



South Warwickshire
NHS Foundation Trust

Warwickshire Nutrition and Hydration Standards for Care Homes 2018

To be used in conjunction with the
Warwickshire Nutrition and Hydration Guidelines for Care Homes 2018

Endorsed by:



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The Warwickshire Nutrition and Hydration Standards

1. The Vision

The following is the agreed collaborative vision for achieving excellent nutrition and hydration standards in care homes across Warwickshire:

The Vision

From 2018:

- There will be a consistent approach, to promoting excellent nutrition and hydration standards, rolled out across Warwickshire's care homes.
- Excellent nutrition and hydration in Care Homes will become everyone's business.
- The residents in Warwickshire's care homes have access to high quality nutrition and hydration.

This vision will be achieved through effective integrated working between health, social care and care home organisations.

2. Introduction

These standards have been developed in Warwickshire, because a need to improve nutrition and hydration standards and services in care homes has been identified by staff, residents, and families. These stakeholders are jointly taking a prevention based approach to ensure there is an impetus on promoting excellent nutrition and hydration standards. They have been developed, written and endorsed collaboratively by stakeholders and other partners to demonstrate this collaborative view.

The Warwickshire Nutrition and Hydration Standards for care homes have been informed by several Government publications including the NHS England Guidance: Commissioning Excellent Nutrition and Hydration 2015-2018 which supports the Department of Health's (DH) request to develop strategies to improve the delivery of adequate nutrition and hydration services in hospitals and The National Institute of Clinical Excellence (NICE) Quality Standard (QS24) for Nutrition Support in Adults in hospital or in the community.

In addition, these Standards have been informed by an evidence base that demonstrates that excellent nutrition and hydration standards have a substantial impact on peoples' health, the health and social care economy and can reduce demand on primary, secondary, acute and Out of Hours services. For example, once in hospital, the average length of stay is three days longer, mortality rates are higher and failed discharges are more frequent when a patient has nutrition and hydration issues.

3. Who Can Use These Standards in Warwickshire?

These Standards will be used by all care homes across Warwickshire. The Standards provide a framework that can be integrated into local strategic discussions, service plans (i.e. Sustainable Transformation Plans, Out of Hospital and Better Care Plans etc.), implementation plans and organisational policies. They will also be used to develop commissioning improvement plans and therefore will be used as the standards of best practice within service specifications and quality assurance processes.

To supplement these standards, in order to ensure translation of its aims and philosophy into real life practice, the following document should be utilised:-

- Warwickshire Nutrition and Hydration Guidelines for Care Homes 2018

4. Aims of these Standards

The key aim for the Warwickshire Nutrition and Hydration Standards for care homes is to have consistent, evidence based information, education and service delivery which supports the Warwickshire population, to adopt excellent nutrition and hydration practice across Warwickshire. Other aims are:

- For the Warwickshire care home residents to have equal opportunities to maintain good nutrition and hydration.
- To improve health in the Warwickshire care homes residents.
- To reduce the cost of prescribed nutritional supplements to the health economy and reduce pharmaceutical waste.
- For the staff of Warwickshire care homes, to have the skills and competencies to support residents to maintain good nutrition and hydration.
- To achieve outstanding Care Quality Commissioning (CQC) ratings for nutrition and hydration in Warwickshire care homes and maintain this standard.
- For commissioners to have an embedded performance management framework to assure implementation of the standards in care homes.
- For all care homes to have measurable nutrition and hydration standards.
- To ensure that care for residents in care homes who have been identified at risk of undernutrition and / or dehydration is evidence based and appropriate.
- To improve patient/service user experience.

5. More about the Warwickshire Nutrition and Hydration Standards for Care Homes

These standards:

- Have been designed to be easy to read and implement by care home staff
- Include standards for people living where the service / setting is the sole provider of nutrition and hydration such as residential and nursing care settings (i.e. including residential & nursing homes, hospices, some supported living accommodation etc.)

- Will be implemented by anyone who has the opportunity to influence and promote excellent nutrition and hydration standards by using the guidelines which supplement these standards (see Warwickshire Nutrition and Hydration Guidelines for Care Homes 2018).
- Will be supported by a training sessions delivered by the South Warwickshire Foundation NHS Trust Dietetic Service.
- As the standards and guidelines are new to Warwickshire, feedback about them (good or bad), suggested improvements etc. are always welcome. Please contact: Anne Davidson, Dietetic Service Manager, South Warwickshire NHS Foundation Trust. anne.davidson@swft.nhs.uk

6. Using these Standards – Getting Started

To meet the key aims of the standards it is recommended that managers and staff in residential care settings complete a self-assessment exercise. This can be found on the Warwickshire County Council website via the following link <https://i.warwickshire.gov.uk/content/strategy-and-resources/strategy-and-resources> or on the South Warwickshire Foundation Trust website via this link <https://www.swft.nhs.uk/our-services/adults-out-hospital-services/dietetics/nutrition-and-hydration-standards>

This will identify areas of good practice and standards that are already fully or partially achieved. The guidelines can then be used to identify how all the standards can be met. Where there are gaps in knowledge and competencies in managers and care home staff, regarding nutrition and hydration, training needs should be identified.

7. Use of These Standards within Quality Assurance and Monitoring

Residential and nursing care settings are quality assured through See, Hear, Act – the Warwickshire County Council approach to quality assurance of commissioned services. This approach supports the outcome based service specification for these services, which sets out the outcomes providers need to meet for their customers without constraining them to particular approaches or inputs in achieving those outcomes.

See, Hear, Act takes a customer experience led approach in establishing if customer outcomes have been met. It also considers best practice and guidance to ensure all services are delivered effectively and safely. These Nutrition and Hydration Standards will now be the basis for establishing if best practice is being delivered and homes will be expected to demonstrate how they take account of them within service delivery.

Nutrition and Hydration Standards 1-7

Where the service / setting is the sole provider of nutrition and hydration such as residential and nursing care settings (i.e. including residential & nursing homes, hospices, supported living).

Refer to the Warwickshire Nutrition and Hydration Guidelines for Care Homes 2018 for evidence and information on how to implement and demonstrate compliance with these standards.

Standard 1 – Meeting the Nutritional Needs of Residents	
1.1	The staff at my care home identify my nutrition and hydration needs upon admission and update them as my needs change.
1.2	I am enabled to choose a balanced diet in accordance with my preferences and dietary requirements.
1.3	I am provided with regular meals and snacks in line with my preferences and dietary requirements.
1.4	I have a range of fluids available to me to meet my hydration needs.
1.5	The staff who support me receive training to understand what a balanced diet is.
1.6	The menus within my care home are analysed to ensure they meet the requirements specified.

Standard 2 - The Dining Experience	
2.1	Information relating to food provision is available and accessible to me and my family.
2.2	I am able to choose where I wish to eat.
2.3	I am enabled to eat and drink as independently as possible.
2.4	I have access to appropriate cutlery, crockery and equipment to allow me to eat and drink as independently as possible and with dignity.
2.5	I am positioned to promote safe eating and drinking.
2.6	My mealtime is not interrupted.
2.7	The dining area where I eat is well presented and the environment is conducive to enjoying the meal.
2.8	My food is well presented and appealing.

Standard 3 - Meeting Nutrition and Hydration Needs of Nutritionally Vulnerable Residents

- 3.1** The care home I live in uses a validated nutritional screening tool e.g. Malnutrition Universal Screening Tool (MUST) to screen whether I am at risk of malnutrition on admission and monthly as a minimum or if there is concern or my clinical condition changes.
- 3.2** The staff at my care home who undertake nutritional screening have appropriate training during induction and every 2 years.
- 3.3** I have an individualised action / care plan relevant to my nutrition risk category and it is tailored to include my dietary needs and personal preferences.
- 3.4** If I am identified as being at risk of malnutrition, food and fluid charts are initiated to monitor my intake.
- 3.5** Updates regarding my dietary needs are communicated to myself, my family and all relevant staff.
- 3.6** Staff involved in preparing or serving my food have appropriate training on meeting my nutrition and hydration needs, as a minimum every 2 years.
- 3.7** If I am identified as 'at risk' a high protein, high energy menu is available for me to choose from.
- 3.8** If I am identified as 'at risk' additional nourishing snacks and / or drinks are available for me to choose from.
- 3.9** If I am identified as 'at risk' my food will be fortified to increase the nutritional content of my meals, snacks and drinks.
- 3.10** My family and I are made aware of why I require food fortification for a high protein, energy diet, and / or nourishing snacks and drinks.

Standard 4 - Modified Texture Diets.

- 4.1** If I require a modified texture diet I will have access to food that is the correct consistency that is appealing and meets my nutritional requirements.
- 4.2** If I require thickened fluids I will have access to fluids thickened to the correct consistency as per my Speech & Language Therapists recommendations.
- 4.3** Staff at my care home have appropriate training to know how to meet my nutrition and hydration needs if I need modified texture food and fluids.

Standard 5 - Diabetes

- | | |
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| 5.1 | I am able to choose food and fluids that provide consistency in the carbohydrate content of meals including suitable snacks, desserts and drinks. |
| 5.2 | The timing of my meals will be taken into account when my diabetes medications, including insulin, are administered. |
| 5.3 | The staff at my care home are trained to support me to make suitable food and drink choices taking my diabetes into consideration. |
| 5.4 | I have an individualised action / care plan which is tailored to include my dietary needs and personal preferences. |
| 5.5 | My diet plan is communicated to myself, my family and all relevant staff. |
| 5.6 | If I have a poor appetite and / or continued weight loss MUST screening will be completed as per standard 3.0. |
| 5.7 | If I need to have oral nutritional supplements my blood glucose will be monitored closely due to the hyperglycaemic effect of some supplements. I will only be prescribed these supplements under the guidance of a Registered Dietitian. |
| 5.8 | My care home offers suitable food and drink choices for people who have diabetes and are overweight and encourages me to be more active as appropriate to my ability. |

Standard 6 - Obesity

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|-----|---|
| 6.1 | My care home identifies and monitors if I am overweight or obese by calculating my weight and BMI. |
| 6.2 | My care home offers food and drink choices suitable for me to follow a weight reducing diet. |
| 6.3 | My care home encourages me to be more active, appropriate to my ability. |
| 6.4 | I have an individualised action / care plan which is tailored to include my dietary needs and personal preferences. |
| 6.5 | My diet plan is communicated to myself, my family and all relevant staff. |

Standard 7 – Palliative Care

Definition

Palliative care is the provision of comfort and symptom relief to residents who have a life-limiting disease or condition that cannot be cured.

My nutritional needs if I require palliative care will be based on the stage of my illness. Information regarding my medical condition will be obtained from my GP and if appropriate my consultant or Macmillan nurse.

Follow standards 1 – 6 but consider the appropriateness of interventions as per the stages for palliative care below

Early palliative care

I may have months or even years of life remaining, and my quality of life may be good.

The aim of my nutritional care is to maintain good nutritional status, thereby maintaining my quality of life.

Late palliative care

I might experience a general deterioration in my condition. My appetite might decrease and I might become more fatigued.

The aim of my nutritional care is to ensure my enjoyment of food and provide relief from food related discomfort.

End of life care

I am likely to be bed-bound, very weak and drowsy, with little interest in food or drinks. If I am close to death, it is unlikely I will want food and/or hydration, and that providing them may in fact increase my discomfort and suffering.

Good mouth care, rather than attempting to feed me, might be a more appropriate intervention.

My family and I should be included in discussions regarding decisions about the level of nutrition and hydration care that is appropriate for me.

Useful Documents / links

1. Warwickshire Nutrition and Hydration Guidelines for Adults 2018
2. State of the Nation. Older people and malnutrition in the UK today. Malnutrition task Force. Updated 2017 http://www.malnutritiontaskforce.org.uk/wp-content/uploads/2017/10/AW-5625-Age-UK-MTF_Report.pdf
3. BAPEN (2013) Malnutrition Universal Screening Tool
4. BDA, the Association of UK Dietitians. The Nutrition and Hydration Digest: Improving Outcomes through Food and Beverage Services. 2nd Edition. 2017
5. Nutritional guidelines and menu checklist for residential and nursing homes. Public Health Agency 2014
6. Dysphagia Diet Food Texture Descriptors. 2012.
7. Oral health for adults in care homes NICE guidelines [NG48] Published date: July 2016
8. <https://www.food.gov.uk/business-industry/allergy-guide/allergen-resources>
9. <http://www.hydrateforhealth.co.uk/importance-maintaining-good-hydration-older-people/>
10. <http://www.nhs.uk/Livewell/Goodfood/Pages/water-drinks.aspx>
11. <https://www.nice.org.uk/guidance/ng28/chapter/1-Recommendations#dietary-advice-2>
12. <https://www.diabetes.org.uk/Documents/Reports/nutritional-guidelines-2013-amendment-0413.pdf>
13. <https://dementia.warwickshire.gov.uk/>
14. <http://www.scie.org.uk/almost-there>