

Developing a care service's food, fluid and nutritional care policy

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Introduction

Service providers should have a food, fluid and nutritional care policy in place, and a coordinated approach for its implementation to ensure that all people experiencing care receive safe, effective and person-centred nutritional care. This guidance has been produced to help adult care services develop food, fluid and nutritional care policies. Part one is for adult care homes. Part 2 is for care at home/housing support services and nurse agencies. This policy information will need to be adapted to suit the size of provider organisation and the individual service, reflect the client group, the aims and objectives of the service and environment where the care will be delivered. These are the areas you need to consider.

This document provides guidance on content of policy for the range of care service types, however the Standards which apply across the board are Healthcare Improvement Scotland's Food, Fluid and Nutritional Care Standards 2014 which sets out these six aspects of nutritional care.

- Policy and strategy
- Assessment, screening and care planning
- Planning and delivery of food and fluid
- Provision of food and fluid to patients
- Patient information and communication
- Education and training for staff

Although the original version of these standards in 2003 was written specifically for hospitals, the updated version in 2014 refers to other health and care settings. Much of the content can be applied to these other care settings. This policy guidance is largely based on these standards and acknowledges the 2018 Health and Social Care Standards My Support My Life, taking into account the five underpinning principles and standards.

Standards 1.33 to 1.39 of the Health and Social Care standards cover the eating and drinking aspects of care and support a person experiencing care should expect.

Food and fluid nutritional policy content for adult care homes and other residential services

Assessment, screening and care planning

When an individual moves into a care home, a nutritional care assessment and screening for risk of malnutrition should be carried out. A person-centred nutrition care plan can then be developed. The food, fluid and nutritional care policy could therefore include information on these areas.

- Completion of a nutritional care assessment within a defined period following admission to the care home (usually 24-48 hours). This assessment should accurately identify and record:
 - measured height and weight (with the date and time measurements were taken). If estimates are used, this should be stated, and a rationale provided
 - food allergies or intolerances
 - eating and drinking - likes and dislikes
 - therapeutic or texture-modified dietary requirements
 - cultural, ethnic or religious dietary requirements
 - social and environmental mealtime requirements
 - physical difficulties with eating and drinking, including swallowing difficulties
 - the need for help and support with eating and drinking, for example prompting and encouragement or specialist equipment
 - oral health status.
- Completion of screening for the risk of malnutrition using a validated screening tool, such as the Malnutrition Universal Screening Tool (MUST), on admission and on an ongoing basis. The screening score/outcome should be used to inform nutrition care planning and ongoing nutritional care. There is usually local guidance in place for this, for example local NHS board dietetic service's MUST management guidelines.
- Development of a person-centred nutrition care plan. This should be developed and reviewed with the person and/or those important to them. It may include outcomes of the initial nutritional care assessment; outcomes of screening for the risk of malnutrition; frequency and dates for repeat screenings; actions taken as a result of repeat screenings; specific plans agreed about food and drinks/other nutritional care for that individual.
- Ongoing documentation of all assessments, screening activity and nutrition care plans.
- The potential need for referral to specialist services following screening and assessment. For example, dental and oral health, dietetics, occupational therapy, speech and language therapy.

- Conditions that will impact on a person's nutritional intake, for example, dementia, dysphagia, pain, low mood, poor dentition, diabetes and so on, and the need to manage these, possibly with the support of specialist services for individual assessment and/or training of staff.
- Reference to individuals who are receiving artificial nutrition support and the specific care they will require (refer to local NHS board's guidance).
- Process for when a person is to be transferred to another health or care setting to ensure that information about their eating, drinking and nutritional care requirements is effectively communicated and documented between care settings.
- Consideration of nutritional care at the end of life.

Planning and delivery of food and fluid

Processes should be in place for the planning and delivery of food and fluid in the care home to ensure that people's individual nutritional and fluid requirements are met, and waste is minimised.

These should all be included in the policy.

- Effective planning of a seasonal menu cycle involving people experiencing care, those important to them and staff. A range of useful menu planning resources are available via the Care Inspectorate Hub and optional software packages are also available to support menu planning and analysis.
- Plans for procurement of food (local/national suppliers, home grown) and monitoring of food budget.
- A choice is available for all food and fluid options provided, including therapeutic and texture-modified diets and cultural, ethnic, or religious dietary requirements.
- A choice of portion size.
- Agreed meal timings appropriate for the population of the care home.
- People's ability to choose their meals as close to the time of serving as possible, with help from someone aware of their nutritional needs and preferences.
- A process for the efficient distribution of meals to people living in the home.
- Ensuring that people who require a specific diet for health/safety, therapeutic or cultural reasons receive the correct meals.
- Cooks having the skills to produce the meals that all individuals need, including therapeutic and modified texture meals (and where this is not the case that alternative arrangements are made, such as appropriate meals being bought in) and cultural, ethnic, or religious dietary requirements.
- Effective on-going communication between care staff, catering staff and people experiencing care regarding individual needs and preferences.

- Availability of alternative meals when people are unable to make a choice from the menu dishes on offer.
- Availability of meals/snacks/drinks outside of normal mealtimes.

Provision of food and fluid

Processes should be in place for the provision of food and fluid in a way that is acceptable to everyone living in the home. This would therefore include:

- the dining area being conducive to a good mealtime experience
- the need for attractive presentation of meals, including modified texture meals
- sufficient time allowed for people to eat and drink
- the need to promote a good fluid intake and how this might be achieved for individuals
- an adequate number of staff available at mealtimes and snack times to provide food and fluid to people experiencing care and, where necessary, to provide prompting and assistance with eating and drinking and/or dining with residents
- staff wearing appropriate PPE during mealtimes
- a system for addressing problems relating to the provision of food and fluid as they arise, and corrective action taken swiftly
- where required, the accurate and timeous recording of food and fluid intakes, with necessary action taken and documented if this intake is inadequate
- protected mealtimes where all non-essential staff activity is stopped during mealtimes so as many staff as possible are available to support people with eating and drinking
- individuals being given the opportunity to choose whether to eat and drink alone in their room, in a communal dining area or in another setting of their choice and where a tray service is required that food is presented attractively and at an appropriate temperature
- people being provided with the equipment and utensils for eating and drinking that meet their individual needs
- availability of accompaniments and condiments at all mealtimes, subject to any dietary restrictions
- ensuring that individuals with swallowing difficulties are provided with the safest food and fluid textures, especially where a specific IDDSI (International Dysphagia Diet Standardisation Initiative) framework level diet has been recommended by a Speech & Language Therapist following assessment
- ensuring that individualised practical aspects of nutrition care plans (for example, food fortification, preference for clothing protection or not, use of adapted cutlery, preferred eating environment) are implemented.

Information and communication for people living in the care home

Everyone should have the opportunity to discuss and be given information about their food, fluid, and nutritional care. People's views should be sought and used to inform decisions made about the food, fluid and nutritional care provided.

The food, fluid and nutritional care policy could include:

- communication about food, fluid and nutritional care delivered in formats
- suitable to individuals identified communication needs
- information being provided on:
 - how to choose their meals
 - mealtimes
 - the content of meals and snack choices available
 - facilities available for eating meals, and where meals are served
 - the opportunities available for assisting with growing food/food preparation
 - assistance with eating and drinking if required
 - special equipment and utensils for eating and drinking if required
 - the procedure for obtaining a meal if one is missed.
- how to make a comment or complaint about the nutritional care, food and fluid provided
- how they will receive feedback following a comment or complaint
- methods by which people's views on the food and fluid provided will be collected, how often this will occur and how this information will be used to influence food and fluid provision.

Education and training for staff

Staff should have the knowledge and skills required to meet people's food, fluid, and nutritional care needs, in line with their duties and responsibilities.

It is important that all staff involved in the provision of food, fluid and nutritional care recognise the critical nature of this task and receive training in nutritional care.

The policy could therefore include:

- inclusion of food, fluid, and nutritional care related training as part of all staff inductions
- information on how staff involved in the delivery of food, fluid and nutritional care are made aware of:
 - meal and snack times

- procedures for ordering missed meals
- procedures for out-of-hours provision of food, fluid, and nutritional care.
- a plan for all staff in contact with individuals and their food and fluid to receive training in food hygiene/food safety
- recognition that staff should access relevant nutrition training on offer to be able to provide excellent nutritional care. Topics may include the correct use of screening tools and related measurements; risk factors for dehydration and malnutrition; recognising physical difficulties with eating and drinking; assisting with eating and drinking; care of people with swallowing difficulties
- consideration of allocating the role of Nutrition Champion to one or more care staff (this may depend on the support available to develop this role).

Staff responsibilities

It is important to identify who is responsible for duties relating to nutritional care. The care home's food, fluid and nutritional care policy could clarify such roles. Examples are included in this table.

Duty (example)	Person(s) responsible (examples only)
Staff training – nutrition, hydration, oral health induction/refresher	Service provider/manager
Nutrition screening and assessment	Nursing/care staff
Developing person-centred nutrition care plans	Nursing/care staff/ cooks/person and those important to them
Weighing residents	Nursing/care staff
Making referrals and communicating with relevant specialist services such as oral health, dietetics, SLT	Nursing/care staff
Implementing advice provided by relevant specialist services e.g. oral health, dietetics, SLT	Nursing/care staff/cooks
Training on IDDSI framework for people with EDS difficulties	Service provider/manager/cooks/nursing/care staff
Assisting residents with eating & drinking	Nursing/care staff
Menu planning and reviewing	Cooks, nursing/care staff, people experiencing care and those important to them
Mealtime coordinator	Member of nursing/care staff and/ or cook
Organising food-related activities	Nursing/care staff /activity coordinator
Preparing meals and snacks	Cooks
Discussing people's likes and dislikes	Nursing/care staff /cooks
Initiation and completion of food and fluid charts	Nursing/care staff
Evaluation of food and fluid charts	Nursing/care staff
Oral hygiene after meals	Nursing/care staff
Undertaking audits and identifying improvements	Nursing/care staff, cooks, manager, people experiencing care, and those important to them

Monitoring and evaluation of food, fluid and nutritional care

It is important that processes and practices relating to the provision of food, fluid and nutritional care are evaluated.

This could include, for example:

- audit of the nutrition screening of people (method and frequency)
- audit of nutrition care planning documentation (method and frequency)
- mealtime observations (method and frequency)
- review of people experiencing care's satisfaction with menu/food provision (method and frequency)
- monitoring of modified texture meals and fluids (are they of the correct consistency, attractively presented).

Results of any audits or evaluations should be documented, shared appropriately and any necessary actions implemented.

Food and fluid nutritional policy content for care at home and/or housing support services/nurse agencies

The policy content for a care at home and/or housing support service/nurse agency will be determined by what the service provider is commissioned for in relation to nutrition and hydration. The policy should reflect the service's aims and objectives and make a clear statement about its role in assessment and care planning in nutrition and hydration and this will influence the assessment and care planning it will provide.

Assessment screening and care planning

It is important for the service to have a baseline of people's nutrition and hydration needs as well as knowledge to enable staff about how to monitor and escalate any changes in the person.

Here are things that the service should consider.

- Carrying out a suitable needs assessment at the start of their care which will include information about the person's:
 - nutritional, dietary and fluid needs
 - support needs with shopping, cooking, eating, or drinking
 - individual food and drink preferences
 - cultural, religious or health needs.
- Timescales for carrying out this assessment.
- Using a resource/tool to support staff to assess, support and monitor the nutrition and hydration needs of people experiencing care for example, Eat Well Age Well Malnutrition Screening Toolkit.

- Which staff member, with appropriate training and skills to carry out the assessment and where this will be recorded, for example, persons plan of care.
- Actions required by care staff to be agreed with the person experiencing care or those important to them to form part of the person's care plan.
- Any person new to the service with special nutritional needs identified during assessment will be, with their consent, referred to their GP.
- Where the person is already under the care of a specialist, for example, dietician or speech and language therapist (SALT) or occupational therapist (OT), the service will work together with the specialist and cooperate with all agreed plans of care. This may include people who present with:
 - swallowing difficulties
 - specialist equipment needs such as special plates and cutlery
 - special dietary needs relating to illness or condition.
- When an individual is not able to state their needs or preferences, what discussions will take place and with who, for example with those important to them or a representative.
- Appropriate information and advice on what constitutes a balanced diet to support people experiencing care and those important to them, to make an informed decision about the type, and amount of food they need while also addressing any risk of malnutrition and/or dehydration.
- How information will be provided in a range of different ways and in a manner and format that the person is able to understand.

Escalation of any nutritional/hydration concerns

Here is what the service should consider.

- Agree a process for care staff to escalate any difficulties that a person experiencing care may be having with regards to their nutrition or hydration.
- How staff will be able to recognise when problems arise that can lead to a person being at risk from poor nutrition or hydration and know how to escalate this for support. These include:
 - dental problems, such as poorly fitting or broken dentures, or mouth or tooth disease
 - depression or other mental health issues
 - swallowing problems caused by disease, such as dysphagia resulting from stroke or dementia
 - side effects of medication
 - concerns with drinking relating to continence
 - poor appetite / missing meals.
- Make sure that staff can recognise visual signs of visual weight loss such as ill-fitting dentures, looser clothing, limbs thinner.

Support for the person to eat and drink well: staff responsibilities

It is important to identify who is responsible for duties relating to nutritional care. The care at home's food, fluid and nutritional care policy could clarify such roles. Examples are included in this table.

Duty (example)	Person(s) responsible (examples only)
Staff training – nutrition, hydration, oral health - induction / refresher	Service provider/manager
Nutrition MUST screening and assessment	Health care professional - nursing/ dietetics
Ongoing malnutrition screening	Care staff
Developing person-centred nutrition care plans	Manager/care staff, family
Making referrals and communicating with relevant specialist services, for example oral health, dietetics, SLT	Community nursing /GP
Escalating any concerns about food/fluid intake and nutritional status	Care staff /manager
Implementing advice provided by relevant specialist services, for example oral health, dietetics, SLT	Manager/care at home staff, family
Staff training re IDDSI framework to support people with EDS difficulties	SLT/dietician/service provider/manager/care at home staff
Assisting people with eating and drinking	Care staff
Menu planning and reviewing	Care staff, people experiencing care and those important to them
Organising food-related activities, for example shopping	Care staff, person experiencing care
Preparing meals and snacks	Care staff, person experiencing care
Discussing persons likes and dislikes	Care staff, person experiencing care
Observation and monitoring of food/fluid intake	Care staff, family or those important to the person
Oral hygiene	Care staff/person experiencing care and those important to them
Undertaking audits and identifying improvements	Service provider/manager/care at home staff, people experiencing care, and those important to them

The service should consider these things where appropriate.

- Training for staff to support people experiencing care with nutrition/hydration needs, for example internal induction.
- How care staff will help people experiencing care with planning, shopping and preparing their own meals in order to support their independence, where this is possible.
- Where the person requires care staff to choose and plan their meals for them, how care staff will change the food choices regularly to provide choice and variety.
- Food and fluid options which support what the person wants to eat and drink and will provide for all of their nutritional needs, including vitamins and minerals.
- Where necessary, menu advice and support will be obtained from a registered dietician to ensure that an adequate nutritional balance is being maintained.
- People experiencing care experience unhurried relaxed mealtimes with the person being given plenty of time to eat and enjoy their food.
- Food will be presented in a manner that is attractive and appealing and drinks available and accessible throughout mealtimes and throughout the day, where possible, especially for people who are unable to serve themselves with a drink.
- All meals will be cooked, prepared and served according to the standards set by the Food Standards Agency.
- Specialist menus and therapeutic diets will be supported as required and indicated in individualised plans of care.
- Where a texture modified diet is required, appropriate advice will be obtained from a speech and language therapist and all efforts will be made to ensure that the food is served in an appetising way.

Care services must recognise that people experiencing care:

- should have any special diets or dietary supplements that their needs require arranged on the advice of their GP, dietician or speech and language therapist;
- should have access to specialist advice and techniques for receiving nutrition where their needs require it;
- who are not eating their meals or if their eating habits change, the staff serving meals should report to the manager;
- who have eating difficulties or a need assistance at mealtimes have it recorded in their care plan along with a plan of assistance agreed both with the service user and their relatives, where necessary;
- who needs assistance with eating or drinking, have arrangements in place to support them to be independent, for example using special cutlery, crockery;

- who are unable to eat independently have staff or family to help support with this;
- are, alongside staff and their representatives, able to regularly feedback their views on the quality of meals and nutrition and suggest improvements, through surveys.

Useful references and resources

The Care Inspectorate website, The Hub (care homes for older people section) has many useful resources relating to nutrition in care homes which will also be of help.

- Eating and drinking well in care: good practice guidance for older people <https://hub.careinspectorate.com/media/1493/eating-and-drinking-well-in-care-good-practice-guidance-for-older-people.pdf>
- Eating and Drinking Well in Care: Good practice Guidance for Older People. <https://hub.careinspectorate.com/how-we-support-improvement/care-inspectorate-programmes-and-publications/eating-and-drinking-well-in-care-good-practice-guidance-for-older-people/>
- Supporting people with eating, drinking and swallowing difficulties (dysphagia) <https://hub.careinspectorate.com/media/4000/supporting-people-with-eating-drinking-and-swallowing-difficulties-dysphagia.pdf>
- Eating well for older people: Practical and nutritional guidelines for food in residential and nursing homes and community meals (Caroline Walker Trust) <https://hub.careinspectorate.com/media/1495/eating-well-for-older-people-practical-and-nutritional-guidelines-for.pdf>
- Eating Well: supporting older people and older people with dementia (Caroline Walker Trust) <https://hub.careinspectorate.com/media/1497/eating-well-supporting-older-people-and-older-people-with-dementia.pdf>
- Communication and Mealtimes Toolkit for Dementia <https://bit.ly/3r0O02k>
- Food, Fluid and Nutritional Care Standards <https://hub.careinspectorate.com/media/1505/food-fluid-and-nutritional-care-standards.pdf>
- Malnutrition Universal Screening Tool (MUST) <https://www.bapen.org.uk/screening-and-must/must/introducing-must>
- NHS Lothian Manual for Mealtimes for Care Homes (2020) <https://policyonline.nhslothian.scot/Policies/Document/Manual%20for%20Mealtimes%20in%20Care%20Homes.pdf>
- NHS Greater Glasgow and Clyde - Nutrition in Care Homes Resources <https://www.nhsggc.scot/your-health/care-homes/nutrition/>

Care at home specific information

- Eat Well Age Well. Care at Home Malnutrition Screening Pack <https://www.eatwellagewell.org.uk/toolkithttps://eatwellagewell.org.uk/carers-screening>

- Eat well Age well – care at home malnutrition training. Videos and workbook <https://www.tfaforms.com/5004445>

Oral health

- Supporting better oral care in care homes: what quality looks like <https://hub.careinspectorate.com/media/4703/supporting-better-oral-care-in-care-homes-2021.pdf>
- Caring for Smiles: Guide for care homes <https://www.scottishdental.org/wp-content/uploads/2021/08/Caring-for-smiles-Guide-for-Care-Homes-2020.pdf>
- Open Wide. Better oral care for adults with additional needs. <https://learn.nes.nhs.scot/3348/oral-health-improvement-for-priority-groups/open-wide>

Staff training (online training options where local training may not be available)

- Food Hygiene e-learning available on Turas <https://learn.nes.nhs.scot/60612>
Social care staff can access this using their Turas account.
- Dysphagia e-learning - NHS England <https://portal.e-lfh.org.uk/Component/Details/651364> This training meets the level 2 training requirements of the Eating Drinking and Swallowing Competency Framework as specified within national guidance.
- SVQ eating and drinking optional modules. https://www.sqa.org.uk/files/aq/DK3M_04.pdf https://www.sqa.org.uk/files/aq/H5NN_04.pdf <https://www.sqa.org.uk/files/aq/H5NP04.pdf>
- BAPEN MUST Tool e-learning module <https://www.bapen.org.uk/e-learning-portal/nutritional-screening-using-must/introduction-to-must-e-learning-modules>
- [Nutrition In Care Homes - NHSGGC](#)
- [dysphagia - NHSGGC](#)

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