Nutrition & Hydration

1. Background

We recognise the importance of good food and drink, not only as a source of enjoyment and pleasure, but also to maintain good health. We also recognise that older people can be at risk of poor nutrition and dehydration and must be protected from these risks.

The food offered to residents is one of the most important factors affecting residents' quality of life and a nutritious diet is critical to maintaining personal health and wellbeing. Poor dietary intake can lead to malnutrition with serious consequences for health.

Water is essential to health, and is one of the six basic nutrients (along with carbohydrates, fats, vitamins, proteins and minerals), but is often overlooked. This can result in older people missing out on the support they need to help maintain a healthy level of hydration.

All food and drink prepared in Abbeyfield the Dales (ATD) services will comply with the Food Standards Agency "Safer Food Better Business" guidelines (SFBB) and where applicable, the "Safer Food Better Business for Residential Care Homes Supplement".

2. Objectives

We aim to ensure that:

- Residents receive wholesome appealing and nutritious food and hydration which promotes good health and meets their individual needs;
- Suitable arrangements are in place to protect residents from the risks of poor nutrition and dehydration; and
- ATD complies with relevant current legislation, regulation and best practice guidance.

3. Scope

All established staff, agency staff and volunteers working in our services.

This policy applies to Abbeyfield the Dales Limited and its corporate trustee responsibilities for registered providers Charles Edward Sugden Almhouses, and Frank Crossley's Almshouses, also for the non-registered provider The Pawson Cottage Homes, and its subsidiary Abbeyfield Court Limited.

4. Policy

ATD staff will do all they can to ensure residents receive a wholesome, appealing and nutritious diet and drink sufficient amounts of fluid to maintain good health and reduce the risks of malnutrition and dehydration.

4.1. Nutrition & Hydration Needs Assessment

Each resident will have a nutrition and hydration needs assessment carried out by someone with an appropriate level of skill and knowledge as part of the pre-admission needs assessment and care planning process.

The needs assessment should take account of:

- Individual food and drink preferences, both personal and cultural or religious, including preferences about what time meals are served, where they are served and the quantity that is served;
- Any health needs that may affect the individual's diet, for example diabetes, medication and food interactions, and known food allergies;
- Specific dietary requirements relating to moral or ethical beliefs, such as vegetarianism; and
- The individual's ability to eat and drink, for example as a result of physical frailty or depression, and the level of support they need, including the use of aids and adaptations to promote independence.

ATD staff must assess whether or not a resident's dietary preferences can be properly observed taking into account all the associated requirements in terms of purchasing, storing, preparing and cooking the food.

The weight of each resident in our residential settings is regularly checked, recorded and monitored, and will detect over-nutrition (exemplified by weight gain and obesity) as well as under-nutrition. Residents in the residential settings must be weighed on a monthly basis, or more frequently if necessary, and this should be recorded on the Person Centred Software (PCS) system . Where there are any concerns for residents living in other care settings where we provide care and support their weight this should be referred and highlighted with District Nurses, GP or specialist team involved in their care. Where there are highlighted concerns a screening tool. The PCS system will automatically calculate a Malnutrition Universal Screening Tool (MUST) score and an on PCS assessment will be required and done in conjunction with health care professionals. This should be used as part of the care planning process to manage and minimise the risks associated with poor nutrition. Further information about MUST can be downloaded from the British Association for Parenteral and Enteral Nutrition (BAPEN) website BAPEN Malnutrition Universal Screening Tool**.**

The Manager must ensure that care planning records and associated risk assessments accurately reflect all actions that are taken to ensure adequate nutritional and fluid intake. Residents' daily records should include information about the food and drinks they have consumed.

Nutrition and hydration needs should be regularly reviewed and all associated documentation amended as soon as a resident's situation changes. This must then be shared with all of those involved in their care and support, including the catering team to allow for them to prepare food appropriate to their needs.

Where a resident is identified as being at risk of malnutrition or dehydration, it may be that their food and/or fluid intake needs to be closely monitored for a period of time. Their risk assessment must reflect this and be very detailed to ensure that all steps are taken to minimise the associated risks. This is done using a PCS system daily log of all the food and fluid which the resident has consumed. This level of recording would not be expected routinely.

4.2. Preventing & Recognising Dehydration

Many people do not drink enough, and this is particularly true of older people, those living with dementia and people who are unwell. ATD staff will be trained to understand the importance of water and hydration to residents' health and to recognise the importance of monitoring for signs of dehydration which can include:

- Thirst;
- Feeling dizzy or lightheaded;
- Sleepiness/tiredness;

- Dry sticky mouth;
- Headache; and/or
- Passing small amounts of dark concentrated urine.

Dehydration can lead to:

- Constipation;
- Infections;
- Delayed healing;
- Confusion; and/or
- Death.

To prevent dehydration, staff will:

- **Encourage** residents to drink small amounts of water regularly throughout the day, it is recommended that residents drink 8 glasses or cups of fluid throughout the day (unless advised differently by a medical professional).
- **Assist** residents by ensuring that they can reach - and lift - their cup or glass.
- **Refresh** water jugs regularly (at least three times a day) so that water is always available and appealing.
- **Make** sure other drinks of choice are available periodically throughout the day and night
- **Associate** fluid intake with specific moments, such as mealtimes and medication rounds, to ensure residents are drinking enough.
- **Identify** residents at particular risk of poor hydration.
- **Monitor** the hydration status of residents at risk by recording their fluid intake.

It may be necessary (as directed by a medical professional) to monitor an individual's fluid intake and output. This is normally required where there are concerns about a resident's kidney function and especially for residents who are catheterised.

4.3. Meals & Mealtimes

Meal provision within ATD properties will vary however the minimum offer is one cooked meal per day and this will be prepared and cooked by our catering staff each day.

The Manager, in consultation with residents, will ensure that the menu offers a choice of meals and is changed regularly. The menu should be given, read or explained to residents, and should be available in writing or other suitable formats.

Mealtimes should be unhurried to ensure that residents are given sufficient time to eat. Staff should be available to offer assistance where needed and this should be done discreetly, sensitively and individually, while encouraging independence wherever possible. This may include staff sitting with those residents who require assistance or encouragement to eat.

All food, including soft or pureed meals, will be presented in a manner which is attractive, appealing and appetising and will be placed within easy reach of the resident.

Suitable utensils and equipment will be provided to enable residents to eat independently for as long as possible.

Staff should avoid interruptions to mealtimes by other routine tasks, such as administering medication.

Residents should have the opportunity to take meals in a congenial setting and should be able to exercise as much choice as is reasonably possible about where and when they take their meals.

Arrangements will be made for residents to have their meal at a different time if needed, for example if they are absent or asleep when meals are being served.

4.4. Special Dietary Needs

Where a person is assessed as needing a specific diet, this must be provided in line with the assessment. Staff should seek advice and guidance from dietetic professionals whenever necessary to ensure that each individual resident's dietary needs and preferences are met.

Where screening raises particular concerns, Individual residents should be referred promptly for professional assessment via the GP e.g. speech and language therapy for people with swallowing difficulties, occupational therapy for equipment such as special plates and cutlery, dietician for special dietary needs relating to illness or a medical condition.

Staff will ensure that special therapeutic diets/food, including thickened drinks and supplements, are provided when prescribed or advised by health care and dietetic professionals. Written instructions and guidance will be followed in each case.

Staff will be suitably trained to meet the dietary needs of residents who are approaching the end of life.

4.5. Enteral Tube (Peg) Feeding

Enteral nutrition may be required when an individual is unable to take adequate amounts of food and drink by mouth. Nutrition is delivered by a tube either into the stomach or small bowel. Percutaneous Endoscopic Gastronomy (PEG) is a medical procedure in which the (PEG) tube is passed into the patient's stomach through the abdominal wall.

When delivering enteral nutrition, there are a number of complications that may arise, some of the most common being:

- Mouth discomfort or infections;
- Reflux and vomiting;
- Abdominal pain/distension;
- Diarrhoea; and/or
- Constipation.

The Manager must ensure that residents receive their prescribed enteral nutrition and dietary supplements at the specified times.

Enteral nutrition and dietary supplements must only be administered by appropriately qualified, skilled, competent and experienced staff who have received appropriate training from specialist nurses.

Parenteral nutrition is only required if a patient is unable to absorb nutrition through their gut and nutrients are given directly into a vein. In most cases this would be given in hospital.

5. Finance, Value for Money & Social Value

N/A

6. Supported Appendices

N/A

7. Linked Policies

Food Hygiene (HSF003)
Needs Assessment (C017P)
End of Life Care (C012P)

8. Legislation/Regulation

Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3) Regulation 14 - Meeting nutritional and hydration needs

9. Review

Every 3 years, subject to any regulatory or legislative updates.

10. Procedure/Guidance

10.1. Factors Affecting Nutritional & Fluid Intake

There are many factors which may affect nutritional and fluid intake.

The following list, which is not exhaustive, includes factors to be considered when planning meals and mealtimes with residents:

- Flexibility of mealtimes;
- Availability of food and drinks – snacks, hot/cold drinks facilities;
- Quality of food – flavour, texture, nutritional value;
- Choice – healthy options, variety, menus;
- Resident involvement – menu planning, laying/clearing tables, provision of kitchenettes, food preparation and cooking opportunities;
- Presentation of food – appearance, temperature;
- Quantity of food;
- The environment;
- The manner in which staff assist at mealtimes;
- Social aspects of eating and mealtimes; and
- Special occasions – birthdays, religious/cultural events.

There are many personal factors which may affect an individual's food and fluid intake, and these should be considered as part of the care planning process. Examples include:

- Ill-fitting dentures or no dentures;
- Mouth sores or ulcers;
- Swallowing difficulties;
- Ability to eat and/or drink unaided or without prompting;
- Willingness to eat and/or drink;
- Religious or cultural traditions;
- moral or ethical beliefs;
- General state of physical health and wellbeing; and
- Residents needing palliative care or those approaching the end of life.

The home should ensure that any such potential factors are made known to the care and kitchen staff.

10.2. Preventing, Recognising & Treating Dehydration

The two dietary sources of water are food and drink. About 80 per cent comes from drinks and 20 per cent is contained in food. However, some older people have diminished appetites or poor nutrition and may miss out on the valuable component of their fluid intake contained in food. In addition, thirst, the body's natural response to dehydration, has been shown to be impaired in older people. People with stroke or those who have Alzheimer's disease may be particularly insensitive to thirst.

Good hydration can help prevent or treat ailments such as:

- Pressure ulcers;
- Constipation;
- Urinary infections and incontinence;
- Kidney stones;
- Heart disease;
- Low blood pressure;
- Diabetes (management of);

- Cognitive impairment;
- Dizziness and confusion leading to falls;
- Poor oral health; and
- Skin conditions.

Being well-hydrated helps medicines work more effectively and helps combat the diuretic effect of some medicines (diuretics increase the rate at which water is passed).

Adults are advised to drink 6 - 8 glasses or about 2.5 litres of fluid a day unless advised otherwise. Some people may have fluid restrictions because of a health problem, such as kidney disease or heart failure. Where a health care professional has advised a resident to restrict their fluid intake this should be clearly documented in their care plan to ensure the advice is followed.

The main **reasons** for dehydration can be:
- The water made available can often be warm and poor in taste;
- Caffeine and alcohol act as diuretics and cause the body to lose water. Diuretics, such as tea and coffee, are often consumed rather than a hydrating drink;
- Older people often have a poor thirst mechanism – they don't realise they are behind with fluids;
- Anxiety about continence or getting to the toilet leads people to reduce their drinking;
- The use of diuretic drugs;
- Fever or heat exposure; and
- Diseases, such as diabetes, and significant skin injuries, such as burns.

The main **symptom** of dehydration is feeling thirsty. Mild dehydration is easily treated by drinking water and other fluids, such as diluted fruit juice.

For the ideal replacement of fluid and minerals, particularly when vomiting and diarrhoea are making fluid consumption difficult, rehydration treatments are available from the pharmacist under the recommendation of a medical professional.

In mild to moderate dehydration, other possible symptoms include:
- Dry mouth, eyes and lips;
- Headache;
- Tiredness;
- Dizziness or light-headedness;
- Decreased urine output; and
- Muscle weakness.

More severe dehydration can be life-threatening and usually requires hospital treatment, which involves intravenous fluids to correct the water and electrolyte imbalance. When dehydration is more severe, a person may experience:
- Extreme thirst;
- Very dry mouth and eyes;
- Loss of elasticity in the skin, making it look shrivelled;
- Passing small amounts of dark, concentrated urine;
- Sunken eyes;
- Lack of sweating; and/or
- Fast heartbeat.

In addition, blood pressure may be low, and delirium and loss of consciousness may occur.

10.3. Understanding Dysphagia

Dysphagia is the medical term for the symptom of difficulty in chewing or swallowing food or liquid. Signs and symptoms associated with dysphagia may include:

- Having pain while swallowing (odynophagia);
- Being unable to swallow;
- Having the sensation of food getting stuck in your throat or chest or behind your breastbone (sternum);
- Drooling;
- Being hoarse;
- Bringing food back up (regurgitation); and/or
- Having frequent heartburn.

The consequences of dysphagia include dehydration, starvation, aspiration, pneumonia and airway obstruction.

An important part of the treatment of dysphagia is helping the individual get adequate nutrition, while protecting against complications such as pneumonia from food or liquid getting into the lungs. This requires a specialised diet. The International Dysphagia Diet Standardised Initiative (IDDSI) Framework is:

1. Level 1 Puréed food
2. Level 2 Minced food
3. Level 3 Ground foods
4. Level 4 Chopped foods
5. Level 5 Modified regular foods – soft diet.

The diets vary in texture and consistency and are chosen depending on which would be most effective for the individual.

The following are some general guidelines for safe swallowing. Remember that people with dysphagia have individual requirements, so all of these guidelines may not apply to everyone.

- Maintain an upright position (as near 90 degrees as possible) whenever eating or drinking
- Take small bites — only 1/2 to 1 teaspoon at a time.
- Eat slowly. It may also help to eat only one food at a time.
- Avoid talking while eating.
- When one side of the mouth is weak, place food into the stronger side of the mouth. At the end of the meal, check the inside of the cheek for any food that may have been pocketed.
- Try turning the head down, tucking the chin to the chest, and bending the body forward when swallowing. This often provides greater swallowing ease and helps prevent food from entering the airway.
- Do not mix solid foods and liquids in the same mouthful and do not "wash foods down" with liquids, unless you have been instructed to do so by the therapist.
- Eat in a relaxed atmosphere, with no distractions.
- Following each meal, sit in an upright position (90-degree angle) for 30 to 45 minutes.

10.4. Eating Well with Dementia

Eating well is vital to maintain the health, independence and wellbeing of people with dementia. However, for many people with dementia, eating can become challenging as their dementia progresses. Some lose their appetite, or the skills needed to use cutlery, others struggle to chew and swallow.

The changes that many people experience as dementia progresses can have an impact on the whole mealtime experience. These changes can result in weight loss, dehydration or even weight gain. Malnutrition and dehydration can contribute to the risk of developing

delirium. The more that is known about a person with dementia, the easier it is to meet their nutritional needs.

People with dementia can experience difficulties with chewing and swallowing and these problems can affect how well they eat. Staff should monitor for signs of chewing and swallowing difficulties so that with early and appropriate interventions, the risk of malnutrition can be reduced.

People with dementia can often experience difficulties making choices about what they want to eat and drink. Being aware of some of the difficulties a person with dementia may experience at mealtimes can help to ensure that they are given the best possible support.

The environment in which a person with dementia eats will have an effect on how they eat. People with dementia will not want to stay and eat in an environment in which they feel uncomfortable. Understanding the impact of the mealtime environment can help staff to improve the eating experience for people with dementia.

Engaging people with dementia in conversation and food-based activities can stimulate interest in food and appetite. People can benefit greatly from being involved in food preparation and jobs related to mealtimes. Learning about people's lives can reveal important information about their interest and involvement with food in the past and can help to stimulate a continued interest in food. Food is an important part of most social events, and a diverse social programme can offer a range of experiences at mealtimes.

10.5. Supporting Guidance

British Diatetic Association
www.bapen.org.uk
Foods Standard Agency
International Dysphagia Diet Standardised Initiative (IDDSI) Framework
NICE guidance - Nutrition Support for Adults
RCN - Nutrition and Hydration
SCIE - Eating Well with Dementia
SCIE - Nutritional Care and Older People