



Welsh Government
Consultation – summary of response

Food and nutrition in care homes for older people
Best Practice Guidance

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1.0 Introduction

1.1 The Welsh Government undertook consultation to ask for views on the draft guidance to support healthy food and drink provision in care homes for older people between 18 July and 10 October 2019. This document summarises the key themes from the responses received.

1.2 The proposed food and nutrition guidance for care home settings is one element of work which is continuing to deliver improved food and nutrition across a range of care settings in Wales.

1.3 In a written statement on 18 July 2019 the Minister for Health and Social Services confirmed the development of the Food and nutrition in care homes for older people – best practice guidance for consultation. The purpose of the guidance is to support care home settings to achieve quality food provision for older people in their care, which meets their nutritional requirements. This will contribute to the prevention of malnutrition and achievement of health and well-being outcomes in care home residents.

1.4 We acknowledge the contribution from care home providers and stakeholder organisations including Care Forum Wales, Care Inspectorate Wales, Age Cymru, Food Standards Agency, NHS Dietitians, Health boards and Local authorities who helped to inform and shape the draft guidance. Also, the previous work led by Torfaen Local Authority and Aneurin Bevan Health board in 2014 for the 'Menus Count in Care' project.

2.0 Methodology

2.1 The written consultation document asked 14 questions on a range of key areas to determine how acceptable and useful the guidance would be in relation to its content, design and format, accessibility and how easy it would be to implement.

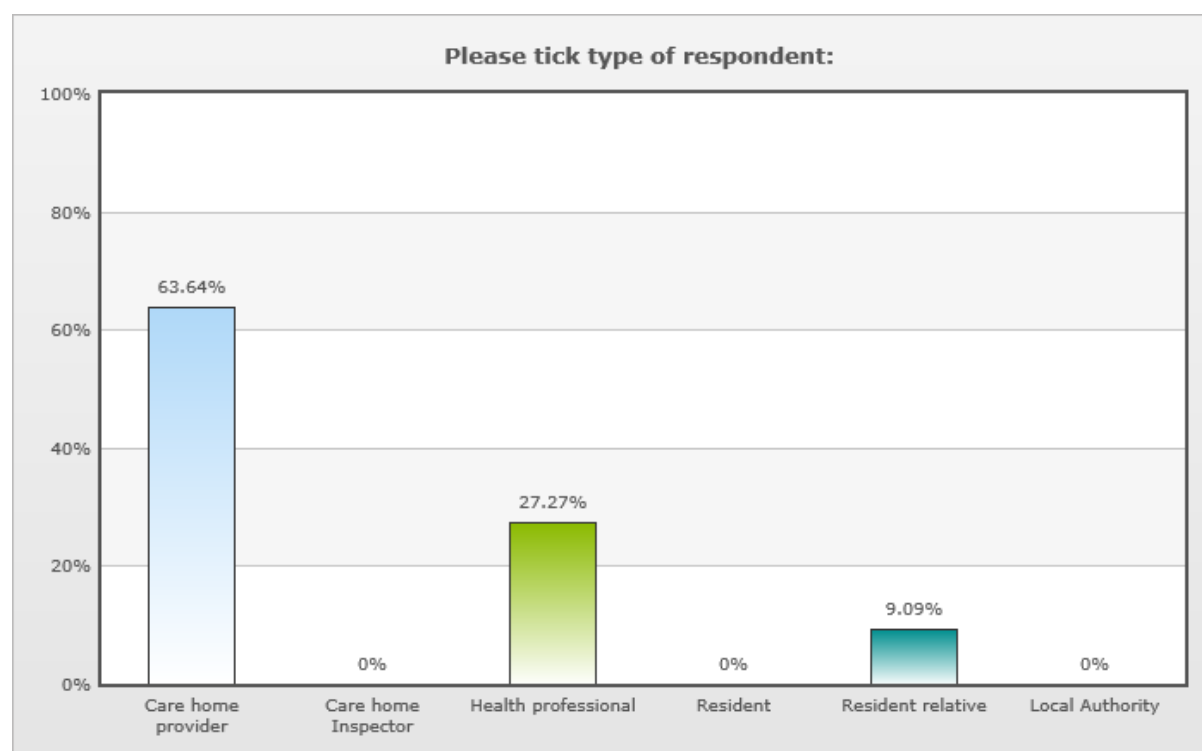
2.2 In addition to the formal consultation document, the Welsh Government also attended a number of care provider forum events held across Wales covering a range of Local Authority areas to provide information on the consultation and engage with a range of providers.

2.3 In total, 25 responses were received to the formal written consultation and around 160 participants attended the events in total.

3.0 Overview of responses

3.1 The written consultation generated 25 full responses mainly from care home providers and health professionals as detailed in Table 1. For full list see Annex 1.

Table 1 List of respondents



Summary of responses overall

3.2 Across all responses there was a 100% agreement that the standards and guidance will be helpful to older people care homes.

Overall, responses reflected the following points:

- The proposed design and format was positively received. The need for some adjustments and around 50% happy with web access, the other 50% requesting hard copies to be produced for settings, in addition to the proposed web access.
- Positive comments were made on how the guidance could be used and how it could benefit care homes to provide improved food services.
- The content was felt to be informative, comprehensive and relevant with a need for additional clarity in specific areas. Some respondents felt that there was too much information.

- A need for training was identified to support effective implementation with further support from dietitians and the potential for web based learning.
- Some potential barriers were identified to implementation such as:
 - Additional cost of food;
 - Additional cost of staff time for food preparation and planning;
 - Timing concerns as it competes with other service developments in care homes;
 - The need for staff support and training for effective implementation;
 - The lack of importance placed on the guidance and the fact it is not compulsory, may hinder its implementation; and
 - The lack of capacity within smaller independent care homes.

4.0 Summary of responses to specific questions

Question 1

Do you agree that up to date nutrition standards and guidance are helpful to have in place?
Please explain why

4.1 The response was unanimous and all respondents felt that the new guidance is needed across Wales. Most agreed that updated guidance would be useful for care home providers to achieve a consistent approach and to follow best practice.

4.2 Comments included:

“It is important and supports ensuring minimum standards are met for nutrition and hydration for care home residents. It also ensures that care across is patient centred, consistent and best practice is followed.”

“There needs to be an evidence based standardised approach to the food and nutrition for older people in care homes that looks at partnership working.”

“It gives care homes a good guidance to follow and is easy to read.”

“Everyone involved in providing the food will be following the same guidance and there will be no unanswered questions or staff being unaware of anything.”

“Very few health care professionals are trained in nutrition at all, so all need to follow guidance from the Registered Dietitians who are experts.”

Question 2

How do you feel about the layout of the sections, are they easy to read and follow?

4.3 Overall respondents provided positive statements that the layout was clear, easy to read and follow and the practice points useful.

4.4 One respondent thought the sections were too lengthy with some repetition. A few suggestions were made to have summaries of each topic, downloadable A4 sheets or a more concise version.

4.5 Comments included:

“It looks brilliant – will be very useful for kitchen staff and home staff.”

“It is an easy structure to follow and easy to find what you are looking for.”

“Yes the sections have a good clear layout and the practice points at the end of each section provided quick and easy reference. The images are helpful and uncomplicated which is easier to follow/understand.”

“We are pleased that examples of meals with texture modification and fortification are included.”

Question 3

What would help to ensure these are easily accessible to you? (e.g. individual sections on the web, printer friendly)

4.6 There was a mixed response in that the majority of respondents felt that web access was acceptable as long as the individual sections were available as print-friendly documents and also some summary sheets as standalone PDF's. A few respondents felt that a hard copy would be required.

Question 4

How do you feel about the proposed design as shown for Section 2?

4.7 All respondents felt that the proposed design was clear, easy to follow and informative.

4.8 Comments included:

“This is an easy to follow design. It makes it easier for myself with no food background to understand and follow.”

“I think it is very informative and provides lots of good information in each section. At times, feel that there might be too much in each section, which might put off the nursing home team from reading it and getting the most important points.”

“...I think that it is important to separate out fluid needs and drinking as distinct from food and increase the focus on fluid intake.”

“The layout is fine and the colour coding works but there is so much information - perhaps it would benefit of being reduced

Question 5

- 5a. any particular sections of information in the document which you disagree about?
5b. any gaps in information which you think should be included?
5c. any parts that are particularly helpful?

4.9 The majority of responses felt that there were no overall sections with which they disagreed. In addition to general minor suggestions on clarity and changes, there were some detailed responses about specific pieces of information in the guidance, these included the following examples:

- A suggestion was made to add more emphasis on fluid intakes and hydration and linking to some recent research from care homes on hydration.
- Two respondents were positive about the inclusion and emphasis of oral health - “It is very encouraging to see frequent reference to oral health among the sections. The inclusion of Gwên am Byth is also very helpful.”
- Some clarity was sought in some areas e.g. diabetes.
- A suggestion was made about re-categorising the vegan section.

4.10 Other comments included:

“The information provided is appropriate for the aims of the document. The inclusion of information on food fortification is valuable.”

“We also feel that Section 7 putting the guidance into practice is important but potentially care homes may require additional support to do this successfully.”

“Supporting people with dementia is particularly helpful.”

“...I therefore welcome the use of the guidance as a steering mark by care homes to demonstrate to inspectors and Local Authorities how they are meeting responsibilities consistent with statutory guidance.”

“Evaluation with care home managers and residents is key to understanding how the theoretical positives of the guidance will work in practice.”

“Possibly consider if a final section should be included about food and nutrition at the end of life. This could touch on oral feeding at risk, risk management, and person-centred care when nutritional balance is not a priority.”

Question 6

Do you feel there are any particular issues or barriers which could prevent the successful implementation of the nutritional guidelines?
If yes, please say what they are and how do you think these could be overcome?

4.11 The main barriers that were raised centred on cost and time and the need for support. A couple of respondents felt that food is undervalued and cost is more of a priority, with budgetary restraints. But there was recognition that there are savings and benefits to be gained from homemade preparation. Another respondent felt that if oral health was poor, that this can have an impact on implementation of the guidance. It was felt that the size of the care home may also be an issue which can impact on the capacity to meet the requirements. The other main concerns highlighted were the size of the document, difficulty in translating the guidance into practice and the need for promotion, training and support.

4.12 Comments made:

“Yes time and effort as this is not the only new guidance to come into force and it is hard for managers to do.”

“Lengthy documents may discourage staff from reading them. Quick reads are always good to accompany the documents”

“limited dietetic resourcein support of implementation”

4.13 Some solutions were offered:

These centred on training, support, promotion and ensuring that the work is embedded and prioritised across health and social care by commissioners, inspectors and Health board nutrition and hydration steering groups. A best practice award or scheme was also suggested to reward excellence in nutritional care.

4.14 Comments made:

“Training! I believe the ‘Nutrition Skills for Life Course’ should be compulsory.”

“to raise awareness of the guidance a launch strategy with national and local events would be welcomed.”

“There is a paucity of knowledge of the importance of nutrition and hydration across the sector. Training is needed for all staff groups to raise awareness of the standards and to up skill the health and social care workforce.”

“Quick reads are always good to accompany the documents.”

“A simple benchmarking audit tool and outcome monitoring tool to assess / enable care homes to monitor and report on progress would also be help settings demonstrate best practice.”

Question 7

What kind of training, support or resource would you like to see to help support the successful implementation of the standards?

4.15 A range of training delivery and resources was proposed for older people care home. Examples suggested included:

- presentations
- refresher courses
- specific training for cooks and managers
- on line video
- a range of training for different roles within the sector in particular specialist dysphasia food preparation to ensure that they are appetising
- funding for educator roles
- best practice award

It was recognised that nutrition and dietetic services have a key role to play in supporting the successful implementation of the best practice guidance. Some respondents felt that there is often limited access to this training across Health Board areas and it would benefit all managers and cooks to access this training.

4.16 A respondent highlighted that Nutrition and Hydration are now a core module in Level 2 and 3 Health and Social Care occupational qualifications, which will support the implementation of the best practice guidance. A suggestion was made that this could be expanded, with additional resource, to provide nutrition training and professional dietetic support for assessors to meet identified training needs.

4.17 To improve implementation, it was felt that it was important to link with other programmes and work streams. This includes the Public Health Wales, Gwên am Byth and Improvement Cymru Care Home programmes and Prevention of Urinary Tract Infection work streams. It was felt that the co-ordinators of these programmes need to be aware of the standards. A respondent also felt that it is important to incorporate the guidance into commissioning standards. The role of inspectors was also highlighted and the need for delivery of training and support for inspectors in the adult care sector.

4.18 Comments made about training and support included:

“There is a need for robust nutrition and hydration training for catering staff and also in specialist nutrition areas such as IDDSI.”

“There also needs to be support for menu planning.”

“There are opportunities for an all Wales approach e.g. linking with the All Wales Menu Framework for the NHS and sharing these resources with care homes and expanding the all Wales training for care homes particularly for caterers.

There is an opportunity to do this through expansion of the Nutrition Skills for Life programme.”

“...we would welcome ‘best practice award’ scheme. Similar to the ‘healthy Schools ‘award whereby Care settings who follow the best practice guidance gain recognition. This can reward positive steps and aid marketing.”

“Dietitians would welcome the opportunity to work with Welsh Government to further develop training and resources to support implementation of the guidance and monitoring impact.”

“To introduce a training forum to keep abreast of developments. CCBC has 6 care homes who would benefit...”

“Currently staff are trained in basic food hygiene but there needs to be something in place for care staff such as e- learning in order to familiarise themselves with the Best Practice guidance.”

Question 8 & 9

8. How will you use it?

For care home providers:

9. Do you think the food and meal standards and recipes will help you to plan meals, snacks, drinks and menus for the residents in your care?

4.19 Responses ranged depending on type of responder, the majority of care home providers felt they would use it to better their staff knowledge, when need a reference, and to disseminate information to staff.

4.20 A good example was provided, where a local authority is supporting improvements with meal times by setting up a network of cooks to create opportunities for improving staff knowledge and they will use the guidance in these sessions.

4.21 Cooks agreed that the guidance would provide the information to build on menus and IDDSI to utilise the information on textures, to compare menus, utilise new ideas and food experiences for their residents. Other health professionals felt it would be useful to support implement of IDDSI and to have expectation of what care homes should be providing. Dietitians felt the care plans would be useful, if integrated onto Care Home IT Systems. The guidance could also be used in training and for signposting.

4.22 Comments included:

“The Guidance will be circulated widely. Managers will disseminate the Guidance in team meetings and reinforce during staff supervisions etc.”

“...I would refer to it when visiting (a relative).”

“We currently provide training in relation to malnutrition in the care home settings. The training aligned with the new care homes standards would have a greater focus on supporting menu planning and catering practices in care homes. Implementation of this document would need a MDT approach and an understanding across many disciplines including Dietetics to ensure care homes are supported in implementation.”

“To help with menus in the future.”

“I think care homes will use to plan menus, meals and snacks.”

Q 10-13 Provision of Texture modified diets and use of IDDSI*

Do you currently provide food for residents who require different texture diets?

If so, on average how many do you provide?

Do you use the IDDSI website to plan texture modified diets?

Does the IDDSI website provide all the information you need?

Do you buy meals in?

4.23 Of the five care home who answered this question, three said they provided on average less than 5 modified texture meals, two provided more than 20.

4.24 Eight care homes responded to the type of modified texture diets they provided and specified a range of IDDSI levels, no one said they bought in texture modified meals. Six of these felt that the IDDSI website provide the information they required, whilst two disagreed.

5. Next steps

5.1 The Welsh Government has analysed and considered all responses in order to produce the final guidance documents. Based on the comments and suggestions from the consultation a number of revisions were made to shape and produce the final guidance.

***IDDSI – International Diet Descriptor Standardisation Initiative**

Annex 1

List of respondents

Individual (17)

Individual Care Home Providers (5)
Individual Care Home Provider Local authority – Gwynedd (2), Ceredigion (1),
Caerphilly (1)
Member of public
Resident relative
Researcher, University of East Anglia
Individual Health Professional (5)

Organisations (8)

Betsicadwaladr UHB
British Dental Association
British Society of Gerontology and All Wales Special Interest Group/ Specialist
Interest Group for Oral Health Care
British Egg Industry Council
Faculty of Dental Surgery at Royal College of Surgeons for England
Older People Commissioner for Wales
Swansea Bay UHB
Welsh Dietetic Leadership Advisory Group/Public Health Dietitians in Wales/Bwrdd
Cymru