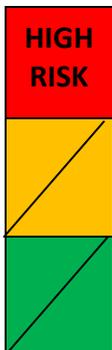


HIGH OAKS

MEETING NUTRITIONAL NEEDS HANDBOOK

POLICY & PROCEDURE



MEETING NUTRITIONAL NEEDS

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POLICY Statement in respect of MEETING NUTRITIONAL NEEDS

Poor nutritional care can threaten the safety of people in all care and community settings.

This Handbook provides information primarily on the importance of promoting effective nutritional care and building this into the RESIDENTS **nutritional support plan** to include the actions to improve, sustain, promote and deliver safe and quality nutritional support, risk assessments and general advice and guidance to include in the plan.

The plan is an essential tool as it is the primary medium to informing EMPLOYEES of the nutritional needs of the people supported.

HIGH OAKS commits to:

- Promoting awareness to RESIDENTS of this handbook
- Educating **Key Employees** of the importance of understanding and adhering to this handbook
- Simplifying accessibility to the handbook for any interested parties

Scope of the Policy

This policy applies to all employees including bank staff and volunteers of **HIGH OAKS**.

PROCEDURE

Appropriate nutritional care

For some RESIDENTS their safe and effective nutritional care can only be delivered with effective multi-disciplinary care. This is where teams of doctors, dietitians, nurses, specialist nurses, pharmacists, social workers, care and catering staff work seamlessly together and adopt a team approach to nutrition. This may be appropriate where a RESIDENTS medical condition is driving their physical deterioration etc such as in the case of palliative care or people with complex needs as a result of diabetes.

Nutritional support plans should clearly identify who takes the lead on the multi-disciplinary care of the RESIDENT and the contact details of all involved parties, their function and the situations in which HIGH OAKS can contact them.

Responsibility and accountability

OUTCOME 5 of the **ESSENTIAL STANDARDS OF QUALITY AND SAFETY** places an onus on HIGH OAKS to take seriously its obligations to contribute to the meeting of nutritional needs of RESIDENTS.

The responsibility of each party and the accountability of the same should be clearly identified within the **nutritional support plan** to include who is responsible for the purchasing of food and beverages.

Enjoyable mealtimes & menu planning

HIGH OAKS takes seriously the importance of EMPLOYEES encouraging a healthy diet for the RESIDENT whilst giving full consideration to the RESIDENTS right to choice.

As part of their care & support planning, RESIDENTS should be involved in the development of a menu plan and **nutritional support plan**. The plan should cover the parameters around the feeding of RESIDENTS and identify risks around choking and general nutritional wellbeing as this is the primary tool to communicate to front line EMPLOYEES at the point of care and support delivery.

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When providing a meal, EMPLOYEES should be mindful that food may be one of only a few enjoyable experiences in the RESIDENTS life and should be treated as such.

If the menu planning and **nutritional support planning** has been effectively managed at the assessment / reassessment stages, EMPLOYEES will be well informed as to the likes and dislikes of RESIDENTS.

GOOD NUTRITION

Good nutrition is an extensive subject and in this section we focus only on a limited number of key points that we need to know about our diets as we become older. Any immediate concerns you have about your diet should be addressed with your GP who can then refer you to a nutritionist if deemed necessary.

Ideally as we age we should eat smaller servings of nutritionally dense foods, such as fruit and vegetables, wholewheat bread and other cereals, fish and meat (or vegetarian alternatives including pulses) and milk and dairy foods. But it is difficult to be specific about how much of the foods to eat because the way in which we digest, absorb, use and excrete nutrients not only changes as with ageing but also varies widely between individuals.

We are told to eat five portions of fruit and veg a day but what is a 'portion'?

One portion of fruit equals:

- 1 apple, orange or banana
- 1 large slice of melon or pineapple
- 2 small fruits (eg plums, kiwis, satsumas)
- 1 cupful of berries (raspberries, strawberries) or grapes
- 2-3 tablespoonfuls of fresh fruit salad, stewed or canned fruit
- 1 glass (150ml) of fruit juice

One portion of vegetables equals:

- 2 tablespoonfuls of raw, cooked, frozen or canned vegetables
- 1 dessert bowl full of salad

Fresh vegetables and fruit are nutritionally better but frozen, tinned, and dried produce do count. Potatoes don't count as your vegetable portion but are a good source of carbohydrate

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and fibre if you eat the skin. If you can't eat five portions of fruit & vegetables a day, eat what you can and remember every little helps!

Specific nutrients required by people who are over 50 and here is a list of the foods we can try to achieve some of these nutrients from.

Omega-3 oils are now known to act on the blood platelets, making blood clots less likely. Omega-3 oils are found mainly in oily fish - sardines, pilchards, salmon, herring, kippers, mackerel, fresh tuna, trout and anchovies.

Calcium is essential to keep bones healthy and is found in milk and other dairy products, soft bones in canned fish, bread, pulses, leafy green vegetables, dried fruit, nuts and seeds.

Vitamin D enables our bodies to use the calcium in food and is mainly sourced from the sun and not from our diet although some margarine will be fortified with vitamin D.

Zinc is involved in the metabolism of proteins, carbohydrates and fats. A lack of zinc affects tissues renewal and repair and the lining of the gut and the immune system. There is evidence that older people with poor wound healing and particularly leg ulcers, are zinc deficient and that lack of zinc is also a factor in dementia. This vital mineral is found in meat and meat products, seafood, milk and dairy products, wholemeal bread, lentils, eggs, nuts, sweetcorn and rice.

Nutritional support plan, monitoring and review

Care/support planning based on identifying RESIDENTS needs is an essential part of the **Nutritional support plan** process.

Correct record keeping is a means of ensuring effective communication amongst the health and social care team, and measurable goals and agreed evaluation dates must be established to monitor progress.

Nutritional support planning should take into account individuals' needs and preferences and those with malnutrition should have the opportunity to make informed decisions about their care and treatment, in partnership with their health/social professionals.

HIGH OAKS **nutritional support plans** include the following:

1. The aims and objectives of the nutritional support
2. Treatment of any underlying conditions that have a bearing on nutritional support
3. Treatment of malnutrition with food and/or nutritional supplements

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4. Information where RESIDENTS are unable to meet their nutritional requirements orally and where they require artificial nutritional support, e.g. enteral or parenteral nutrition.
5. If RESIDENTS are overweight or obese, guidelines for weight management
6. Monitoring and review dates of nutritional intervention
7. Dates for reassessment of those identified as being at nutritional risk

EMPLOYEE training in supporting people with their nutritional needs

It is important to provide training to EMPLOYEES on the reasons for following the nutritional support plan and in addition to this, training should be given in a range of subjects that cannot be listed or sufficiently elaborated on in the nutritional support plan.

Training should include guidance on the following facts:

That we all cook meals differently and often pallets vary immensely

Employees should encourage the RESIDENT (where practical to do so) to sample the meal as it is cooked to ensure it is adequately cooked to their liking. This is as it would be for anyone at home when cooking and sampling the food as the cooking stages are met and this involvement might be enjoyable for some RESIDENTS. This will also be reflective of CHOICE AND CONTROL by the RESIDENT.

Where possible / practical, it can also be a positive experience for RESIDENTS to sit with EMPLOYEES when cooking in order they can give direction, make a contribution to the preparation of the food.

Food (regardless of whether cooked from scratch or from a packet) should be presented nicely and care taken not to get spills and slops over the side of the plate.

Where a RESIDENT sits at the table, this should be laid properly with all condiments, napkins and cutlery as required by the RESIDENT irrespective of whether the EMPLOYEE is feeding them or they are helping themselves.

Where a RESIDENT has a tray the same applies as with the tray with the exception the tray is laid as opposed to the table.

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RESIDENTS should be able to eat and enjoy meals in an environment conducive to eating, and EMPLOYEES of HIGH OAKS should be focused on encouraging and supporting a safe and good quality meal experience.

Points that EMPLOYEES should also be encouraged to consider when creating a good quality and safe meal experience includes (but is not limited to):

- Make sure that the RESIDENT is ready to eat
- Ensuring that the RESIDENT is in a safe and comfortable eating position
- Provide appropriate equipment, for example, adapted cutlery
- Encourage hand washing or use hand wipes
- Encourage involvement prior to meals
- Make sure that the environment encourages eating
- Clear table tops of clutter
- Perhaps play appropriate music
- Offer opportunity (where possible / practical) for RESIDENTS to have meals with friends/family as appropriate
- Empower RESIDENTS to make their meal choices
- Enable RESIDENTS to control their portion size
- Ensure that RESIDENTS can reach their meal
- Ensure RESIDENTS can assist to serve their own meals where appropriate
- Physically assist RESIDENTS to eat their meal if necessary but discuss any embarrassment issues should they be apparent (not necessarily at the time)
- Ensure adequate diet and fluid intake observation

It is important to make sure that EMPLOYEES are clear that there is a method of review of whether RESIDENTS are eating and there must be an emphasis when training EMPLOYEES – on the importance of ensuring that an allocated EMPLOYEE takes the lead to monitor progress notes expressly in relation to nutrition. This may be a twice weekly or daily occurrence and will be driven by the risk factors associated with a RESIDENTS **nutritional support plan**. Where food is left with the RESIDENT by one EMPLOYEE (for example at lunchtime) and another attends for supper visit it will be vital to find a method that can confirm that appropriate food and fluids have been taken.

Additional points to cover in training include:

- Monitoring people for swallowing problems
- Ensuring that people who are Nil By Mouth are not given anything to eat or drink

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- Monitoring/assessment
- Record and monitor food and fluid intake where appropriate
- The need to refer to the appropriate healthcare professional, where necessary, for assessment, e.g. dietitian or speech and language therapist and how to notify HIGH OAKS of this need.

In a multi cultural society it is also essential that EMPLOYEES are taught the importance of recognizing that RESIDENTS diets must meet their individual needs in a range of ways to include their medical, religious, cultural or personal preference. The knowledge gained through training promotes this understanding and the respect for peoples' differing food habits and nutritional needs.

Any training (refresher or update) should be designed to ensure that EMPLOYEES who have a role in the nutritional well-being of RESIDENTS (whether they are involved in direct care, catering or domestic duties, or form part of the wider multi-disciplinary team) clearly understand the key tools, techniques and best practice associated with good nutritional care and hydration, and that this is at a level commensurate/appropriate to their roles and responsibilities..

Effective shopping should also be covered in training as well as Food Hygiene.

Key Safety Points to consider when developing a nutritional support plan

Choking

Some RESIDENTS may be at risk of choking and in particular when consuming food and beverages.

Risks will be dependent on many factors and HIGH OAKS is aware of the need to assess and profile the level of risk associated with choking and will build this clearly into RESIDENTS **nutritional support plan.**

Dehydration

Some RESIDENTS may be at risk of dehydration and in particular when the weather is warm.

Risks will be dependent on many factors and HIGH OAKS is aware of the need to assess and profile the level of risk associated with dehydration and will build this clearly into RESIDENTS **nutritional support plan**.

Nil by Mouth

HIGH OAKS EMPLOYEES have a duty to Co-operate with Other Providers and in cases where there is a temporary transfer of service from HIGH OAKS care and support to the charge of a hospital, EMPLOYEES must ensure that they adhere to directives as given by the hospital. In particular if EMPLOYEES have concerns about the length of time a **NIL BY MOUTH** has been enforced and the RESIDENT has issues, EMPLOYEES must communicate concerns with the hospital team but under no circumstances must they compromise the Nil by Mouth directive.

Inappropriate diet

Some RESIDENTS may be following incorrect diets, including consuming meals that are not appropriate to their needs.

Any concerns relating to inappropriate diets must be discussed with the RESIDENTS and or any other relevant 3rd parties before significant changes are made or suggested by HIGH OAKS EMPLOYEES and clarity around how to manage the issues is documented in the **nutritional support plan**.

Artificial nutrition

RESIDENTS and in particular those in the end of life stages of care & support, may sometimes be provided with artificial nutrition.

It is crucial in the care and wellbeing of the RESIDENT that EMPLOYEES of HIGH OAKS are clear on the expectation of the product in terms of 'how will we know that the RESIDENT is suitably nourished' and the parameters clearly identified within the **nutritional support plan**.

Missed meals

Nutritional Support Plans when formulated must be clear in the approaches to be taken by EMPLOYEES with regard to the missing / skipping of meals.

This is especially important in the care and support of those people with mental impairments / dementia and the negotiation of missed meals may trigger a distressed state.

Many professionals will differ in their views about whether missed meals should be replaced and / or whether some other eating habits are creating the problems eg: RESIDENT eating chocolate between meals and EMPLOYEES in the absence of clarity may be left to 'work it out for themselves' as to how to manage the situation.

Therefore in the best interest of the RESIDENT missed meals must formulate a part of the **nutritional support plan**.

Transfer of care

Where a RESIDENT is being transferred to hospital, HIGH OAKS will (with the advanced permission of the RESIDENT or their representative) share information relating to the RESIDENTS nutritional requirements. This will include the provision of the RESIDENTS **nutritional support plan**.

Pressure Sores

Nutritional intake is a known contributory factor in the development of pressure sores.

HIGH OAKS promotes to EMPLOYEES the correlation between the two and risks of pressure sores and the any evidenced connection to a RESIDENTS nutrition will be documented in the **nutritional support plan**.

Malnutrition

A UK-wide nutrition screening survey was carried out by the British Association for Parenteral and Enteral Nutrition,(BAPEN)4 in 2007 in order to establish the current prevalence of malnutrition risk on admission to different care settings.

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Findings showed that;

1. 28 % of adults admitted to a hospital were at risk of Malnutrition
2. 22 % were at high risk
3. 6% per cent at medium risk

And whilst most RESIDENTS at risk of malnutrition were admitted from their own homes, the risk was higher in those who were admitted from other care settings;

Although more common in older people, malnutrition affects all age groups and the study showed that 1 in 4 people under the age of 60 years were at risk.

Nutritional screening

Nutritional screening is a quick, simple and general procedure used by nursing, medical or other healthcare staff, often at first contact with RESIDENTS to detect those at risk of nutritional problems, so that a clear plan of action can be implemented. It should be an integral part of multi-disciplinary team assessment.

Nutritional assessment

Nutritional assessment is a more detailed, specific, and in- depth evaluation of nutritional status, typically undertaken by an individual with nutritional expertise (e.g. dietitian, clinician with an interest in nutrition, or nutrition nurse specialist), so that a specific dietary plan can be implemented. It is often used for more complicated nutritional problems.

Screening for malnutrition or risk of malnutrition should be carried out by health and social care staff with appropriate skills and training. This could include doctors, nurses, dietitians and healthcare support and care staff.

OUTCOME FOR PEOPLE BEING SUPPORTED BY HIGH OAKS

Individuals being supported by HIGH OAKS can be confident that their nutritional needs will be given as much consideration as any other area of their well being and EMPLOYEES of HIGH OAKS will be trained in understanding the importance of effective nutritional support.

LEGAL FRAMEWORK

HIGH OAKS commits to meet all obligations in respect of employment law, health and safety law and guidance as set out by commissioning authorities relating to this policy.

FINANCIAL RESOURCE & CONSIDERATIONS

HIGH OAKS commits to providing financial resources and sufficient manpower to ensure that tasks are undertaken as per this policy

ROLES & RESPONSIBILITIES

HIGH OAKS makes clear the roles and responsibilities of key employees to those employees - in relation to this policy

COMMUNICATION OF POLICY

Informing People Who Use the Service

People receiving a service from **HIGH OAKS** may be informed of the key points of this policy by the following methods:

- At assessment
- During formal review of the service
- Through supervision and spot check feedback
- Newsletters
- Consultation meetings
- RESIDENT Guide
- Contracts

Informing Employees

People working for **HIGH OAKS** may be informed of this policy by:

- Induction training
- Employees Handbook
- Through supervision sessions
- Employees meetings
- Newsletters
- Employment advertisements

Informing Stakeholders & Partners

Stakeholders & Partners of **HIGH OAKS** may be informed of this policy by:

- Contracts
- RESIDENT Guide
- Newsletters
- Consultation meetings