to be active.

Exercise is also good to help prevent muscle loss and wasting which can increase the risk of falls. Weight bearing exercises are particularly good.

### **Acknowledgments and Resources**

- The Caroline Walker Trust 2011, Eating Well: supporting older people and older people with dementia Accessed [www.cwt.org.uk](http://www.cwt.org.uk)
- Alzheimer’s Society, 2014. Guide to catering for people with dementia. Accessed [http://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=2573](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2573)
- Bournemouth University Dementia Care Programme <http://www.bournemouth.ac.uk/nutrition-dementia>
- Course material from Improving Food and Nutrition Care, Nutrition Skills for Life, Public Health Dietitians in Wales
- Physical activity and falls prevention ‘Get up and go – a Guide to staying steady’. Available from: [http://www.wales.nhs.uk/sitesplus/documents/888/get\\_up\\_and\\_go.pdf](http://www.wales.nhs.uk/sitesplus/documents/888/get_up_and_go.pdf)
- Ageing Well in Wales and Falls prevention <http://www.ageingwellinwales.com/en/steadyon>

# FOOD & NUTRITION in Care Homes for Older People

## Section 5

### Food hygiene and Safety

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# Section 5

## Food hygiene and Safety

This section provides an overview of the food hygiene and safety practices that are covered by regulations and refers you to the appropriate guidance.

### Contents

The importance of food hygiene and safety

Food safety management and food hygiene practice for the care home setting

Gift food and food brought in from home

Allergens

Involving residents in food preparation as a daily activity

Trips and outings

FAQ's

## **Importance of food hygiene and safety**

Food poisoning can be a serious illness for older people in your care and especially if they are also at risk of malnutrition or have other illnesses. Those who are older and/or immuno-compromised are more susceptible to food poisoning than the general population. In addition, infectious diseases are more prone to spread in institutional settings.

It is essential to store, handle, prepare and present food in a safe, hygienic environment to help prevent harmful bacteria spreading and growing and to avoid food poisoning.

Food poisoning occurs when the food consumed contains harmful bacteria, viruses or other microbes, collectively known as germs.

Germs are very hard to detect since they do not usually affect the taste, appearance or smell of food. They can multiply very quickly and to do so need moisture, food, warmth and time. Most food poisoning is preventable.

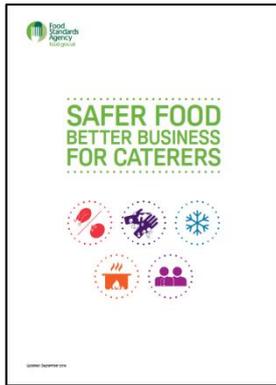
**There is a legal requirement for all settings that prepare and/or serve any food and drink to be registered as a food business with the Environmental Health Department at the local authority.**

## **Food safety management and food hygiene practice for the care home setting**

Care homes must have a written food safety management system (FSMS). The FSMS must explain how safe food is produced by identifying food safety hazards and the controls needed to minimise the hazards.

Small residential care homes may wish to use a FSMS called **Safer Food, Better Business (SFBB)** along with a Residential Care Homes Supplement. These have been produced by the Food Standards Agency to help small businesses with food safety management procedures and food hygiene regulations.

<https://www.food.gov.uk/business-industry/sfbb>



## Safer Food Better Business toolkits

<https://www.food.gov.uk/business-industry/caterers/sfbb/sfbbcaterers>  
<https://www.food.gov.uk/business-guidance/safer-food-better-business-supplement-for-residential-care-homes>

The SFBB pack and supplement are not suitable for larger residential care homes or for nursing homes, as a more detailed and comprehensive food safety management system is required. These types of businesses require other food safety procedures that are not covered by SFBB, for example a full infection control policy.

The information in the Safer Food Better Business packs is based on the 4 C's of food hygiene and safety management:

- **Cross contamination**
- **Cleaning**
- **Chilling**
- **Cooking**

### **Cross Contamination**

This is one of the most common causes of food poisoning. It happens when harmful bacteria are spread onto food from other food, worktops, hands or utensils. Good cleaning and handling practices help stop bacteria from spreading and can also help manage the risk of cross contamination from allergens. Good personal hygiene is essential for staff handling and serving food and assisting residents to eat.

The E Coli O157 guidance on cross contamination must be followed by catering staff: <https://www.food.gov.uk/sites/default/files/media/document/ecoli-cross-contamination-guidance.pdf> .

It is also important that residents undertake basic hygiene practices themselves, if able or are supported to, e.g. washing their hands with soap and water before eating meals or snacks and after going to the toilet or handling animals, and not eating food that has fallen on the floor.

### **Chilling**

Chilling food can help reduce the risk of food poisoning. At temperatures below 5°C, most bacteria remain dormant but can start to multiply again if warm conditions return. Listeriosis is particularly serious for the elderly as there is a high fatality rate. The following guidance provides advice about how to minimise the risk:

**<https://www.food.gov.uk/sites/default/files/media/document/listeria-guidance-june2016-rev.pdf>**

### **Cleaning**

Effective cleaning and disinfection, and disposal of waste is essential to get rid of harmful bacteria and allergens, to stop them spreading to food.

### **Cooking**

It is essential to cook food properly to kill any harmful bacteria. If it is not cooked or re heated properly it might not be safe to eat. Bacteria multiply best between 5 and 63°C but are destroyed at temperatures of 75°C.

### **Gift food and food brought in from home**

You have a responsibility to ensure gift food and food brought in from home is stored safely.

Relatives and friends may bring in gifts of food or food from home for residents. Residential Care homes can refer to the SFBB residential care homes supplement for information about this. Nursing homes need to consider gifts of food and food brought in from home in their food safety management system.

It is recommended that information regarding gift food and food brought in from home is given to residents and visitors, so they are clear about what is acceptable.

### **Food Hygiene training**

**All food handlers** must be suitably trained. It is expected that they will have completed a recognised Food Hygiene course, as a minimum a Level 2 Food Hygiene Certificate and Allergen training, before providing food. It is advised that

kitchen managers, chefs and cooks undertake Level 3 Food Hygiene training. It is recommended that training is updated at least once every 3 years.

### **Allergens**

It is important to know what to do if you care for a resident who has a food allergy, because allergies can be life-threatening.

Safer Food Better Business for Caterers and also Section 2 of this guidance on menu planning covers allergens.

### **Involving residents in food preparation as a daily activity**

#### **Growing food, washing and eating it**

Residents will benefit from being involved in growing their own vegetables, even if this is a small raised bed or window box. However care must be taken to avoid any infection which can spread easily through cross contamination.

Best practice needs to follow E coli O157 guidance.

<https://www.food.gov.uk/sites/default/files/media/document/ecoli-cross-contamination-guidance.pdf>

#### **Cooking with residents**

Cooking with residents is an enjoyable activity and an effective way of helping many residents with dementia to talk about food memories. They may also contribute their own recipes and ideas for menus and help try out and test new recipes.

#### **Training for supporting residents to cook and prepare food**

It is best practice for you and your staff to undertake as a minimum, a Level 2 Food Hygiene Certificate.

- Plan carefully and make sure you have everything you need before you start.
- Show the residents how to do it, be patient and enjoy watching their skills and confidence improve every time you cook
- It is good practice to cook a range of different foods and use healthy foods that follow the food and nutrition standards and guidance
- Recipes which evoke memories of the past can work well with residents
- Make sure residents are appropriately supervised and good hygiene practices are followed e.g. thorough hand washing

## **Trips and outings**

Insulated cool boxes, or a cool box with ice packs, should be used for carrying food when taking residents on trips or outings. Remember to follow the food best practice guidance for suitable food choices and food safety.

## **FAQ's**

**Q: We are a large care setting and meal service can take a while and are nervous about serving rice to our residents because it is a high risk food. How long is it acceptable to leave between rice being cooked and served?**

*A: It is acceptable to serve rice to residents as it is a good source of starchy carbohydrate to provide variety at mealtimes. However, care must be taken because if cooked rice is left at room temperature, spores can multiply and produce toxins which cause food poisoning. Reheating will not get rid of these. Holding time should be as short as possible and will depend on your type of food service, facilities and numbers. It is recommended that rice is served within a maximum of one hour after being cooked.*

**Q: We have 2 residents with a dairy allergy and want to bulk cook some items and freeze in small portions. Is it ok to freeze home made rice pudding made with soya milk?**

*A: Yes, it is acceptable to freeze rice pudding. It must be cooled as quickly as possible (a maximum of 90 minutes at room temperature, less if possible), then placed in the freezer. It can be difficult to cool large amounts of food quickly. The food may need to be portioned or spread out on shallow trays. Remember to label with the date of freezing and keep for no longer than 3 months as the quality of the product when thawed and reheated may deteriorate. Defrost the rice pudding in the fridge and reheat to the correct temperature. Check the instructions on the soya milk to ensure it is suitable for freezing.*

**Q: Has the advice changed on giving soft boiled eggs?**

*Yes, the Food Standards Agency revised the guidance in 2017.*

*Consumers who may be more vulnerable to infection, which include older people can eat raw or soft boiled hen eggs or foods containing lightly cooked hen eggs provided that they are produced under the British Lion Code of Practice. This ensures that all hens are vaccinated against salmonella and all hens, eggs and feed are fully traceable.*

**Q: Are older people care settings ok to serve eggs laid by their own chickens?**

*A: No – they will not carry the Lion brand or equivalent, which gives assurance that flocks have been vaccinated against Salmonella.*

**Q: Does the guidance on the use of sprays that comply with the E coli O157 guidance differ for different types of care home settings?**

*A: No, all residential care homes and nursing homes have to conform to using a spray that complies with **BS EN 1276** or **BS EN 13697**.*

**Q: Who do I ask for advice on food hygiene and safety?**

*A: You can approach your local environmental health department for advice. The Food Standards Agency website also has useful information.*

<https://www.food.gov.uk/>

**Q: Do I need to wash all fruit and vegetables even if bought in a sealed packet?**

*A: Yes, except if the food is labelled as ready to eat. It is important to wash, peel or cook all fruit and vegetables before eating.*

**Q: We have a number of residents with different cultural requirements and their relatives like to bring extra meals in or their favourite foods, to tempt them. Is there anything that we should tell them not to bring in?**

*Please refer to the detailed guidance in the Safer Food Better Business Residential Care Homes supplement.*

# FOOD & NUTRITION in Care Homes for Older People

## Section 6

### Assessing and monitoring dietary needs

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# Section 6

## Assessing and monitoring dietary needs

This section contains guidance on how to assess, record and monitor residents' food and drink intake and what to do when there are concerns.

### Contents

[Initial assessment of dietary habits](#)

[Pathway for the management of malnutrition in a care home setting](#)

[Appendix 1 Sample care and nutrition plan for high and medium risk](#)

[Appendix 2 Meal and portion size guide](#)

[Appendix 3 Fluid volume guide](#)

[Appendix 4 All Wales food and fluid charts](#)

Malnutrition is a state of nutritional deficiency (under nutrition) or excess (over nutrition) of nutrients such as energy, protein, vitamins and minerals. Malnutrition causes health problems which can effect the composition and function of the body with serious consequences. For the purpose of this section the use of malnutrition will refer to under nutrition.

When people are malnourished, this affects their basic health and well-being, which makes it an important safety issue.

Older people will have reduced energy requirements but the need for other nutrients is the same so they need a high quality diet rather than more quantity. This is especially important if appetite is also poor and food intakes are less.

### **Initial assessment of dietary habits**

Section 1 already highlights the importance of preventing malnutrition in the residents that you care for, as the effect on health and well-being can be great. One of the first steps in preventing malnutrition is to ask all new residents about their usual eating and drinking habits to see if they have any current problems. This should include asking a resident about their:

- usual meal and drink pattern
- eating and drinking likes and dislikes;
- cultural/ethnic/religious requirements;
- requirement for a special diet for a medical condition;
- allergy requirements
- preferences for mealtime environment
- physical difficulties with eating and drinking;
- ability to communicate their food/fluid preferences;
- the need for equipment/and or assistance to help with eating and drinking.

This should also form part of their individual nutritional care plan.

Once a full history of a resident's dietary need is known, this should be regularly reviewed and also re assessed when there are any concerns about their intakes.

### **Pathway for the management of malnutrition in a care home setting**

The following section and diagram 1 outlines a nutrition pathway and the key questions and decisions to make when you have concerns about a resident's food and drink intake.

The long-term aim is to restore the person to the point where they can be independent and manage themselves as far as possible.

# Pathway diagram for the management of malnutrition in care home settings

For further information, refer to the coloured sections on next page

*Raise awareness of the factors that could affect nutritional wellbeing by accessing training on nutrition & screening for staff*

## Awareness Raising

Staff can raise awareness with residents using Information Sheet  
Do you have any concerns about a resident?

No

Continue to observe any changes in eating behaviour & consider factors that may affect eating

Yes

Do you have staff trained to carry out nutrition risk screening using the MUST tool

Yes

Carry out an Initial Nutrition Risk Screening

No

**Additional help required**  
Refer to community or primary health care staff, or to registered nurse in care home, to carry out Initial Nutrition Risk Screening

Results of the risk assessment

High Risk

Consider immediate referral to relevant health professional, dietitian &/or speech therapist

Medium Risk

Use the best practice guidance to identify ways to increase food and drink intake such as food fortification, nourishing drinks, small meals more often Food First approach

Seek additional help where necessary e.g. swallowing, food fortification

Low Risk

Use the best practice guidance to consider any changes required to meals & drink, using the Food First approach

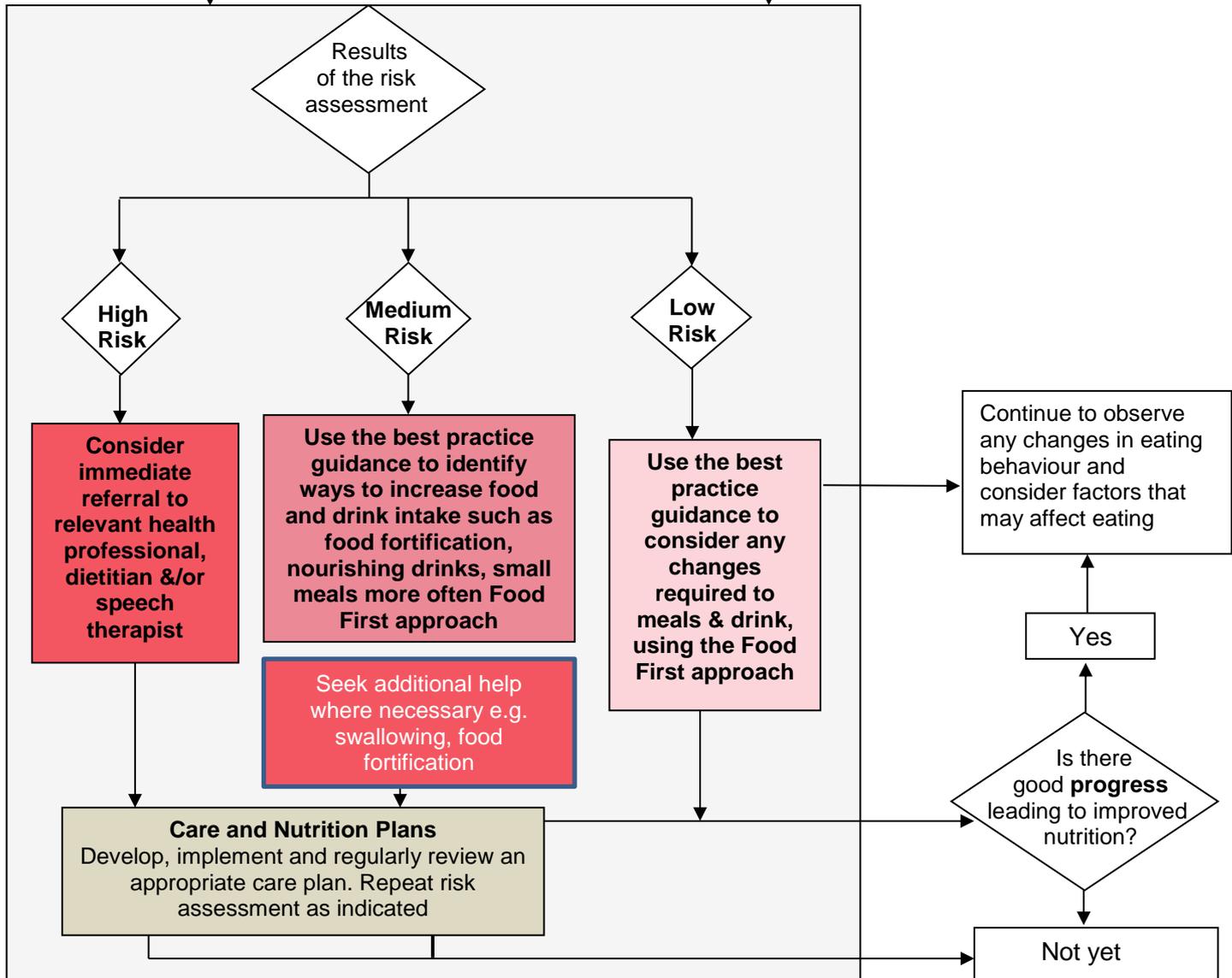
**Care and Nutrition Plans**  
Develop, implement and regularly review an appropriate care plan. Repeat risk assessment as indicated

Continue to observe any changes in eating behaviour and consider factors that may affect eating

Yes

Is there good progress leading to improved nutrition?

Not yet



## Awareness raising

All staff in a care home setting should be looking out for the signs that a person has issues with food or difficulties with eating. Even if there are no immediate causes for concern, prevention is better than cure. You should take regular opportunities to discuss nutrition with the resident and raise their awareness of the potential harm caused if eating or drinking becomes difficult or they simply lose interest in food and/or drink. It may be that the issue relates to the type of food being consumed more than the quantity or difficulty with eating. Whatever the situation, starting a discussion about food, raising awareness or looking for the warning signs, is fairly straightforward. The ***Awareness raising Information Sheet*** may help with those conversations.

Having a conversation about the menu choices, times of meal and social aspects of eating, may help you to identify any potential problems with eating and drinking. Talking to relatives, when a resident has less capacity to be able to express their feelings and thoughts about food and drink, may also be helpful.

If you feel that the resident would benefit from having small amounts of food more often or enriching food, refer to the **food first** and **food fortification** section 2A. Simple encouragement at meal times, help from relatives or assistance with meals, may also help. Also refer to Section 4 which provides tips on assistance with eating.

If you are very concerned about the food and drink intake of a resident and what you have put in place is not having the desired result, you will need to contact a health professional. Refer to your local policies and procedures for identifying when to involve a health care professional and where necessary refer to a dietitian.

## Awareness raising - Information sheet

### IS SOMEONE YOU CARE FOR AT RISK OF MALNUTRITION?

#### **Eating and Drinking less**

**Have you observed a change in eating and drinking?** Eating and drinking less, not being able to finish meals or leaving meals can lead to unbalanced or inadequate nutrition.

**Risk factors for malnutrition for residents living in a care home include:**

#### **Major life events**

Ask about any recent events that may have a big impact on mood, mental wellbeing and may have affected food and drink intakes. These events may include the reason for being in the care home and the big change in surroundings, a bereavement, illness, surgery or falls.

#### **Independence**

People who lose independence may be less able to take an active part in the social aspect of mealtimes. This can happen in a care home if a resident is not enabled and encouraged to retain their independence as long as possible. Independence may be limited by changes in eyesight, stiffness, pain, weakness, confusion, falls or lack of confidence. Residents may also be less able to express their choices.

#### **Health and illness**

Difficulty chewing or swallowing, pain, indigestion, constipation, diarrhoea, forgetfulness, depression and breathlessness are symptoms of poor health that can affect the desire to eat and drink.

#### **Weight changes**

Losing weight without trying to is a sign of eating less than needed. Indications of weight loss include clothes, rings and even dentures becoming looser.

### **Tips on how to spot weight loss – look for the following signs**

- A poor appetite or reduction in usual appetite
- Clothing, jewellery, dentures becoming loose
- Tiredness, loss of energy, muscle weakness
- Reduced physical performance and greater risk of falls
- Constipation

- Altered mood and changes in behaviour
- Poor concentration
- Poor wound healing

These may be symptoms of other things or be exacerbated by not eating.

If you think a resident may not be eating enough then this can be monitored using a food intake chart - see Appendix 3 All Wales food chart.

### **How to spot dehydration**

There is no validated tool to measure if someone is dehydrated – signs to look out for are:

- Skin and membranes of nose, eyes and mouth become dry
- Headache
- Confused and sluggish
- Light headed/faint when standing
- Darker coloured urine

If you think a resident may not be drinking enough then this can be monitored using a fluid intake chart.

### **Initial Screening of nutritional risk**

Screening for malnutrition should be regularly performed to identify the level of risk to each resident. Care homes in Wales are recommended to use the Malnutrition Universal Screening tool (MUST) tool for community nutritional screening. This is a simple 5 step screening tool which helps to identify adults who are underweight and at risk of malnutrition. The BAPEN 'MUST' resource pack contains all the information you need to undertake MUST screening including on how to measure weight and height accurately:

<http://www.bapen.org.uk/musttoolkit.html>

You may be able to undertake this yourself if your staff are trained in the process. Or you may need to refer to community or primary health care staff, or to a registered nurse in care home, to carry out **Initial Nutrition Risk Screening**.

## Results of the nutrition screening

### Low risk

By its nature, a low risk classification does not lead to major concerns, but that does not mean that no action is required. As with medium risk cases, the key is to act early to prevent any further deterioration and restore self-management as soon as possible. Repeating the screening at the regular, suggested intervals is important to identify any deterioration. Follow the advice in this guidance to assist with both helping the person to eat well and giving them the tools to cope when other people are not around.

### Medium Risk

Within this category it is important to take swift and decisive action to ensure that the situation does not deteriorate further. Typically, people in this category will have had poor food and drink intake for a few days, may have difficulty in feeding themselves, and may have these difficulties exacerbated by dementia or other conditions. The immediate requirement is to ensure adequate fluid intake, to enrich the food intake to ensure that it contains the right balance of nutrients, to ensure a regular intake through the day via the use of nutritious drinks and snacks, and to tackle any of the physical causes of eating difficulties. These could be missing or ill fitting dentures or an inability to hold implements. See the advice on **food first** in Section 2A of this guidance, and the care and nutrition plans for medium risk individuals. Repeating the screening at the regular, suggested intervals is important to identify any deterioration in condition which will indicate the additional requirements if a resident's risk increases.

### High Risk

If screening reveals that the person is in the high risk category but that the condition does not appear to require immediate hospitalisation, you are strongly advised to ask for a referral to the Local Health Board's Nutrition & Dietetics department. It may also be necessary to refer to the Speech and Language Therapy department, if there are any swallowing difficulties. This can be done via the person's GP, or also refer to local referral processes which may differ.

If a referral is not appropriate such as during end of life care, then refer to the high risk care plan for advice on how to deal with the situation promptly. See also Section 4 for palliative care and support of residents.

Community, primary care staff or a registered nurse can carry out a formal risk assessment. This is simply a way of assessing the degree of difficulty the person is having and confirming the appropriate care plan is put in and any support required is available from the relevant healthcare professional.

***It should be stressed that, if through your observation and relationship with the resident you are made immediately aware that their health is at severe and immediate risk due to malnutrition, seek help immediately. This might be a conversation/referral with the GP, NHS Direct or the care home senior nurse.***

## Care and Nutrition Plans

**Appendix 1** contains sample care and nutrition plans for high and medium risk levels identified by the nutrition screening tool. It lists the sorts of conditions and signs to look out for. Some of these are simple observations (e.g. appearance, energy levels, struggle with eating and drinking) whereas others may require simple measurements of weight loss and body mass. It also suggests what should be included in a care plan for each risk level, in order to restore the person's nutritional health. Always remember to observe and assess both food and drink intakes.

Care and nutrition plans should be supported by an oral health risk assessment – there is an all Wales oral health risk assessment as part of the Gwen am Byth programme for care homes – see Section 2.

Processes must be in place to ensure nutritional plans are put in place, and each resident should have goals to achieve as part of the care plan and regular progress should be monitored and recorded.

Care plans may be adjusted on the advice of a health care professional. It is important that if specific recommendations about food and fluid intakes are made, that a named member of staff takes responsibility for agreeing how this will be recorded in the care plan. The health care professional may provide their recommendations within your care home record keeping and/ or by letter but may not necessarily specifically amend the individual care plan.

## Progress and monitoring

If a person has been identified as at moderate or high risk of malnutrition and has a nutrition care plan in place this should be actively monitored, reviewed, and adapted as conditions change.

Regular weight checks, repeated screening, coupled with the use of food and fluid charts, will help to monitor progress.

Residents at risk of being malnourished should have a food record chart and staff should be taught how to record accurate food and drink intakes with reference to visual food and drink portion sizes.

Close monitoring and updating the care plan will help you to track any progress. Such progress may be from high risk to medium, or from medium to low and, over time, it is hoped that the progress will be sufficient for the person to retake control of his or her own nutrition.

If the progress is slow, or your assessment reveals a need to continue with the chosen care plan, then communicate this to all staff around the person and carry on with the regular monitoring and reviews.

#### **Practice point - record keeping**

Regulated Services (Service Providers and Responsible Individuals)(Wales) Regulations 2017, record keeping requirements:

The record keeping requirements are set out in schedule 2 to those regulations. There is a requirement to record the care provided, which includes daily records

The requirement in regulations for each person to have a personal plan, which sets out how an individual's care and support needs will be met on a day to day basis and how they will be supported to achieve their personal outcomes

These are both areas which can include recording about individual food and drink needs

The personal plan can include dietary preferences and dislikes, allergies and specific nutritional needs

The nutritional care plan can document any specific dietary needs, support or assistance required and monitoring of food and drink intakes

All Wales food and fluid charts can be found in **Appendix 4**.

When recording intakes it is important not just to record what is not eaten and drank but when and why, so that action can be taken and it can be corrected. Observing changes in behaviour at mealtimes can provide useful information on what needs to be introduced e.g. refer to the following observations particularly for residents with dementia

Observation	Intervention
Food left uneaten or refused	<p>Offer smaller portions, smaller plate, more often with snacks</p> <p>Check texture is suitable</p> <p>Check likes and dislikes</p> <p>Any changes in medication affecting</p> <p>Check if need assistance</p> <p>Can they see/ reach the food offered?</p> <p>Have they recognised that there is a meal for them to eat?</p> <p>Simple prompts/ encouragement may be all the assistance required</p>
Poor fluid intake	<p>Prompt and encourage regularly (this may need to be more often in hot weather)</p> <p>Offer a variety of drinks, as well as usual favourites</p> <p>Offer foods with high water content</p> <p>Residents may need reassurance that drinking more will not worsen incontinence See Section 5 hydration</p>
Walks around during mealtimes	<p>Ensure mealtimes are calm and there are not too many distractions</p> <p>Provide grazing menus or lunch boxes with finger foods</p> <p>Take a walk before a meal sit with residents to model eating</p> <p>Offer more food/second helpings or additional snacks on occasions when eating well and not wandering</p> <p>Consider if the walking is purposeful – for example, do they usually like to wash their hands before a meal? Can this be included in their routine earlier</p>
Difficulties chewing or swallowing	<p>Use verbal cues and encouragement</p> <p>Consider referral to a dentist and/or speech and language therapist as indicated</p>
Difficulty using cutlery or drinking	<p>Place crockery in hands</p> <p>Offer finger food or assist with cutting food</p>

utensils	Provide adapted crockery and cutlery
Distracted from eating	<p>Ensure mealtimes are calm</p> <p>Make sure they have everything they need- glasses, dentures, glass of water</p> <p>Verbal or manual clues</p> <p>Sit together and model eating</p>
Hoards or hides foods	<p>Serve small portion and more often</p> <p>Consider why they may be hiding these items and whether reassurance could help – are they embarrassed that they couldn't finish the meal? Are they afraid they may be asked to pay for food? Do they like a snack later in the day?</p>

Acknowledgement - adapted from 'Eating and drinking well with dementia'  
 Bournemouth University <http://www.bournemouth.ac.uk/nutrition-dementia>

### **Identifying those at risk so all staff can be alerted**

Consider the variety of processes that are required for assisting the resident and monitoring their progress – for example how do you alert other staff that:

- Screening is due monthly (depending on risk level)?
- Weighing is required weekly (depending on risk level)?
- A food record chart needs to be completed?
- A resident needs a specific texture modified diet?
- A resident only likes drinking weak tea?
- A resident needs extra snacks?
- There has been a change to a care plan?
- The kitchen have agreed to use extra butter, cream and cheese in a person's meals

### **Some of the ideas below may help**

- Use of colour coding charts or clip boards – for example red = high risk, amber = medium risk, green – low risk
- A communication book to exchange ideas with kitchen staff when they are not on duty
- Yellow lids on water jugs to identify those needing more encouragement or assistance with fluid
- Coloured place-mats to indicate encouragement or assistance with food

- Consider the resident's confidentiality/ dignity. For example place notice boards in kitchen area/ away from public areas

### **Meeting residents needs**

Guidelines to improve nutritional intakes is covered in section 2 under Food First approaches and Food Fortification.

**Accessing training** – information about training for care home staff is included in Section 7.

Contact the Dietetic department in your local health board about training on the 'MUST' tool and other nutrition training and updates.

Appendix 1

**Resources to support health professionals: Risk Classifications**

**Sample Care and Nutrition Plan – High Risk**

Date	Identification of risk category	Aims of care and nutrition plan	Care and Nutrition Plan	Review Date	Signature
	<p><b>High Risk:</b></p> <ul style="list-style-type: none"> <li>• Poor dietary intake &gt;5 days</li> <li>• &amp;/ or swallowing/ chewing problems</li> <li>• &amp;/or inability to feed themselves</li> </ul> <p style="text-align: center;">PLUS</p> <ol style="list-style-type: none"> <li>1. Poor mental state due to dementia</li> <li>2. Thin/ emaciated &amp;/or Unintentional weight loss &gt;10% in 3-6 months</li> <li>3. Compounding concerns increasing nutritional requirements, pressure ulcers etc.</li> <li>4. Recent surgery or discharge from hospital</li> </ol>	<ul style="list-style-type: none"> <li>• To improve nutritional status and reduce risk score.</li> <li>• Promote achievement of desirable weight.</li> <li>• Improve patient's oral intake</li> </ul>	<p><b>Intakes</b> implement Food First approach</p> <p>Provide snacks between meals</p> <p>Provide homemade nutritious drinks</p> <p>Ensure any assistance required for eating and drinking is provided</p> <p>Ensure any recommendations regarding food and fluid texture modification are followed</p> <p>Ensure any specific advice for eating and drinking is followed i.e. positioning advice or strategies to help the swallow</p> <p><b>assessments</b> Weigh weekly</p> <p>Undertake Oral Health Risk Assessment</p> <p>Use food and fluid charts to record food and drink intake for at least 3 days. In residential settings use the All Wales Food and Daily and Weekly Intake and Output Charts</p> <p><b>Repeat screening after 1 month:</b> 10a. If score improved, continue regime for a further month, then gradually reduce food fortification</p> <p>10b. If no change or deterioration consider specialist treatment below: Consider offering over-the-counter nutritional supplements or discuss with the GP the short-term prescription of the locally agreed first line nutritional supplement -Refer to Dietitian for more detailed assessment/ advice</p>		

**Sample Care and Nutrition Plan – Medium Risk**

Date	Identification of risk category	Aims of care and nutrition plan	Care and Nutrition Plan	Review Date	Signature
	<p><b>Medium Risk:</b></p> <ul style="list-style-type: none"> <li>• Poor dietary intake &gt;5 days</li> <li>• &amp;/ or swallowing/ chewing problems</li> <li>• &amp;/or inability to feed themselves</li> <li>• Poor mental state due to dementia</li> </ul>	<ul style="list-style-type: none"> <li>• To improve nutritional status and reduce risk score.</li> <li>• Promote achievement of desirable weight.</li> <li>• Improve patient’s oral intake.</li> </ul>	<p><b>Intakes</b></p> <p>Provide/ implement Food First advice</p> <p>Provide snacks between meals</p> <p>Provide homemade nutritious drinks</p> <p>Ensure any assistance required for eating and drinking is provided</p> <p>Ensure any recommendations regarding food and fluid texture modification are followed</p> <p>Ensure any specific advice for eating and drinking is followed i.e. positioning advice or strategies to help the swallow</p> <p><b>Assessments</b></p> <p>Undertake Oral Health Risk Assessment</p> <p>Weigh weekly</p> <p>Use food and fluid charts to record food and drink intake for 3 days. In residential settings use the All Wales food and fluid charts</p> <p><b>Repeat screening after 1 month:</b></p> <p>.If score improved, continue regime for a further month then gradually reduce food fortification</p> <p>.If no change, continue this regime, reassess monthly, then if remain stable reassess quarterly</p> <p>If deterioration, follow HIGH RISK from 10b.</p>		

\*weigh weekly – if unable to weigh patient mid upper arm circumference (MUAC) can be used as an alternative to help assess / monitor nutritional status

MUAC >23.5cm is likely to mean BMI is less than 20kg/m<sup>2</sup>

**If really concerned about a person’s swallow consider referral to Speech therapist**

**If really concerned about a person’s nutritional status consider referral to a Dietitian, following local referral procedures**

## Appendix 2 Meal and portion size guide

# Siart Cofnodi Bwyd Food Record Chart Guide



Llywodraeth Cymru  
Welsh Government

Diben yr wybodaeth hon yw eich helpu i roi gwybodaeth gywir am faint prydau ar Siart Bwyd a Hylif Cymru Gyfan ar gyfer Lleoliadau Cymunedol. Cyfeiriwch at y lluniau isod wrth lenwi'r Siart. Rhaid cofnodi pob math o fwyd a gymerir yn gywir.

This information is designed to help you with accurate documentation of portion sizes on the All Wales Food and Fluid Chart for Community Settings. Please refer to the photographs below when completing the Chart. All food intake must be recorded accurately.

[www.cymru.gov.uk](http://www.cymru.gov.uk)

### Maint Prydau / Meal Sizes



Bach / Small



Canolig / Medium



Mawr / Large

### Pwddin / Dessert

Faint ohono gafodd ei fwyta / Amount eaten



Dim / None



$\frac{1}{4}$



$\frac{1}{2}$



$\frac{3}{4}$

### Prif Bryd / Main Meal

Faint ohono gafodd ei fwyta / Amount eaten



Dim / None



$\frac{1}{4}$



$\frac{1}{2}$



$\frac{3}{4}$

### Bwyd o Ffynonellau Eraill / Other sources of food

Ychwanegion  
maethol /  
Nutritional  
Supplements



Pryd ar ffurf piwri /  
pureed meal

FB151011

<https://gov.wales/sites/default/files/publications/2019-06/food-record-chart-guide.pdf>

## Appendix 3 Fluid volume guide

# Canllaw i Gyfeintiau Hylif Fluid Volume Guide



Llywodraeth Cymru  
Welsh Government

Diben yr wybodaeth hon yw eich helpu i roi gwybodaeth gywir am yr hylif a gymerir ar Siart Bwyd a Hylif Cymru Gyfan ar gyfer Lleoliadau Cymunedol. Cyfeiriwch at y lluniau isod wrth lenwi'r Siart. Rhaid cofnodi pob hylif a gymerir yn gywir.

This information is designed to help you with accurate documentation of fluid intake on the All Wales Food and Fluid Chart for Community Settings. Please refer to the photographs below when completing the Chart. All fluid intake must be recorded accurately.

[www.cymru.gov.uk](http://www.cymru.gov.uk)



Cwpan Llawn /  
Full Cup = 150ml



Cwpan Plastig Llawn /  
Full Plastic Cup = 150ml



Bicer Llawn /  
Full Beaker = 200ml



Bicer Llawn /  
Full Beaker = 200ml



Bicer Llawn /  
Full Beaker = 200ml



Mwg Llawn /  
Full Mug = 200ml



Gwydraid Llawn /  
Full Glass = 200ml



Llond Jwg /  
Full Jug = 1000ml

### Hylif o Ffynonellau Eraill / Other sources of fluid



Ychwanegion maethol /  
Nutritional Supplements

Hufen iâ / Ice Cream



Cawl / Soup

Jeli / Jelly

FR151011

<https://gov.wales/sites/default/files/publications/2019-06/fluid-volume-guide.pdf>



### All Wales Food and Fluid Record Chart for Community Settings

Please record all Food, Nutritional Supplements, Drinks and Nourishing drinks consumed. If NONE consumed please specify the reason on the chart.

**Remember to:**

- Record all food and drink consumed throughout the day
- Describe the type of food e.g. beef, bread, creamed potato
- Specify the quantity and meal size actually eaten e.g. ½ a small bowl of soup
- Specify the quantity of fluid consumed

Name:		Location:		Date:		Body wt kgs:	
Date of birth:		Food Chart requested by:				Date recorded:	
Meal/Snack	Foods / nutritional supplements / drinks / nourishing drinks / special diets eg pureed	Amount Taken				Action and Signature	
		Portion served (SML)	Amount eaten (None, ¼, ½, ¾, All)	Fluid consumed (mls)	Fluid Output		
<b>Breakfast</b>							
Cereal							
Milk/Sugar							
Cooked items							
Bread/toast							
Spread							
Drinks							
<b>Mid Morning</b>							
Snacks							
Drinks							
<b>Lunch</b>							
Soup							
Main item							
Potato/Rice							
Vegetables							
Pudding							
Drinks							
<b>Mid Afternoon</b>							
Snacks							
Drinks							
<b>Dinner</b>							
Soup							
Main item							
Potato/Rice							
Vegetables							
Pudding							
Drinks							
<b>Supper</b>							
Snacks							
Drinks							
<b>Night Time</b>							
Snacks							
Drinks							
Total fluids consumed in 24 hours/Total fluid output in 24 hours							
Any other nutrition							

## Appendix 4 Food and Fluid charts

### **All Wales Food and Fluid Record Chart for Community Settings**

#### **Guidelines for Completion**

- All food and fluid charts should be marked with the patient's name, date of birth and location.
- The person requesting the food chart should state how long it is required for. This document can be used for a 24 hour period. Subsequent days should be recorded on continuation sheets.
- Please record all food and all fluid, e.g. nutritional supplements, all drinks and water consumed.
- Specify the food and fluid consumed, noting if only one type of food eaten.
- Indicate the portion size - Small (S), Medium (M) or Large (L) and the fluid volume served.
- Specify the quantity of food eaten e.g. none  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$  or all. When doing so please refer to the visual photographic guide for reference. Specify the volume of fluid consumed.
- If a meal is not eaten, or no fluid taken, please state the reason why e.g. refused, NBM.
- The fluid output column can be completed as appropriate e.g. wet pad or catheter output.
- Please total the fluid volume at the end of the 24 hour period.
- Specific actions required to improve food and fluid intake can be recorded in the Actions column.
- All entries should be signed.
- Please file charts in date order.

# FOOD & NUTRITION in Care Homes for Older People

## Section 7

Putting the guidance into practice

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# Section 7

## Putting the guidance into practice

This section can help you to evaluate your own practice and be able to show residents, relatives, visitors, CIW, your approach and best practice for food and drink provision in your setting. This can include:

- your overall ethos around food and drink provision
- the importance paid to food and drink in your care home
- how you will ensure staff have the knowledge and skills

### Contents

[Example code of practice](#)

[Developing a food and drink policy](#)

[Self monitoring and action plans](#)

[Information on resources and support](#)

The following example code of practice pulls together all the best practice guidance.

You can use and adapt the code of practice and the example policy and include in your statement of purpose. It can also provide an opportunity to inform prospective residents and their families and CIW when initially registering your care home.

### **Example Code of Practice for food and drink in care home settings**

**1. We have developed a food and drink policy**

*To support the health and wellbeing of the residents in our care. It covers all aspects of our approach to food and drink provision and how we engage with residents and relatives about it.*

**2. We plan varied menus and snacks in advance**

*To ensure variety in taste, texture and colour and taking into account sustainability of food.*

**3. We provide meals, snacks and drinks that meet the national best practice food and drink standards and guidance**

*To ensure the residents in our care receive the right balance of energy and nutrients to maintain their health, meet any specific dietary needs and prevent malnutrition.*

**4. We have a positive dining environment**

*To encourage and support residents to eat well, in comfortable and social surroundings.*

**5. We follow food safety and hygiene regulations in all aspects of food and drink provision**

*To ensure the residents in our care are safe from any risks in relation to food.*

**6. We cater for all residents needs and provide texture modified foods, food fortification and a variety of meal patterns to meet the needs of those with poor appetites and at risk of malnutrition**

### **Developing a food and drink policy**

#### **A food and drink policy for care home settings:**

- is a plan of action to ensure everyone follows best practice and is consistent in their approach to food and drink with residents

- enables everyone to be involved in agreeing the approaches – staff, residents and relatives
- can provide information to new residents and their families
- can be used as evidence to demonstrate your commitment to the health and well-being of residents to prospective residents, local authority, health board and Care Inspectorate Wales

The information in the policy will vary with the number, and needs of the residents in your care and the type of setting you are. The code of practice can be used to set out the policy.

### **Sample food and health policy for care home setting**

#### **Mission statement**

..... **care home** is committed to providing the residents in their care with nutritious balanced meals, snacks and drinks, which meets the persons individual dietary needs.

We comply with Welsh Government's statutory guidance for provision of food and drink and aim to demonstrate best practice in all our approaches to food and health.

We provide a social dining environment that supports and encourages residents to eat well and take part in a range of food related activities.

#### **We plan varied menus and snacks in advance**

- Our menus will be on display in advance
- Recipes will be available upon request
- Residents and relatives are encouraged to offer menu suggestions or comment on the policy

#### **We provide meals, snacks and drinks that meet the national food and nutrition for care home settings - best practice guidance**

- All residents will have suitable food choices available depending on their preferences and needs using the recommended portion sizes for their age group. This will include residents with special dietary requirements
- All food standards and guidance will be complied with
- Water will be available at all times

## **We have a positive eating environment**

- The dining environment is pleasant and welcoming
- Carers will sit with the residents when they eat and encourage and assist food intakes where necessary
- Residents will be given plenty of time to eat
- Residents will be encouraged to eat in the dining areas where able to but will be supported in their choice of where to eat
- We regularly have events that include food for cultural occasions

## **We follow food safety and hygiene rules in all aspects of food and drink provision**

- All food in the setting will be stored, prepared and served following regulated food safety and hygiene practices
- Staff will have appropriate qualifications in food hygiene and safety

## **Communication with residents and relatives**

- We will display the policy to all residents and visitors and it will be reviewed annually
- Residents requiring a special diet will be asked to provide as much information as possible about suitable foods.
- As agreed with the resident, their family will be informed on how well they are eating and if any cause for concern

## **General environment**

- Residents will be encouraged to go outside every day, weather permitting, to ensure they receive sunlight which helps their bodies to make vitamin D, as well as providing regular physical activity according to their ability
- A specific allergy plan will be in place to deal with any resident having an allergic reaction
- We will monitor the policy regularly and address any aspects that are not kept to

## **Self monitoring**

The following action plans cover the 6 areas of the code of practice and can support you to:

- Monitor your progress to implement the guidance
- Demonstrate how you have taken due regard of the statutory guidance for care and support in regard to nutrition and hydration care

- Demonstrate the positive changes achieved from putting the guidance into practice
- Show how you meet best practice in a range of areas such as
  - a) your provision of food and drink
  - b) related communication and activities that may be linked to food
  - c) food safety and the suitability of the environment
- Show how you take all aspects of food, residents needs, the dining environment and care and support at meal times into account

**Note: these action plans cover all aspect of food, drink, individual needs and the dining environment. You may wish to use some or all or adapt to suit your own needs and the range of food you provide.**

These will also contribute to all 4 themes in the CIW inspection framework: well-being; care and development; environment; leadership and management, with a particular focus on care and development, in relation to keeping residents safe and healthy.

<b>Action plan 1 policy</b>			
		<b>Date of completion :</b>	<b>Review date:</b>
We have a food and drink policy statement which supports the health and wellbeing of older people in our care and covers all aspects of our approach to meeting their food, nutrition and hydration needs	<b>Is in place and can be demonstrated by</b>	<b>Actions needed</b>	<b>By date</b>
<p><b>How will you demonstrate that:</b></p> <p>The food and drink policy/statement is in place and:</p> <ul style="list-style-type: none"> <li>• reviewed annually as a minimum</li> <li>• shared with staff</li> <li>• shared and discussed with residents and relatives</li> <li>• contained in any resources or documents outlining our provision of care</li> </ul>			

**We ensure staff have the appropriate knowledge and skills to support our food and drink policy:**

There is a named person (s) with overall responsibility for food and drink across the care home.

Staff access advice on meal and menu planning from a reputable source<sup>1</sup>

There is a minimum of one existing staff member that has a recognised qualification /attended nutrition course delivered by a dietitian<sup>2</sup>

All food handlers have food hygiene training to a level 2 food safety in catering standard and training records are available.

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<p>We ensure fresh water and suitable drinks are available and accessible to all throughout 24 hours</p>			
<p>We provide for special dietary needs and diverse diets (see separate action plans)</p>			
<p><b>We communicate with residents and families to ensure:</b></p> <p>Information about menus, meals, snacks and drinks is available to all.</p> <p>Residents and relatives are involved in menu planning and providing feedback.</p>			

<sup>1</sup>see later on training

<sup>2</sup> if homes are split into distinct units with separate leadership or processes, then there should be one staff per 'unit'

<b>ACTION PLAN 2 MENU PLANNING AND FOOD PROVISION</b>			
		<b>Date of completion:</b>	<b>Review date:</b>
<b>We plan varied menus, and snacks in advance that meet the national food and nutrition best practice guidance for older people care homes</b>	<b>Is in place and can be demonstrated by</b>	<b>Actions needed</b>	<b>By when</b>
We have a 3 week menu cycle or more than 3 weeks.			
Menus are changed at least twice a year and seasonality is considered.			
Menus include details of all meal choices, snacks and drinks that are offered and are in a user friendly format for all residents needs (e.g. large print, include picture of food/meal).			
Standardised recipes are used to ensure consistent quality and content .			
Intervals between meals do not exceed 5 hours and the interval between the last meal offered and breakfast the following morning is less than 12 hours.			
Mealtimes are flexible, including choice and timing to ensure resident needs are met and they do not miss meals.			
If residents are asleep or unavoidably miss meals then an alternative is offered.			
A range of snacks are available to the residents 24 hours a day.			

ACTION PLAN 3 FOOD DRINK AND MEAL STANDARDS			
		Date of Completion:	Review date :
We provide meals, snacks and drinks that meet the national food and nutrition for older people care home settings best practice guidance	Is in place and can be demonstrated by	Actions needed	By date
<b>Fruit and vegetables</b>			
<p><b>For a full days menu we provide :</b> 5 a day including a range of vegetables, salads and fruit.</p> <p>Fruit and vegetables with breakfast, main meals, and as snacks.</p> <p>Provide correct portion sizes (80g is one portion).</p> <p>Fruit based desserts are offered as one of 5 a day.</p> <p>A glass of fruit juice is offered to help meet the Vitamin C intakes.</p> <p>Fresh fruit is available and ready to eat for those who require it e.g. fresh fruit salad in containers.</p>			

Potatoes, bread, rice, pasta and other starchy carbohydrates	Is in place and can be demonstrated by	Actions needed	By date
<p><b>For a full days menu we provide:</b>  A portion of foods from this group at every meal.</p> <p>Around 6 or more servings daily .</p> <p>A variety each day and include wholegrain and high fibre options.</p> <p>Bread and bread products with lower salt content.</p> <p>Correct portion sizes.</p> <p><b>We do not add bran</b> to cereals or foods.</p>			

Beans, pulses, fish, eggs and meat and other proteins	Is in place and can be demonstrated by	Actions needed	By date
<p><b>For a full days menu we provide:</b>            One portion of beans, pulses, fish, eggs, meat or other proteins <b>at least 2 of 3 meals per day (breakfast, lunch and tea )</b></p> <p>A variety across the week.</p> <p>Oily fish once a week.</p> <p>Correct portion sizes.</p> <p>Vegetarians with 2-3 portions of beans, pulses, eggs, or other meat alternative across the day</p>			

Dairy and alternatives	Is in place and can be demonstrated by	Actions needed	By date
<p><b>For a full days menu we provide:</b>            3 portions of dairy and alternatives each day from the following:</p> <p>200ml (1/3 pt) milk            30g (1oz) cheese            150g ( 1 med. pot) yoghurt            200g (1 large pot/1/2 can) custard, milk pudding</p> <p>Each item is one portion.</p> <p>A choice of whole milk and semi skimmed.</p>			

<b>ACTION PLAN 4 Hydration and Drinks</b>	<b>Is in place and can be demonstrated by</b>	<b>Actions needed</b>	<b>By date</b>
We have a clear policy/strategy/code of conduct to promote water and fluid intake amongst our residents.			
All staff know about the benefits of improving water and drink provision.			
All staff know which residents require assistance to drink and are provided with it in a dignified and sensitive way.			
We actively encourage and promote consumption of water and other drinks and explain the importance to residents.			
We talk to residents and relatives about how water and drinks can be promoted and consumption increased.			
We have clear procedures for recording whether residents drink enough.			

<p>A variety of hot and cold drinks are available every day during and after mealtimes (including tea, coffee and decaffeinated, water, milk, squash, herbal/fruit tea, sugar free varieties ).</p>			
<p>Residents requiring a thickener to be added are identified Recommendations and instructions have been provided by a speech and language therapist.</p>			
<p>We have a system in place to ensure correct cleaning of cups, glasses, jugs etc.</p>			
<p>Residents can ask for and access the toilet facilities when they need them.</p>			

ACTION PLAN 5 Fortified diets	Is in place and can be demonstrated by	Actions needed	By date
We offer a <b>'food first'</b> approach and aim to meet residents needs through: <ul style="list-style-type: none"> <li>• provision of smaller meals more often</li> <li>• fortified milk</li> <li>• food fortification</li> </ul>			
We have a standard menu and a fortified menu.			
Food is fortified only for those residents who require it			

<b>ACTION PLAN 6 Texture modified diets</b>	<b>Is in place and can be demonstrated by</b>	<b>Actions needed</b>	<b>By date</b>
Residents experiencing swallowing difficulties that may be affecting their nutritional intake are referred to speech and language therapy. Speech and language therapy recommendations are recorded and communicated to all of those supporting the resident with food and fluids.			
Texture modified diets are provided for those residents who require it.			
We follow the IDDSI guidelines on different textures.			
Minced and moist, puree and liquidised meals are presented in their separate components.			
Residents requiring texture modified diets are offered a choice.			
Thickening agents (if prescribed) are used appropriately i.e. used for the person they are prescribed for and at the required consistency			

<b>ACTION PLAN 7 Food service /Food presentation</b>	<b>Is in place and can be demonstrated by</b>	<b>Actions needed</b>	<b>By date</b>
Team members wash their hands prior to food service, wear clean linen or disposable aprons when serving meals and have their hair tied back.			
Food is attractively presented and served on a plate to meet individual needs (not pre-plated) and includes a variety of colours and textures.			
<b>Temperature of food:</b> Food is served at the correct temperature to the table. Hot food is never allowed to sit to go cold while the resident is preparing to eat or be assisted to eat. Cold food is not left to go warm.			
Portion sizes are varied depending on choice and appetite .			
Meat is tender and easy to chew.			
Vegetables retain their form and are not “soggy”.			
Salads are fresh and include a variety of items such as mixed leaves, cucumber, pepper,			

beetroot, tomato etc. as well as a carbohydrate such as bread, rice salad, and potato salad			
Sandwiches are served attractively e.g. in triangles with a salad and crisp garnish on a large plate			
Desserts are not served before the main meal is finished			
A choice of desserts is available to residents living with diabetes			

<b>ACTION PLAN 8</b> <b>Dining environment ,</b> <b>behaviour, communication</b>	<b>Is in place and can be</b> <b>demonstrated by:</b>	<b>Actions needed :</b>	<b>By date:</b>
Menus are displayed and communicated, using pictorial formats where required.			
Dining areas are communal with choice of location/ seating.			
The dining room is clean, light, and tidy.			
A team member has been appointed to lead the dining room service (where applicable).			
Residents are greeted on arrivals and offered a suitable appetiser and a choice of drink served from a jug.			
Staff sit with residents and encourage social interaction.			
Staff ask residents what they would like to eat in a dignified and respectful way.			
Staff are aware of individual dietary requirements and can assist resident to make suitable choice.			

<p>Staff use appropriate language when assisting with food choices and intakes with residents e.g. do not use the term feeders or reducers. Staff are sensitively prompting residents to eat.</p>			
<p>All staff are aware of support needs e.g cutlery , crockery finger foods, assistance.</p>			
<p><b>Residents that require assistance:</b>  Residents are assisted, if required, to wash their hands (or use a cleansing wipe) prior to their meal.  Team members are available to assist people as soon as their food is served  Staff focus attention on assisting the resident to eat safely and sit at eye level or below.  Staff give information about the food or drink being given throughout the meal.  Appropriate utensils are used to assist.</p>			

<p>Team members who are actively helping residents to eat are sitting alongside and engaging positively with them during the meal (this includes people eating in their rooms). Team members are only assisting <u>one</u> resident at a time.</p> <p>Residents are assisted into a position which allows them maximum Residents are provided with appropriate and dignified napkins/dining aprons.</p> <p>Residents are given sufficient time to complete their meals.</p>			
<p>Residents wishes to dine alone are respected, with appropriate seating/table provided to aid comfort and positioning.</p>			
<p>Residents' families and friends are offered the opportunity to dine with the resident in private or in the communal dining areas. This will be clearly defined in the residents care plan.</p>			

Residents are assisted to add any accompaniment to their meal (including salt and pepper).			
If coverings are being used, team members are observed discreetly informing the resident that such a covering is being placed.			
Residents are assisted, if required, to wash their hands (or use a cleansing wipe) following their meal.			
Where residents are struggling to eat, this is identified and discussed with the appropriate team member (i.e. community lead, nurse-in-charge, CCM) e.g. are dentures ill fitting, could finger food provide independence/support?			
Residents are involved in food related activities such as table preparation, food preparation, clearing away where they can and want to be.			

<b>Individual action plan for a resident with dementia and/or at risk of malnutrition</b>	<b>Is in place and can be demonstrated by</b>	<b>Actions needed</b>	<b>By date</b>
The resident has been screened for risk of malnutrition using MUST (Malnutrition Universal Screening Tool) and the appropriate actions taken e.g. a review date and the frequency of weighing required recorded.			
Weight loss and appetite are monitored.			
A food and fluid chart for 5-7 days is put in place when required.			
Individual action plans are developed to improve food intake, using a food first approach.			
Meals are fortified following the principles in the fortification guide and/ or any additional recommendations made by a healthcare professional.			

Snacks are offered regularly throughout the day including a pre- bedtime snack following guidance.			
Nourishing drinks are offered during the day, following guidance			
Family/ /friends of the resident are involved where necessary to identify any known favourite meals/ foods/ drinks.			
Finger food is available between and for meals for those residents that will benefit.			
When relevant, and to meet a residents assessed need, food is easily identifiable on the plate by using plain, contrasting crockery.			
If your resident prefers to eat independently – appropriate mealtime aids are provided			
If your resident appears to prefer sweet foods 2 helpings of pudding are offered.			

<p>Sweet sauces e.g. cranberry sauce, fruit chutney, honey are added to savoury meals where appropriate.</p>			
<p>Residents are able to have snacks or nourishing drinks during the night if they awake due to hunger.</p>			
<p>For residents prescribed oral nutritional supplements: A process is in place to monitor compliance. Different methods are used to encourage uptake e.g decanting the supplement into a glass or beaker or providing smaller amounts regularly throughout the day e.g. 40mls three times a day,(tds) serving at the preferred temperature. Specific instructions, if provided by a healthcare professional are followed</p>			

<b>Nutritional screening and assessment</b>	<b>Is in place and can be demonstrated by</b>	<b>Actions needed:</b>	<b>By date:</b>
We have systems in place and staff trained to undertake nutritional screening for risk of malnutrition, if applicable.			
We refer to a dietitian where further dietary assessment is required.			
We have a nutrition and care plan in place for those residents that require monitoring and make changes as necessary.			

## Information on resources and support

### Training

Food Hygiene courses	<p><b>See FSA.gov.uk Safe Food Better Business</b>  <b>Contact Local Environmental Health Department and/or local workforce development team</b></p>
<p>NVQ level training available in colleges for catering and food preparation skills.</p>	<p><b>See local college prospectus for courses e.g.</b></p> <p>Level 1 NVQ Food preparation and cooking.</p> <p>Level 2 City and Guilds Diploma NVQ Food Production and cooking.</p> <p>VRQ L2 Professional cookery and food services.</p> <p>CIEH L2 Award in Allergen Awareness.</p>
 <p>Nutrition skills for life</p> <p>Course on food and nutrition skills for older people care</p>	<p><b>Public Health Dietitians in health boards</b></p> <p>The following link has contact details for your health board</p> <p><a href="https://www.publichealthnetwork.cymru/en/topics/nutrition/nutrition-skills/">https://www.publichealthnetwork.cymru/en/topics/nutrition/nutrition-skills/</a></p> <p><b>Bespoke training from health board dietitians working with care homes.</b></p>

(This can be a dietitian, recognised catering course, credible website )

### Role of relevant Health Care Professionals in food and nutrition care

	What they do in relation to food and diet requirements
Speech and Language Therapist	Will assess swallowing problems and recommend appropriate texture of foods and fluid for safe swallow as well as treating and maximising communication skills.
Occupational Therapist	Improve the environmental design and advise on how to support residents to improve their quality of life. Maximise potential to engage in daily activities which include meal times. Support resident to access food and drink in a dignified way through recommending suitable aids and adaptations.
Dietitian	Will formally assess dietary intakes and recommend any changes to diet and fluid intakes or prescribe a special diet to meet specific needs. Deliver training to care staff on nutrition and hydration.

**Note: access to services for the above health professions may vary, you will need to refer to your local policies and procedures**