

Welcome

Study Day: Malnutrition in Homecare 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

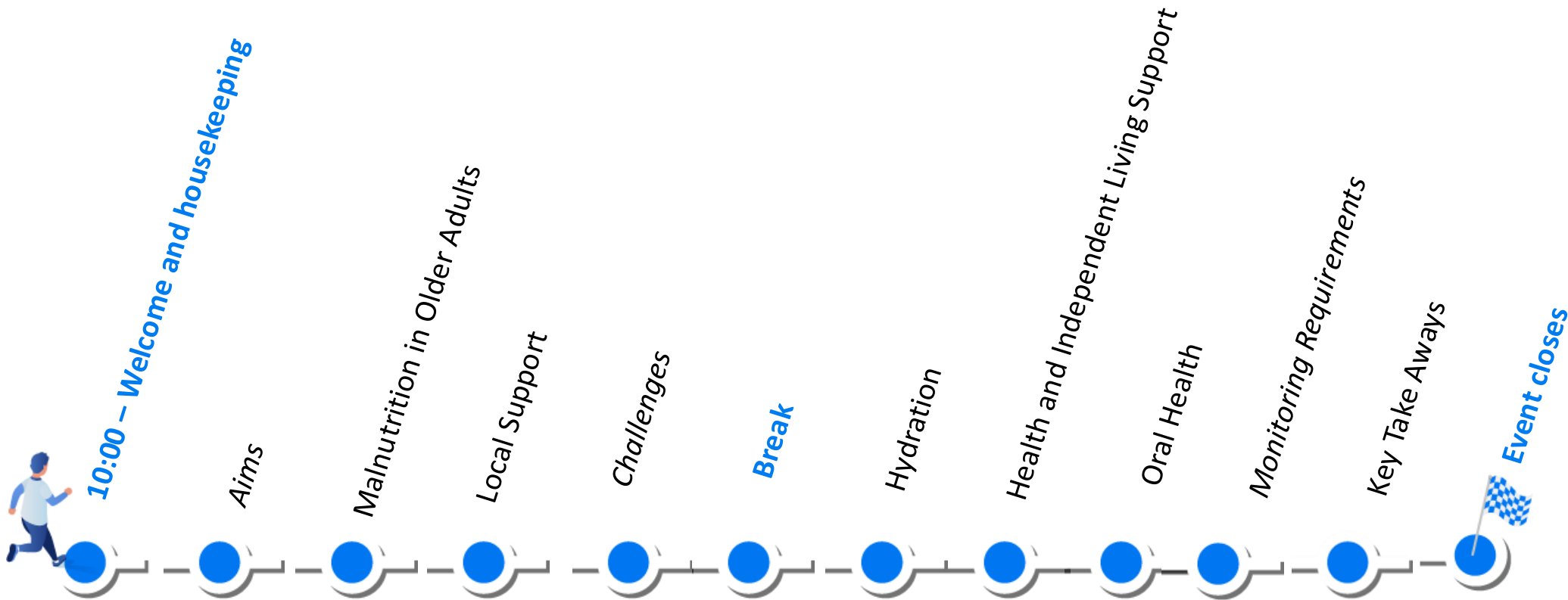
Head of Education, Quality and Integration

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**

Alison Smith

*Prescribing Support Consultant Dietician
Hertfordshire Community NHS Trust*



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Integrated Care Board

Malnutrition and home care for older adults

Alison Smith

Prescribing Support Consultant Dietitian

Working together
for a healthier future



Malnutrition and older adults

- Healthy eating
- Malnutrition
- Identifying malnutrition
- Managing malnutrition
- What are we trying to achieve?



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Healthy eating



Adulthood - Keep healthy, prevent illness

Balanced, varied diet

Low fat

Low salt

Low sugar

High Fibre


5 a day

Hydration

Limit alcohol

Achieve and maintain healthy BMI

Healthy Eating



Older age - Prevent frailty & malnutrition

Nutrient rich, balanced diet in combination with activity

Higher protein

Vitamins

Minerals

Hydration

Maintain weight at a healthy BMI

Eating for Health (focus on diet quality)

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

Nutrient dense diet

Nutrient dense food fortification

Hydration

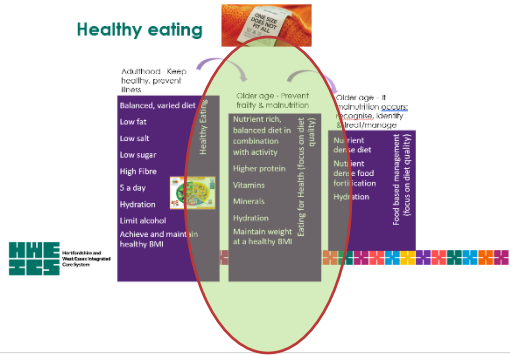
Food based management (focus on diet quality)



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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

For older adults, to reduce the chance of frailty and falls, **Improve balance** 2 days a week

* 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>

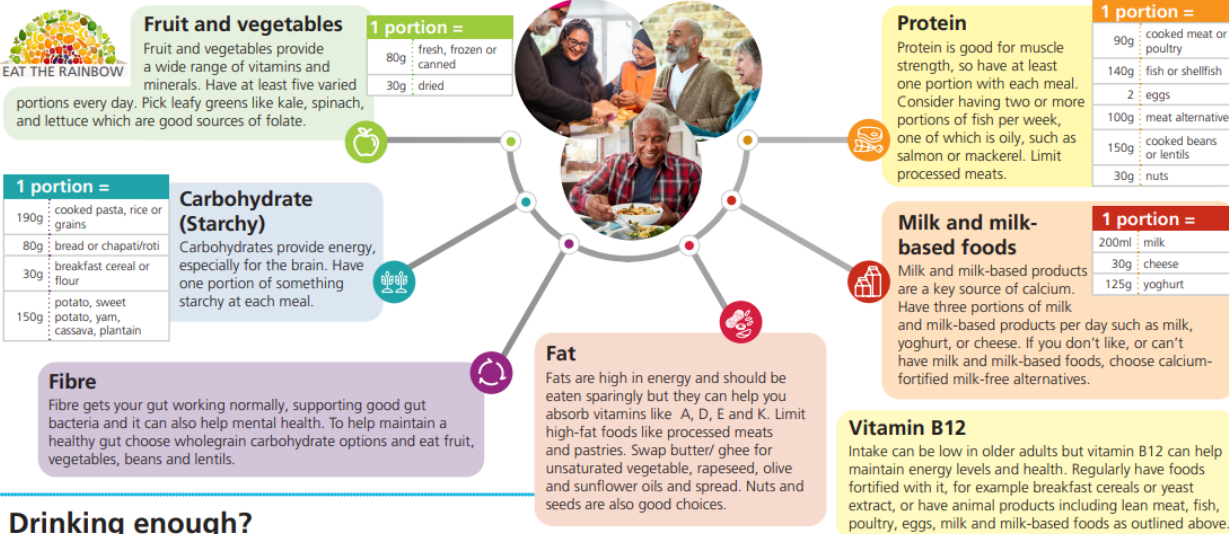
Vitamin D

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.

Supported by: Friends of the Elderly, BCS, BDA The Association of UK Dietitians Specialist Group

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Eating, drinking and ageing well. A nutrient-rich diet is...



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.



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.

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
- What training have you had/does your agency provide for staff regarding nutrition?
 - How would you identify malnutrition?
 - If you did identify malnutrition, what would you do next?



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Nutrition screening

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



And screening is only the start...

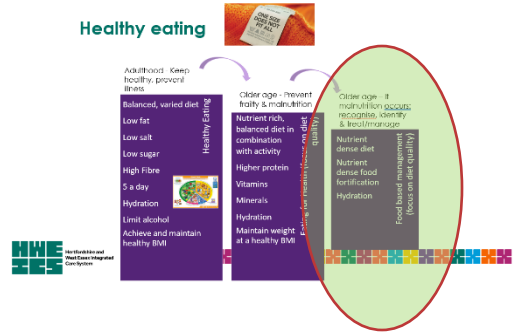
- Managing malnutrition
 - Person centred
 - Food based
 - Nutrient dense
 - Does not require dietitian input for every person identified as at risk of malnutrition



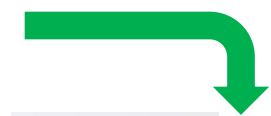
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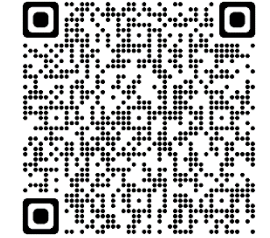
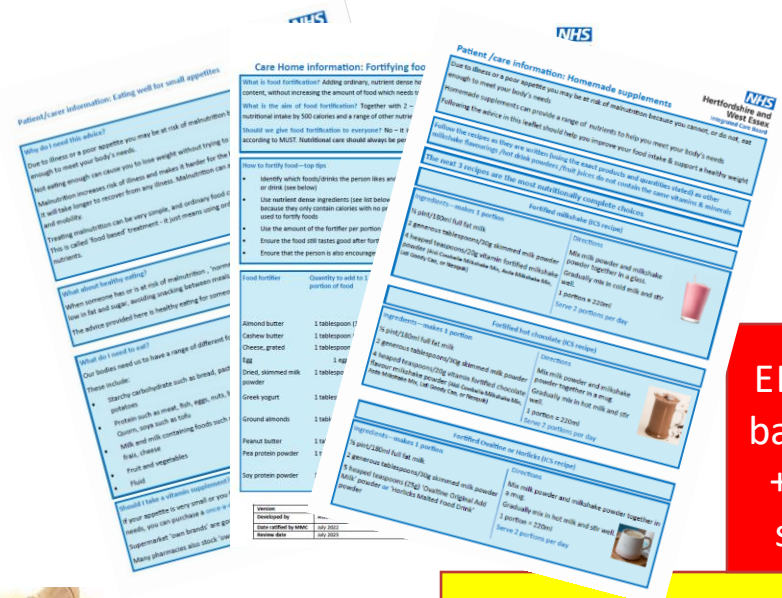
Older age – If malnutrition risk is identified: Recognise & manage



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

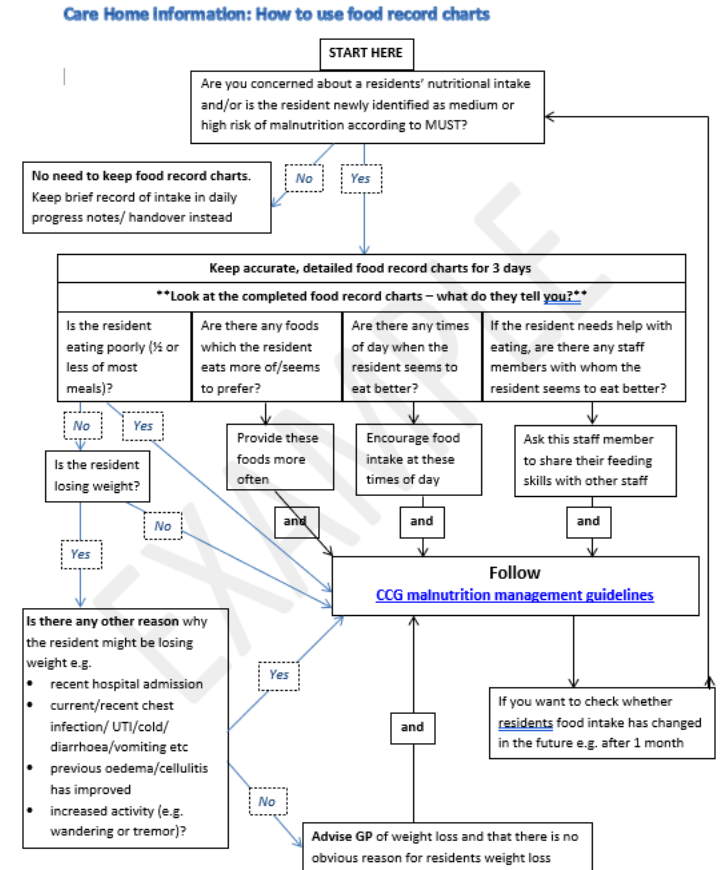
MUST Medium risk

MUST Low risk



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



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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**



*Prices correct May 2024
 ** Prices correct January 2024

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

Ingredients—makes 1 portion

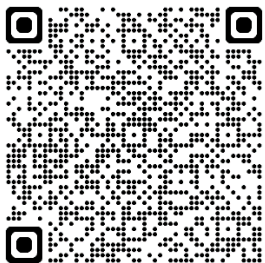
½ pint/180ml full fat milk
 2 generous tablespoons/30g skimmed milk powder
 4 heaped teaspoons/20g vitamin fortified milkshake powder (Aldi Cowbelle Milkshake Mix, Asda Milkshake Mix, Lidl Goody Cao, or Nesquik) OR 5 heaped teaspoons (25g) 'Ovaltine Original Add Milk' powder or 'Horlicks Malted Food Drink' powder

Directions

Mix milk powder and milkshake powder together in a glass.
 Gradually mix in cold/hot milk (to preference) and stir well.
 1 portion = 220ml
 Serve 2 portions per day



Nutritionally, all products are almost identical



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What are we trying to achieve?

- Setting realistic/achievable management goals
 - What are we trying to achieve and why?
 - What do relatives want you to achieve and why?
 - Is weight gain the only aim to consider?
 - How realistic are management goals?
 - What is possible?

What does the person want?



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 collaborative approach:

- 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 with care staff, family and 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 the person wants



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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
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Christopher Key

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



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NHS referrals and services available

Monday 13th May 2024

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for a healthier future



What to do if you suspect malnutrition

- MUST screening.
- First line advice.
- Monitoring.
- Referral.



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Dietetic services available

- Various ways to assess patients:
 - Virtual consultations (video, telephone).
 - Face to face clinics.
 - Domiciliary visits.
 - Interpreters.
- Individual assessments and treatment plans.
- South and West Hertfordshire Nutrition support workers.
- Guidance and education.

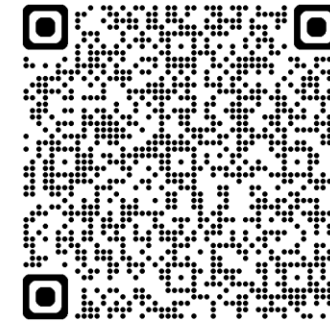
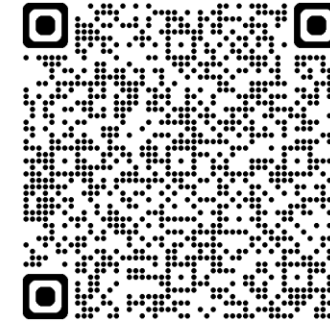


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Links and contact details

- ICB webpage nutrient dense recipes:
 - Eating well for small appetites:
 - Homemade supplements:
- Local dietetic services:
 - South and West Hertfordshire – hct.westherts.dietinfo@nhs.net
 - East and North Hertfordshire - hct.dietetic.enherts@nhs.net
 - Herts and West Essex - westessex.dietitians@nhs.net

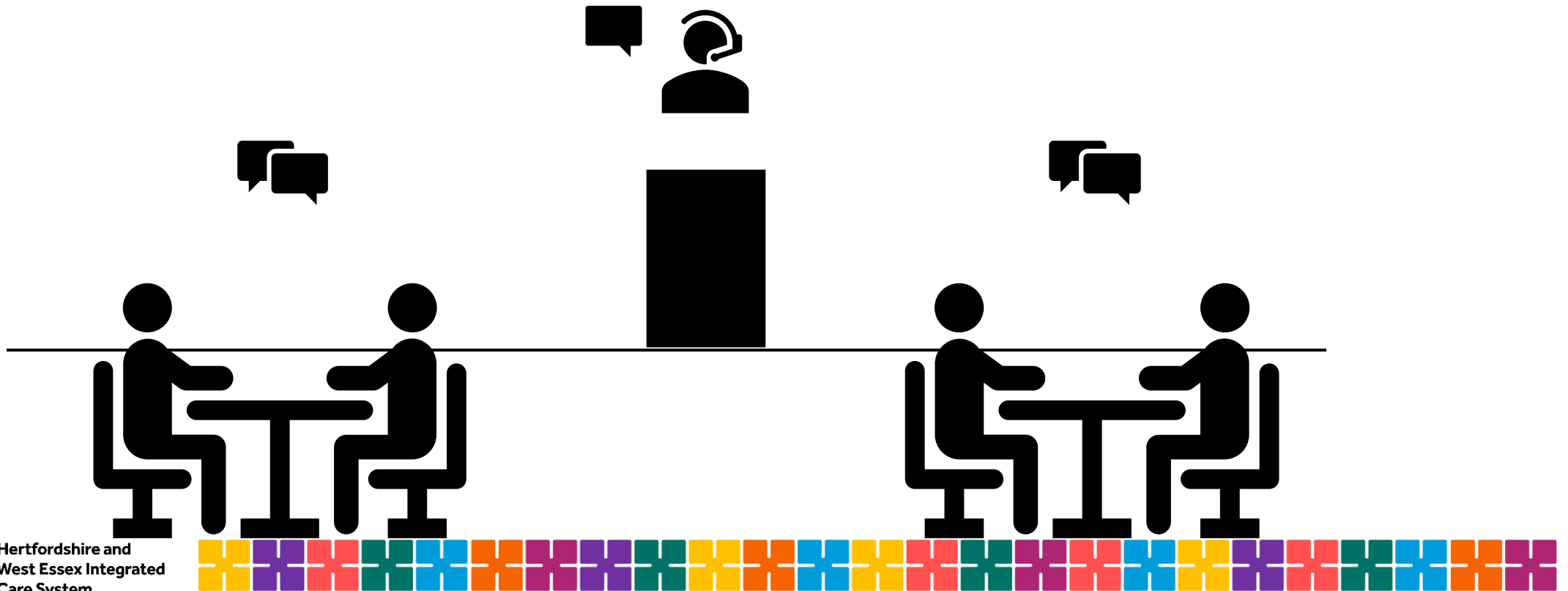


Discussion

What Nutritional needs are you being asked to support?

What challenges are you facing in Homecare?

What good practice can you share?



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Comfort Break





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Hydration and older adults

Alison Smith

Prescribing Support Consultant Dietitian

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Hydration and older adults

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



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How do you manage hydration in your service?

Join at
slido.com
#1893 040



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



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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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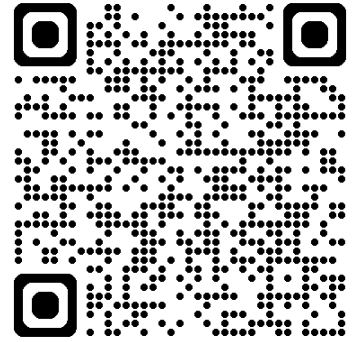
Improving fluid intake – Myth busting

- 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...



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



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Sarah Wren

*Chief Executive
HILS*



**Health & Independent
Living Support**

HILS – Here to Help



www.hils-uk.org
0330 2000 103

What is HILS?



- HILS is a charitable, social enterprise and the UK's largest not-for-profit meals on wheels service
- Operates from six sites across Hertfordshire: Letchworth, Hemel, St Albans, Hertford, Hatfield, and Cuffley
- Employs 400 team members, many facing barriers to employment
- Provides a range of services that support and promote independent living for older, disabled, and vulnerable people

[Our Journey - HILS \(hils-uk.org\)](https://hils-uk.org)

Purpose and values

HILS has two charitable purposes:

1. The provision of meals and other services to support people in need
2. The relief of unemployment

HILS is values-led:



We are **caring**
and **compassionate**



We act with
integrity



We go **above**
and **beyond**



HILS Services and Support



- HILS operates countywide to all areas, 365 days-a-year (meal services)
- Supports 20,000 people annually – frail, older, disabled, substance misuse, in crisis
- Services are designed to help clients maintain or regain independence by reducing malnutrition, falls, and loneliness
- Impact is measured through the use of validated assessment tools



Support at Home



Support for Groups



Community Activities



Crisis Support



Support at Home

- Meals on wheels
- Tea and breakfast packs
- Pop-in visits
- Nutrition & Wellbeing service
- Active Ageing home-based exercise (chair-based/ strength & balance, 8 week programme)
- Key safe installation
- Advocacy (older people)



Community Activities

- Health and Wellbeing hubs (Hatfield, St Albans, Cuffley)
- Lunch clubs
- 10-2 clubs (Letchworth and hubs)
- Group exercise sessions
- Hertswise dementia support
- Dementia fun clubs



Crisis Support

- Food bank on wheels
- Emergency food for day centres and residential care homes
- Home from hospital packs
- Free meals on hospital discharge or virtual wards



Support for Groups

- Food for groups
- Food for day and residential care
- Room hire
- Small charity support
- Nutrition Awareness Training



Support at Home



Support at Home

- Meals on wheels
- Tea and breakfast packs
- Pop-in visits
- Key safes
- Active Ageing
- Nutrition & Wellbeing
- Advocacy



[Support at Home - HILS \(hils-uk.org\)](https://hils-uk.org)

Meals on wheels

6,000
meals
clients each
year

555,000
meals
provided in
2023-24

115,000
tea and
breakfast
packs

7,000
free
nutrition
boosts



- Welfare check – including nutrition and hydration
- Medication prompts
- No reply procedure – signposting and support
- Free nutrition boosts (nourishing snacks) for underweight clients

[Meals on Wheels - Support at Home - HILS \(hils-uk.org\)](https://hils-uk.org)



Pop-in visits

Pop-in Visits are five minute lunchtime visits, to help people feel safer at home and provide reassurance that someone will check in on them.

Pop-in Visits can include the following:

- ✓ Regular contact with a friendly face
- ✓ Making sure the person is okay
- ✓ Making a drink
- ✓ Doing short household tasks
- ✓ Contacting someone if needed
- ✓ Checking on something specific, such as wearing community alarm pendant
- ✓ Medication prompts, if required.

[Medication Prompts - HILS \(hils-uk.org\)](https://hils-uk.org)

[Pop-in Visits - HILS \(hils-uk.org\)](https://hils-uk.org)

Exercise at Home

Exercise at Home (Active Ageing) is a personalised exercise programme for older Hertfordshire residents.

The service consists of eight weeks support, in the home, one-to-one:

- Assessment using a wide range of validated tools
- Motivational interviewing and personal goal setting
- Strength and balance OTAGO exercise or chair-based exercise
- A hybrid option is available for clients who are clinically extremely vulnerable and prefer virtual sessions (tablet & connection provided)
- Sessions are tailored to the needs of participants
- Designed for different need and motivation levels e.g. support for people who have been homeless, post-NHS rehabilitation, stroke recovery, living with Parkinson's

[Exercise at Home - HILS \(hils-uk.org\)](http://hils-uk.org)



Active Ageing: impact summary

Reducing Frailty

Our evidence base has shown that Active Ageing has been able to **improve the Clinical Frailty Scale (CFS) for 44% of clients**. With the grading for CFS being so broad (score range of 0-10), a change of just one point can reflect a notable increase in independence for the individual.

Reducing Falls

Alongside significant evidence that Active Ageing improves balance and fear of falling (which has been shown to reduce falls risk), recent evidence indicates that **within 6 months of programme completion, only 13% of participants had a fall** (relative to ~50% within a year in the general population of 80+)

Improving Balance

The Berg Balance tool measures an individual's ability to balance while undertaking various tasks. Poor balance is a key predictor for falls. Active Ageing **improves balance on average by 5.08 points (equivalent to 23% increase)**. This opposes the decline in balance that's expected for over 70's

Improving activity and independence

FRAT scoring measured at 6 months indicate that Active Ageing has a long-term impact on participant's **motivation to exercise** and their ability to undertake day-to-day tasks, **reflecting improved independence**.

Improving Emotional Wellbeing

Analysis of ONS Wellbeing scores has shown that Active Ageing brought about positive improvement in: **happiness, life satisfaction, worthwhileness of their activities, and feelings of anxiety**. This can translate to greater independence and quality of life

Reduce experience of loneliness

The Campaign to End Loneliness tool (which measures an individual's experience of loneliness) shows that Active Ageing improves feelings of loneliness, particularly for housebound clients who may have especially limited social connections.

Nutrition & Wellbeing



- Up to six months of support from nutritionist, health & wellbeing visitors, or dietitian
- Initial one-hour screening visit in the client's home
- Identify other issues which affect eating & drinking, e.g. loneliness, chewing or swallowing issues, incontinence, etc.
- Make onward referrals; provide individual support; revisit and assess progress
- Provision of free nutrition boosts to help with weight gain

Advocacy



[Advocacy - HILS \(hils-uk.org\)](http://hils-uk.org)

- Community advocacy for older people is available free of charge across the whole of Hertfordshire.
- It provides support from a professional, independent person to help an older person understand information and advice, and communicate their views.
- Advocacy includes help to understand health and social care options, make informed decisions, ask questions, and get a person's voice heard. This includes:
 - ✓ Listening to you
 - ✓ Going to meetings with you
 - ✓ Speaking on your behalf
 - ✓ Writing letters or emails with you
 - ✓ Explaining things to you
 - ✓ Researching things for you



Community Activities



Community Activities

- Community hubs in Hatfield, Cuffley, and St Albans
- Lunch clubs
- 10-2 clubs
- Group exercise sessions
- Hertswise dementia support
- Dementia fun clubs



Community hubs

HILS provides fun activities, hot meals, strength and balance sessions, and wider support at its community hubs (Monday to Friday).



[Our Community Hubs - HILS \(hils-uk.org\)](http://hils-uk.org)

Dementia fun clubs

Fun day-clubs for people living with mild to moderate dementia; they provide unpaid carers with respite whilst we have fun with their loved-one.

- Jubilee Centre, St. Albans
- Cuffley Day Centre, Cuffley
- No diagnosis necessary
- Includes a hot two-course lunch, and snacks

Activities include:

- Debates
- Food tasting and nutrition support
- Arts and Crafts
- Quizzes, games, and exercise sessions
- Sing-a-along sessions, intergenerational activities





Crisis Support



Crisis Support

- Food bank on wheels
- Home from hospital packs
- Free meals on hospital discharge or virtual wards
- Emergency food for day centres and residential care homes

[Crisis Support - HILS \(hils-uk.org\)](https://hils-uk.org)



Food in a crisis



Food bank on wheels

- A crisis intervention delivered to someone's home
- Three days of food, groceries, and toiletries

[Food bank on Wheels | HILS \(hils-uk.org\)](https://www.hils-uk.org/)

Home from Hospital Packs

- Referrals must come from a health or social care professional
- Ambient food packs provided to hospital discharge teams
- Fresh food packs delivered to someone's home with welfare check

[Home from Hospital Packs - HILS \(hils-uk.org\)](https://www.hils-uk.org/)

Emergency Meals

- Up to two weeks of free daily hot or frozen meals for people in crisis or leaving hospital + tea & breakfast pack
- Orders placed before 9:00am can be started that day
- Chef cover multi-portion meals provided for care homes and lunch clubs



Support for Groups



Support for Groups

- Food for groups
- Food for day and residential care
- Room hire
- Small charity support
- Nutrition Awareness Training



[Support for Groups - HILS \(hils-uk.org\)](http://hils-uk.org)

Nutrition Awareness Training

HILS has a Nutrition Awareness Team which provides screening, training, and accreditation to care home teams in South and West Hertfordshire. It is part of the Hertfordshire Integrated Nutrition and Dietetic Service (HINDS).



- This service is free to care homes who support older people and people with learning disabilities
- Training is online and in-person, and includes weekend and evening sessions

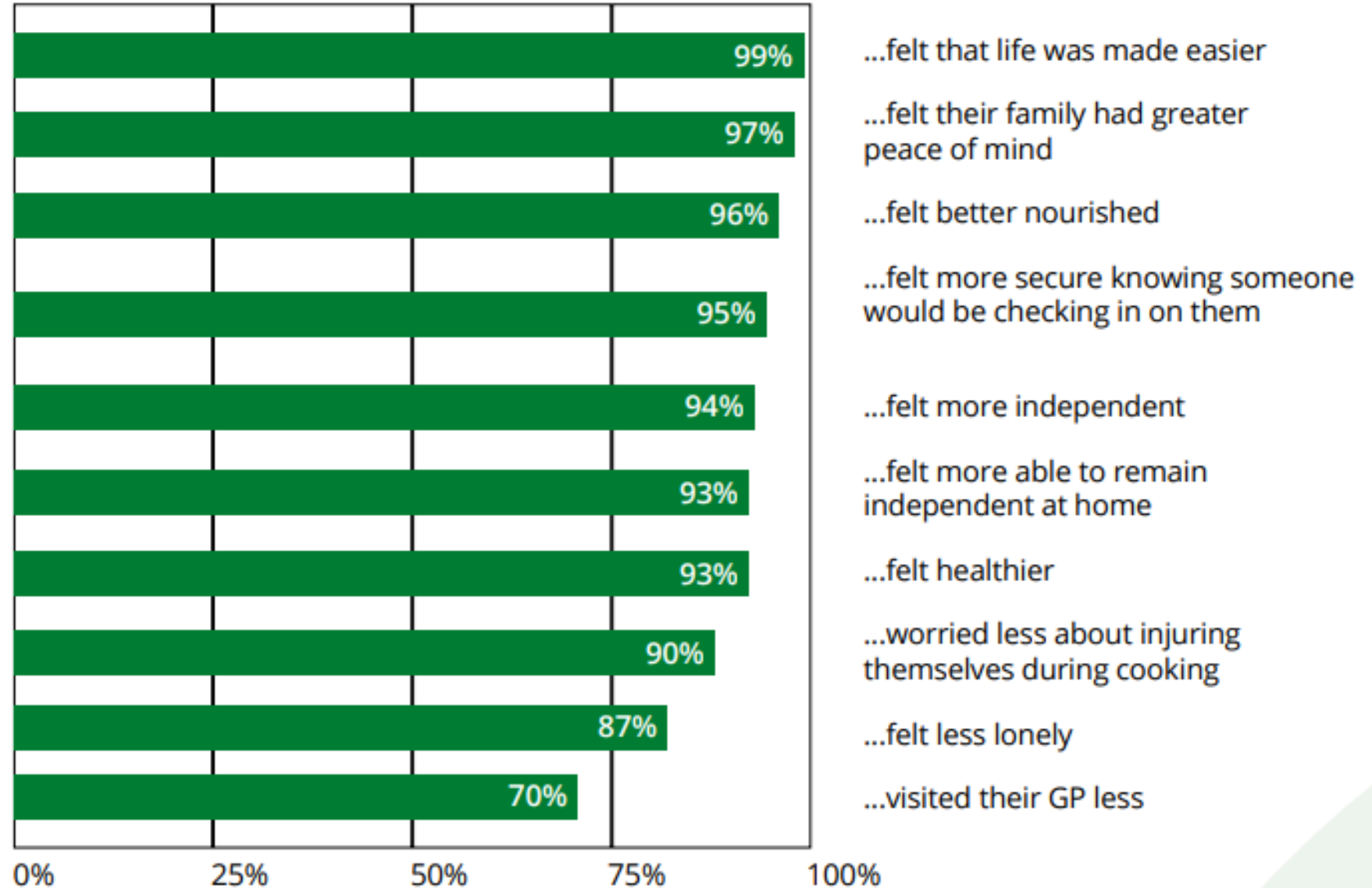


[Nutrition Awareness Service - HILS \(hils-uk.org\)](http://hils-uk.org)

HILS' impact



Clients told us that as a result of HILS services and support, they...





General enquiries



Phone

0330 2000 103



Email

info@hils-uk.org



Post

Health & Independent Living Support,
Unit 16, Green Lane One,
Blackhorse Road,
Letchworth, SG6 1HB



**Health & Independent
Living Support**

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

- Oral Health training

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://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

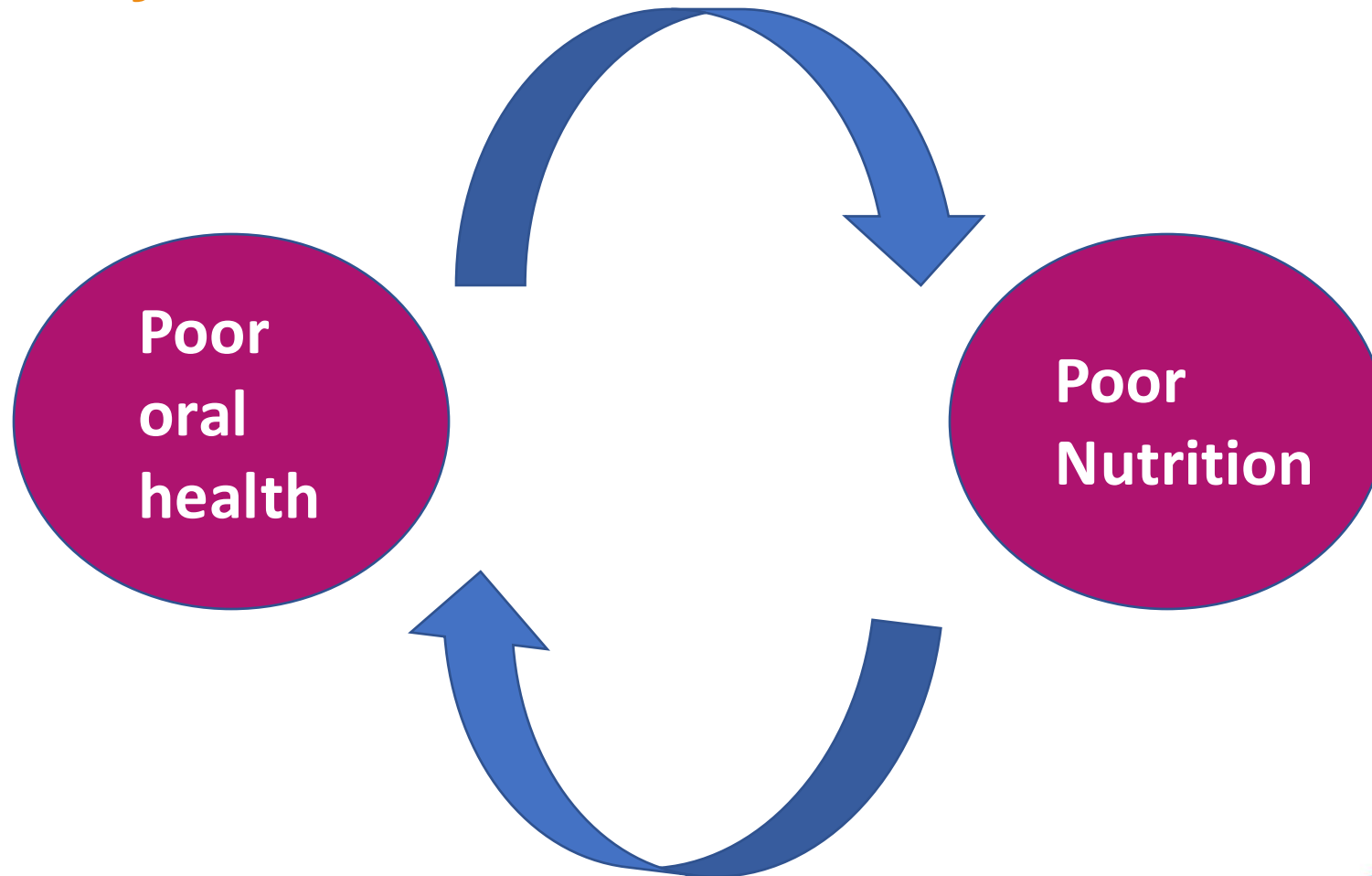


Gum Disease



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



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

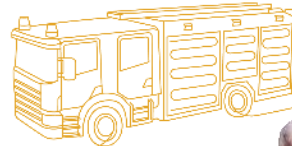
Exercise

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 Stagfalls website shares the most effective methods to help reduce falls. Beginning with a multi-factorial risk assessment and common risk factors such as medication. In the importance of supervision, 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 &](#)

West



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 (Mon to Fri - 9am to 5pm). www.hcpa.info/hub

HCPA: 'Sharing best practice in care through partnership'



Feedback

Webinar evaluation form

