# Nutrition and Hydration Policy and Guidance

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| 1 | 22 February 2019 | Amended to reflect updated ISO 9001 2015 controlled document register | JP |
| 2 | 28 February 2020 | Changes throughout text to reflect updated guidance and removal of appendices which are now available in Nutrition Toolkit | JP |

## Policy Statement

This policy provides clear and current evidence based information and practice guidance for use by staff for the nutritional care for people receiving a service. This nutrition and hydration policy will provide a framework for nutritional and fluid assessment and management of people in Care Home and community settings. It will also promote healthy eating and drinking behaviour.
This policy does not cover people receiving enteral tube nutrition (see Agincare's Managing a Gastronomy Feed Policy and procedures)

## Introduction

The Care Quality Commission fundamental standards seek to ensure that the nutritional needs of people receiving a service are met. Provision of the right nutrition and hydration is a human right and is a fundamental requirement in the delivery of health and social care.

The subject of nutrition, or more significantly malnutrition in health and social care is one that often hits the headlines and highlights poor practice in care settings; Agincare does not wish to be associated with such bad press and as such provides the following guidance on healthy nutrition and hydration; it is worth noting that:

- **Malnutrition is common** in the UK, affecting more than **three million people** at any one time. Around **1 in 3** patients admitted to acute care will be malnourished or at risk of

becoming so, and **35 percent of individuals admitted to care homes** will also be affected. In addition **93 percent** of those at risk of, or suffering, from malnutrition will be living in the community. (NHS England)

The number of people suffering with dehydration in UK is still unknown as there is no agreed commonly used test for dehydration as various clinical signs, tests and questions are commonly used.
There are many different reasons why someone may lose weight and become at risk of malnutrition; these can be physical such as not being as mobile as they were previously or having to rely on others to do the shopping or the cooking. The reasons can be psychological including the loss of someone close, or feeling lonely or depressed and some medical conditions will cause weight loss and some medications can reduce appetite.

Malnutrition is costly as it is associated with increased rates of morbidity and mortality. Timely nutritional intervention improves outcomes in terms of both physical and psychological wellbeing; the consequences to a person of malnutrition are:

- Impaired immune response / increased risk infection
- Reduced muscle strength/fatigue
- Inactivity leading to pressure ulcers or thromboembolism
- Impaired thermoregulation
- Impaired wound healing and recovery from illness
- Increased length hospital stays
- Apathy, depression and self-neglect
- Impaired psychosocial function
- Weight loss

Most people experience changes in taste and smell as they age which can affect appetite; chewing and swallowing difficulties also affect some people's ability to eat which may be caused by a medical condition, some may even be linked to poor dentition or poorly fitting dentures. Basically anything that affects a person's ability or desire to buy food, prepare it, eat it and absorb it could cause them to eat less than they need, leading them to lose weight without intending too and become at risk of malnutrition

Facts about Dehydration

- A third of people over 55 years old only drink one or two glasses of water per day.
- In the same age group one in ten drink just one glass per day.

The need to drink more will increase in situations when the body is losing more water than normal these include;

- in hot weather or
- when in a hot room
- with increased physical activity
- with diarrhoea and vomiting
- during fasting
- if taking water tablets or laxatives

It is a common myth that if you suffer from a bladder or continence issues restricting fluids will help the problem. In fact restricting water intake will cause the urine to become more concentrated and concentrated urine irritates the bladder which in turn can make the person want to pass urine more frequently.

Drinking plenty of water can improve a person's health in the following ways:

- Reduces confusion and subsequent risk of falls & fractures
- Reduces headaches
- Eases constipation
- Reduces risk of urinary tract infections
- Reduces bladder irritation caused by fizzy drinks, caffeine and alcohol
- Can improve blood pressure
- Improves skin suppleness
- Can protect teeth and gums
- Helps improve sleep patterns

As part of the person-centred approach to planning care and support for people, Agincare uses the MUST tool (Malnutrition Universal Screening Tool) which was developed for use in both hospital and community settings; it uses factors such as Body Mass Index (BMI), rate of weight loss and presence of acute disease factors to detect disease related malnutrition.

In all Care Homes, meals are provided as part of the standard 'board and lodging' aspect of the service although this is always done with an emphasis on good nutrition and for the social impact meal times can have in a care setting. Where healthy nutrition and hydration is at risk due to frailty, physical impairment, end of life care or any number of psychosocial or mental health issues, the risks must be assessed and control measures put in place in order to meet the needs of the residents.

In Home Care, meal provision may be part of the contractual arrangement for care and therefore the care planning arrangements that are in place must ensure that people are protected from the risks of inadequate nutrition and dehydration.

In both care homes and domiciliary care where it is part of the care package, providing a choice of suitable and nutritious food and hydration, in sufficient quantities to meet people's needs is essential. We must ensure that meals and fluids are provided in a manner that meets any reasonable requirements arising from a person's religious or cultural background and provide support, where necessary, for the purposes of enabling people to eat and drink sufficient amounts for their needs. In domiciliary care however we are usually restricted to supporting the person with the food available; where a care worker arrives to find a person with inadequate food supplies consideration must be given to referring back to the commissioner to discuss further support that may be needed with shopping; or, where another agency or family member is responsible for obtaining food supplies but is not doing so, referring to the local authority safeguarding team.

**Roles and Responsibilities**

The Provider, Directors or Managers must ensure that:

- staff are aware of the policy and how to access it;
- the policy is implemented;
- staff understand the importance of good nutrition and hydration and have received training in food hygiene;
- the policy is reviewed annually

Health and social care staff delivering care in all settings must:

- adhere to the policy and procedure
- understand nutritional screening, assessments and care and support plans in place for individuals in their care including being aware of any persons at risk of malnutrition and the arrangements in place to protect them
- respect individual choice and dignity concerning mealtimes and food and fluid consumption including those people who require assistance with eating and drinking
- understand the individual's meal requirements including whether modified texture, fortified meals, adapted crockery/cutlery is to be used and to ensure this is provided in a timely manner
- notify their line manager of any training needs

Catering staff (cooks and kitchen assistance) in all Care homes must:

- Prepare meals in accordance with people's needs as identified to them from care staff
- Ensure sufficient supplies of healthy, nutritious meals, drinks and snacks
- Maintain a record of all resident's current MUST scores with identification of the need for fortified foods and fluids and ensure these are provided following the guidance at the end of this policy
- Maintain a record of all residents needs in relation to modified texture foods and ensure these are prepared and that they are presented in an appetising manner
- Ensure all staff have access to up to date records regarding dietary requirements when serving food and drinks
- Notify their line manager of any training needs

**Healthy Nutrition and Hydration**

Agincare's person centred assessment and care planning process allows staff to identify where a person is at risk of poor nutrition, dehydration or has swallowing difficulties both when they first begin to use the service and as their needs change. Where such risks are identified, we carry out a MUST and Nutritional Assessment and action is taken including a referral via their GP to appropriate services as required. (in AHH MUST screening is to be carried out within 48 hours of admission)

People presenting with swallowing difficulties should be referred to Speech and Language Therapy (SALT) for a full assessment (In AHH and supported living, a choking risk assessment must be carried out at the earliest opportunity such as at the first meal)

Nutritional and hydration needs should be incorporated into individualised care plans and monitoring charts in place should be completed.

Changes in a person's eating/drinking habits and or refusal to take food/fluids will be recorded and appropriate action taken. These concerns will be discussed by the MDT (multidisciplinary team) as part of the person's ongoing care and assessment process and working collaboratively and referral to a dietician should be considered

Assessment for individual supportive equipment may be available from the local occupational therapy service or SALT team who will ensure equipment is provided; where such an assessment is not available, staff are to identify aids and adaptations that the person would benefit from and ensure they are available at mealtimes e.g. Plate guards, lidded beakers, 2 handled cups etc (Care homes), or advise the purchase of such items for people living in their own homes.

Where nutritional support/oral thickeners are to be used following guidance from SALT and/or dietician staff must ensure these are prepared to the correct consistency. People with a MUST score of greater than 2 should be referred via their GP to the dietician.

**Allergens**

The **Food Information for Consumers Regulation** (EU/FIR1169/2011) requires establishments that prepare food to warn people if any dish on the menu contains one or more of the fourteen major food allergens covered by the legislation; all Agincare **Care Homes** have been provided with information relating to this; The 14 allergens are:

- eggs
- milk
- fish
- crustaceans (for example crab, lobster, crayfish, shrimp, prawn)
- molluscs (for example mussels, oysters, squid)
- peanuts
- tree nuts (almonds, hazelnuts, walnuts, cashews, pecans, brazils, pistachios, macadamia nuts or Queensland nuts)
- sesame seeds
- cereals containing gluten (wheat (such as spelt, Khorasan wheat/Kamut), rye, barley, oats, or their hybridised strains).
- Soy beans
- celery and celeriac
- mustard
- lupin
- sulphur dioxide and sulphites (at concentration of more than ten parts per million)

Where any of these allergens are present and have a direct impact on a person's health they are to be avoided. A person's allergies should be known through assessment and care planned to avoid such foods; kitchens should be able to evidence their ingredients for home cooked dishes

- **Community (Home Care) Settings**

Where an initial assessment involving the person and their family/carer identifies a nutritional risk, the person will be assessed using the MUST tool and referred for support from a dietician if the MUST is greater than 2, as above. People will be screened using the Malnutrition Universal Screening Tool (MUST) to identify those who are malnourished or at risk of becoming so as identified from the Health and Welfare initial assessment. People will be rescreened at intervals determined by the level of risk or concern (BAPEN 2004 – available at http://www.bapen.org.uk/pdfs/must/must_full.pdf -).

Where planned care involves the care worker assisting with meal preparation this must be carried out in accordance with the person's choice and abilities; where care workers are required to prepare the meal in full, they must do so following the person's required nutritional and dietary needs.

Where a care worker is required to assist with, or carry out a person's shopping they must purchase items of the person's choosing and provide advice and guidance on healthy eating choices and high risk foods if appropriate. (High risk foods relating to identified safer swallowing needs and allergies)

Where a person has the capacity to make decisions about their diet and capacity to understand the risks associated with those choices, including where those choices may be unwise (an 'unhealthy' diet for example); we must respect those choices whilst informing the person that we are worried about their weight loss/gain and we have a duty to raise this concern with other professionals. The aim of doing so is not to simply report someone for making bad choices, it is to ensure that they receive the support they need to improve their health and well-being; and ultimately, if they reject that support, we can demonstrate that we have done all we can to protect them

- **Care and Nursing Homes and supported living for younger adults**

Agincare's person centred care planning process allows staff to identify where a person is at risk of poor nutrition, dehydration or has swallowing difficulties both when they first begin to use the service and as their needs change. Where such risks are identified, we carry out a MUST and Nutritional Assessment and action is taken including a referral to appropriate services as required.

All residents will be screened within 48 hours of admission to a Care Home environment using the Malnutrition Universal Screening Tool (MUST) to identify people who are malnourished or at risk of becoming so. Residents will be rescreened at intervals determined by the level of risk or concern (BAPEN 2004).

People presenting with swallowing difficulties can be referred via their GP to Speech and Language Therapy (SALT) for a full assessment. A Choking Risk Assessment must be undertaken on admission (at the earliest opportunity/first meal)

On a daily basis the nominated member of staff will liaise with residents for their choice of meals, this will be with the support of recorded information about likes and dislikes in the care file for

people who are unable to make choices. For people who are deemed to lack mental capacity and taking into consideration the requirements of the Mental Capacity Act (2005), the staff team should always ensure choices of menu/meals are presented in a way that optimises their understanding any course of action is in the best interest of the resident.

For residents who require monitoring of their food and fluid intake, food and fluid charts are to be used; the person in charge of each shift is to ensure the charts are completed and monitored.

Prior to mealtimes, people will be offered the opportunity of using the toilet / hand washing facilities. (Staff must follow standard hand hygiene precautions at all times)

In Care Homes, procurement of stocks will follow Agincare protocol with reference to ordering and storing foods and in the correct preparation of meals by the cook/chef.

Care Home staff will ensure that residents have access to snacks and drinks throughout the day and night and that meal times are reasonably spaced and occur at appropriate times. Tea trolleys will have an updated list of residents with special dietary needs such as drink thickeners and IDDSI levels.

**Protected, conducive mealtimes (Care Homes)**

Protected mealtimes are periods when all Care Home based activities (where applicable/appropriate) stop, enabling the staff team to serve food and support/assist residents in taking nourishment.

Staff will appropriately prepare the dining area with cutlery, place mats crockery, condiments, napkins and specialist equipment as required by residents. All will be placed in easy reach for ease of use. (Please risk assess as required and action accordingly).

Care Homes will not be closed to residents' visitors during mealtimes but will be closed to other visitors (deliveries, other carers such as chiropody, optical services, district nurses etc) except where an emergency requires a doctor/paramedic visit. Staff interviews, supervisions, meetings etc will not be arranged during meal times. Staff will not take their own breaks at the resident's meal times unless joining the residents at their dining table.

Staff will assist and support residents who have been assessed as requiring help to take food or fluids this includes positioning with appropriate seating and should be carried out at the person's own pace. Staff will record the intake or lack of, on food/fluid charts (Nourish) as appropriate. People are supported by staff to manage their eating and drinking needs with sensitivity and respect for their dignity and ability. Staff will not wear disposable gloves when assisting a person to eat unless there is an indicated reason to do so. Residents are to be enabled to eat their food and drink as independently as possible. Where people require a modified textured diet, this must be presented in a palatable and attractive manner, and special diets or dietary supplements are arranged on the advice of an appropriately qualified or experienced person and following assessment.

The same considerations as previously stated will be applied to people who are cared for in bed; bed tables will be cleared and clean, be at the appropriate height, positioning of the person, and cutlery, napkin, condiments etc. within ease of reach.

**Malnutrition**

Some of the signs and symptoms of disease and illness related malnutrition may include:

- Unintentional weight loss
- Obvious thin/ wasted appearance
- Poor appetite/ disinterest in food reported
- History of decreased intake/poor appetite, portion sizes changed
- Altered taste/ smell
- Change in food preferences, avoiding food e.g. meat
- Poor skin integrity, pressure sores

**Nutritional Care Planning**

It is important to plan meal provision around each person's choices and their cultural and diverse requirements including religious considerations, lifestyle choices and cultural beliefs.

Meal times should also be planned around social requirements and should be a pleasurable experience with respect for people's dignity, independence, choices and ability.

Care Plans should identify the person's nutritional needs, any swallowing requirements and the person's abilities to take their meals independently and the Care Plan should detail required interventions around sensitive support of those needs and abilities.

When planning care, after Nutritional Screening we must consider:

- Identifying any underlying causes of identified risk. E.g. medical issues, side effects of medications, oral health or swallowing problems, social issues, mental health issues which may affect nutritional intake. Inform GP of nutritional risk and consider referral to community based services or specialist team if support from these services will address underlying cause for weight loss
- Discuss food and drink likes and dislikes with the person/their relatives
- Maintain accurate food and fluid charts where dietary intake is restricted or significant weight loss noted
- If responsible for providing meals, consider fortification Offer nourishing snacks in-between meals
- Offer 2 - 3 Build-up, Complan or homemade high calorie/high protein drinks daily in-between meals
- Order or arrange special diet if appropriate (e.g. diabetic, celiac, modified texture)
- Refer to Dietician or SALT team if difficulties swallowing
- Encourage and assist with eating and drinking where required with respect for dignity
- Provide appropriate utensils/equipment
- Ensure meals, drinks and feeding aids are within easy reach
- Ensure mealtimes are uninterrupted and sufficient time is provided

- Repeat screening with 'MUST':
    - Monthly for Medium Risk (Score 1)
    - Weekly for High Risk (Score 2+)*

See Nutrition Toolkit on share-point

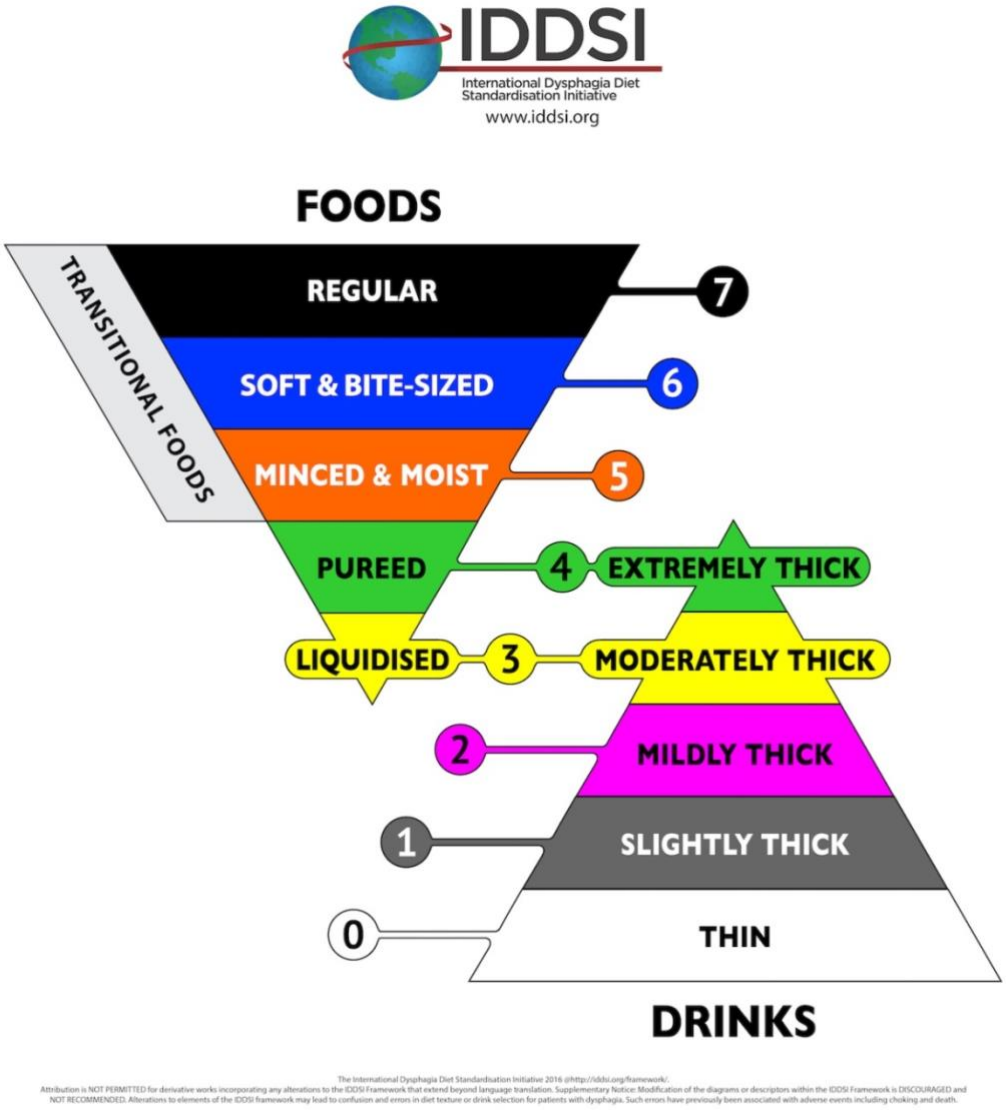
In some people who have suffered a stroke resulting in dysphagia there can be improvement but in many, as with some neurological conditions such as Parkinson's disease or motor neurone disease, deterioration is progressive so it is important to plan a variety of menus and choices ensuring not only healthy nutrition but maximum psychological benefit.

For people with a high MUST score (*2+) but receiving end of life care; the objective is for comfort and adequate hydration, not weight gain. End of life care needs should have been discussed as part of the planning process and the person's relevant health professionals involved. Staff must ensure that where a person lacks capacity due to end of life symptoms such as varying levels of consciousness that a best interest decision is recorded detailing how they will be assured of comfort through adequate hydration and nutrition.

**Modified Texture**

For people with difficulty swallowing for instance, those with dysphagia, a modified texture diet may be required. Where difficulty swallowing has been identified through risk assessment, a referral to a Speech and Language therapist (SALT) or other dysphagia specialist may be made for swallowing assessments.

A person may require fluids thickened to an appropriate consistency. Fluids are thickened by commercial thickener powders, which are based on vegetable gums like pectin or guar gum. In March 2019 the International Dysphagia Diet Standardisation Initiative (IDDSI) was implemented for all Speech and Language Therapists and producers of thickening products have been changing their labelling to reflect this. The new descriptions for modified textured foods and fluids are detailed below now ranging from 0 (zero) to 7 (seven) with 0 being normal fluids and 7 being normal food consistencies.






**5 Key Steps to the Safe Use of Fluid Thickeners**

1. Follow specialist advice. Always follow the advice of the Speech and Language Therapist when using thickeners. A comprehensive swallow assessment will have been carried out and any instructions or advice will be based on this.
2. Know the standard consistencies. Understand the difference between stages 1 to 4

3. Use accurate measures. Always take care when measuring the quantities of fluid and thickener used. If the correct amounts are not used, then the fluid will not reach the required consistency and may increase the risk of aspiration.
4. Allow sufficient time. Allow drinks to stand for the recommended time to make sure they reach the right consistency before use. The thickening effect is not instant and can vary from product to product, so don't simply add extra thickener if the consistency appears too thin.
5. Dispose if unsure. If the drink seems lumpy, or doesn't appear to be the right consistency, don't attempt to use it. Carers should always dispose of drinks that fail to mix correctly and begin the mixing process again.

To make foods and fluids more nutritious there are a number of easy and practical tips. These include:

- Mash or puree meals with milk or cream - for protein and energy. Tinned (condensed milk) gives added fortification
- Whole milk can be fortified by adding milk powder - 4 tablespoons per pint of milk
- Melt butter into hot savouries
- Add sugar to sweet foods
- Add fortified milk to potatoes before mashing or puréeing
- Add cream, custard, natural yoghurt or evaporated milk to stewed fruits and other desserts before puréeing

See Nutrition Toolkit guidance on fortified diets

When modified texture foods are served, they must be presentable and palatable. Pureeing meals changes not only the consistency but the colour and there is a danger of ending up with a bowl of unappetising unattractive *slop* that is not acceptable for a person with swallowing problems, low enthusiasm for food and high nutritional requirements.

**Good Hydration**

Our bodies need water or other fluids to work properly and to avoid dehydration. Water makes up about two-thirds of the weight of a healthy body. Most of the chemical reactions that happen in our cells need water in order to take place. We also need water so that our blood can carry nutrients around the body and get rid of waste.

However, we can lose up to 2 litres of fluid a day, through evaporation when we breathe, sweat and in our urine, so it has to be replaced. About 20% of daily fluid intake comes from the food we eat but the rest needs to be taken from drinks.

As part of the assessment and Care Planning process, we identify any problems with diet and hydration and plan care delivery around risks and level of need. We must keep a record of our interventions to demonstrate the person is receiving sufficient nutrition and hydration and we do this using the Care Delivery records and food and fluid charts.

There is no recommended daily intake but the general consensus is 2 litres/ day for healthy adults in daily drinks. Adding to this is the 20% of a person's total fluid intake that comes from the diet, so having a reduced appetite which is common in the elderly, has an impact on hydration. Optimal hydration is achieving the best oral fluid intake possible under the present circumstances even though this does not result in the state of optimum hydration.

There is continuing work on estimating how much fluid /kg body weight is required but in a care home environment in particular this is not a useful guide. Fluid requirements are very individual, impacted by a variety of factors in addition to weight such as health, environment, age and activity.

In simple terms, 6-8 glasses of fluid per day in addition to the fluid present in a normal healthy eating diet is a good compromise. However it is a challenge to achieve this among older people especially if they are frail. For carers and health professionals looking after this group of people, aiming for **optimal hydration** achieving the best oral fluid intake possible under the present circumstances even though that may not be 6-8 glasses/day is the practical approach. NB: 6-8 glasses is equal to 1200-1600mls per day

For healthy adults 6 to 8 x 200ml glasses/cups per day is recommended. Review intake after 3 days where an average is not achieved.

**Training**

Agincare policies, procedures and guidance are referenced in the induction programme and are available for staff in their work placement (Care Home or Branch office). Staff will be informed of how to access all policies, procedures and related documentation and of how to seek further advice regarding their implementation. Existing staff should be provided with regular training updates to include latest good practice.

Ongoing supervision and training is provided to all staff as part of a core training and development programme. The office manager ensures training courses are attended by appropriate staff within agreed timescales.

**REVIEW OF THIS GUIDANCE**

Review of this document is recorded on the controlled index and reviewed annually as part of the management review systems.

**Name:** Policy Review Group

**Date**: February 2020

**References**

**The Hydrate Toolkit:** Developed through collaboration between Kent Surrey and Sussex Academic Health Science Network, Wessex Academic Health Science Network and NE Hants and Farnham CCG

**The Health Foundation:** Patient safety and nutrition and hydration in the elderly May 2013

**NHS England:** Guidance – Commissioning Excellent Nutrition and Hydration 2015 – 2018

**SCIE:** Dr Lisa Wilson for the Parliamentary Hydration forum, Hydration and Older People in the UK: Addressing the Problem, Understanding the Solutions. Nov 2014

## Core Nutritional Pathway