

Nutrition and Hydration Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:
Supporting people to live healthier lives

We support people to manage their health and well-being so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Scope

The aim of this policy is to ensure that all residents receive appropriate nutrition and hydration in a form that is acceptable to the resident and meets their nutrition and hydration needs.

It also aims to highlight the importance of nutrition and hydration to all staff, providing guidance so that nutrition risks can be identified and actions taken in order to manage avoidable malnutrition and dehydration for residents who require our support.

This policy and procedure are provided for the regulated activity of accommodation for persons who require nursing or personal care.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

This policy must be read and complied with by all members of staff who work within the service to support residents with their nutrition and hydration needs.

They will also attend appropriate training to ensure they have the knowledge and skills relative to their roles and responsibilities.

Nutrition and hydration is important for the health and well-being of residents. Staff must be aware of the risks to residents from malnutrition and dehydration and support them to eat and drink in line with their care plan.

Food and hydration are essential for our general well-being. What we eat and drink affects much more than our bodyweight. It also impacts on our mood, concentration levels and how we feel.

Having a healthy diet and adequate hydration maintains the body by providing sufficient energy and nutrients to maintain normal body functions, including the growth and replacement of body tissues.

A healthy diet and adequate hydration offers protection against the risk of, or further risk of, disease.

The maintenance of a healthy weight reduces the impact of malnourishment on the body (whether that is under or overweight).

All adults require a minimum of one point six litres of fluid in a 24-hour period, depending on medical condition and individual requirements.

The Policy

EFH is committed to supporting all residents to maintain a healthy diet, in line with their individual needs and preferences e.g. meeting choices based on ethnicity.

Food and hydration are essential for our general well-being. What we eat and drink affects much more than our bodyweight and also impacts on our mood, concentration levels and well-being.

Having a healthy diet and adequate hydration maintains the body by:

- Providing sufficient energy and nutrients to maintain normal body functions, including the growth and replacement of body tissues.
- Prevention of, and recovery from, disease.

The maintenance of a healthy weight reduces the impact of malnourishment on the body and the impact of diseases and pathology associated with obesity.

Many older residents are living with 'co-morbidities' (more than one medical condition, e.g. diabetes, asthma, and high blood pressure). When someone is malnourished this will adversely affect their long term conditions and overall well-being.

Staff have a fundamental role in carefully monitoring the dietary intake and regular weight measurements, to ensure that residents are happy and healthy.

To support people's good health including the level of support needed, staff must consider the timing of meals, and the provision of appropriate and sufficient quantities of food and drink. Staff must also consider time specific medicines e.g., when food and drink have to be taken at a certain time before/after medicines are administered.

The Registered Manager will ensure that all staff are provided with appropriate training in relation to nutrition and hydration to ensure the organisation is providing a safe service and is compliant with Regulation 14: Meeting nutritional and hydration needs, and Regulation 9 (3) (i), 'having regard to well-being when meeting a resident's nutritional and hydration needs' (Health and Social Care Act (Regulated Activities) Regulations 2014). This will be provided on induction with annual updates, which will be assessed for competency during training, as well as supervisions and observations.

Specialist training will also be available for key staff to ensure the provision of specialised dietary needs or routes, e.g. Coeliac disease, percutaneous endoscopic gastrostomy (PEG).

There will be 'Nutrition Champions' within EFH, who will have a special interest in nutrition and act as an advisor to promote good practice that meets the needs of all residents receiving care and support. If appropriate they will be supported to gain further knowledge and skills in accordance with their development needs identified during appraisal, and appropriate to the role.

Nutrition and Hydration Assessment

Prior to admission to EFH, the member of staff undertaking the assessment will determine whether the resident has any special nutritional/hydration requirements, including allergies (e.g. peanuts) and intolerances (e.g. Lactose in dairy products).

These will be detailed in the care and support plan, with the resident's food preferences, choices and dislikes. The care and support plan will detail the support the resident needs with all elements of maintaining their nutrition and hydration, including making choices, food preparation, making beverages and encouragement or support required with eating and drinking. Any specialist needs, such as dysphasia, dementia or end-of-life care will be identified and managed through risk assessing and person-centred care planning.

The assessment and the care and support plan will include the following actions:

- A discussion with the person and/or their representative to assess their dietary needs, choices and preferences that is documented as part of the initial assessment.
- Record a weight measurement.
- Completion of the MUST nutrition assessment screening tool.
- An initial care plan written to guide staff on the person's preferences and the areas of support they require.
- Any time specific medicines related to food e.g. if a person needs to take medicine at certain times before/after food or fluids.
- Risk of choking

Where there are concerns identified either through the assessment or a review of the Malnutrition Universal Screening Tool (MUST), this will trigger a referral to the resident's GP and be followed up appropriately by staff with continued monitoring, reporting and actions taken to mitigate risks.

Where the person's nutrition and hydration requirements require ongoing observation and identify any concerns triggering a review of their needs, this will be escalated to the resident's GP.

The care and support plan will include outcomes to support the resident to remain as independent as possible in the management of their nutrition and hydration, and will aim to restore life skills where these have been lost and/or develop new ones with the introduction of aids.

Nutrition and hydration needs will be reviewed in line with the risks identified within the MUST and reviewed as directed by the GP or dietician e.g. monthly. Where this includes weighing the person then the results will be recorded in the care notes and any major changes notified to the services user's GP or dietician.

A good level of hydration is essential to promote the health and well-being of older people. It can help prevent falls, constipation, pressure ulcers, kidney stones, blood pressure problems and headaches.

Poor hydration has been shown to contribute to obesity, depression, inactivity and fatigue and to delay healing and recovery. Good hydration has been related to alertness and cognitive performance, therefore it is important to ensure the resident receives adequate amounts of fluid. Even a small amount of dehydration can impact on alertness and fatigue.

Hydration recommendations vary but it is recommended for adults to have around one point six litres (for women) and around two litres (for men) daily. This is equivalent to around three to four pints or eight to ten cups or glasses. This does not have to be pure water; tea, coffee, milk and fruit juices all count as well. Fluid is also available in foods such as soup or ice cream and fruits like melon, and approximately 20% of fluid intake will come from foods.

For some residents with specific health conditions such as kidney failure or heart failure, their GP may have recommended fluid restriction. This will be the maximum amount of fluid the person must consume in 24 hours. Any resident who is on a fluid restriction must have their intake monitored using a fluid chart and the GP must be consulted if there are any concerns regarding their hydration.

Residents should be offered drinks of their choice and support given to assist them to drink. This includes ensuring they have appropriate cups/ beakers or straws to enable independence. Beverages should be within easy reach of the resident, and they should be reminded that they are there.

For residents living with dementia, they may respond positively with a familiar or favourite cup.

Jugs of water should be readily available and accessible to residents. They must be replenished. In hot weather additional fluids can be provided by offering ice lollies, jelly and ice-cream.

Fluid monitoring charts should be completed accurately when there is a concern that someone is not drinking adequately, or they have symptoms requiring their fluid intake/output to be monitored.

There are a range of acute illnesses that increase the risk of dehydration. Sudden onset of vomiting and/or diarrhoea is the most challenging to manage and dehydration can occur within a few hours. Staff need to encourage oral fluids and escalate concerns to the resident's GP through the Registered Manager or senior person on duty.

Residents taking artificial nutrition will also need supplementary fluids. This must only be given in consultation with a dietician/ specialist nurse or GP and by appropriately trained staff.

Patient safety alert – food/fluid thickener

Residents with swallowing difficulties may have been prescribed a thickener for their drinks. The correct amounts must be used in accordance with advice from a Dietician or Speech and Language Therapist. Thickeners pose significant risks to residents with cognitive impairments. This is because there is a risk of death from asphyxiation by the accidental ingestion of food/fluid thickeners. Please see:

NHS Patient Safety Alert

Please ensure that thickeners remain accessible to staff but that risks are mitigated to residents appropriately storing thickener where it cannot be accidentally ingested.

Swallowing Difficulties (Dysphagia)

Where staff support residents at meal times it is important that they observe residents to monitor for any signs that could indicate difficulty swallowing food or drink. The following signs may be noted:

- Difficulty chewing food
- Painful swallowing
- Coughing or choking when swallowing food
- Difficulty breathing when eating
- Frequently clearing the throat
- Avoiding meals with other people present
- Taking a long time to eat
- Playing with food on the plate or avoiding meals
- Food/drink pooling in their mouth

If there are any concerns with swallowing, either due to previous choking episodes, observation and/or risks identified as a result of completing a choking risk assessment, a prompt referral to the GP for a referral to the speech and language team (SALT) should be made. This is because residents may be at risk of malnutrition, choking with fatal consequences, or aspiration which can lead to chest infections or pneumonia. (Aspiration occurs when small amounts of food/fluid enter the airways instead of being swallowed properly).

While waiting to be assessed by SALT, seek guidance from the residents GP on how best to manage their food intake:

The International Dysphagia Diet Standard Initiative (IDDSI) Framework, standard terminology with a colour and numerical index to describe texture modification for food and drink is now in place.

The implementation of the IDDSI means that the numerical and colour descriptor for the recommended fluid thickness for residents has changed, as has scoop sizes and the number of scoops to reach the recommended thickness.

Staff will receive training on the IDDSI and all information will be clearly recorded in the resident's care and support plan and reviewed regularly.

IDDSI have produced a range of resources which we will use to inform staff of the changes, and links can be found at:

<https://iddsi.org/United-Kingdom>

Nutrition & Hydration Care Plans

EFH Nutrition and Hydration Policy

Every person receiving care and support will have in place a nutrition and hydration care plan that details their specific requirements relating to eating and drinking that includes any associated risks, and how these will be managed. This ensures that all staff, including agency workers, have accurate information to ensure the person's needs and choices are always met. A nutrition and hydration care plan should include:

- Details of the type of diet preferred such as vegan, halal, diabetic, low fat, thickened fluids.
- Where any fluid thickener should be stored to mitigate the risk of accidental ingestion.
- Any food allergies or intolerances.
- Food and drink preferences, likes/dislikes.
- The texture of food the resident can safely eat (specify the IDDSI level and description).
- Level of support they need to choose their food.
- Level of support to enable them to eat/drink as independently as possible (including specific cutlery and crockery).
- The MUST risk level and any associated actions.
- Frequency of recording weight and the scales used.
- Details of health professionals involved and how to contact them.

Residents with specific dietary needs will always be catered for in line with their medical, cultural, religious needs and tastes. Residents with poor appetites will be encouraged to choose dense, fortified foods supplemented with regular snacks.

Best practice is not to have any more than five hours between main meals although personal preferences of individual residents will be considered.

Older people may prefer to eat smaller meals more frequently, and the organisation will work to support the resident to eat as balanced and healthy a diet as possible and stay hydrated, in the way that best suits them.

Food Presentation & the Environment

Visual presentation is important to help encourage interest and stimulate the appetite. Residents should be offered a plated choice in a portion size suited to their needs. For some, staff will need to support food choices by enabling residents to see and smell the food that is available.

Dignity and Respect

Staff must support residents to eat and drink in a respectful and dignified manner. This includes supporting their independence and following good standards of hygiene.

EFH commits to supporting every resident to be able to choose from a varied and nutritious diet of their choice.

EFH actively encourages residents to play a part in menu planning.

Residents will be supported to provide their personal food choices appropriate to their cultural, religious and/or health needs. Residents and their family will be involved when planning menus and meal alternatives.

The staff will use aids where appropriate to support communication and the resident to make choices, which may include picture and easy read menus.

Nutrition

Staff will be trained in the Eatwell Guide as set out by the NHS:

<https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

Staff will encourage residents to follow the eight healthy eating tips, and will provide information and signposting to support them following a healthy diet, including how to:

- Base meals on higher fibre starchy carbohydrates
- Eat lots of fruit and veg (5 a day)
- Eat fish, including a portion of oily fish
- Cut down on saturated fat and sugar
- Eat less salt: recommendation of no more than 6g a day for adults
- Get active and be a healthy weight
- Not get thirsty
- Not skip breakfast

Residents should eat a wide range of foods to make sure they are getting a balanced diet and their body is receiving all the nutrients they need.

The NHS recommended that men have around 2,500 calories a day (10,500 kilojoules). Women should have around 2,000 calories a day (8,400 kilojoules). Most adults in the UK are eating more calories than they need.

Healthy eating will be balanced with resident choice and preference, and residents with capacity have the right to have the meals they want, even if this is against the advice of dieticians and other healthcare professionals.

Staff will support with suggestions and prompting to encourage improved eating habits. Residents' menus will take into account any ethnic or cultural dietary needs of residents and will be sensitive to religious and cultural beliefs surrounding food.

Where residents are being supported with meals we will:

- Agree a meal and menu plan which best supports the resident, and work with family members to support the individual in achieving a healthy and balanced diet.
- Where they are unable to make their own beverages, prepare both hot and cold drinks.
- Record religious, personal or cultural needs in the care and support plan, and will support the resident's needs.
- In agreement with the resident, change menus to maintain interest and appetite.
- Record special and therapeutic diets in the care and support plan, provided by healthcare or dietetic staff and agreed with the resident.
- Not rush mealtimes and create a relaxed atmosphere so residents are given plenty of time to eat and enjoy their food.
- Aim to present food that is attractive and appealing.

If a resident does not want their meal or does not eat their meal an alternative will be offered. The outcome will be recorded in the care notes including the reasons if the resident has not eaten. Refusal of more than one meal will be

reported to the Registered Manager or senior person on duty. Ongoing concerns about nutritional intake will be escalated to the resident's GP or dietitian.

Staff will help all residents to be as independent in preparing food, drinks and feeding themselves as possible and will work to ensure their dignity while they are doing so.

Staff will make whatever reasonable arrangements are necessary for a resident to be able to feed themselves with dignity and ease, including the provision of special eating aids and special food preparation.

Training

Care staff are provided with training on Nutrition, Hydration and IDDSI at all suitable stages of their employment from induction onwards.

Seeking Feedback about

EFH will seek feedback from people, families, staff, involved professionals and volunteers about their experiences of Nutrition / Hydration where it is appropriate to do so. We will seek feedback in person during conversations and via surveys and meetings. We will respond to feedback and tell people about changes and improvements we make as a result of their feedback.

References

<https://www.nice.org.uk/guidance/qs24>

<https://www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guid.pdf>

<https://www.gov.uk/government/publications/the-eatwell-guide>

Review date	Next Review Date
May 2024	May 2027