

# Welcome

## Study Day: Malnutrition in OP Services.

Date: 13 May 2024

**This Session will begin shortly**





# Housekeeping



Please keep your mobiles on silent during the presentations



Exits



Comfort Break



No planned fire drills

# Michelle Airey

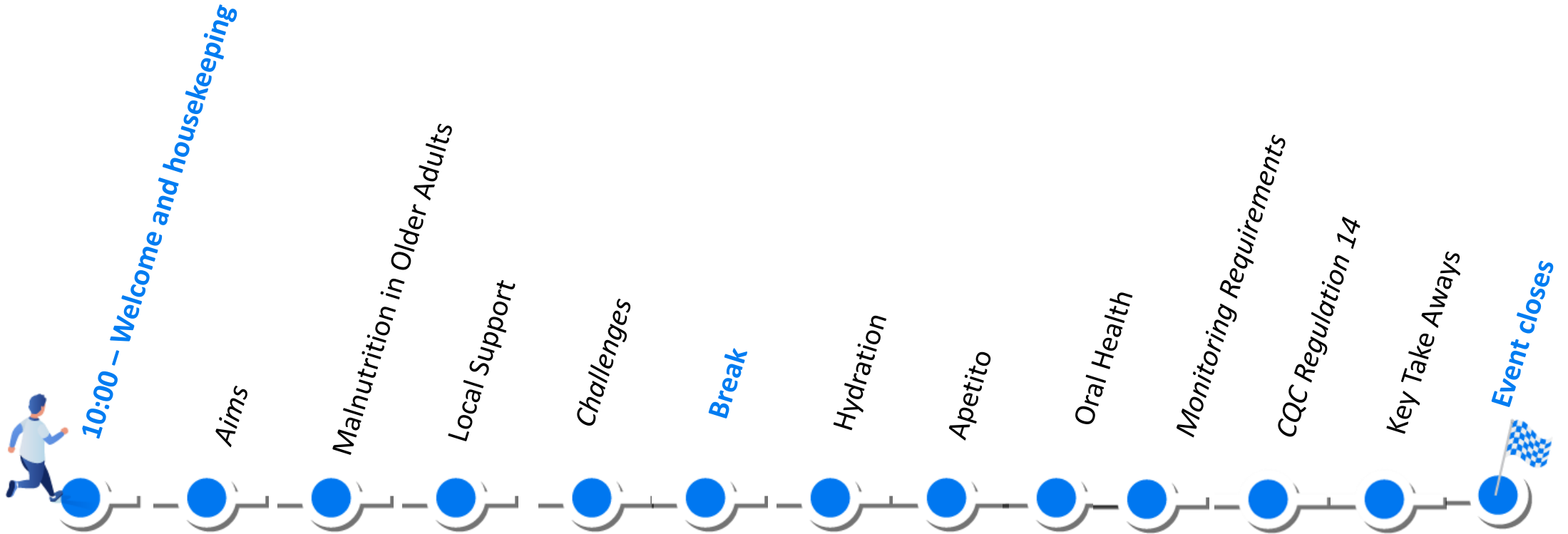
*Head of Education, Quality and Integration*

Good Nutrition and Hydration is fundamental for a health and wellbeing.

It is vital to deliver quality care and must be within all care delivery and be everyone's responsibility.



# Agenda



# Aims

- **Ensure best practice is embedded in your care service**
- **Know where and how to access support**
- **Support individuals to maintain activities of daily living including Oral Health**
  - **Meeting your quality and regulation requirements**
- **Empower staff and have clear staff roles and responsibilities**

# CQC Regulation 14

The intention of this regulation is to make sure that people who use services have adequate nutrition and hydration to **sustain life and good health and reduce the risks of malnutrition and dehydration** while they receive care and treatment.

To meet this regulation, where it is part of their role, **providers must** make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.

People must have their nutritional **needs assessed and food must be provided to meet those needs**. This includes where people are prescribed nutritional supplements and/or parenteral nutrition. People's preferences, religious and cultural backgrounds must be taken into account when providing food and drink.

[Regulation 14: Meeting nutritional and hydration needs - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

- Providers must include people's nutrition and hydration needs when they make an **initial assessment of their care**, treatment and support needs and in the ongoing review of these. The assessment and review should include **risks related** to people's nutritional and hydration needs.
- Providers should have a **food and drink strategy** that addresses the nutritional needs of people using the service.
- Providers must follow people's **consent wishes** if they refuse nutrition and hydration unless a best interests decision has been made under the Mental Capacity Act 2005. Other forms of authority such as advance decisions should also be taken into account.
- Nutrition and hydration assessments must be carried out by people with the **required skills and knowledge**.
- Nutrition and hydration needs should be **regularly reviewed** during the course of care and treatment and any changes in people's needs should be responded to in good time.
- A variety of **nutritious, appetising food** should be available to meet people's needs and be served at an appropriate temperature. When the person lacks capacity, they must have **prompts, encouragement and help** to eat as appropriate.
- Where a person is assessed as needing a specific diet, this must be provided in line with that assessment. Nutritional and hydration intake should be **monitored and recorded** to prevent unnecessary dehydration, weight loss or weight gain. **Action must be taken without delay to address any concerns.**
- Staff **must** follow the **most up-to-date nutrition and hydration assessment** for each person and take appropriate action if people are not eating and drinking in line with their assessed needs.
- Staff should know how to **determine whether specialist nutritional advice is required** and how to access and follow it.



- **Water must be available and accessible to people at all times.** Other drinks should be made available periodically throughout the day and night and people should be encouraged and supported to drink.
- Arrangements should be made for people to receive their meals at a different **time** if they are absent or asleep when their meals are served.
- Snacks or other food should be **available between meals** for those who prefer to eat 'little and often'.
- People should be able to make **choices** about their diet.
- **People's religious and cultural needs must be identified** in their nutrition and hydration assessment, and these needs must be met. If there are any clinical contraindications or risks posed because of any of these requirements, these should be discussed with the person, to allow them to make informed choices about their requirements.
- When a person has specific dietary requirements relating to **moral or ethical beliefs**, such as vegetarianism, these requirements must be fully considered and met. **Every effort** should be made to meet people's preferences, including preference about what time meals are served, where they are served and the quantity.
- People's food must be placed **within their reach and presented in a way that is easy to eat**, such as liquidised or finger foods where appropriate.
- Food must be served and maintained at the right temperature for the whole mealtime.
- People should be **encouraged to eat and drink independently**. They should receive appropriate support, which may include encouragement as well as physical support, when they need it.
- People must have appropriate equipment or tools to help them **eat and drink independently**.
- Each person who requires support should **have enough time to enable them** to take adequate nutrition and hydration to sustain life and good health

# Alison Smith

*Prescribing Support Consultant Dietician  
Hertfordshire Community NHS Trust*



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Integrated Care Board

# Malnutrition and older adults

Alison Smith

Prescribing Support Consultant Dietitian

Working together  
for a healthier future



# Malnutrition and older adults

- Malnutrition
- Healthy eating
- Nutrition screening
- Managing malnutrition in care homes
- What are we trying to achieve?
- A whole Home approach



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# Malnutrition

- Poor nutrition
  - Overnutrition
  - Undernutrition
- Not inevitable
- Caused by and a cause of poor health
- More common in older adults
- Commonly occurs in combination with frailty
- Health and Social Care Act Regulation 14 (Meeting nutritional and hydration needs) requires care homes to provide: “*adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration*”



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# Healthy eating



Adulthood - Keep healthy, prevent illness

**Healthy Eating**

- Balanced, varied diet
- Low fat
- Low salt
- Low sugar
- High Fibre
- 5 a day
- Hydration
- Limit alcohol
- Achieve and maintain healthy BMI



Older age - Prevent frailty & malnutrition

**Eating for Health (focus on diet quality)**

- Nutrient rich, balanced diet in combination with activity
- Higher protein
- Vitamins
- Minerals
- Hydration
- Maintain weight at a healthy BMI

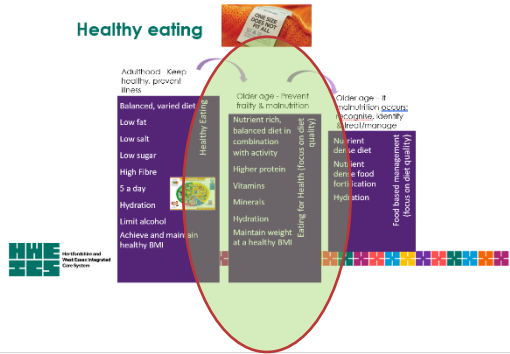
Older age – If malnutrition occurs: recognise, identify & treat/manage

**Food based management (focus on diet quality)**

- Nutrient dense diet
- Nutrient dense food fortification
- Hydration



## Healthy eating



# Healthy eating in older age



## Eating, drinking and ageing well

Having a nutrient-rich diet over the age of 65 is important for everyone, which means choosing foods with slightly more protein, calcium, folate (folic acid) and vitamin B12. The amount of carbohydrates, sugar, fibre, fat, and salt you need are likely to remain the same as for younger adults.

### Enjoyment of eating and drinking



Taking pleasure in food and drink can help you eat well and maintain your health.

Enjoyment can be increased by getting involved in choosing food and drinks that you like and preparing, cooking and serving meals. For some, sharing a meal with friends or family helps or for others eating alone is more beneficial.

Cultural and religious identity is often linked with food and drink too and is there to be celebrated.

### Weight



As you get older maintaining your weight is usually best

for good health, giving you enough energy to stay well, socialise and be active.

If you have a low body weight you may need some support. If you are very overweight, losing weight may be good for your health but it is important to still eat a nutrient-rich diet, take regular activity and maintain muscle. If you are slightly overweight, losing weight might not actually improve your health.

### Activity



Moving more and keeping active, together with eating a nutrient-rich diet keeps your muscles, bones and joints strong.

Some is good, more is better | Make a start today: it's never too late | Every minute counts

**Be active**

at least 150 minutes moderate intensity per week OR at least 75 minutes vigorous intensity per week

**Build strength** on at least 2 days a week

**Minimise sedentary time** Break up periods of inactivity

**Improve balance** 2 days a week

*To keep muscles, bones and joints strong*

*For older adults, to reduce the chance of frailty and falls*

\* Infographic reproduced from UK Chief Medical Officers' Physical Activity Guidelines 2019 - Contains public sector information licensed under the Open Government Licence v3.0. <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>

### Vitamin D



Vitamin D supports bones, muscles and teeth. It helps preserve muscle strength, preventing falls, the softening of bones and the risk of fractures.

Vitamin D supplements purchased from a supermarket or pharmacy should provide 10micrograms (400 IU) each day and are the most effective way to meet your needs.

They should be taken in winter but you may benefit from them all year round. Vitamin D3 is your best choice, however, people following a vegan diet may find vitamin D2 more useful.



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EAT THE RAINBOW

### Fruit and vegetables

Fruit and vegetables provide a wide range of vitamins and minerals. Have at least five varied portions every day. Pick leafy greens like kale, spinach, and lettuce which are good sources of folate.

1 portion =
80g fresh, frozen or canned
30g dried



1 portion =
190g cooked pasta, rice or grains
80g bread or chapati/roti
30g breakfast cereal or flour
150g potato, sweet potato, yam, cassava, plantain

### Carbohydrate (Starchy)

Carbohydrates provide energy, especially for the brain. Have one portion of something starchy at each meal.

### Fibre

Fibre gets your gut working normally, supporting good gut bacteria and it can also help mental health. To help maintain a healthy gut choose wholegrain carbohydrate options and eat fruit, vegetables, beans and lentils.

### Fat

Fats are high in energy and should be eaten sparingly but they can help you absorb vitamins like A, D, E and K. Limit high-fat foods like processed meats and pastries. Swap butter/ ghee for unsaturated vegetable, rapeseed, olive and sunflower oils and spread. Nuts and seeds are also good choices.

### Protein

Protein is good for muscle strength, so have at least one portion with each meal. Consider having two or more portions of fish per week, one of which is oily, such as salmon or mackerel. Limit processed meats.

1 portion =
90g cooked meat or poultry
140g fish or shellfish
2 eggs
100g meat alternative
150g cooked beans or lentils
30g nuts

### Milk and milk-based foods

Milk and milk-based products are a key source of calcium. Have three portions of milk and milk-based products per day such as milk, yoghurt, or cheese. If you don't like, or can't have milk and milk-based foods, choose calcium-fortified milk-free alternatives.

1 portion =
200ml milk
30g cheese
125g yoghurt

### Vitamin B12

Intake can be low in older adults but vitamin B12 can help maintain energy levels and health. Regularly have foods fortified with it, for example breakfast cereals or yeast extract, or have animal products including lean meat, fish, poultry, eggs, milk and milk-based foods as outlined above.

## Drinking enough?

Fluid is also important as you age. As you get older, you might not recognise the feeling of thirst as you used to, but you still need to drink. All fluids count, not just water. Other fluids include tea, coffee, milk, squash, fruit juice, fizzy drinks, hot chocolate and weak alcoholic drinks (up to 4% strength (ABV)). Water, tea, coffee (without added sugar) and milk are the best choices for your teeth. Men and women have slightly different fluid needs:

**WOMEN** at least 1600 ML per day = 3 PINTS

**MEN** at least 2000 ML per day = 3½ PINTS

250ml = 7-8 FULL MUGS A DAY

150ml = 11-14 FULL CUPS A DAY

Cups & glasses can be lots of different sizes so it's important to know how much fluid they hold. Drinking often during the day can be the key to getting all the fluid you need.

If you drink less than the amount advised and are worried that drinking more might cause you problems controlling your bladder, please discuss this with a healthcare professional.



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**Alcohol** Alcohol isn't an essential nutrient and intake should not exceed national recommendations of 14 units per week. Spread your intake across the week, rather than drinking in large quantities in one go – and have some alcohol-free days.



**Sugar** Sugar doesn't provide the body with anything it needs to keep well. Limit your intake of sweet snacks, sugary drinks and confectionery.



**Salt** Salt can make food tastier but too much can increase your risk of high blood pressure. Limit it and try replacing with herbs, spices, garlic, vinegar and lemon juice. Reduce your intake of processed meats and salty snacks, as well as the amount of salt you add when cooking or at the table.

# Nutrition screening

- Identifying malnutrition is key, however screening for malnutrition can be challenging...
  - Screening tool
  - BMI
  - Weight loss
  - Training
  - Audit
  - Electronic notes systems

Health and Social Care Act Regulation 14 (Meeting nutritional and hydration needs) states that:

- *“Nutrition and hydration assessments must be carried out by people with the required skills and knowledge*
- *The assessments should follow nationally recognised guidance and identify, as a minimum*
  - *requirements to sustain life, support the agreed care and treatment, and support ongoing good health”*



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# Screening is only the start...

- Managing malnutrition
  - Person centred
  - Food based
  - Nutrient dense
  - Does not require dietitian input for every resident

Health and Social Care Act Regulation 14 (Meeting nutritional and hydration needs) states that:

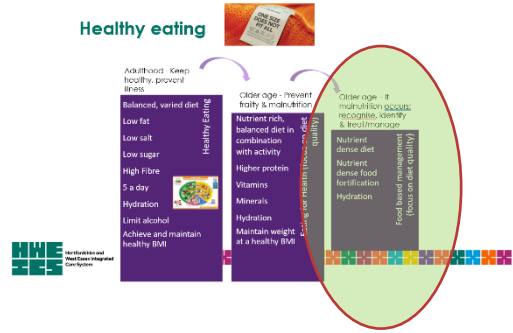
- *“Where a person is assessed as needing a specific diet, this must be provided in line with that assessment*
- *Nutritional and hydration intake should be monitored and recorded to prevent unnecessary dehydration, weight loss or weight gain*
- *Action must be taken without delay to address any concerns”*



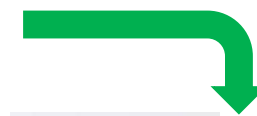
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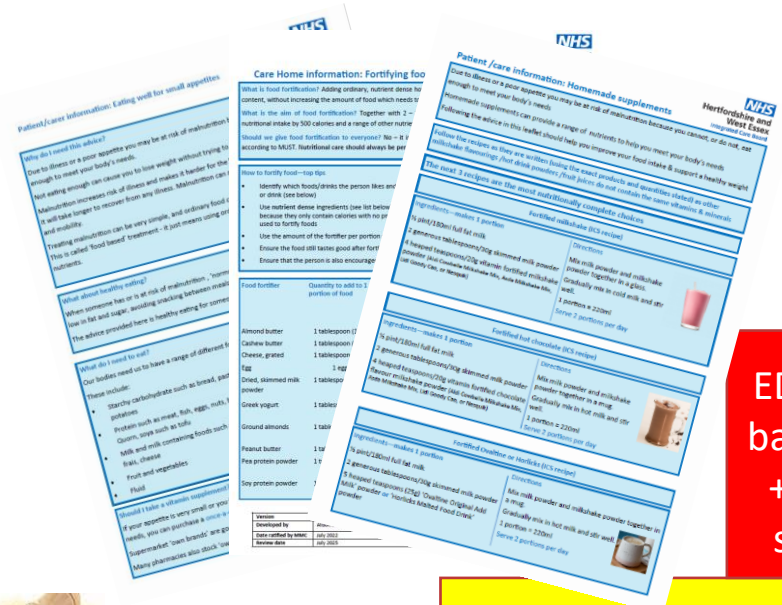
# Older age – If malnutrition risk is identified: Recognise & manage



For those at risk of malnutrition, management should be based on **nutrient dense** meals, snacks and fortification of food with **nutrient dense** ingredients



Nutrient density simply means using foods or ingredients which contain a wide range of nutrients including energy, protein, vitamins and minerals and may include fibre



ED&AW + Food based approach + Homemade supplements

ED&AW + Food based approach to management

Eating, Drinking & Ageing Well (ED&AW)



MUST High risk

MUST Medium risk

MUST Low risk

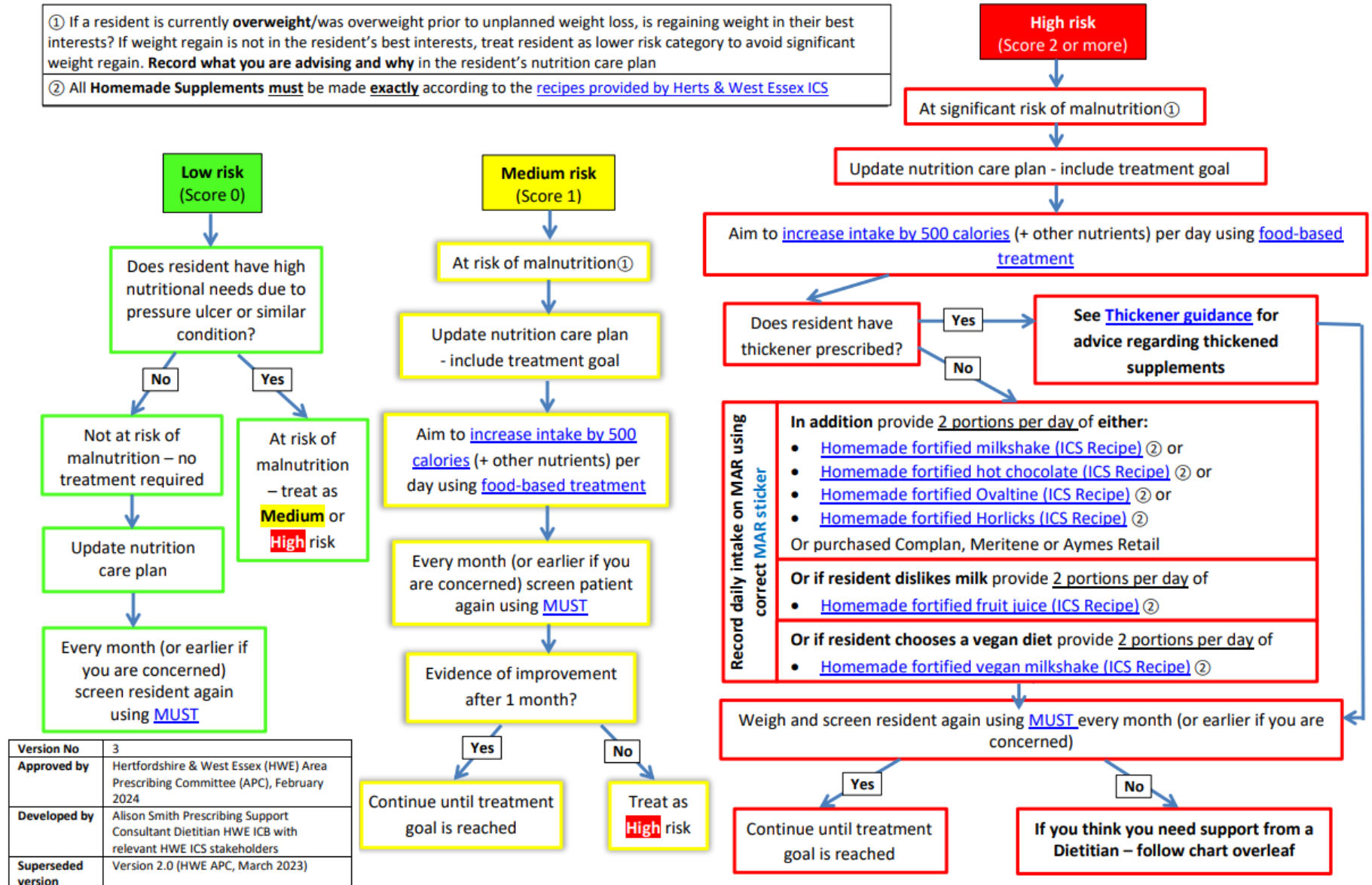


# Managing malnutrition in care homes in Hertfordshire and West Essex

Care Home malnutrition management pathway (based on MUST) – \*Pathway must be followed before referring to the Dietitian\*

① If a resident is currently **overweight**/was overweight prior to unplanned weight loss, is regaining weight in their best interests? If weight regain is not in the resident's best interests, treat resident as lower risk category to avoid significant weight regain. **Record what you are advising and why** in the resident's nutrition care plan

② All **Homemade Supplements** **must** be made **exactly** according to the [recipes provided by Herts & West Essex ICS](#)

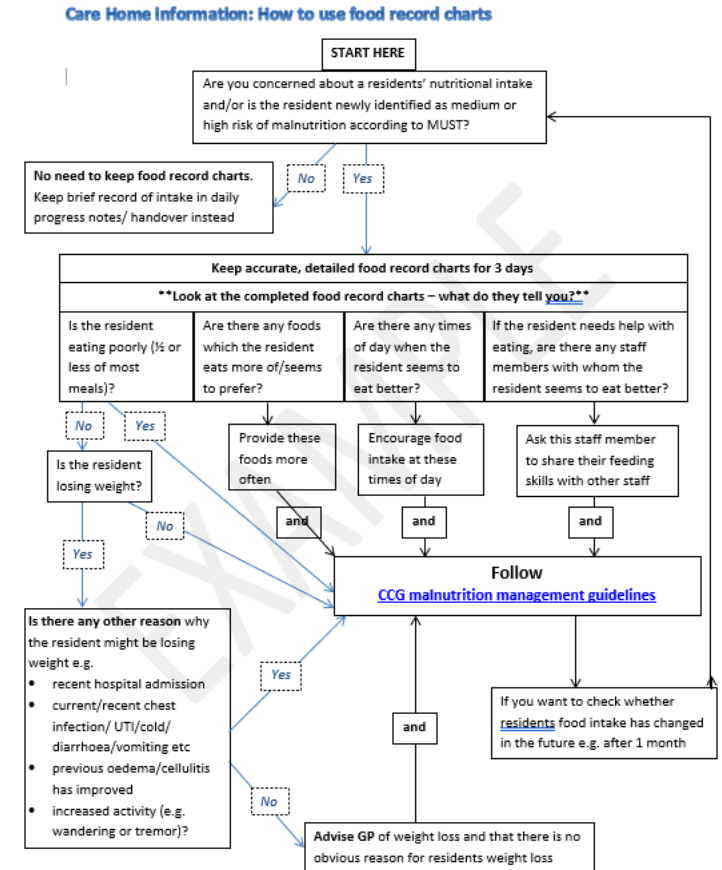


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Version No	3
Approved by	Hertfordshire & West Essex (HWE) Area Prescribing Committee (APC), February 2024
Developed by	Alison Smith Prescribing Support Consultant Dietitian HWE ICB with relevant HWE ICS stakeholders
Superseded version	Version 2.0 (HWE APC, March 2023)

# Monitoring intake?

- Food record charts
  - What is their purpose?
  - For how long are they going to be completed?
  - How and by whom are completed food charts going to be used?



# Prescribed oral nutritional supplements (ONS)

- Contain nothing that food does not also contain
- Palatability/enjoyment
- Psychological dependence/unrealistic expectations
- Lack of independent evidence
- Significant cost to the NHS
- Health and Social Care Act Regulation 14 (Meeting nutritional and hydration needs) requires care homes to provide: “adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration”



# Prescribed ONS compared with purchased & homemade supplements

Product	Volume	Energy content	Protein content	Cost to the NHS	Cost to the Care Home
Standard RTD milkshake ONS	200ml	300kcal	12g	£0.99 - £3.33*	£0.00
Standard powder ONS (made with milk)	230ml	388kcal	15.6g	£0.44 - £0.73*	£0.22
Purchased Complan	230ml	387kcal	15.6g	£0.00	£1.25**
Homemade fortified milkshake	220ml	305kcal	17g	£0.00	£0.61**
Homemade Fortified Horlicks/Ovaltine	220ml	319Kcal	18.4-19.3g	£0.00	£0.73/£0.79**



**Fortified milkshake/hot chocolate/Ovaltine or Horlicks (ICS recipe)**

<p><b>Ingredients—makes 1 portion</b></p> <p>½ pint/180ml full fat milk</p> <p>2 generous tablespoons/30g skimmed milk powder</p> <p>4 heaped teaspoons/20g vitamin fortified milkshake powder (Aldi Cowbelle Milkshake Mix, Asda Milkshake Mix, Lidl Goody Cao, or Nesquik) OR 5 heaped teaspoons (25g) 'Ovaltine Original Add Milk' powder <b>or</b> 'Horlicks Malted Food Drink' powder</p>	<p><b>Directions</b></p> <p>Mix milk powder and milkshake powder together in a glass.</p> <p>Gradually mix in cold/hot milk (to preference) and stir well.</p> <p>1 portion = 220ml</p> <p>Serve 2 portions per day</p>
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\*Prices correct May 2024  
 \*\* Prices correct January 2024

**Nutritionally, all products are almost identical**



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# What are we trying to achieve?

- Setting realistic/achievable management goals
- Why are staff trying to achieve and what do they want you to achieve and why?
- What do residents want you to achieve and why?
- Is weight gain the only thing to consider?
- How realistic are management goals?
- What is possible?

*What does the resident want?*

Health and Social Care Act Regulation 14 (Meeting nutritional and hydration needs) states:

- *"The nutritional and hydration needs of service users must be met [but this] does not apply [where] the meeting of such nutritional or hydration needs would:*
  - *result in a breach of regulation 11 (Care and treatment of service users must only be provided with the consent of the relevant person)*
  - *not be in the service user's best interests"*



# Is there more to this than just meeting nutrition and hydration needs?

- Eating and drinking are important for more than just their nutritional content
- Research suggests that eating together is a core human activity and is important for building social groups (Abdelhamid et al 2016)
- Mealtimes reflect identity and enable us to make and maintain connections with others
- Eating with others can also help increase appetite and food intake
- Food can be an important aspect of living with purpose



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## A 'whole home approach' means:

- Nutrition isn't one person or one professions responsibility
- Everyone has a part to play
- Care is person centred
- Communication is key
- There is an understanding that you might not be able to prevent all malnutrition and dehydration... but you can still optimise intake and quality of life
- Collaborative working both within the Home and with external NHS staff



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# Conclusions

- We may not be able to prevent or reverse all malnutrition
- Communication and consistency are key
- Know what your local NHS guidance says about identifying and managing malnutrition and follow it
- Focus on optimising intake and quality of life and support others to understand this
- Focus on what residents want



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# Thank you – Any questions?

- Alison Smith RD  
Prescribing Support Consultant Dietitian, Hertfordshire and West Essex Integrated Care Board




- Committee member



and

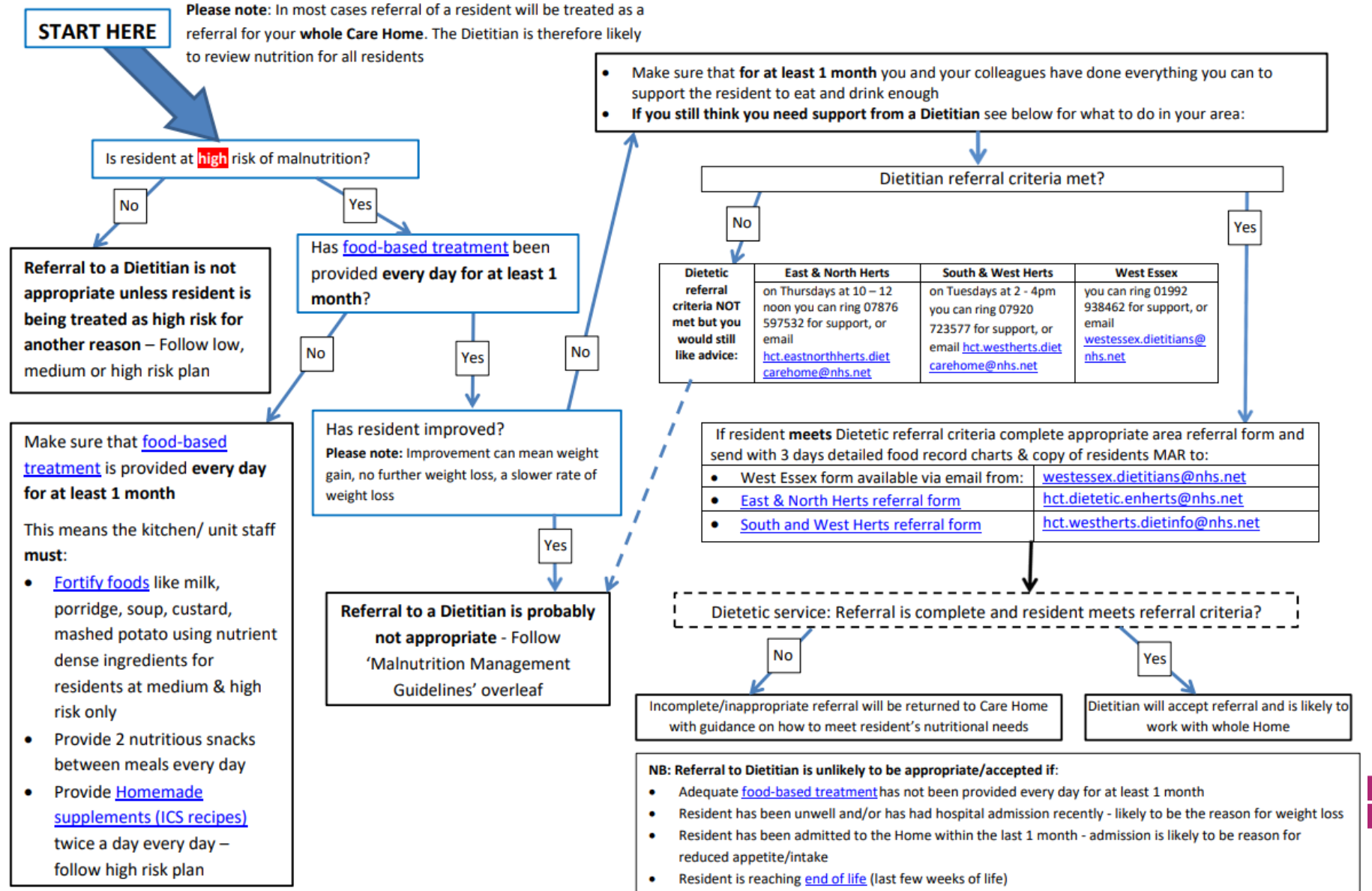


- Chair- Department of Health and Social Care Advisory Committee on Borderline Substances (ACBS)
- Chair - PrescQIPP Nutrition Virtual Professional Group
- Vice chair – Care Home Digest Working Group
- Judge – National Association of Care Catering (NACC) Care Chef and Care Awards
- Named as one of “20 most influential” in Public Sector Catering 2022
- Founding member – SPARC  Swallow Perspectives, Advocacy and Research Collective
- Committee member - UK Swallow Research Group



# Managing malnutrition in care homes in Hertfordshire and West Essex

## Care Home malnutrition management pathway - Referring a care home resident to the Dietitian because of malnutrition



# Christopher Key

*Clinical and Operational Lead for Nutrition and Dietetics  
Hertfordshire Community NHS Trust*



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## Local support and how to access

Monday 13th May 2024

**Working together**  
for a healthier future



# Topics Covered

- Care Home Malnutrition Management Pathway
- Appropriate and inappropriate dietetic referrals
- Contact details for advice and guidance
- Resources and guidelines



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# Care Home Malnutrition Management Pathway – Guidelines for all Care Homes in HWEICS

**Pathway must be followed prior to the consideration of dietetic referral.**

**2 sections:**

1. Care Home responsibilities. Management of malnutrition linked to MUST score including Nutrition Plans.
2. Pathway for Dietetic referral – including referral details.



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### Identifying Malnutrition

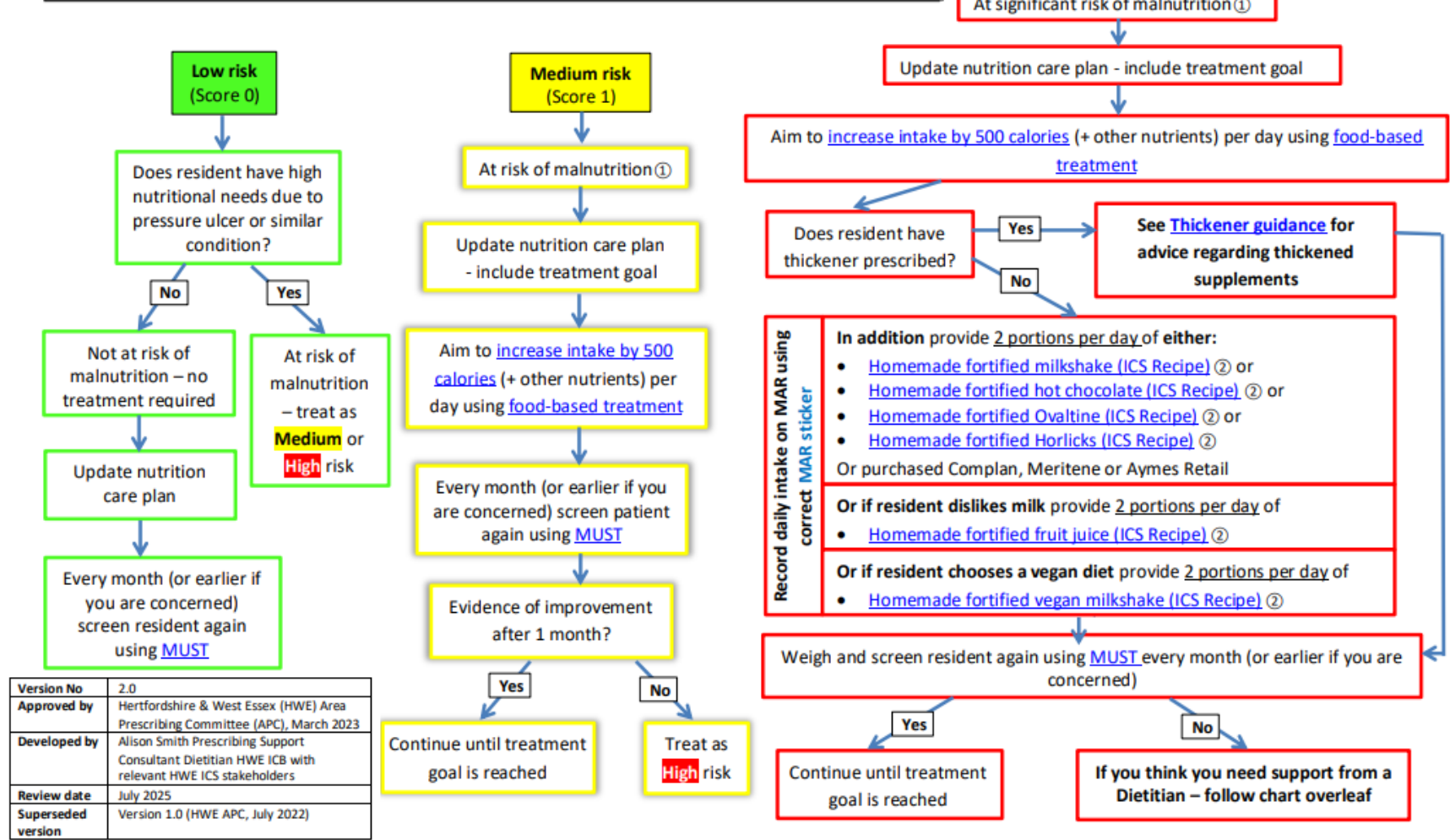
Weigh and screen every resident using 'MUST' monthly (or earlier if you are concerned)

### Treating Malnutrition

Provide fortified foods if the person is at medium or high risk of malnutrition according to MUST; Provide homemade fortified milkshakes in addition if the person is at high risk of malnutrition according to MUST  
 Monitor Complete MUST every month (or earlier if you are concerned)  
 Consider referral to a dietitian only when it is appropriate

## Care Home malnutrition management pathway (based on MUST) – \*Pathway must be followed before referring to the Dietitian\*

- ① If a resident is currently **overweight**/was overweight prior to unplanned weight loss, is regaining weight in their best interests? If weight regain is not in the resident's best interests, treat resident as lower risk category to avoid significant weight regain. **Record what you are advising and why** in the resident's nutrition care plan
- ② All **Homemade Supplements** must be made **exactly** according to the [recipes provided by Herts & West Essex ICS](#)



Version No	2.0
Approved by	Hertfordshire & West Essex (HWE) Area Prescribing Committee (APC), March 2023
Developed by	Alison Smith Prescribing Support Consultant Dietitian HWE ICB with relevant HWE ICS stakeholders
Review date	July 2025
Superseded version	Version 1.0 (HWE APC, July 2022)



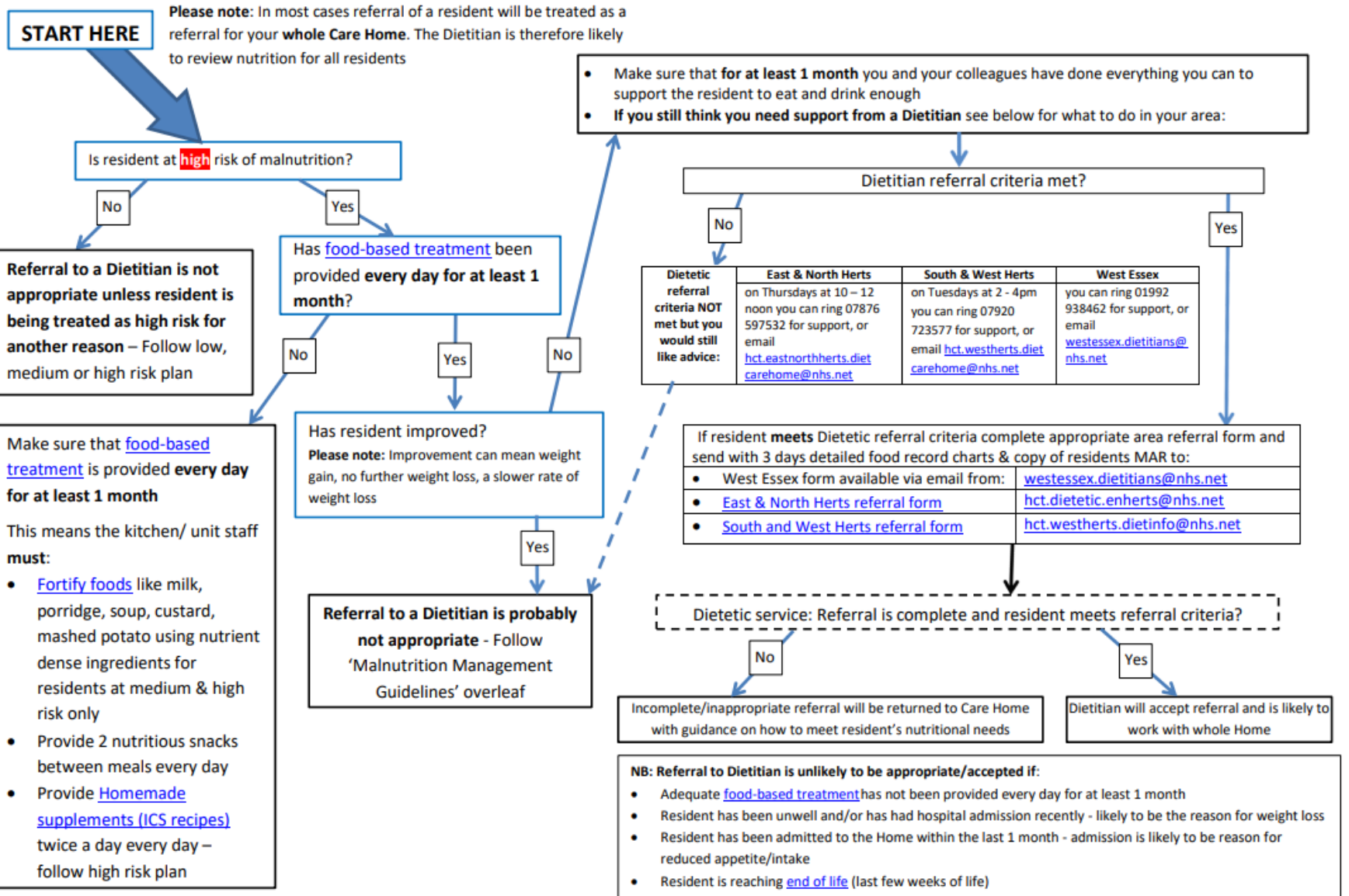
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# Care Home malnutrition management pathway -

## Referring a care home resident to the Dietitian because of malnutrition

### Care Home malnutrition management pathway - Referring a care home resident to the Dietitian because of malnutrition



Care Home Managing Malnutrition Pathway



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# What should care homes do?

The pathway details the steps you need to take if a resident is at risk of malnutrition.

## MUST of 1:

- Aim to increase intake by 500 calories (+ other nutrients) per day using food-based treatment

[Patient/carer information: Eating well—Quick guide](#)

## MUST of 2:

- Aim to increase intake by 500 calories (+ other nutrients) per day using food-based treatment

AND

- Offer 2 homemade fortified drinks a day as per ICB recipes (links on the [Care Home Managing Malnutrition Pathway](#)). Please ensure guidance is followed for residents on thickened fluids. [Thickeners & thickened ONS guidance](#)



# General guidance

- Care homes should continue to monitor the resident's general condition including skin, bowels, MUST screening, weight, food intake and change in appetite.
- Provide food and drink that the resident prefers of the appropriate texture; with the aim of optimising nutritional status.
- Encourage and assist with food and drink.
- Follow the ICB care home malnutrition management pathway



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# Dietetic support

When needing further advice, the dietitians can support you with advice, guidance and training; focusing on a whole home approach to treat malnutrition.

	EN Herts	SW Herts	West Essex
Referral criteria not met but would like advice	Thursdays at 10 – 12 noon you can ring 07876 597532 for support, or email <a href="mailto:hct.eastnorthherts.dietcarehome@nhs.net">hct.eastnorthherts.dietcarehome@nhs.net</a>	Tuesdays at 2 - 4pm you can ring 07920 723577 for support, or email <a href="mailto:hct.westherts.dietcarehome@nhs.net">hct.westherts.dietcarehome@nhs.net</a>	You can ring 01992 938462 for support, or email <a href="mailto:westessex.dietitians@nhs.net">westessex.dietitians@nhs.net</a>
Referral Form	<a href="#">Nutrition &amp; Dietetics Referral Form - East &amp; North</a>	<a href="#">Nutrition &amp; Dietetics Referral Form - South &amp; West</a>	Available from: <a href="mailto:westessex.dietitians@nhs.net">westessex.dietitians@nhs.net</a>
Email to submit referral form	Electronic referral form therefore no emails of forms are accepted	Electronic referral form therefore no emails of forms are accepted	<a href="mailto:epunft.carecoordinationcentre.west.2023@nhs.net">epunft.carecoordinationcentre.west.2023@nhs.net</a>

## Examples of appropriate dietetic referrals:

- Resident at high risk and with dysphagia and thickener prescribed
- Resident on tube feeding. Will require referral to local home enteral tube feeding service.
- Rare and rapid neurological conditions e.g. Motor Neurone Disease, Progressive Supranuclear Palsy
- If unsure, check local referral forms and contact the relevant team for further advice



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## Referrals for end of life

- Patients in the last year of life but not imminently dying are appropriate to refer if the resident meets referral guidelines.
- Referral to a dietitian when a patient is at the very end of life (last few weeks/days) is unlikely to be appropriate. The input of the dietitian cannot change the outcome for the patient.
- Please refer to end of life ICB guidance:
  - [Position statement - ONS & end of life](#)
  - [Carer information: Eating and drinking at end of life](#)



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# Summary

- Follow Care Home Malnutrition Management Pathway
- Know who and where to contact when you need help
- Use the following supporting resources and guidelines



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# Adult ONS & Nutrition Support Guidance

- [Adult ONS in primary care - Quick Guide](#)
- [Care Home Managing Malnutrition Pathway](#)
- [Care homes & ONS - Relatives and friends information](#)
- [Carer information: Eating and drinking at end of life](#)
- [Patient/carer information: Eating well—Quick guide](#)
- [Patient/carer information: Eating well for small appetites](#)
- [Care Home information: Fortifying food](#)
- [Patient /care information: Homemade supplements](#)
- [Position Statement: Dessert Style Oral Nutritional Supplements \(ONS\)](#)
- [Position statement - ONS & end of life](#)
- [Position statement - Prescribed nutritional products](#)
- [Position statement - ONS & care homes](#)
- [Thickeners & thickened ONS guidance](#)

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Prescribing, Policies and Pathways

Home > All Clinical Areas & Documents > Nutrition & Hydration

Find clinical documents

search (or leave blank for all documents) Search

or

Nutrition & Hydration Browse

Document type:

- Clinical pathways
- Patient information
- Position statement
- Prescribing guideline

RAG rating: ⓘ

- Double Red
- n/a

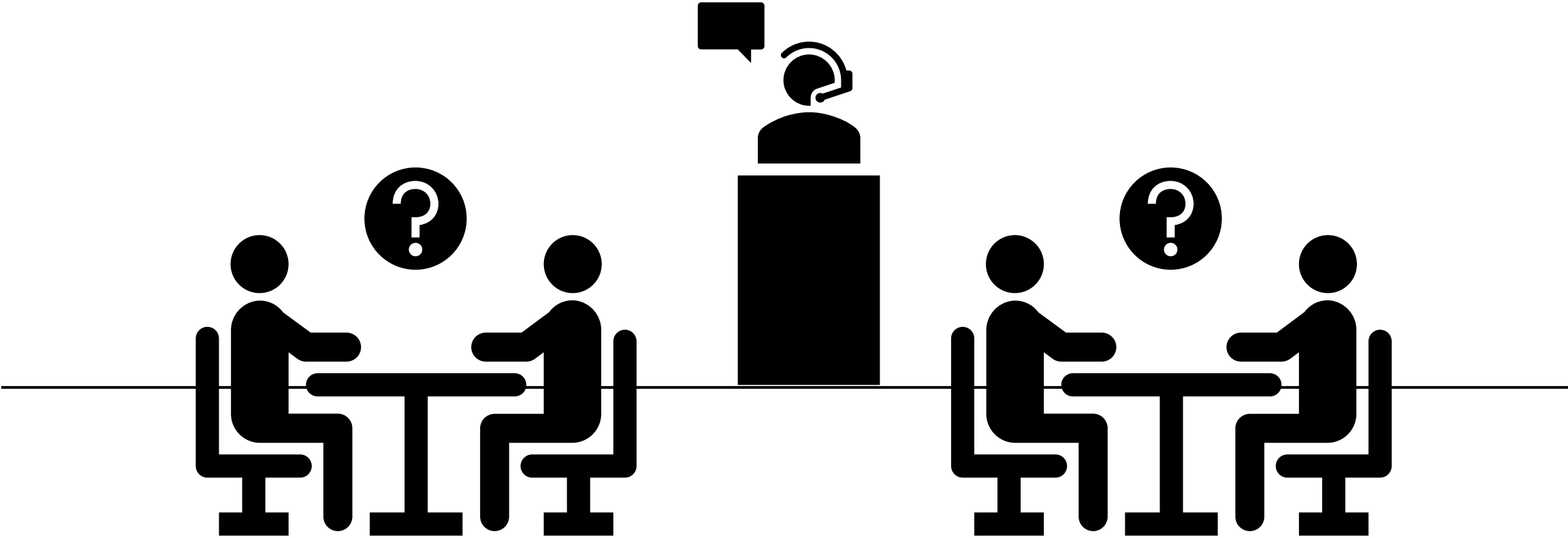
Place:

- Hertfordshire and West Essex ICB

Medicine / Guideline	Indication	RAG rating	Document type	Place
Adult ONS in primary care - Quick guide	Nutrition support - Malnutrition	n/a	Prescribing guideline	Hertfordshire and West Essex ICB
Care home malnutrition management pathway	Nutrition support - Malnutrition	n/a	Clinical pathways	Hertfordshire and West Essex ICB
Care homes - Fortifying food	Nutrition support - Malnutrition	n/a	Patient information	Hertfordshire and West Essex ICB
Care homes & ONS - Relatives and friends information	Nutrition Support - Malnutrition	n/a	Patient information	Hertfordshire and West Essex ICB
	Nutrition support - End		Patient	Hertfordshire and West



# Questions?



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West Essex Integrated  
Care System





Hertfordshire and  
West Essex Integrated  
Care System

## Other challenges within care homes – FAQ and Discussion

Monday 13th May 2024

**Working together**  
for a healthier future



# FAQs

- I have a patient who does not meet the dietetic referral criteria but I am concerned about. What should I do?
- Does the GP or Dietitian still recommend prescribed nutritional supplements?
- Aren't prescribed nutritional supplements better than homemade?
- Does the dietitian have a fact sheet to help our chefs fortify food?
- Isn't the MUST screening tool out of date for identifying malnutrition?



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# FAQs

- Does adding weekly weights affect the MUST score?
- We had a patient lose 3kg in 1 month. They were in hospital for 2 weeks unwell. Should we refer?
- Can we refer patients with skin integrity issues?
- What support or training can I get by contacting my dietetic team?
- Our company gives different advice to the ICB in relation of when to refer residents.
- Residents don't like the homemade fortified milkshakes. Do we need a prescribed supplement?

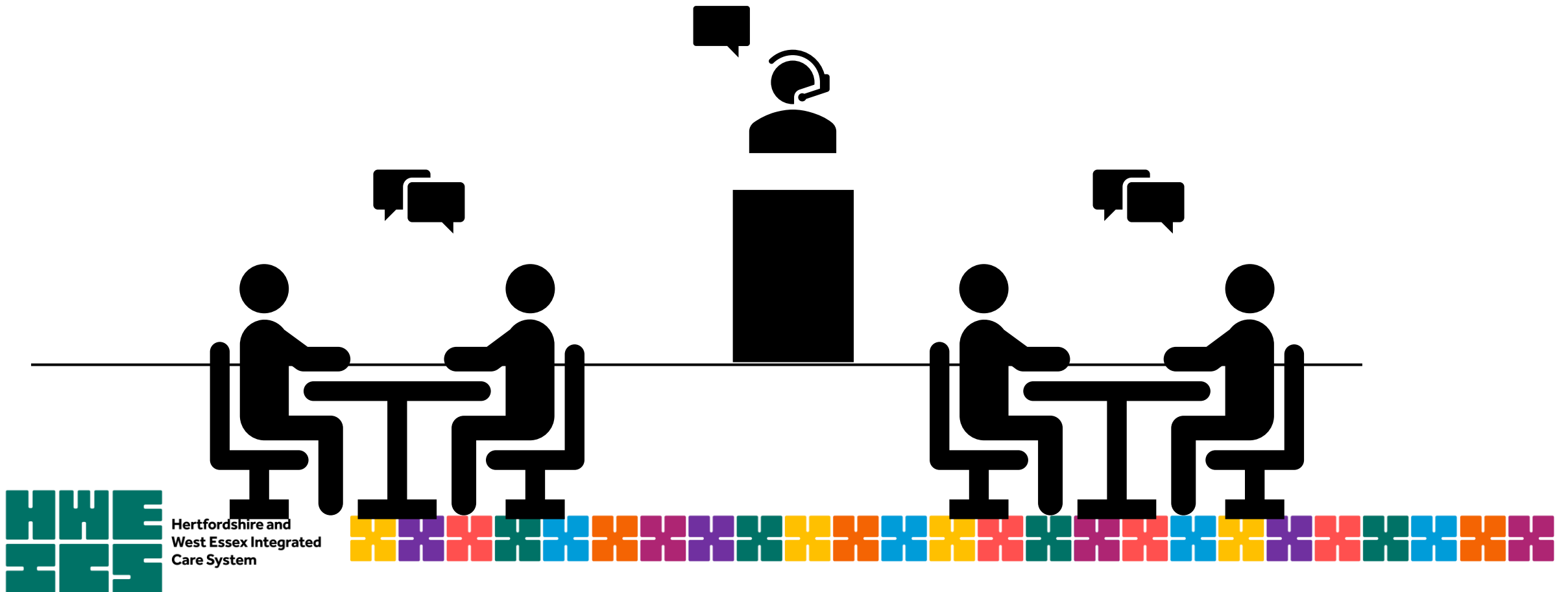


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Care System



# Discussion

What Support do you need?  
*What challenges are you facing?*  
*What good practice can you share?*



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# Comfort Break





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Care System



Hertfordshire and  
West Essex  
Integrated Care Board

# Hydration and older adults

Alison Smith

Prescribing Support Consultant Dietitian

Working together  
for a healthier future





# How do you manage hydration in your service?

Join at  
**slido.com**  
**#1048 342**



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# Hydration and older adults

- Dehydration
- Fluid requirements
- Myth busting
- Encouraging fluid intake



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# Hydration and older adults

- Dehydration
- Fluid requirements
- Myth busting
- Encouraging fluid intake



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# Recognising dehydration in older people

- Identifying low intake dehydration in older people is challenging because:
  - There is currently no validated screening tool for dehydration
  - A number of studies have established that all commonly used signs and symptoms of dehydration (including assessment of fluid intake, urine colour, urine volume, dry mouth and feeling thirsty):
    - lack even basic levels of diagnostic accuracy for dehydration
    - are not appropriate to use, and should not be relied on to assess either presence or absence of dehydration in older people (Hooper et al 2015, Volkert et al 2018, Bunn & Hooper 2019)



# Recognising dehydration in older people

- Studies therefore:
  - Advise that commonly used signs and symptoms **should not** be used or advised as a way of assessing/indicating low-intake dehydration, including by policy makers
  - However they also acknowledge that there is a reluctance to discontinue use of these ineffective methods of assessment, despite the evidence
  - Conclude that low intake dehydration should simply be assumed for all dependent, older people (Hooper et al 2015, Bunn & Hooper 2019)
- European wide guidance advises that currently, identifying low intake dehydration requires directly measured serum or plasma osmolality (Volkert et al 2018)



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# Daily fluid requirements

- Older women – 1,600ml per day
  - = 7 full (250ml) mugs/ 11 full (150ml) cups



- Older men – 2,000ml per day
  - = 8 full (250ml) mugs/ 13 full (150ml) cups



# Improving fluid intake – Myth busting

- We should encourage water in preference to other fluids
- Drinks containing caffeine are dehydrating and should not be encouraged
  - All fluids (including alcoholic drinks of up to 4% ABV) are hydrating, including drinks containing caffeine
  - Personal preference is really important
- We should encourage high fluid foods
- We should estimate/calculate how much fluid is in food
  - Food provides 20% of our fluid intake but fluid content of food does not need to be estimated/recorded
  - Some foods are high in fluid but be aware that they are may be low in other nutrients
- We should calculate how much fluid every resident needs to drink
  - We should aim for 1,600ml fluid for women and 2,000ml for men but recognise some residents will not drink this much...



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# Improving fluid intake – Myth busting

- People at risk of incontinence should be encouraged to:
  - Limit fluid intake in the evening
  - Avoid caffeine
  - Avoid fizzy drinks
  - There is no increased risk of incontinence with a higher fluid intake or with certain drink choices
- Keeping fluid record charts for residents is good practice
  - Assessment of fluid intake by others is often very inaccurate
  - European guidance advises that within health and social care settings, fluid intake or fluid balance should only be assessed by specifically trained personnel in specialist medical units (Volkert et al 2018)
  - Fluid charts are likely to work best where older people can complete them themselves
- Older people only need to drink when they feel thirsty
  - Thirst recognition decreases as we age...



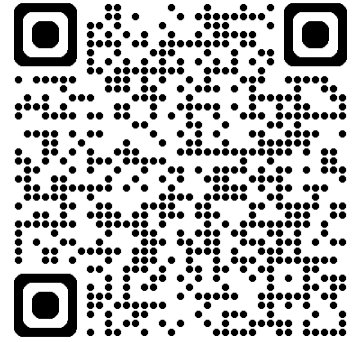
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Care System





# What can help encourage fluid intake?

- Behavioral strategies including:
  - Verbal reminders
  - Increased choice
  - Increased availability of drinks
- Use medications and mealtimes as prompts
- Support individual taste preferences
- Offer and encourage variety
- Focus on drinking as a pleasurable experience
- Recognise and acknowledge fear of incontinence, support and enable management



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# Conclusion

- Improving hydration for older, frail and dependent people is important
- We may need to start thinking differently about some of the things we've always 'known' about hydration, and we may need to support our colleagues to do the same
- Starting today, **what will you do** in your workplace to help your patients/clients improve their fluid intake



# Thank you – Any questions?

- Alison Smith RD  
Prescribing Support Consultant Dietitian, Hertfordshire and West Essex Integrated Care Board




- Committee member



and



- Chair- Department of Health and Social Care Advisory Committee on Borderline Substances (ACBS)
- Chair - PrescQIPP Nutrition Virtual Professional Group
- Vice chair – Care Home Digest Working Group
- Judge – National Association of Care Catering (NACC) Care Chef and Care Awards
- Named as one of “20 most influential” in Public Sector Catering 2022
- Founding member – SPARC  Swallow Perspectives, Advocacy and Research Collective
- Committee member - UK Swallow Research Group



# Paul O'Hara

Key Account Manager  
apetito



# An Intro to apetito



*Making a real difference*

Paul O'Hara – Key Account Manager

# Agenda

1. Provider challenges
2. About apetito – our business and core values
3. Trust apetito
4. Commercial Benefits
5. Questions



# Provider challenges



People



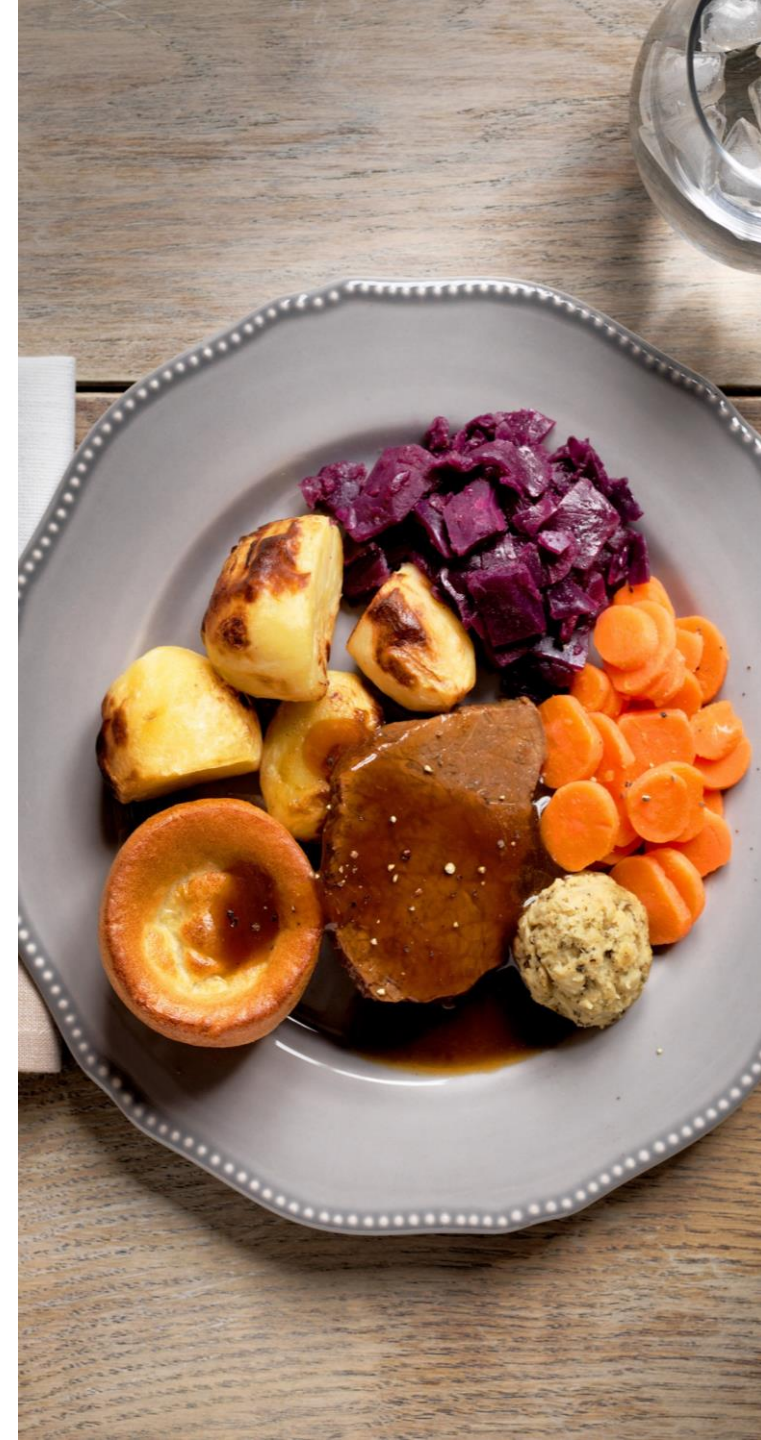
Quality



Risk



Costs



# apetito group

Sales

€1bn globally

Team apetito

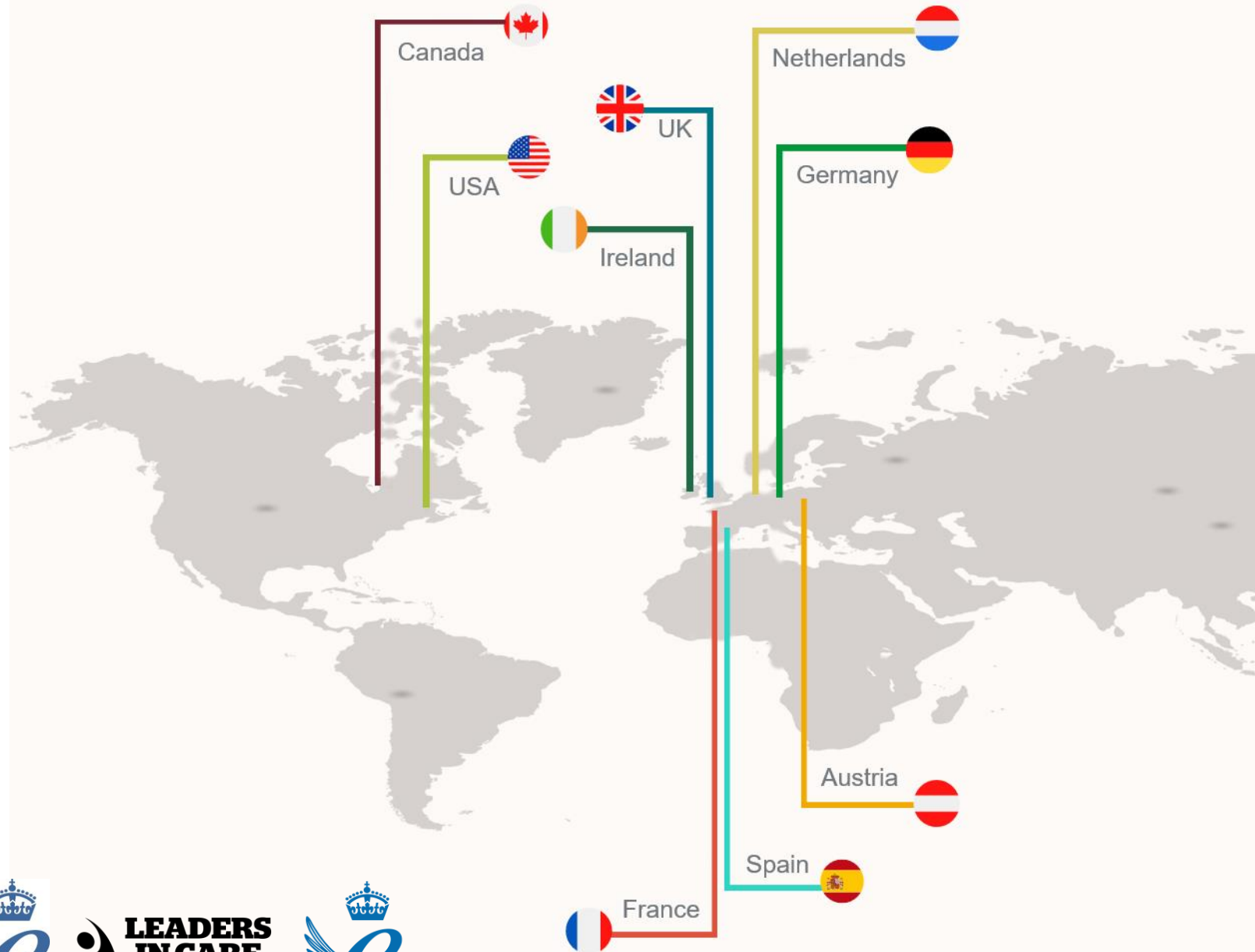
11,500 employees

apetito Growth

22 years of growth

Family Owned

*"Success through partnership"*





# What we do



Care Homes & Villages



Nurseries



Schools



Community Meals



Healthcare



Wiltshire Farm Foods



Manufacturing



Customer Service



NPD



Specialist Nutrition



Laboratory

# Enhancing health & well-being

Full IDDSI Range

Energy Dense

Allergen Free

Reduced Sugar

Vegan & vegetarian

Healthier Choice

Cultural Range

Finger Foods



Level 3  
Liquidised



Level 4  
Puree



Level 5  
Minced & Moist



Level 6  
Soft & Bite-Sized



Cultural Meals



Finger Food Bites



# Ethical & sustainable



Since installing *solar panels* at our head office, our production and distribution system is becoming more and more *sustainable*.



Solar energy has saved the equivalent of 297.5 average UK household's annual electricity use.



The electricity generated has allowed us to save the equivalent of 488.3 tonnes of CO2 emissions.



Our solar panels have offset the equivalent of planting 2484 trees since installed.

# Passion for service

When partnering with *apetito* you receive a dedicated Client Development Manager and Customer Service Advisor and have access to in-house Nutritionist and Dietetic support



*Stephen Cooke*  
Your dedicated CDM



*Christine Berry*  
CS Manager



*Caitlin Kitson ANutr*  
CH Nutritionist



*Emily Stuart RD*  
*apetito* Dietician



Budget  
Control



Financial  
reviews



Tastings  
& Menu  
reviews



Bespoke  
events  
Calendar



Culinary  
Training



Resident  
feedback



Resident  
Nutrition



# Activities & Theme Days

## Themed menus



## Tastings Days

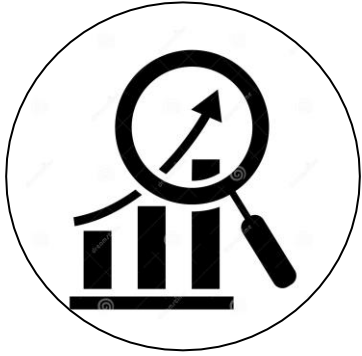


## A month at the movies!



## The Grand World Tour!

# Commercial Benefits



# Why apetito?

Experts in  
food for the  
care sector

Over 250  
dishes

Delicious &  
nutritious  
food  
everyday

Award  
winning  
special  
diets range

Tailored  
partnership  
approach

Food waste  
reduction

Cost  
effective  
kitchen  
model

Food safety  
guaranteed

# Enjoy a free tasting in your Home





# Frankie De Luca and Nicola Anderson

Dental Nurses and Oral Health Educators  
Hertfordshire Special Care Dental Service

# Oral Health and Nutrition

**Frankie De Luca and Nicola Anderson**  
Dental Nurses and Oral Health Educators  
Hertfordshire Special Care Dental Service



## Aims

- To familiarise all care staff with their responsibilities relating to the oral care of the residents they support.



## Learning Outcomes

- Be familiar with NICE guidelines and CQC recommendations for care providers.
- Know how and where to access resources for planning and implementing oral care.
- Understand how nutrition and oral health are linked.

## Oral health for Adults in Care Homes NICE Guidance NG48, 2015 and 2017

### Care providers should:

1. Ensure care home policies set out plans and actions to promote and protect residents' oral health and how to access dental services.
2. Ensure all staff have received oral health training.
3. Ensure residents each have an oral health assessment and mouth care plan.
4. Ensure staff can provide residents with daily support to meet their mouth care needs.
5. Keep daily records of mouth care provided including if someone refuses and the action taken as a result.
6. Know how to report oral health concerns and seek dental care.



## Oral health for Adults in Care Homes NICE Guidance NG48, 2015 and 2017

### Where to find resources:

- Oral Care policy templates:

[https://khub.net/web/phe-national/public-library/-/document\\_library/v2WsRK3ZIEig/view/387025806](https://khub.net/web/phe-national/public-library/-/document_library/v2WsRK3ZIEig/view/387025806)

- Oral Health training

[https://khub.net/web/phe-national/public-library/-/document\\_library/v2WsRK3ZIEig/view/387025473](https://khub.net/web/phe-national/public-library/-/document_library/v2WsRK3ZIEig/view/387025473)

- Oral health assessments, mouth care plans and daily recording

[https://www.nice.org.uk/Media/Default/Oral%20health%20toolkit/Oral\\_health\\_assessment\\_tool.pdf](https://www.nice.org.uk/Media/Default/Oral%20health%20toolkit/Oral_health_assessment_tool.pdf)

<https://mouthcarematters.hee.nhs.uk/links-resources/mouth-care-matters-resources-2/index.html>



# What is Oral Health?

*“Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex”.*

2016 the World Dental Federation (FDI)



- Prevention of pain.
- Prevention of infection.
- Dental disease is very hard to treat in this demographic.
- Comfort and dignity.
- Maintain function of the teeth and the mouth- e.g. eating, speaking, smiling.
- Prevent other health conditions.

# How Oral Health and Nutrition are Linked



Toothache

Extreme dry mouth



Mouth Ulcers

Oral Thrush



# How Nutrition impacts our Oral Health



Decay



Tooth surface loss



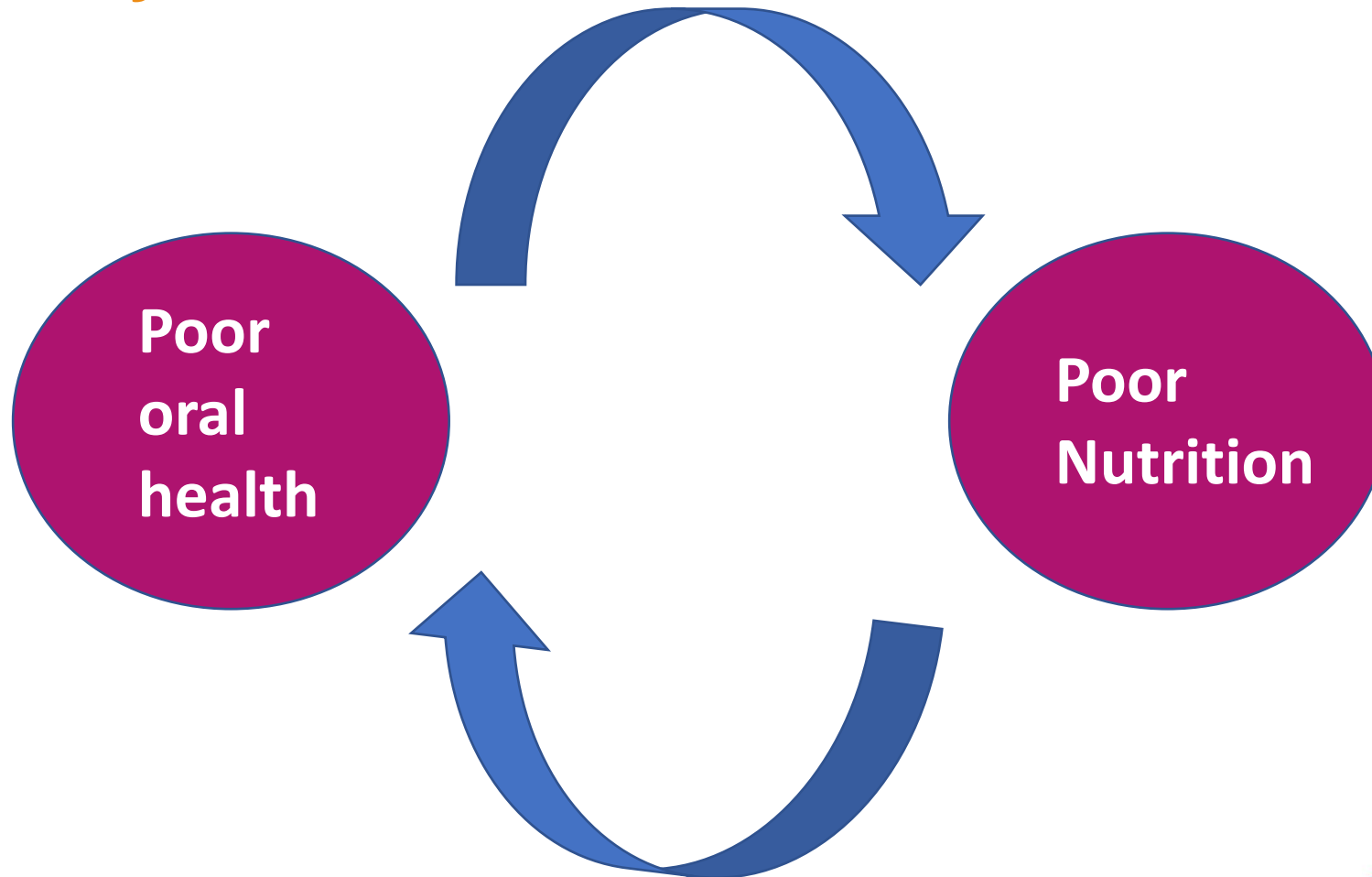
Gum Disease



Oral Cancer



## Stuck in a Cycle



# References

- *Diet, Nutrition, and Oral Health in Older Adults: A Review of the Literature 2023*

Alice Kit Ying Chan, Yiu Cheung Tsang, Chloe Meng Jiang, Katherine Chiu Man Leung, Edward Chin Man Lo, and Chun Hung Chu

- *Oral health for adults in care homes*  
NICE guideline [NG48] Published: 05 July 2016
- *Smiling matters: oral health care in care homes*  
Published: 24 June 2019

# Bryony Morris

Head of Provider Monitoring and Assurance, Adult Care Service  
Hertfordshire County Council



# Nutrition and Hydration Study Day

Provider Monitoring and Assurance Team

Bryony Morris – email: [Bryony.Morris@hertfordshire.gov.uk](mailto:Bryony.Morris@hertfordshire.gov.uk)



# Provider Monitoring and Assurance Team

Our approach to quality monitoring ensures:

- contracted providers deliver high quality care and support services in Hertfordshire
- services give people choice and control
- people are confident the care and support they receive will be of high quality and that they will be safe and treated with dignity and respect
- the approach to monitoring and assurance is consistent across all service types
- the provider market is clear of our expectations toward quality and safety
- HCC fulfils Care Act duties to *facilitate a diverse, sustainable high-quality market for their whole local population*
- PAMMS audit/assessment is aligned to the standards in the East of England Contract

# PAMMs overview

- PAMMS is an online assessment tool used in monitoring visits by ACS Monitoring officers
- Provides assurances that the terms of the contract are being met and to provide an assessment of the quality of care delivered by commissioned providers of adult social care services.
- Five domains / outcomes
- 16 standards in PAMMs to assess the outcomes

Involvement and Information		Personalised care and support		Safeguarding and Safety		Suitability of Staffing		Quality of Management	
1	Respecting & Involving Service Users	3	Care & Welfare of Service Users	6	Safeguarding People who use the Service from Abuse	11	Requirements Relating to Staff	14	Assessing & Monitoring the Quality of Service provision
2	Consent	4	Meeting Nutritional Needs	7	Cleanliness & Infection Control	12	Suitability of Staffing	15	Complaints
		5	Co-operating with other Providers	8	Management of Medicines	13	Supporting Staff	16	Records
				9	Safety & Suitability of Premises				
				10	Safety, Availability & Suitability of Equipment				

# Standard 4

## Meeting Nutritional Needs

### Section A

Home Care	Care Homes
(A12) Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.	(A12) Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes
(A13) Where the Provider is responsible for the person's nutritional needs then care plans should include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.	(A13) Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required
(A14) If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.	(A14) If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

# Evidence

## Evidence

(A12): Where appropriate Healthy eating literature/ pictorials are available. Care plan records any food restrictions i.e. due to cultural choices, allergies. Likes and dislikes are recorded. Look for evidence that guidance from health professionals (Speech & Language therapists/dietitians/Occupational Therapists) is supported e.g. feeding/drinking protocols for food consistency/drink thickening/posture when eating and drinking. Kitchen/chef are aware of dietary requirements/likes and dislikes. Food and fluid charts are completed appropriately.

(A13) Only if part of the care and support plan ensure that appropriate information is recorded. A 'MUST' is used correctly and weights recorded as per instructions. Evidence that 'MUST' is checked regularly. Where actions are identified these are evidenced as completed. Risks assessments are in place e.g. weekly weights. Evidence that individual's declining to be weighed is documented and remedies considered and implemented

(A14): Referrals to correct services have been evidenced when a need has been identified. Guidelines are communicated to all staff effectively i.e. SALT and consistency / number of thick and easy scoops to be added. Relevant risk assessments are in place i.e. risk of choking. Risk assessments are also in place to support any deviation from professional guidance. All professional visits from GP / DN / TVN are recorded with any concerns reflected & recorded in care plan. Evidence that any concerns raised have been followed up.



# Standard 4

## Section B

Home Care	Care Homes
(B10) If it forms part of the care plan, people confirm that they are supported to make healthy choices and lead healthy lifestyles and where appropriate provided with access to information about healthy and balanced diet, recognising individual preferences, cultural and dietary requirements.	(B10) People accessing the service confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.
	(B11) Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these
	(B12) Discussion with people accessing the service and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote people's dignity and they have a choice about whether to eat alone or with company.
(B12) Discussion with the person accessing the service & observation of staff practice confirms appropriate behaviour in relation to food and hygiene.	(B13) Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.

# Evidence

## Evidence

(B10) Discussion with individuals and observation of practice provides evidence.

Observe if individuals are given the opportunity to be independent as much as possible as long as is safe. If part of the Care Plan check the care plan for nutritional needs and ask the person whether this is supported. Also, documentation is monitored including refusals & whether this is reported. In a care home how are the kitchen staff made aware of dietary requirements and how do they are trained and competent to provide these?

(B11) Menus are in appropriate formats and are available. Ensure that there are seasonal menus and they reflect a healthy balance. individuals confirm they have a good choice of foods and confirm staff discuss any specific requirements with them.

Observe meal service: Do individual's get a choice of portion size etc. Are they asked to confirm their choices, do staff respond appropriately?

Do staff offer choice, i.e. two plates of food are presented at mealtimes, alternatives offered / available.

# Evidence

## Evidence

(B12) Apart from the normal three meals a day; Check with individuals to confirm that they have access to fruits, snacks and drinks throughout the day and night, if required. Are these observed as available and fresh?

(B13) Observation demonstrates appropriate practice from staff, E.G. washing hands before serving, meals kept hot while serving, feedback from individuals to confirm. Additionally in a care home observation of the kitchen, separate meal preparation areas, colour coded chopping boards, food hygiene rating, fridge temperatures taken and actioned, cleaning schedules. Food stored correctly in fridges, including date of opening labelled.

# Connected Lives

Connected Lives is a model for social care in Hertfordshire that places more emphasis on prevention, enablement and community opportunities.

Independence and citizenship

Every contact is strength based and risk positive

Alternatives to traditional/think Community

Safeguarding

Clear Understanding of the legal framework for adult social care

Timely and Defensible Decision making and recording

Embed Connected Lives at every step/Value for money

Working with partners and providers to deliver good outcomes

Support for our staff

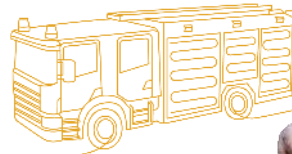
# Exercise

Equality, Equity, Diversity and Inclusion in nutrition and hydration?

Give an example of how you have considered EEDI in meeting an individuals' nutrition and hydration needs



Creating a cleaner, greener,  
healthier Hertfordshire





#### SAFEGUARDING & CAPACITY

The Hertfordshire Safeguarding Adults Board (HSAB) is responsible for the safeguarding of adults with support and care needs in the County.



#### MEDICATION

Utilise the HCPA Medication page for Care Homes and Community Services in Hertfordshire.



#### ADULT DISABILITY & MENTAL HEALTH

Utilise the Adult Disability and Mental Health members zone area to tap in to a wide variety of resources and guidance to help you to best care for the individuals you support.



#### INFECTION PREVENTION & CONTROL

Find information on all things IPC including links to up-to-date guidance, posters for your organisation and audits and competencies to use.



#### SUPPORT PLANNING & RECORDING

Involving people in decisions about their care is intrinsic to the principles of the MCA and should be evident in every care and support plan.



#### HEALTH & WELLBEING

Utilise the HCPA Health and Wellbeing page to tap into a wide variety of resources and guidance to help you to best care for the individuals you support.



#### RUNNING YOUR CARE BUSINESS

At HCPA, as well as supporting you with the care elements of your business, we are also here to support you with the operational, financial and safety elements of your organisation.



#### TECHNOLOGY & EQUIPMENT

Up to date information on data protection & electronic care planning including apps & devices.



#### REGULATION & INSPECTIONS

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Accessible Information Standard.



#### EVENT RESOURCES

Each year at HCPA, we run a series of informative events for our members. These include Networking Events, Forums, Study Days and more. Please utilise this section to find resources from previous events such as recordings and presentation slides.



#### PREVENTION AND ENABLEMENT

Our Stepfalls website shares the most effective methods to help reduce falls. Beginning with a multi-factorial risk assessment and common risk factors such as medication, to the importance of exercise, what to do in the event of a fall and a selection of other



#### TRAIN THE TRAINER/CHAMPIONS

Coming soon!



Scan to Access Zone

## Health & Wellbeing – HCPA- Quick link for Nutrition



Hertfordshire and West Essex Integrated Care System



# Essex Provider Hub

## Provider Hub - Quick Links



**RideLondon-Essex  
2024 - Plan Ahead**



**ASC Market Shaping**



**News & Events**



**Recruitment,  
Retention &  
Wellbeing**



**Domiciliary Care Hub**



**Older People  
Accommodation  
Services Hub**



**Adults with  
Disabilities Hub**



**Contacts**



**Children's Services**



**Sign up to our email  
communications**

[Provider Hub | Provider Hub | Essex  
\(essexproviderhub.org\)](https://essexproviderhub.org)



Hertfordshire and  
West Essex Integrated  
Care System





# Hertfordshire Care Provider Support Service Directory

[HCPA Provider Hub](#)

[HCPA Members Zone](#)

Download our Care Home Directory poster which displays key contact information for services [East & North](#) [South &](#)



Below you can search our **Support Services Directory** by viewing all services, filtering by criteria, or searching for a keyword.

[View all services](#) ↓

[Filter By](#)



Search services

[Search](#)

[Support Service Directory - HCPA](#)

# Newsletters

Stay up to date with sector news!  
Ensure you and your leadership team are signed up to receive HCPA's newsletters.

Subscribe to our mailing list



**What are your key takeaway actions from today?**

Join at  
**slido.com**  
**#1893 040**



# Next Steps

- ✓ **Ensure best practice is embedded in your care service**
  - ✓ **Know where and how to access support**
  - ✓ **Support individuals to maintain activities of daily living including Oral Health**
- ✓ **Meeting your quality and regulation requirements**
- ✓ **Empower staff and have clear staff roles and responsibilities**

*Nutrition and Hydration is fundamental to quality care*



# THE HCPA CARE PROVIDER HUB PROVIDING PEACE OF MIND.....



ASK us anything! We are your support service, here to answer your questions on all topics Adult Social Care related.

- Govt guidance, laws, standards and expectation
- Covid: PPE, vaccinations and infection control
- Liaison with Hertfordshire County Council
- Funding, contracting and commissioning
- Staff wellbeing and recognition
- HR, Staffing and recruitment
- Training and education
- Business continuity
- Data protection
- Monitoring
- Equipment
- Insurance

**Your hub, your support service.....**

**01707 708108 / [assistance@hcpa.co.uk](mailto:assistance@hcpa.co.uk) (Mon to Fri - 9am to 5pm). [www.hcpa.info/hub](http://www.hcpa.info/hub)**

HCPA: 'Sharing best practice in care through partnership'



# Feedback

Webinar evaluation form

