

FOOD & NUTRITION

in Care Homes for Older People

Section 2

Food and Nutrition:
standards, guidelines and menu planning

Section 2

Food and Nutrition: standards, guidance and menu planning

A complete guide to providing a nutritious balanced diet to meet the range of needs of residents in your care.

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg
This document is also available in Welsh.

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Additional sections cover the following:

2A Eating and drinking drinking well using ‘food first’ approaches

2B Eating and drinking well with mental health conditions

2C Eating and drinking well using texture modified diets and IDDSI

Food and nutrients, balancing requirements, the Eatwell Guide



It is crucial to ensure that food and drink provided to older people in care homes is enjoyable, nutritious and accessible, to benefit their health and wellbeing.

Appetising food and drink that meets residents individual needs and provided in a positive and caring environment is a key aspect of delivering high quality care.

This section provides all you need to know about the food and drink you provide to ensure it meets the dietary recommendations for older people in your care. This will help to ensure residents are well nourished, hydrated and maintain a healthy weight.

What are nutrients?

The body needs energy, nutrients and water to provide essential nourishment:

Macro nutrients are: protein, carbohydrate, fats	Micro nutrients are: vitamins and minerals e.g. Vitamins A, C & D, Minerals – iron, calcium
	

- **Food standards** outline the types of food that older adults should be offered at each meal e.g. breakfast, main meal or a snack, or overall in a day to meet the recommendations for nutrient intake.

A separate volume of example menus and recipes that meet the food standards is provided.

For more information on the recommended amount of nutrients for an average day for older adults see Appendix 2.

Balancing requirements throughout the day

What is the ideal healthy balanced diet?

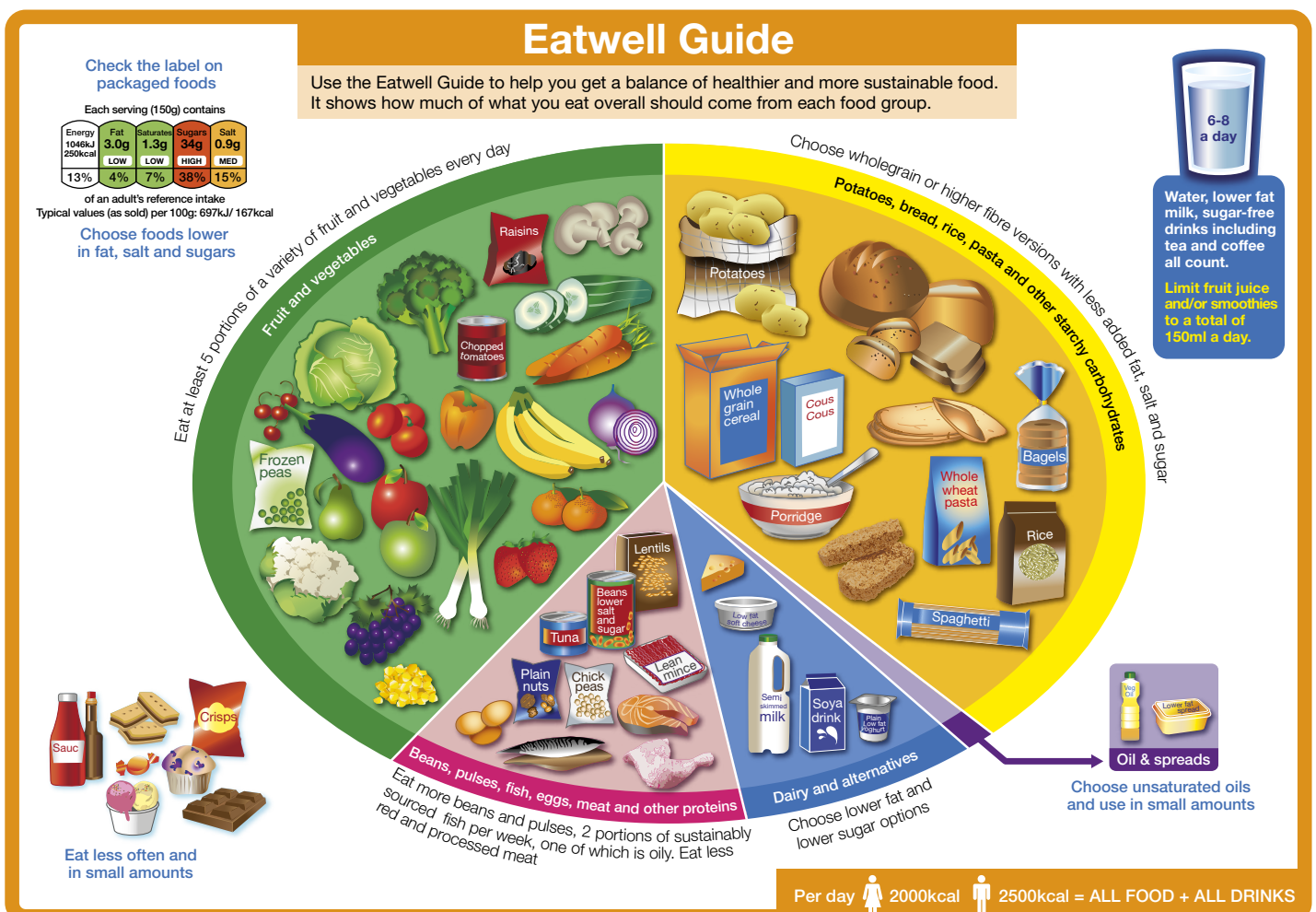
Eating well and having a healthy lifestyle can help us all feel our best and make a big difference to our immediate and long term health. The Eatwell Guide is used across the UK to help everyone understand what the ideal balance of foods is for a healthy diet and is aimed at children over the age of 5, adolescents, adults and older people in good health. It promotes a healthy balanced diet with lots of fruit and vegetables, high fibre cereals and grains, lower fat, sugar and salt in order to help prevent many conditions that are linked to a poor diet.

How much and what types of food to have during the day

The Eatwell Guide encourages us to choose a variety of foods from the 5 food groups to help us get the wide range of nutrients our bodies need to stay healthy.

The five food groups are:

- Potatoes, bread, rice, pasta and other starchy foods
- Fruit and vegetables
- Beans, pulses, fish, eggs, meat and other proteins
- Dairy and alternatives
- Oils and spreads.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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The Eatwell Guide shows how much of what we eat overall should come from each food group:

- Eat at least 5 portions of fruits and vegetables every day.
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible.
- Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options.
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily).
- Choose unsaturated oils and spreads and eat in small amounts.
- Drink 6-8 cups/glasses of fluid a day.
- If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

It does not apply directly to those with special dietary requirements or medical needs, which should have advice from a registered dietitian.

The Eatwell Guide for older people in your care – what’s important and how does it differ

Well older people are recommended to have a healthy balanced diet in line with the Eatwell guide.

However, ill health and the ageing processes can impact on food intakes and nutritional well being.

“What do I need to know about older adults and nutrition and how do I achieve a good diet and the best health for my residents?”

It will be necessary to have a flexible, person centred care approach to meet the range of dietary needs of your residents. The majority of residents may prefer breakfast, a main meal and a lighter meal with snacks in between, whilst others may need more frequent, smaller, nutritious snacks and meals or require a fortified diet.

¹ Dietary Reference Values for energy, SACN 2011

You will need to consider:

- Initial and ongoing screening and monitoring of residents. These are essential components to the nutritional care of your residents.
- Staff training in food and nutrition care of older people to maximise impact.

Note:

- Good nutrition is essential to keeping healthy and being able to recover from illness.
- The malnourished older person will have greater risk of mortality, reduced rate of healing and a poorer quality of life.

Appetising and nutritious food is key, however other aspects of nutritional care are also important to support residents to eat and enjoy food which meets their needs. These include, oral health care, providing assistance to eat, a positive eating environment and protected meal times, which are all covered in the relevant sections of this guidance.

Overall energy and protein requirements

Estimated average requirements for Energy of well adults¹

	Male Energy kcals per day	Female Energy kcals per day
55-64 years	2581	2079
65-74 years	2342	1912
75 + years	2294	1840

A range of **1900 – 2600 Kcal per day** will cover the energy needs of the majority of your residents:

Nutritionally well – residents with normal appetites and requirements and

Nutritionally vulnerable – residents with poor appetites and not able to eat usual quantities of food at mealtimes or with increased needs.

Protein requirements

For well adults a minimum 55 g protein per day.

A range of 55-90 g protein per day will cover the majority of residents requirements².

Most of your residents will be of older age and potentially be at risk of malnutrition. If they have higher support needs they are more likely to have poorer appetites. Their meals may be less in quantity but they need to have the same level of protein and important nutrients. This is called a nutrient dense diet.

If residents are in bed most of the time their energy requirements will be lower and it is important to meet their dietary needs through small quantities of nutritious food and drink. Some residents may not appear to walk far however the effort required can demand more energy than you might expect.

Note: energy requirements will change for an individual depending on illness and mobility changes.

Meeting dietary needs

The diagrams below show some different ways that a daily intake of around 2,000 kcals and 65g – 75g protein and the range of vitamins and minerals, can be achieved.

Example 1 3 main meals

Breakfast



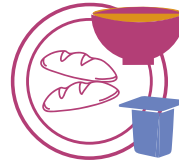
400 kcal
and 10g protein

Mid day meal



550 kcal
and 25g protein

Evening meal



550 kcal
and 20g protein

Small snacks

200-300 kcal
and 5g protein

include a total
of 6-8 drinks










200-300 kcal
and 5g protein

² Dietary reference values for food energy and nutrients for the United Kingdom, HMSO 1991







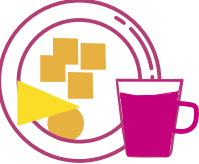

Example 2

3 small meals, 2-3 larger snacks and fortified drink

<p>Breakfast</p>  <p>300 kcal and 10g protein</p>	<p>Snack</p>  <p>250 kcal and 12g protein</p>	<p>Small meal</p>  <p>400 kcal and 15g protein</p>	<p>include a total of 6-8 drinks</p>  <p>200-300 kcal</p>
<p>Snack</p>  <p>300 kcal and 10g protein</p>	<p>Small meal</p>  <p>350 kcal and 10g protein</p>	<p>Fortified drink</p>  <p>185 kcal and 10g protein</p>	

Example 3

5 snacks and 3 fortified drinks

<p>Snack</p>  <p>300 kcal and 8g protein</p>	<p>Fortified drink and small snack</p>  <p>250 kcal and 12g protein</p>	<p>Snack</p>  <p>400 kcal and 15g protein</p>	<p>Fortified drink</p>  <p>185 kcal and 10g protein</p>
<p>Snack</p>  <p>300 kcal and 10g protein</p>	<p>Snack</p>  <p>150 kcal and 4g protein</p>	<p>Snack and drink</p>  <p>350 kcal and 15g protein</p>	<p>include a total of 6-8 drinks</p>  <p>Extra drinks 200 kcal</p>

Fluid – there should be 6-8 drink periods throughout the day offering both hot and cold drinks. This will provide approximately 1600 mls – 2000 mls fluid. The drinks at lunch and evening meal should be served immediately after the meal has been completed.

Drinks and the importance of residents keeping hydrated are covered fully in the section on Hydration.

Note: if using small cups (120 ml -150 ml) more frequent drinks will be required.

Menu planning

Menu planning is essential to achieve a well-balanced and healthy diet for the older people in your care. It will help you to meet the standards of care expected and the nutritional and health needs of your residents. It will also help you to demonstrate excellent practice in the quality of the food you provide.

Menu planning should be undertaken by a member of staff with the relevant knowledge and skills and an understanding of resident's nutritional needs, with input from staff, residents, relatives and managers.

Consider the different needs and choices of residents and how you can best accommodate them. For example providing a choice of main or light meals at both mid day and evening meal will accommodate those who like a larger breakfast and are then not ready for a main meal at mid day.

Planning menus in advance for your setting can:

- Ensure the right variety and balance to meet the food standards and guidance.
- Ensure variety to meet residents' needs and reduce menu fatigue.

- Reduce overall cost of food.
- Reduce and minimise waste.
- Ensure that all staff will know what food is provided.
- Inform residents and relatives of the choices available.

Aim for **at least** a 3 week menu cycle – to ensure a good variety and balance of different meals and to avoid too much repetition.

Use the food standards, meal standards, practice points, top tips, and the example menus and recipes to help plan your food provision.

Produce a menu that meets the needs of the majority of your residents with the right balance of energy and nutrients and then adapting this for individual needs. Include all food and drink provided on the menu.

For people with poor appetites always aim for a 'food first' approach initially with a variety of suitable drinks. 'Food first' is a dietary strategy for treating poor dietary intake and unintentional weight loss using every day nourishing food and drinks. See section 2A for guidance on 'food first'.



Top tips for menu planning



A menu structure should include:

- breakfast, lunch and evening meal
 - snacks between meals
- 1**
- regular hot and cold drinks throughout the day to offer 6-8 drinks a day a day and access to water 24 hours
 - flexibility to accommodate a range of meal patterns e.g. smaller frequent meals and more nutritious snacks.

2 **Talk to residents and relatives when planning menus** – this helps you to cater for everyone's needs.

3 **Plan menus for all the meals and snacks you provide for a 3 week cycle**, as a minimum. This will help to ensure there is variety and balance from the each of the main food groups and to plan shopping and kitchen preparation.

4 **Plan each meal and snack menu to meet the food and drink standards provided** – this will help to ensure that older people in your care receive the correct amount of nutrients and balance of food at each meal.

5 **Plan menus to include a variety of colours, tastes and textures** to make meals more interesting and appetising, and alternating hot and cold to add variety.

6 **Plan for preparation and cooking time** – Take into account the preparation and cooking time – look at what you are cooking each day, and avoid having a main course and dessert which will take a lot of time to prepare. Divide the food preparation so that it is equally spread throughout the day. You may find that you are limited by what you can fit in the oven and on the hob.

7 **Home-made dishes will generally be healthier than ready meals** because you can select your ingredients carefully and the salt content is likely to be lower, they can also be more easily adapted if fortifying meals for some residents.

8 **Make sure menus cater for all cultural, religious and dietary needs** and try adapting usual recipes for some diets, and if necessary have individual meals.

9 **Introduce new menu cycles at least twice a year**, this will help to introduce new recipes and ensure seasonality. Using special occasions or themed meal times can also help to add variety and interest.

10 **Minimising waste/use of left overs** – planning menus and ingredients lists can minimise food waste and maximise use of all food e.g. left overs in recipes. Remember to follow the rules about storing and keeping food. See the following web link for useful information on reducing food waste.

www.wrap.org.uk/content/menu-planning-preventing-food-waste

Menu	Monday	Tuesday
Breakfast		
Mid-morning snack		
Lunch		

Food groups and standards

The following sections outline the overall food standards to aim for:

For each food group, there is information to explain:

- the **types of food and drink** included in the food group
- **why the food group is important**
- **food safety information**
- **guidelines** for planning menus
- **typical portion size information.**

Food standards describe **how often, how much, and which different types** of food and drink to provide each day and at each meal.

Fruit and Vegetables

Why is this food group important?

Fruit and vegetables are an important source of vitamins A & C & E, folic acid, minerals such as zinc and iron and fibre.

Food Standard	Best Practice to include these healthy choices	Preparation do's and dont's
<p>Fruit and vegetables should make up about a third of the daily diet</p> <p>Aim for each full day's menu to offer '5 a day' from a variety of vegetables, salads and fruit</p> <p>Include with breakfast, main meals, and as snacks</p> <p>Provide correct portion sizes: 80g is one portion (see list on p.10)</p> <p>Fruit based desserts can be offered as one of 5 a day if one portion of fruit included</p> <p>A glass of 100% unsweetened fruit juice should be offered at one meal time to help meet the Vitamin C intakes</p> <p>Always have fresh fruit available and ready to eat for those who require it e.g. fresh fruit salad in containers</p>	<p>Vegetables and salad</p> <p>All types of fresh, frozen and tinned vegetables – for example, fresh broccoli, frozen peas, tinned sweetcorn, courgettes, pak choi, okra</p> <p>Salad vegetables – for example, lettuce, watercress, cucumber, tomato, raw carrot, raw pepper, radish and beetroot</p> <p>Remember: potatoes are a starchy food and not included as a vegetable and do not contribute to one of your 5 a day, however sweet potatoes, parsnips, swedes and turnips do</p>	<p>Do not overcook fresh vegetables or cut them up a long time before cooking and leave them in water</p> <p>Do not cook vegetables early and re-heat before serving. (these practices all reduce the vitamin content)</p> <p>Do choose fresh vegetables when in season</p> <p>Do include frozen or tinned vegetables as these can save on cooking time and are just as nutritious</p> <p>Add vegetables and pulses to stews, casseroles, rice dishes</p> <p>Store fresh vegetables in a cool dark place</p>

Food Standard	Best Practice to include these healthy choices	Preparation do's and don'ts
	<p>Fruit</p> <p>Fresh fruit – such as apples, bananas, pears, grapes, kiwi fruit, oranges, satsumas, plums, berries, melon or mango</p> <p>Tinned fruit in juice – for example, peaches, pears, pineapple, mandarin oranges or apricots</p> <p>Stewed fruit such as stewed apple, stewed dried fruit, stewed plums or stewed rhubarb</p> <p>Dried fruit such as raisins, dried apricots, dates, dried figs, prunes</p> <p>Fruit juices and smoothies Do offer different fruits and vegetables at meals and snacks</p>	<p>Experiment with salads and try adding fruits and vegetables with nuts and seeds, noodles, bulgar wheat, quinoa and cous cous</p> <p>Add fruit to a range of desserts and dishes including cold starters and savoury, this may help some residents with dementia if they have a preference for sweeter foods</p> <p>Dried fruit are a good addition to desserts and breakfast to increase fibre and fruit intake.</p> <p>Note: some residents may not be able to chew them</p> <p>Dried fruit can be damaging to teeth, so include them as part of a meals which will have less impact than a snack</p> <p>Remember products like tomato ketchup, fruit yoghurt, jam are not included as they contain very little fruit or vegetables</p> <p>Watch out for drinks that say 'juice drink' on the pack as these are unlikely to contain much fruit and can be high in sugar</p>



What counts as 5 A Day?

For adults a portion is 80g of fruit, or vegetables, which is:

- A large slice of fruit like melon or pineapple
 - 1 medium apple, banana or pear
 - 2 smaller fruits like plums or satsumas
 - 7 strawberries or 20 raspberries
 - 1 handful of grapes
 - 3 heaped tablespoons of peas, beans or pulses
 - 3 heaped tablespoons of veggies like sliced carrots, mixed vegetables or corn
 - 4 heaped tablespoons of cooked green veggies like cabbage and spring greens
 - 2 spears of broccoli or one medium tomato.
- A dessert bowl of salad greens.

Fruit and vegetables that are good sources of iron include dark leaf vegetables, broccoli, dried apricots and raisins, blackcurrants and broad beans.

Fruit and vegetables that are good sources of folate include green leafy vegetables, broccoli, brussels sprouts, peas, asparagus and oranges.



Practice point

Buying fruit and vegetables

Choose fruit and vegetables in season where possible as they will be tastier, cheaper and more likely to be locally grown.

Try growing fruit and vegetables in pots or bags and fresh herbs in window boxes, or in a vegetable patch if you can and encourage residents to join in if able.

Consider buying fair trade if grown aboard.

Practice point

Food hygiene & safety

All fruit and vegetables should be washed before eating, unless if packaged and says pre-washed.

Remember food safety advice when washing and preparing home grown vegetables see Section 6.

Remember some residents may be allergic to some fruits, more common ones are apples, peaches, melon, mango, kiwi, strawberries. Follow the FSA allergen guidance. See later Management of Allergens.

Potatoes, bread, rice, pasta and other starchy carbohydrate

Why is this food group important?

Starchy foods provide a good source, of energy from carbohydrates and are the main source of a range of nutrients including folate B vitamins and iron. They also provide fibre

Food Standard	Best Practice to include these healthy choices	Preparation do's and dont's
<ul style="list-style-type: none"> Starchy foods should, make up about a third of the daily diet: Provide 1-2 portions of foods from this group at every meal and some as snacks As a guide this will be around 6 portions daily Provide a variety each day and include wholegrain and high fibre options Provide bread and bread products with lower salt content Serve correct portion sizes: 1 portion = 1 slice of bread, ½ bagel, 1 crumpet 1 medium sized potato or 2-3 small (egg size) 60g (3 tablespoons) of cooked rice or pasta 60g (3 tablespoons) of breakfast cereal Bran should not be added to cereals or foods as it contains phytates which can bind with important minerals such as calcium, zinc, iron and reduce their absorption 	<p>All types of bread – wholemeal, granary, brown, wheatgerm, white, multigrain, soda bread, potato bread, chapattis, naan bread, rolls, bagels, pitta bread, wraps, tortilla</p> <p>Potatoes or sweet potatoes boiled, mashed, baked or wedges Yam, and other starchy root vegetables note: sweet potatoes can also be counted as a vegetable if served with another starchy carbohydrate such as rice or roast potato</p> <p>Pasta and noodles wholewheat and white</p> <p>Rice brown and white Other grains such as couscous or bulgur wheat, maize (polenta) and cornmeal</p> <p>Porridge oats Breakfast cereals puffed wheat, wheat bisks, crisped rice or flaked wheat. Fortified cereals can be a good source of iron, Vitamin D and folate Do choose bread and bread products with lower salt content – those labelled green (low) or amber (medium) in salt</p>	<p>Do encourage bread and bread products with higher fibre content Higher fibre options include wholemeal breads, breads made with a combination of white and wholemeal flour with or without added fibre</p> <p>Do encourage bread and bread products with lower salt content those labelled green (low) or amber (medium) in salt</p> <p>Brown rice, wholewheat pasta and wholewheat/wholegrain</p> <p>Aim for at least half of breakfast cereals to be higher fibre (i.e. more than 6g/100g) If following a healthier diet choose lower sugar cereals Those labelled green (low) or amber (medium) so less than 22.5g/100g total sugars Do use monounsaturated or polyunsaturated fats in cooking</p>

Practice point

Whole grain and high fibre

Residents should be encouraged to eat more foods that are naturally rich in fibre, but it is important to increase this gradually and ensure fluid intake is also increased.

Constipation is a common problem because of reduced intake of these foods, reduced fluid intakes, being less active, and decreased physiological functions e.g. bowel muscle action and some medications. It is important to try and prevent constipation as it can have a big impact on a person's quality of life and can have lead to further medical problems.

Remember that fruit and vegetables are also good sources of fibre.

How much fibre do we need

The dietary reference value for the population intake of dietary fibre is 30g per day.

This is an example of how it can be achieved in one day's intake.

Meal	Food	Amount of fibre (g)	Total
Breakfast	Bowl of high fibre cereal (such as all bran) with milk, topped with one sliced banana	9.8g	13.5g
	1 slice wholemeal toast w/jam	1.1g	
		2.5g	
Morning Snack	Cup of Coffee/Tea	0	0.5g
	Digestive biscuit	0.5g	
Lunch	Beef, lentil and vegetable stew	2.5g	7.6g
	Wholegrain rice & peas	3.7g	
	Apple Crumble & Custard	1.4g	
Afternoon Snack	Cup of Tea/Coffee		3.2g
	Pear & a piece of fruit cake	3.2g	
Evening meal	Vegetable soup	0.3g	5.3g
	Tuna & sweetcorn & lettuce sandwich with 2 slices of wholemeal bread	4.5g	
	Fruit yoghurt	0.5g	
			Total per day: 30g

Beans, pulses, fish, eggs, meat and other proteins

Why is this food group important?

Foods from this group provide protein, iron and zinc, B vitamins. Oily fish provides omega 3 fats, Vitamin A and Vitamin D

Food Standards	Best Practice to include these healthy choices	Preparation do's and dont's
<ul style="list-style-type: none"> Provide one portion of beans, pulses, fish, eggs, meat or other proteins at least at 2 meals (Breakfast, lunch and/or tea) Note: some residents will require more frequent smaller portions Provide a variety across the week Aim to serve oily fish once a week Serve correct portion sizes: 1 portion = 60-90g (2-3 oz) cooked meat or poultry 120-150g (4-5oz) of cooked fish 2 eggs 90-120g (3-4oz) of cooked pulses, baked beans, dahl 60g (20z) of raw lentils 60g (20z) of unsalted nuts or 30g (10oz) of peanut butter Vegetarians serve 2-3 portions of beans, pulses, eggs, or other meat alternative across the day Vegans see section on specific diets 	<p>Beans, pulses: Includes a variety of beans, lentils and peas such as butter beans, kidney beans, chick peas, lentils, processed peas or baked beans</p> <p>Fish: White fish such as cod, haddock, plaice and coley Oily fish such as herring and mackerel, salmon, trout, sardines or pilchards, tinned or fresh. Tinned tuna does not count as an oily fish but is a good source of nutrients</p> <p>Eggs: Boiled, scrambled or poached, or in an omelette</p> <p>Meat and poultry: All types including beef, lamb, pork, chicken and turkey liver and liver pate is a useful source of nutrients but should not be served more than once a week as they contain a lot of Vitamin A and some groups are at risk if consume too much</p> <p>Other proteins: Such as soya mince, textured vegetable protein, quorn™ or tofu</p>	<p>Do encourage tinned pulses with no added salt and sugar Dahl and other dishes made from pulses should be made without adding a lot of oil and salt</p> <p>Make sure fish dishes are free of bones</p> <p>Eggs with the lion mark and are ok to eat soft</p> <p>Do encourage cooking from scratch If using processed food – choose higher quality see later section on buying food</p> <p>Cheese should not be used too often as the main source of protein for a vegetarian diet, make sure there is variety and different flavours and textures</p>

Practice point

Vegetarians should have 2-3 portions of pulses, eggs, meat alternatives per day and ensure variety

e.g. substitute beans, pulses, soya or textured vegetable protein for meat in recipes like bolognese, stews, curries, lasagne and shepherds pie. Make vegetable risotto and nut roasts. It is important not to rely on cheese and eggs as the main vegetarian choices as these won't contain the variety of nutrients needed.

Practice point

Sustainable sources

If you are buying fish (including where it is an ingredient in a product), look for the blue and white logo of the Marine Stewardship Council, which guarantees it is from a sustainable source. Avoid red list or endangered species of farmed or wild fish (Marine Conservation Society 'fish to avoid').

Practice point

Meeting cultural and religious needs

Caterers need to prepare for cultural and food sensitivities and also be aware that some individuals may fast on occasion. See section/page...

Food safety tip

Some people are allergic to tree nuts, peanuts, lupin, fish, crustaceans, mollusc and eggs. The labelling of bought in products will need to be checked carefully for these allergenic foods. See section 5.

Practice Point

Sarcopenia

Ensuring residents have the right amount of protein at meals and snacks is very important for care home residents. Some people over the age of 65 years are likely to have sarcopenia which is a term used to describe the progressive loss of muscle mass and muscle strength. This can lead to a decline in physical health and being less mobile, increasing risk of falls and fractures and physical disability.

Aiming for a 'food first' approach is the first step with a focus on increasing protein and energy intakes. If this is not effective, health care professionals may recommend oral nutritional supplements, in addition.

Where appropriate resistance exercise to improve muscle mass and strength can also be encouraged.

Adequate protein intake will help prevent and treat sarcopenia.

Dairy and alternatives

Why is this food group important?

Foods from this group are a good source of energy, protein, calcium and Vitamin A, Vitamin D

Food Standard	Best Practice to include these healthy choices	Preparation do's and dont's
<ul style="list-style-type: none"> Provide – 3 portions of dairy and alternatives each day from the following: 200ml (⅓ pt) milk 30g (1oz) cheese 150g (1 med. pot) yoghurt 200g (1 large pot/½ can) custard, milk pudding Each item is one portion Provide a choice of whole milk and semi skimmed 	<p>Residents should be able to choose what type of milk they have for drinks and cereals</p> <p>For residents with poor appetite and requiring food fortification whole milk should be used</p> <p>Milky drinks and puddings are important for protein and energy, if not eating well</p> <p>Milky drinks, puddings and sauces are good examples of foods that can be fortified – see fortified foods section</p>	<p>Choose from: Milk, Yoghurts, cheese, cream cheese, fromage frais, milk based puddings and sauces</p> <p>Vegetarian cheese should be used where appropriate</p> <p>Soya products that are fortified with calcium can be used as an alternative to milk for those who are lactose intolerant or vegan</p> <p>Butter and cream are not included in this food group because of their saturated fat content</p>

Food safety tip

Some people are allergic or intolerant to milk and will need to avoid all milk products including yoghurts and cheese.

Vulnerable groups should avoid unpasteurised and soft mould ripened and blue veined cheeses see section 5.

Milk and dairy produce should always be refrigerated between 0 °C – 4 °C.

Oils and spreads

Well and healthy older residents should follow the Eatwell guide for fats and oils and choose lower fat options where possible and if desired. Oils and spread are high in calories and can contribute to excess energy intakes if eaten in large amounts. When cooking try to choose products which are low or medium in saturated fat and higher in unsaturated fats:

- Use monounsaturated (rapeseed or olive oil) or polyunsaturated fats (sunflower or safflower oil) in cooking but try not to fry foods too often. Use fat spreads labelled high in monounsaturates or polyunsaturates or reduced and low fat spreads.

Note: if residents are identified as being at risk of malnutrition they will probably be needing a fortified diet and drinks. Full fat milk and spreads should be used to maximise calorie intake. The monounsaturated or polyunsaturated fats contain as many calories and can still be included in fortified options. See section 2A on fortified foods.

Meal Planning standards

Breakfast is an important meal for older people

It is often difficult to meet all residents needs if waking times are variable, but aim to be flexible to meet individual needs and respect previous patterns of waking.

Food groups	Food and drink standards at breakfast
Potatoes, bread, rice, pasta and other starchy carbohydrates	Provide 1-2 portions of these foods as part of breakfast each day Provide a variety across the week e.g cornflakes, wholegrain toast, porridge Include and encourage wholegrain and high fibre choices Provide correct portion sizes
Fruit and vegetables	Provide a portion of vegetables or fruit at breakfast each day or a glass of fruit juice
Beans, pulses, fish, eggs, meat and other proteins	These foods provide a useful source of iron and zinc and can be provided as part of breakfast, especially if appetite is poor and residents enjoy these foods
Dairy and alternatives	Breakfast can include one of the 3 portions of dairy foods each day – e.g. milk on cereal, porridge, yoghurt or glass of milk
Drinks	It is important to have a drink at breakfast and on waking if appropriate. This can be water, tea, coffee or other drink of choice

Example breakfast

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
Porridge made with semi skimmed or whole milk	Porridge made with fortified milk and a handful of raisins. Can also add honey, sugar, fruit, cream	Porridge – texture fully softened Any excess milk or fluid must be drained	Smooth Porridge or instant hot oat cereal
Scrambled egg and toast	Add butter, fortified milk and grated cheese and toast	Add butter, milk (fortified as necessary) and grated cheese no toast	Savoury egg custard

Main meal – this can be served at lunch time or evening meal

Lunchtime may be the main meal of the day for most residents, however residents who eat breakfast later in the morning may be unable to manage a substantial meal a couple of hours later. For them, a lighter lunch and main meal in the evening may allow them to eat much more through the day.

Food groups	Food and drink standards for main meal
Potatoes, bread, rice, pasta and other starchy carbohydrates	<p>Provide 1-2 portions of these foods as part of main meal each day</p> <p>Provide at least 3 different starchy foods as part of main meals each week e.g. pasta, rice, potato</p> <p>Provide correct portion sizes</p>
Fruit and vegetables	<p>Provide a portion of vegetables and/or fruit as part of main meal each day</p> <p>Provide a variety of vegetables and fruit across the week at main meal</p> <p>Provide correct portion sizes (80g is one portion)</p> <p>A glass of fruit juice should be offered to help meet Vitamin C intakes</p> <p>Check product labels if using tinned, choose lower salt, sugar</p>
Beans, pulses, fish, eggs, meat and other proteins	<p>Provide a portion of these foods at main meal each day</p> <p>Provide a variety across the week</p> <p>Provide one main meal each week which uses pulses or a meat alternative as the protein source</p> <p>Provide oily fish once a week</p>
Dairy and alternatives	<p>The main meal can include one of the three portions of dairy foods each day – one of these can be part of lunch e.g a milk based pudding</p>
Drinks	<p>It is important to have a drink of choice with main meals</p>

*processed meat or fish products include crumb coated chicken products, sausages, burgers, pies and tinned meats, fish bites. Processed meat alternatives include vegetarian sausages, burgers and pies see page 24.

Example main meal

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
<p>Oven baked cod fillet</p> <p>A few boiled potatoes and parsley sauce</p> <p>Peas</p>	<p>Cod fillet fried in vegetable oil with parsley sauce</p> <p>Mashed potato made with fortified milk, butter and grated cheese</p> <p>Peas with a knob of butter</p>	<p>Soft enough cooked fish to break into small pieces with fork, spoon or chopsticks</p> <p>No bigger than 1.5 cm x 1.5 cm pieces</p> <p>No bones</p> <p>Mashed potato and grated cheese and butter in soft lumps of 1.5 cm x 1.5 cm</p>	<p>Cook fish before pureeing, make sure no gristle and bones. Puree needs to be thick and smooth with no lumps. Add parsley sauce as you puree to help achieve the correct consistency</p>

Lighter meal – this can be served at tea time or lunch

Food groups	Food and Drink standards for lighter meal
Potatoes, bread, rice, pasta and other starchy carbohydrates	<p>Provide 1-2 portions of these foods as part of lighter meal each day</p> <p>Provide at least 3 different starchy foods as part of teas each week e.g. pasta, rice, potato</p> <p>Avoid flavoured dried rice, pasta and noodle products e.g. packets of instant flavoured noodles, pasta, rice as these are not very nutritious and can contain high levels of salt</p> <p>Provide correct portion sizes</p>
Fruit and vegetables	<p>Provide a portion of vegetables and/or fruit as part of tea each day</p> <p>Provide a variety of vegetables and fruit across the week</p> <p>Check product labels if using tinned, choose lower salt, sugar</p>
Beans, pulses, fish, eggs, meat and other proteins	<p>Provide a portion of these foods each day</p> <p>Provide a variety across the week</p> <p>Provide oily fish once a week</p> <p>If using processed products choose good quality</p>
Dairy and alternatives	<p>Lighter meal can include one of the three portions of dairy foods each day – one of these can be part of tea e.g a milk based pudding</p>
Drinks	<p>It is important to have a drink of choice with lighter meals</p>

Example lighter meal

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
¼ tin of baked beans on 1 slice of toast	¼ tin of baked beans on 1 slice of toast with butter thickly spread and grated cheddar cheese	¼ tin of baked beans with mashed potato and grated cheese and butter in soft lumps of 1.5 cm x 1.5 cm	¼ tin of baked beans and grated cheese Pureed thick and smooth mashed potato with butter

Catering for a resident who is vegetarian

This should not be treated as a special diet. Vegetarian meals and snacks are suitable for all residents and you can include at least one meal a week on the main menu based on a suitable meat alternative, if all residents are happy with this.

There are different types of vegetarian diets, so always check what your resident will eat and document it clearly. When people say they are vegetarian they may mean different things about what they do and don't eat. Also they may say they don't eat meat because they are not able to chew it, so always check the reasons.

Generally

- Lacto-ovo vegetarian – eat dairy products and eggs, do not eat red meat, offal, poultry, and fish.
- Lacto-vegetarian – will eat milk containing foods but not eggs. Do not eat meat, offal, poultry, fish and eggs.
- Vegans – all animal products are avoided, including milk and honey.

Follow the food standards and guidance to provide a variety of vegetarian choices to ensure the nutritional needs of your residents requiring a vegetarian diet are met.

Remember:

- choose alternative sources of protein to meat and fish such as beans or pulses, soya, tofu, Quorn™ to provide protein, iron and zinc
- other sources of iron and zinc containing foods to include are fortified breakfast cereals, bread, especially wholemeal, green leafy vegetables and dried fruit
- fruit and vegetables should be included, as they are rich in vitamin C, which helps to absorb iron from non meat sources in the body
- ensure an adequate calcium intake by offering milk, vegetarian cheese, and yoghurt on the menu
- if cheese is served at the main course at lunchtime include a protein containing iron at the other main meal, for example beans, lentils or eggs.

There are a range of good vegetarian choices include in the example menus and recipes.

For residents who follow a vegan diet – see catering for cultural, philosophical and religious needs.

For non vegetarians

Pulses can also be used to replace some of the meat or fish in dishes such as casseroles or curries to increase fibre and nutrients.

More information on specific nutrients and their importance for older people

Micronutrients	Impact	Diet and foods
Iron	Iron is essential for health as it helps carry oxygen around in the blood. Older people can get anaemic if they don't have enough iron and feel tired, weak and dizzy, with pale skin	Red meat, such as beef, lamb, pork, liver, and some oily canned fish Green leafy vegetables Pulses, beans, nuts and wholemeal bread, fortified breakfast cereals Tip: eating foods rich in vitamin C with iron containing plant foods helps to improve absorption so it's good to have a glass of orange juice with breakfast
Zinc	Zinc is an important mineral for wound healing	A balanced diet should contain enough zinc but if appetite is poor try and increase green vegetables, cereals, dairy foods and red meat
All B Vitamins	Lack of B vitamins can lead to tiredness and feeling depressed or irritable	Foods fortified with B Vitamins e.g breakfast cereals, are a good source, also meat, fish, eggs and dairy
Folate	Increased chance of feeling depressed, particularly important in older people	Folate is found in liver, green vegetables, oranges and other citrus fruits, beans and fortified foods such as yeast extract (marmite) and fortified breakfast cereals
Vitamin D	Vitamin D is essential for healthy bones as it helps the body to absorb Calcium We get most of our Vitamin D from the effect of summer sunlight on our skin But older people typically go out of doors less than younger age groups and their skin is less efficient at producing vitamin D from sunlight	Encourage residents to be outside as often as possible and in sunny weather Good diet sources are eggs, oily fish, some fortified breakfast cereals and fortified spreads There are specific recommendations for vitamin D supplements for older people see practice point below

Practice point

Vitamin D

New government recommendations for Vitamin D.

It is recommended that all adults over the age of 65 take a supplement containing 10 micrograms of vitamin D daily and regularly eat foods containing vitamin D (e.g. oily fish and fortified breakfast cereals).

Micronutrients	Impact	Diet and foods
Calcium	<p>Osteoporosis or brittle bone disease is a problem in older people especially women. Adequate calcium intake and regular weight bearing activity such as walking, dancing, climbing stairs, throughout our life is important to help prevent it</p> <p>People diagnosed with osteoporosis may be prescribed calcium and Vitamin D supplements</p>	<p>Milk and dairy products are the best sources of calcium</p> <p>Calcium is also found in canned fish with bones e.g. sardines and pilchards, green leafy vegetables such as broccoli and cabbage, soya beans and tofu</p>
Selenium	<p>May increase the incidence of feeling depressed and other negative mood states</p>	<p>Brazil nuts, meat, fish, seeds and wholemeal bread</p>
Salt	<p>Too much salt can cause high blood pressure which increase the risk of heart disease and stroke</p> <p>Its important to limit the amount of salt</p> <p>Most of our salt comes from processed food like bacon, cheese, pies, pizza, crisps ready made meals so it is better to cook from scratch to be able to limit the amount of salt used in cooking</p> <ul style="list-style-type: none"> • Not adding salt to cooking • Not using packet soups, stock cubes, packet sauces • Limiting the use of processed foods • Cooking from scratch • Checking labels and choose low salt products • Enable resident to choose if they want to add salt at the table to taste. <p>Food labelling, flavour enhancers are often used to bring out the flavour in foods, but can be high in sodium – e.g monosodium glutamate (MSG E621)</p>	<p>What to use instead:</p> <p>Flavour with herbs and spices</p> <p>Fresh vegetables or frozen will not contain added salt</p> <p>If you do buy tinned vegetables get them without added salt</p> <p>Do the same with tinned pulses</p> <p>Make sauces using ripe tomatoes and garlic</p> <p>Cooking with less salt and allowing residents to add to their own taste will also help to make meals appealing to the most amount of people</p>

Macronutrients	Impact	Diet and foods
Protein	Adequate protein intake will help prevent and treat sarcopenia, which is the progressive loss of muscle mass and muscle strength. This can lead to a decline in physical health and being less mobile, increasing risk of falls and fractures and physical disability	For well adults a minimum 55g protein per day A range of 55-90g protein per day will cover the majority of resident's requirements Provide one portion of beans, pulses, fish, eggs, meat or other proteins at least at 2 meals
Fats Omega 3 Fatty Acids	These type of fats are important to help prevent coronary heart disease or stroke	Recommended to eat 2 portions of fish per week one of which should be oily fish e.g. mackerel, salmon, sardines, pilchards
Other fats	Plant based (Polyunsaturated) fats are encouraged rather than animal fats (saturated) but individual choice and preference is important	Polyunsaturated fats such as sunflower or corn oil and monounsaturated fats such as rapeseed and olive oil should be encouraged, rather than butter, lard, suet

<p>Sugar</p>	<p>Sugar intakes from food and drinks can impact on oral health of older people but may also be a source of energy for those with poor appetites so care needs to be taken</p> <p>Residents who need a modified diet with increased nourishing drinks and potentially more sugar in their diet through use of nutrition supplements, sugary foods or medication will need extra care for their oral health. Poor oral care can result in gum disease, tooth decay and tooth loss which will have a big impact on ability to eat and enjoy food</p> <p>Many residents will have poor oral health when they move to a care home or have complex needs that require a lot of support to do daily tasks such as brushing teeth</p> <p>Effective oral health and mouth care helps us all to maintain health wellbeing and dignity and is essential for enjoyment of food and meals. It is therefore even more important for those who are more vulnerable to have regular assessment of their oral health and hygiene</p>	<p>Well older people who are a healthy weight and at no risk of malnutrition can have moderate amounts of sugar in their diet, if it is their choice and preference</p> <p>Residents requiring modified diets and in particular fortified diets require additional foods and/or drink that may have higher sugar contents</p> <p>Residents with dementia may have preference for sweeter foods and it will be important to offer food and drinks containing more sugar if they are not eating well</p> <p>See section on mental health and diet for more information</p> <p>See also advice for people with diabetes.</p>
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Practice point

Oral health

Gwên am Byth is an all Wales programme to help you to provide consistent high quality oral hygiene and mouth care for your residents. This can make a significant contribution to residents' general health and wellbeing and quality of life, and ensure they can continue to enjoy their food and eating.

For more information on Gwên am Byth please see:

<https://www.nice.org.uk/guidance/QS151>

<http://www.wales.nhs.uk/improvingoralhealthforolderpeoplelivingincarehomesinwales>

Food labelling and buying healthier products

Processed foods aren't just microwave meals and other ready meals.

Basic processing does not alter the food for example, frozen or tinned vegetables can be as good as fresh. However, salt, sugar and fat are often added to processed foods to make their flavour more appealing and to extend their shelf life. Generally reducing the processed foods we eat is recommended. Reading food labels can help you keep a check on fat, sugar and salt content. Most pre-packed foods have the nutrition information on the front, back or side of the packaging.

More food companies are now using the traffic light labelling of red, amber and green to tell you if a food is high or low in fat, saturated fat, salt or sugar.

When choosing between similar products, try to go for more greens and ambers, and fewer reds, to make a healthier choice. But remember for residents who require more energy in smaller portions or are on a fortified diet, this does not apply.

Figure 4: How do I know if a food is high in fat, saturated fat, sugar or salt?

Using food labels to identify baked beans lower in salt and sugar

	LOW per 100g Less than...	MEDIUM per 100g	HIGH per 100g More than...
Fat	3g	3g - 17.5g	17.5g
Saturates	1.5g	1.5g - 5g	5g
Sugars	5g	5g - 22.5g	22.5g
Salt	0.3g	0.3g - 1.5g	1.5g

Brand 2 baked beans contain less sugar and less salt than brand 1, and are therefore a better choice than brand 1.

Baked beans – brand 1	
Nutritional information	
Typical values	Per 100g
Energy	355kJ 84 kcal
Fat	0.6g
of which saturates	0.1g
Carbohydrate	15.3g
of which sugars	5.9g
Fibre	3.7g
Protein	5.2g
Salt	1.3g



Baked beans – brand 2	
Nutritional information	
Typical values	Per 100g
Energy	311kJ 73 kcal
Fat	0.6g
of which saturates	0.1g
Carbohydrate	12.5g
of which sugars	2.8g
Fibre	3.8g
Protein	5.4g
Salt	0.8g

How to choose better quality processed foods e.g. processed meat and fish products

Processed meat or fish products include crumb coated chicken products, sausages, burgers, pies and tinned meats, fish bites. Processed meat alternatives include vegetarian varieties of sausages, burgers and pies.

From the Food labels, look at:

Ingredients: here you will find the meat content of the product. This will be given as a percentage for example: Pork (42%), Cod (fish) (64%). Ingredients are listed in weight order, when purchasing processed meat and fish products aim to choose products with the highest meat or fish percentage (this may vary greatly between products for example meat pies and burgers).

Nutritional Labelling: Nutritional information is normally given per 100g of the product, it sometimes appears per portion. When preparing foods for older people, particular consideration should be given to the salt and protein content of the foods. The salt content can be determined using the traffic light system, aim for green (low) or amber (medium) products. The traffic light system does not specify high, medium or low protein content of foods. Older people should have between 55-90g of protein per day with the main meal contributing at least 18g of this. For meat based products, the higher the meat content the greater the protein content.

Example 1

Sausage brand 1

Ingredients: Water, Pork (32%), fortified Wheat Flour...etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	914
Energy kcal	219
Fat	14g
Of which saturates	5.2g
Carbohydrate	14g
Of which sugars	1.4g
Protein	9.6g
Salt	1.1g

Sausage brand 2

Ingredients: Pork (72%), Water, Wheat Flour...etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	809
Energy kcal	193
Fat	9.4g
Of which saturates	3.4g
Carbohydrate	7.5g
Of which sugars	2.4g
Protein	18.9
Salt	1.3

Example 2

Breaded fish brand 1

Ingredients: Alaska Pollock (fish) (49%), Breadcrumbs coating, Rapeseed oil...etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	935
Energy kcal	229
Fat	7.6g
Of which saturates	0.6g
Carbohydrate	26.0g
Of which sugars	1.0g
Protein	12.0g
Salt	0.98g

Breaded fish brand 2

Ingredients: Cod (fish) (80%), Wheat flour, Rapeseed Oil...etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	629
Energy kcal	150
Fat	5.4g
Of which saturates	0.4g
Carbohydrate	9.5g
Of which sugars	0.5g
Protein	15.3g
Salt	0.4g



Practice point

Better quality processed meats

When buying better quality processed meats consider the following:

- Look at ingredient lists and choose those meats with the highest percentage meat content.
- Using the front of pack label choose products showing green or amber (low or medium) levels of salt.
- Be aware of the protein content which is shown on the nutritional label on the back or side of packets. Aim for foods with higher protein contents to help meet the 55-90g per day protein target.
- Be aware of saturated fat, this is usually displayed using the traffic light system. Aim for green or amber (low or medium) levels of saturated fat.

Practice point

Savvy shopping

When buying food consider the following:

- Pasta, rice and bread are economical; as are eggs, pulses and tinned fish. Lean meat is often better value than cheaper fattier varieties.
- The ingredient list on food labels starts with the main ingredient and is in weight order. Nutrition labels are often displayed as a panel or grid on the packaging, but may sometimes appear simply as text.
- Compare foods and choose those that are lower in salt or sugar for standard diets.
- Nutrition information is normally given per 100 grams (100g) of the product, and sometimes per portion (such as 'one slice'), for an average adult.
- Sugar may appear on labels under different names: sucrose, maltose, lactose, dextrose, fructose, glucose, glucose syrup, xylitol, sorbitol, mannitol raw sugar, brown sugar, molasses, and honey.
- Value staple foods are often no different to premium brands e.g. dried pasta, rice, tinned tomatoes, they may also contain less salt and sugar.
- Special discounts are often on less healthier products so don't be tempted to buy these.
- However if you have storage, buying in bulk can be more cost effective such as for tinned and frozen products.

Care needs to be taken not to rely too much on 'easy' convenience foods as they may not contain many essential nutrients e.g.

- savoury snacks, such as crisps, sausage rolls, pies and pasties
- meat products, such as bacon, sausage, ham, salami and paté
- cakes and biscuits
- drinks such as sugary soft drinks

- "convenience foods", such as microwave meals or ready meals unless able to determine that they are well balanced.

Getting a balance between 'value for money' and providing 'quality' food can be a challenge. Cooking from scratch helps you to have more control on what you put into food and meals, helps you to meet the range of needs as well as being more economical. This will also enable you to fortify foods more easily if you need to cater for a range of needs.

Sustainable food in care home settings

Care home settings can play a key part in the well being of future generations in Wales, and contribute to doing things differently for our future generation by providing more sustainable food as an important aspect of encouraging better food for all.

Sustainable food is about food culture and how decisions made about growing, buying, storing, cooking and wasting food today will impact future generations.

Here are some ideas that you can consider to make small changes and be able to offer more sustainable food:

- Use local and in-season ingredients when possible.
- Ensure meat, dairy products and eggs are produced within high animal welfare standards. Look out for the following quality assurance standard logo's:

- If you are buying fish (including where it is an ingredient in a product), look for the blue and white logo of the Marine Stewardship Council, which guarantees it is from a sustainable source. Avoid red list or endangered species of farmed or wild fish (Marine Conservation Society 'fish to avoid').
- Provide facilities for recycling.
- Menu planning can be used to reduce the use of those ingredients with a high environmental impact and will also reduce food waste.
- Use local suppliers where possible and try to cook as much of the food on site.

Putting it together

Use the action plan templates from Section 7 to help ensure your menus are planned to meet all requirements.





Food service – best practice:

“Meals and refreshments should be delivered in an environment that meets the needs of each individual resident, and allow flexibility of timings and be sensitive to specific care needs and preferences.”

- 1 The food should be presented well and palatable, this is particularly important for modified texture meals.
- 2 **Food choices:** Food is more likely to be eaten and nutritional requirements more likely to be met when residents are given the opportunity to choose their own food near to the time of service as possible.
- 3 The immediate environment should be prepared in order for residents to be able to enjoy their food in a dignified manner, with the appropriate level of support as required.
- 4 Consideration should be given to washing hands, positioning, dental needs and any special aids required.
- 5 Visiting relatives should be encouraged to help at mealtimes as appropriate.
- 6 Portion sizes should be offered for all main meals to meet the range of appetites, energy and nutrient requirements.
- 7 Residents should not miss meals and if they do they should have an alternative provided.
- 8 Main meals should be available every 4 to 5 hours during the day. The maximum period between the last main meal at night and the following breakfast should not exceed 12 hours.
- 9 Assistance to eat and the appropriate level of support must be given to all those who require it.
- 10 All staff involved in serving food to residents should be trained in food hygiene and safety and how to serve.

For more information on supporting residents at meal times – **See section 4 Encouraging residents to eat well**

For more information of food hygiene and safety **See section 5**

Practice point

Training on food and nutrition for older people care is available for care home staff from dietitians in health boards

1 day accredited courses are offered through the ‘Nutrition Skills for Life’ programme across Wales:

- Improving food and nutrition care.
- Food and nutrition skills for those providing care.

Other more bespoke session on specific aspects of nutrition care such as MUST screening, food fortification, Food First approaches may also be offered.

For more information, contact your local health board dietitian department or see

<https://www.publichealthnetwork.cymru/en/topics/nutrition/nutrition-skills/>

Catering for the range of needs and special dietary requirements

Provision for cultural, philosophical and religious needs

Wales has a diverse population with a wide range of religious beliefs and this will be reflected in you care home residents. It is essential for care homes to recognise, respect and cater for different religious, philosophical, and cultural needs. Dietary practices between and within different faiths can be diverse and it is important not to make assumptions. This may include for example the provision of halal and kosher food as appropriate.

Care homes can utilise the range of cultural aspects in theme days and events to share periods of celebration and social activities.

Some cultures have periods of fasting, which may mean foods eaten may be different during fasting periods and need to be respected. Many of these cultures accept that people who are unwell may not fast, however this is an individual choice.

Specific dietary requirements is different from likes and dislikes although attempts should be made to accommodate all preferences and needs.

Provision for special diets for medical reasons (diabetes, coeliac disease, allergies, weight management).

Obtaining information about a resident's special dietary requirements in addition to general likes and dislikes will help care home providers demonstrate compliance with regulations under the Regulation and Inspection of Social Care (Wales) Act 2016, specifically Regulation 21. This requires care providers to ensure that care and support is provided in accordance with the individual's personal plan. **See Section 1 for regulations.**



Table 1: Cultural, philosophical and religious considerations

A guide to food choices commonly observed by different religions and cultures

	Jewish	Sikh	Muslim	Hindu¹	Buddhist	Rastafarian²	Vegan
Eggs	No Blood-spots	Yes	Yes	It varies	It varies	It varies	No
Milk/Yogurt	Not with meat	Yes	Yes	Yes	Yes	It varies	Calcium fortified from plant source only
Cheese	Not with meat	Yes	It varies	Yes	Yes	It varies	Vegan cheese only
Chicken	Kosher	It varies	Halal	It varies	No	It varies	No
Lamb/Mutton	Kosher	It varies	Halal	It varies	No	It varies	No
Beef/beef products	Kosher	No	Halal	No	No	It varies	No
Pork/pork products	No	Rarely	No	Rarely	No	No	No
Fish	With scales, fins and back bone	It varies	It varies	With fins and scales	It varies	Yes	No
Shellfish	No	It varies	It varies	It varies	No	No	No
Butter/Ghee	Kosher	Yes	Yes	Yes	No	It varies	No Vegan spreads such as nut spreads
Lard	No	No	No	No	No	No	No
Cereal foods	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nuts/Pulses	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fruit/Vegetables³	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fasting⁴	Yes	Yes	Yes	Yes	Yes	Yes	No

¹ Strict Hindus and Sikhs will not eat eggs, meat, fish and some fats² Some Rastafarians are vegan³ Jains have restrictions on some vegetable foods. Check with the individuals⁴ Fasting is unlikely to apply to young children

Vegan diets

Vegans do not eat any foods of animal origin. This includes meat, fish and dairy foods, and also honey. Vegan diets may be low in a number of nutrients such as energy, protein, vitamins B2 and B12, calcium, zinc and iron.

These diets need careful planning and vitamin supplements may be necessary to complement the menu. The Vegan Society recommends that vegans take supplements of Vitamin B12, Vitamin D and calcium.

When preparing vegetarian or vegan meals it is important that food provided is not compromised in any way. For example, picking meat out of a dish already cooked is not appropriate. The vegetarian/vegan dish should be prepared first and the meat added later for other residents if feasible.

Talk to residents and/or their families to devise a suitable menu including foods they are familiar with at home, and which particular foods are to be avoided e.g. gelatine and rennet. You may need to seek advice from a dietitian.

Also, if your resident suffers from dementia and has less capacity to recall their usual food intakes, ensure you are able to find out if they identify themselves as a vegetarian or vegan, to avoid mistakes. Use the 'This is me' resource from the Alzheimer's society.

For more information use these websites:
<https://www.vegansociety.com/>
https://vegetarianforlife.org.uk/files/Dietary_diversity_guide.pdf
<https://www.alzheimers.org.uk> 'This is me'

Provision of special diets for medical reasons

A special diet is one that cannot be selected freely from the menu choices available.

Care homes and their caterers should work closely with residents and their relatives to support residents with dietary requirements for medical reasons. It is important that requests for special diets including diets for food allergies are handled sensitively and appropriately, and is included as part of the food and drink policy describing how these are managed, and the procedure that is followed.

The range of diets can include:

- food modified to a safe texture for a residents required needs (see section 2C on IDDSI)
- modified diet for diabetes and or weight management
- allergen free: e.g nut-free or milk-free diets
- Gluten free diets for Coeliac disease.

The resident and/or family should have all the necessary dietary information from home or via discharge information if coming from a hospital. If the resident has recently been advised a special diet for a medical reason, a Dietitian may be in contact with the care home setting directly or a dietitian may already be involved in their care.

Be familiar with any local policy for special diet referral or advice. **See also the sample procedure for managing request for a special diet in Section 7.**

Food allergies and intolerances

Food allergy and food intolerance are different.

Food allergy involves the immune system and is a response to specific proteins found in foods, and can occur after a trace of the allergic food is eaten. Reactions are usually immediate and symptoms are wide ranging and may include diarrhoea, swelling of the lips, tongue or throat. The most severe reaction can result in anaphylaxis (a severe and potentially life threatening reaction).

Food intolerances do not involve the immune system and tend to occur more slowly and symptoms may depend on the amount of food that has been eaten.

For confirmed food allergies there should be a protocol in place which is accessible to all staff, to ensure everyone is aware of individual residents allergies and symptoms.

Providing food allergen information

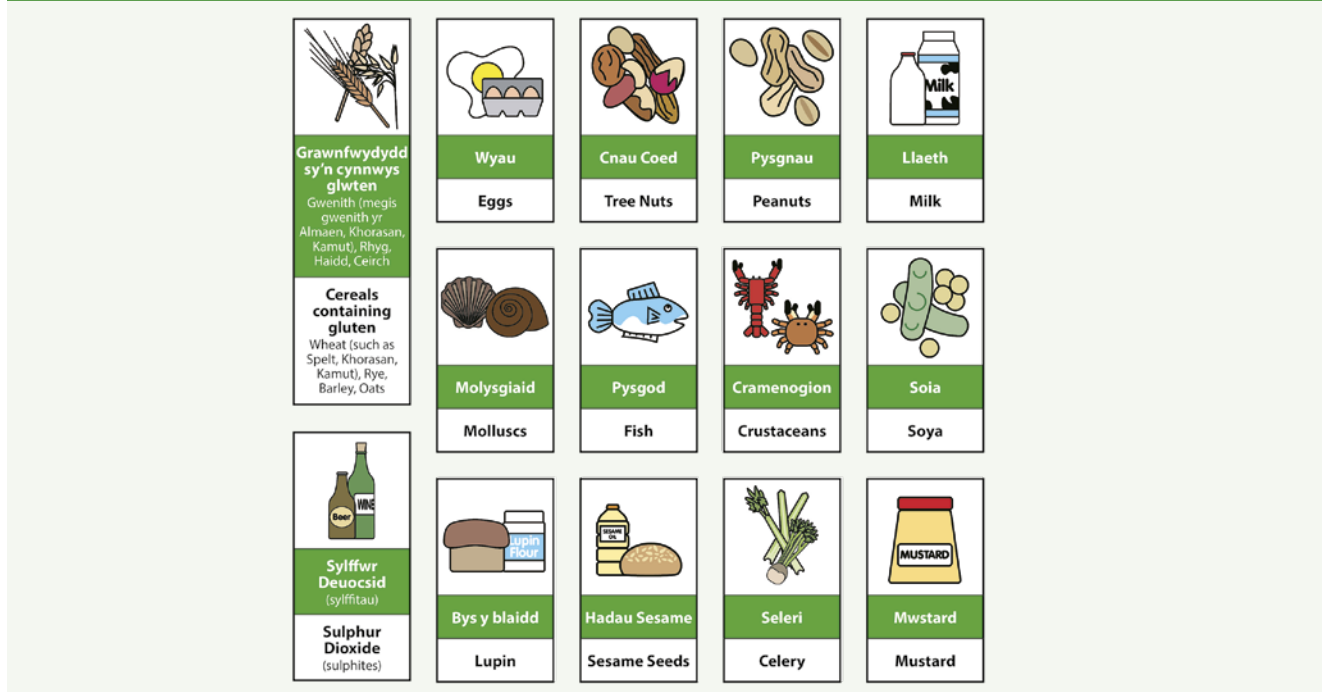
Understanding which allergens are present in every meal and snack you provide is an important step in providing food which is safe for residents with food allergies and intolerances. Since 2014, all food businesses, including care home providers have been required by law (EU Food Information for Consumer Regulations), (FIC), to give details about the allergens in the food they provide.

Food businesses which provide non-pre-packed (loose) food are obliged to declare information on any of the 14 allergenic ingredients used in food provided. This can

be achieved in a variety of possible ways for example in writing such as on menus, chalkboards, etc or, through verbal communication. This applies to care home providers.

The allergen information needs to be accurately conveyed and backed up by a system that can be checked and verified by others such as your food safety officer, additionally, businesses need to consider the “duty of care” in this respect, and ensure they have taken, and put in place, measures to avoid any incidents in relation to the area of allergens.

There are 14 allergens covered by this requirement:



Note: types of nuts include: almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts, pistachio nuts, macadamia

It is important to remember that residents may have allergies to foods and ingredients not covered by this list. These will not be highlighted in bold on product ingredients lists. The same policy and procedure should be followed where a resident has an allergy to a food not included on this list, to ensure appropriate and safe meals and snacks are provided for them:

The Food Standards Agency has published guidance for catering establishments (this includes institutional caterers), in relation

to allergens and procedural issues. Advice is provided for those who are catering for residents and is relevant to Care Homes.

Guidance for food preparation and catering for food allergens is found in Section 5.

<https://www.food.gov.uk/sites/default/files/media/document/sfbb-caterers-pack.pdf>

<https://www.food.gov.uk/business-guidance/safer-food-better-business-supplement-for-residential-care-homes>

Diabetes

You may have a number of residents with Type 2 diabetes that will be managed by diet alone, or diet and medication.

Residents with Type 1 Diabetes will have insulin injections.

The healthy balanced diet as outlined in the eatwell guide for the general population is also recommended for the dietary management of a number of medical conditions, such as

- patients with Type 1 or Type 2 diabetes;
- patients with dyslipidaemia and cardiovascular risk;
- patients who are managing their weight;
- patients with hypertension;
- patients suffering from constipation or irregular bowel movements.

For residents with diabetes, practical food guidance for meals is the same as for the well older person:

- aim to have 3 regular meals a day spaced over the day to help control blood sugar levels
- at each meal have a starchy carbohydrate food
- higher fibre choices should be encouraged
- limit sugar and sugary foods
- if they have any specific individual requirements and have seen a dietitian then this information will be provided.

Items that should be available and can be provided by the main menu:

- Snacks – Fruit, plain or fruit scones, plain biscuits.
- Desserts – Tinned fruit in natural juice, fresh fruit, stewed fruit (no added sugar), diet yoghurt, milk puddings, sugar free jelly.

- Drinks – water, sugar free fizzy drinks and squashes, tea and coffee without sugar and sweetener if chosen, pure unsweetened fruit juice (1 glass with a meal).
- Diabetic food and drinks are not recommended – they have no benefit.
- Regular review of medication and/or insulin should be provided to enable any adjustment to dietary advice, if needed.
- People receiving mixed insulin must have a supper snack to prevent overnight hypoglycaemia (low blood sugar).
- People with consistently low or high blood sugar should be referred to the diabetes specialist nurse/dietitian/GP/district nurse.

For further information on diet and diabetes see Diabetes UK in reference list.

Note: preventing hypos and emergency admission.

Residents with diabetes who take medication or insulin to control their blood sugar may have “hypos” when their blood sugar falls too low. If this is severe they may need emergency admission to hospital, so care needs to be taken to prevent this from happening.

This can happen if they have a poor appetite and eat less or miss meals, or have sickness. It is important to monitor food intake carefully in a resident who has diabetes, and if this happens seek advice.

<https://www.diabetes.org.uk/Guide-to-diabetes/Complications/Hypos>

There are a number of resources available from Diabetes UK on the care of people in care homes with diabetes or refer to any local guidance.

<https://www.diabetes.org.uk/professionals/resources/shared-practice/diabetes-care-in-care-homes>

Practice point

Residents with diabetes who are also at risk of malnutrition will need careful monitoring. The advice is to follow normal food fortification and supplementation. See Section 2A . Regular blood glucose monitoring is also advisable.

Obesity

It can be very difficult to support residents to lose weight in a care home setting especially if less mobile. Empathy and understanding are key and raising the issue sensitively and explaining the benefits of some weight loss can help.

Regular physical activity (dependant on ability) combined with modest reduction in calories can help to either maintain weight or achieve small weight loss. Specific care adaptations may also be needed, e.g. larger chair, hoist.

It is important to address obesity as it can have a big impact on a person's quality of life and their health, as it increases the risk of pressure sores, diabetes and heart disease. Following healthy eating guidance in the Eatwell guide particularly for snacks and drinks will help.

Food record charts may help to identify potential changes which can be discussed with the resident to encourage healthier eating habits. Referral to health professionals may be necessary.

See also tips in the menu and recipe section.

Coeliac disease

If a resident has a diagnosis of coeliac disease they need to follow a gluten-free diet. Gluten is the protein found in wheat, rye and barley and therefore all foods which contain these cereals must be avoided. People with coeliac disease may be able to tolerate oats, but always check. There are a good variety of gluten-free foods available and advice on foods to choose and avoid can be given by a dietitian. Coeliac UK also provides help and advice as well as booklets outlining gluten-free foods.

Advice on catering is provided in the menu and recipe section.

Medicines and food

This section is aimed at nursing staff and trained care workers who are able to give medicines but will be of interest to all care staff.

The consequences of drug interactions with food and drinks may include delayed, decreased or enhanced absorption of a medication.

Grapefruit Juice

Residents taking “statins” should not have grapefruit in their diet.

Residents taking quetiapine, sertraline, tricyclic antidepressants, some benzodiazepines, phosphodiesterase inhibitors (such as sildenafil) and calcium channel blockers (such as amlodipine) should not have grapefruit in their diet.

One of the best known food-drug interactions is between grapefruit juice and “Statins” (HMG-CoA reductase inhibitors). Grapefruit juice, in large quantities, can inhibit one of the liver enzymes (enzyme cytochrome P450 3A4), which can increase blood levels of drugs metabolised by this pathway.

This interaction occurs with all sources of grapefruit (the fruit itself, freshly squeezed juice or juice from concentrate). It can also occur with certain related citrus fruit, such as Seville oranges, limes and pomelos.

A single fruit or glass of juice has sufficient potency to cause a pharmacokinetic interaction, and this may occur for up to 3 days after ingestion.

There are other drugs which have the same interaction. These include quetiapine, sertraline, tricyclic antidepressants, some benzodiazepines, phosphodiesterase inhibitors (such as sildenafil) and calcium channel blockers (such as amlodipine).

A full list of interacting medication can be found in the British National Formulary.

Dairy Products (Calcium)

Residents prescribed certain antibiotics may need to avoid dairy products.

Calcium ions in dairy products bind with many drugs, which may reduce their absorption.

Drugs that are affected by this interaction include fluoroquinolone antibiotics (such as ciprofloxacin), tetracyclines, methotrexate and bisphosphonates.

Fibre

Similar to calcium, fibre works to bind drugs, resulting in reduced concentrations. Drugs which are affected by this interaction include metformin, levothyroxine, digoxin and phenoxymethylpenicillin.

Cheese, marmite, red wine (Tyramine-Containing Foods)

Tyramine is a chemical found in food and beverages such as cheese, Marmite and red wine. It has a significant interaction with monoamine oxidase inhibitors (MAOI's) such as phenelzine, tranylcypramine and isocarboxazid. Other drugs showing this interaction include isoniazid and linezolid.

Moclobemide is a reversible MAO-type A inhibitor. It is less likely to cause a problem than the older non-reversible drugs, but patients should still be advised to avoid consuming large amounts of tyramine-rich foods.

Leafy green vegetables – Foods high in Vitamin K

These are important if someone is on Warfarin. Consistency is the key with warfarin and INR control.

The most well-known food-drug interaction with warfarin occurs with “leafy green vegetables” due to their rich Vitamin K content.

Warfarin interferes with the synthesis of Vitamin K-derived clotting factors. Increasing Vitamin K intake will result in more clotting factors, reducing the efficacy of warfarin. If patients remain consistent with their intake of Vitamin K, the interaction is not substantial.

Cranberries can significantly increase INR and potentiate the anticoagulant effect of warfarin.

Liquorice

Liquorice (glycyrrhizic acid) causes sodium and water retention which, together with loss of magnesium and potassium, increases the risk of toxic effects of digoxin. Patients taking digoxin should be advised to report signs of toxicity, such as nausea and vomiting, diarrhoea, loss of appetite, visual disturbances and palpitations.

Consumption of liquorice should also be avoided or limited in patients with high blood pressure, heart failure and kidney disease.

Medicines and herbal and dietary remedies

Herbal remedies such as Echinacea and St John's Wort can also impact on how medicines work.

These types of supplements are increasingly popular, and include:

- St John's Wort – used in an attempt to improve mood
- Gingko – used in an attempt to boost energy
- Echinacea – used in an attempt to strengthen the immune system
- Flaxseed
- Vohimbe.

The main medicines effected are Warfarin, Insulin and Aspirin

The UK market for herbal and dietary supplements continues to grow, with many people mistakenly viewing them as “natural” and therefore harmless.

Anyone taking conventional medication is advised to speak to their GP or pharmacist before using an herbal or dietary supplement.

Practice point

Residents and/or their families could be asked if they are taking any herbal and dietary supplements on admission as well as their with intakes of conventional medicine.

References

1. Well-being of future generations (Wales) act 2015

<https://futuregenerations.wales/about-us/future-generations-act/>

2. Evidenced based nutrition guidelines for the prevention and management of diabetes

<https://www.diabetes.org.uk/professionals/position-statements-reports/food-nutrition-lifestyle/evidence-based-nutrition-guidelines-for-the-prevention-and-management-of-diabetes>

Additional sections:

2A Eating and drinking well using Food First approaches

2B Eating and drinking well with mental health conditions

2C Eating and drinking well using Texture Modification and IDDSI

Section 2A

Eating and drinking well using Food First approaches

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What is 'Food First' and Food Fortification?

Finding out your residents' likes and dislikes is key to ensuring that the range of meal choices cater for everyone's needs as far as possible.

If residents are unable to take their meals in full they may require smaller portions of meals more often, together with nourishing drinks and snacks, and may also need to have their food and drinks fortified.

Adopting a 'food first' approach in care homes is the best way to encourage increased food and drink intake and ensures the individual needs of residents are taken into account. It also reduces reliance on nutritional supplements. These simple dietary adjustments can significantly increase the calorie and protein intakes throughout the day.

The need to adapt meal portions or fortify food may happen as a result of a resident:

- identified as being nutritionally at risk using the 'MUST' tool
- losing weight unintentionally
- experiencing continued poor appetite, either not finishing meals or missing meals
- needing a change in texture because of a health condition.

When appetite is poor it is even more important to:

- eat little and often – this may mean 3 small meals and 3 snacks in between
- make the most of when a resident's appetite is at their best
- boost appetites by making food look attractive and use smaller plates
- encourage eating slowly, chewing well and relaxing after eating
- gentle exercise, if able to can help to increase appetite
- alcohol in small amounts can stimulate appetite – check with each resident if this is acceptable and if on any medications, confirm if it is suitable before offering.



Food Fortification approaches

Fortified recipes or drinks have food ingredients added to increase the energy and/or protein content without increasing the portion size. This is used specifically for residents that are at nutritional risk. For example extra skimmed milk powder can be added to soups and puddings, additional fat spread added to vegetables, grated cheese added to mashed potato.

Smaller portions of higher energy and full fat food items and snacks can also be used for residents with smaller appetites.

Start with good 'food first' ideas for making the most of the food:

- Eat little and often
- Use fortified milk
- Enrich the food.

The recipe section contains groups of recipes for breakfast, main meals, snacks, desserts and drinks. Each of these groups contain standard and fortified recipes. Standard recipes are for residents who have a good appetite, are able to eat well, are not at nutritional risk and should be used first.

For residents at risk of malnutrition or who have lost weight and have a poor appetite the fortified recipes can be used. These can raise protein intake as well as increasing calorie intake by at least 500 calories a day. This amount is recommended to help promote weight gain.

Improving staff knowledge of fortified diets may also impact positively on practical factors such as ensuring they are provided to those residents who need it and reducing food waste.

Practice Point

Fortified drinks, soups, and meals should be provided for individual residents who have been identified as needing them. You may need to seek advice from a registered Dietitian if you have concerns about a particular resident.

Do not fortify all meals and drinks as many residents may not need it.

Fluid intake

It is still very important to maintain a good fluid intake and to drink at least 6-8 cups of fluid per day.

Tempting residents who have a poor appetite with nourishing drinks in between meals can make a big difference to their daily intake. However, some residents may prefer a variety or find they become too sickly, so offer a variety of savoury and sweet, as well as tasty meals.



Fortified drinks

Why be concerned about drinks?

If a resident with a poor appetite is better able to enjoy drinks it is important that these are made more nutritious. They can make a big contribution to overall calorie and protein intakes.

Usual drinks such as squash, tea and fizzy drinks will have around 50 kcals and no protein.

Using fortified milk in drinks and recipes can boost calories and protein.

	200 mls or 1/3 pint 1 glass		568 ml or 1 pint	
	Energy (kcals)	Protein (g)	Energy (kcals)	Protein (g)
Skimmed milk	76	7.2	215	20.4
Semi-skimmed milk	100	7.2	284	20.4
Full fat milk	128	6.4	363	18
Fortified milk	204	14	583	38.5

Recipe for Fortified Milk

One of the simplest ways to get extra protein and calories into food is to fortify milk and then use this in recipes.

Recipe for Fortified Milk – 1 pint (568ml)

- Full fat milk 1 pint
- Skimmed milk powder 4 tablespoons (60g)

Place skimmed milk powder into a jug and mix with a small amount of full fat milk to form a smooth paste. Add remaining milk from the pint. Once fortified the milk can be stored in the fridge and used within 24 hours.

Using fortified milk

Fortified milk can be used in place of ordinary milk in teas, coffee, other hot and cold milky drinks, soups, sauces, mashed potato, milk puddings, custard, porridge, on cereals or as drink on its own.

Further recipes for nourishing drinks, smoothies and milkshakes can be found in Menus and Recipes.



Fortified foods

Other ways to increase calories is to enrich the food by adding butter, cream, cheese, honey, sugar, dried fruit, nuts.

Potatoes

Add:

Grated cheese
Double cream
Fortified milk
Salad cream
Butter or margarine



Sauces

Add:

Double cream
Fortified milk
Evaporated milk
Coconut cream



Soups

Add:

Double cream
Grated cheese
Milk powder
Dumplings
Baked beans



Vegetables

Add:

Grated cheese
Double cream
Butter
Olive oil



Puddings and fruit

Add:

Double cream
Custard
Coconut cream
Ice cream
Syrup/jam/honey



Breakfast cereals

Add:

Fortified milk
Evaporated milk
Syrup/honey
Yoghurt
Dried food/nuts



Table 1 gives handy measures of food and drink that provide around 100 calories. These boosters can be added to any appropriate meal, or eaten as a snack to promote weight gain.

Table 1: 100 Calorie Food Boosters

	Tablespoons/ easy measure 1 tablespoon = 15ml	Weight (in grams)
Snacks		
Nuts	A small handful	20 g
Dried fruit	A small handful	35 g
Banana	1	
Shortbread finger	1	
Crisps	1 small bag	
Malt loaf	1 slice	
Jaffa cakes	2	
Cream crackers	3	
Milk chocolate	3 cubes	
Jelly babies	5	
Savoury spreads/additions		
Hummus	2	30 g
Peanut Butter	1	15 g
Pesto	2	30 g
Sweet spreads/additions		
Sugar	1 heaped	25 g
Chocolate sauce	2	
Jam, honey, syrup, lemon curd	2	
Chocolate nut spread	1	20g

	Tablespoons/ easy measure 1 tablespoon = 15ml	Weight (in grams)
Dairy and non-dairy alternatives		
Cheese, grated hard	A small handful	25 g
Cheese, soft	2	40 g
Full fat yoghurt	1 small pot	100 g
Condensed milk	1.5	30 g
Dried skimmed milk powder	2	30 g
Ice cream	2 scoops	
Fats and oils		
Butter or full fat margarine	1	15 g
Double cream	1.5	45 g
Mayonnaise	1	15 g
Oil (sunflower, olive, vegetable)	1	
Drinks		
Whole milk	1 small cup	150 ml
Orange juice	1 medium cup	200 ml
Regular cola	1 large cup	250 ml

Practice Point

Choose at least 5 booster examples to have each day to achieve the 500 extra calories required to help gain weight.

A fortified daily meal plan for the residents identified as nutritionally at-risk could look like this:

Meal	Standard Menu – intake based on small portions	Example of Fortified options
Breakfast items Consider how you can fortify options from your main menu using fortified milk for cereals, porridge and drinks	Porridge made with milk	Porridge made with fortified milk and a handful of raisins. Can also add honey, sugar, fruit, cream
	Scrambled egg	Add butter, fortified milk and grated cheese
	Cup of coffee as preferred	Cup of milky coffee made with fortified milk
Mid-morning Residents requiring a fortified diet should have choices which provide approximately 200kcal and 2.5g protein	Drink of choice Biscuit	Cup of milky tea/coffee made with fortified milk and 2 short bread biscuits
Lunch Fortify by adding additional calories to a to a lighter meal	$\frac{1}{4}$ tin of baked beans on 1 slice of toast	$\frac{1}{4}$ tin of baked beans on 1 slice of toast with butter thickly spread and grated cheddar cheese
Mid-afternoon Residents requiring a fortified diet should have choices which provide approximately 200kcal and 2.5g protein	Cup of coffee as preferred with cake or fruit	Cup of milky coffee with fortified milk (offer biscuits)
Evening meal Include on the menu: one fortified main course which provides a minimum of 500kcal and 18g protein	Oven baked cod fillet with mushroom sauce Boiled potatoes Peas	Oven baked Cod fillet with fortified mushroom sauce or fried in vegetable oil Mashed potato made with fortified milk and grated cheese Peas with a knob of butter
Dessert Fortified or high calorie dessert providing a minimum of 300kcal and 5g protein	Apple Pie with ice cream	Apple pie with cream/ice cream/custard made with fortified milk
Supper	Cup of tea	Horlicks/Hot chocolate with fortified milk
Total per day approx.	1231 Kcals 47g protein	1890 kcals 81g protein

Note: this does not take into consideration any texture modification requirements

Difference in calorie and protein content in common foods

The table below shows which foods to choose for the same portion sizes if you are aiming to increase the calorie and protein content of foods

Food	Portion size	Energy (kcal)	Protein (g)
Porridge made with water	160g	74	2.2
Porridge made with full fat milk and milk powder	160g	231	10.6
Fruit cocktail canned in juice	100g	29	-
Fruit cocktail canned in syrup	100g	57	-
Low calorie yoghurt	150g	62	6.0
Standard full fat yoghurt	150g	158	8.0
Custard with semi skimmed milk	100ml	95	4.0
Custard with full fat milk	100ml	126	4.4

Oral nutrition supplements

Food fortification and offering nourishing drinks may be adequate to improve the nutritional intake of a resident, however others may need the addition of an oral nutritional supplement.

Powdered supplements are available in sweet and savoury flavours which can be bought over the counter and should be tried first.

You will need to refer to your local guidance or pathway for the appropriate prescribing of oral nutritional supplements.

Practice Point

For use of prescribed oral nutrition supplements:

- Consider how they are served e.g. a resident may prefer them heated or fridge cold. Some supplements are in a container served with a straw but your resident may prefer it in a cup.
- Make sure supplement drinks are not shared between residents.
- Monitor the length of time they are left – don't leave lying around.
- Observe if residents are not drinking them and find out why.
- Review if they have been prescribed a long time – they should have the same review mechanism as prescribed medicine.

Diabetes and a poor appetite

Dietary advice for residents with diabetes, who have lost their appetite and/or need extra nourishment to prevent weight loss.

Dietary Guidelines for Diabetes

The dietary guidelines for people with diabetes are similar to the healthy eating advice given to the rest of the population. During times of illness or stress, a person's appetite can be affected. If a resident has a poor appetite, this may delay their recovery and becoming underweight can have negative effects on overall health and wellbeing. Typical healthy eating guidelines can be relaxed during these times and this means the means the energy, protein, and fat content of a resident's diet can be increased. Extra care needs to be taken not to increase the sugar intake greatly for a resident with diabetes.

Increasing a resident's calorie intake

This can be done in a number of ways:

- Food fortification (e.g. adding butter to mashed potato or cream to soup). Guidance on this topic can be found in the food fortification section.
- Provide snacks between meals.
- Offer nourishing drinks such as a milky coffee or hot chocolate. These drinks can be found in the drink recipe section.
- More regular small meals and snacks.

If a resident's blood glucose levels increase

Illness and stress will alter blood glucose levels making them HIGH or LOW so it can be hard to achieve normal control during times of illness. In the short term this is may be nothing to worry about, but if it continues or if a resident develops symptoms such as fatigue (tiredness), thirst or someone is going to the toilet and passing more water than usual, the medication and/or insulin may need to be adjusted and you as a care provider should seek advice from your diabetes team.

Increasing the amount of sugary or starchy carbohydrate and/or starting on nutritional supplements, may also increase a resident's blood glucose levels and medication and/or insulin may need to be adjusted as a result of this change to a resident's diet.

Avoiding low blood glucose levels (Hypoglycaemia 'Hypo's')

If a resident has lost or is losing weight, are missing meals or are eating less than normal, plus they may be on certain types of medication for example; Gliclazide or insulin **they may be at risk of Hypo's low blood glucose levels (under 4mmol/L)**. If a resident experiences hypo's there may be a specific plan to manage these provided by the GP/consultant/diabetes specialist nurse. If a plan is not in place, you need to seek advice from your diabetes team **as soon as possible**. If a resident has a poor appetite and misses a meal or snack, having a nourishing drink such as a milky coffee, hot chocolate, Horlicks, Ovaltine or fruit juice may help to prevent hypos. If their appetite remains poor you may need to seek advice.

Section 2B

Eating and drinking well with mental health conditions

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Diet and mental health

Ensuring good mental health and well-being in older adults impacts positively on factors that may affect eating or drinking. Mental health conditions such as anxiety and depression or even a low mood can have damaging effects on the nutritional status of an older adult.

This is particularly important for older adults in care settings. It is estimated that up to 40% of older adults living in a care home experience depression and it often remains undetected¹.

Also, up to 60% of older adults who have had a stroke and up to 40% of those with heart disease, Cancer, Parkinson's, Alzheimer's experience depression, which will impact on a large number of care home residents.

Encouraging residents with small, nourishing, frequent meals, snacks and drinks, can help to ensure that good nutrition and hydration is maintained.

How can mental health conditions affect eating and drinking?

Developing mental health conditions is not an inevitable part of ageing, however stressful life events such as bereavement or moving into a care setting from the family home, can trigger conditions such as anxiety and depression, which can impact negatively on eating and drinking.

Having a mental health condition can sometimes mean that individuals may experience unintentional weight loss or gain. This may become more of a problem in care settings due to many factors such as:

- self-neglect, apathy, low motivation, lack of interest in food leading to a poor appetite or over eating

- not understanding how important good nutrition and hydration is and what happens as a result of not eating and drinking much
- lack of nearby support from family or friends.

These factors are important to overcome in care settings in order to:

- promote good mental health and nutritional status
- reduce the risk of malnutrition
- reduce the risk of admission to hospital as a result of malnutrition-related illness.

How can food help a person's mental health

Research shows that food can have an important effect on emotional and mental health. It not only has an important effect on general well being but a poor diet can also have a negative effect on a person's mental health.

Many foods affect the way we feel; some foods may have a particular significance attached to them. For example, a bread and butter pudding may remind a person of their family life when they were a child. Therefore this is important to discuss food preferences with a resident and try to frequently offer a range of foods that are familiar or hold value to someone.

Food values and emotional health

Making time to talk to residents about the value of food to them and their life can have a positive impact on their uptake and enjoyment of food. This should also extend to mealtimes and making them a social occasion with residents fully engaged, enjoying the dining experience.



Consider the following questions and solutions:

How do we connect food to people in the care setting?	Have conversations with individual residents or groups of residents and/or relatives and friends, about their own food stories and what food means to them. Have recipe sharing sessions and ask the cooks to try them out.
How can we ensure that all residents are able to express their food choices and preferences?	Plan visits for younger children and get them to share stories about food practices and food skills across the generations and what has changed, food that has disappeared and foods that are new.
How can we be sure we meet these choices?	Involve residents in food activities such as growing food, preparing food, laying the tables, cooking activities, tasting sessions and ideas for themed events.
How can we get everyone involved in providing the care talking about food and drink choices, to see how everyone's needs can be met?	Do any residents have strong connections with food, any chefs, cooks, keen bakers, cookery teachers – ask if they want to be more involved.
How can we ensure that food contributes to the well-being of residents?	Culture and food – do you have residents from a range of cultural or religious backgrounds that can share stories of their food culture and any specific food customs.

Note: Exercise and mental health

Exercise is vitally important for good mental health and well-being. Exercise leads to the release of certain hormones which can improve mood and also helps to prevent muscle loss, which in turn can help prevent falls.

In care home settings, gentle physical activity can be encouraged according to individual need and ability. Activity co-ordinators can play a huge part in helping to improve well-being, mood and increase social interaction.

See Section 4 for further information on exercise and activity.

Caring for people with Dementia and ensuring their nutritional wellbeing

Dementia results in a progressive decline in a range of functions including memory, communication skills and general skills to carry out daily living and can have a huge impact on a person's quality of life. Being able to express wishes and preferences is a hugely important part of an older person's life in a care setting. Research has shown that the way in which care staff communicate with residents with dementia has a huge impact on their quality of life². Around two thirds of care home residents will have some form of dementia and many of these will be receiving social care only, hence the importance for all care staff to have the skills to maximise their quality of life.

Mealtimes and drinking are such an important and enjoyable part of the daily lives of residents that you care for and even more so for residents with dementia. Meals can help to orientate a person to time of day, engage in familiar activities and utilise food as a topic for reminiscence.

Declining function can result in many difficulties with eating and drinking, which can then lead to reduced appetite, weight loss and dehydration. This may then increase the risk of pressure sores, infections, falls and fractures. Weight loss can also make dementia progress more rapidly.

All residents with varying stages of dementia should be provided with care and support which enable them to have appropriate food choices served in a dignified way with assistance as necessary. This will help to ensure they maintain their food and drink intakes and achieve the best possible health and well-being outcomes.

The following guide provides ideas and information to help you achieve this.

Why are people with dementia at risk of weight loss and dehydration?

There are a number of factors that can make it difficult for people with dementia to eat and drink enough to meet their needs. These include:

- forgetting to eat or forgetting when last eaten
- being less able to recognise when hungry, full or thirsty and to communicate this
- sense of smell may be reduced and this will affect taste and enjoyment of food
- low mood may result in a lack of interest in food
- food preferences may change – often a craving for sweet food
- cutlery may become difficult to use or forgotten how to be used
- difficulties with chewing and swallowing, preference for different textures, some foods may be particularly difficult such as spaghetti and peas
- poor mouth care can lead to reduced food intake
- confusion may lead to not recognising familiar foods and how to eat
- more difficult to communicate likes and dislikes, which may be expressed by spitting out food, refusing to eat or storing food in their mouth
- in more severe dementia, depression and paranoia can cause suspicion of food resulting in avoidance or concern when food will be available resulting in hoarding
- may be agitated and restless when sitting making it more difficult and less able to focus on meal times
- effects of medication which may cause drowsiness, taste or smell changes, dry mouth.

Meeting the nutritional needs of residents with dementia

Person centred care is the guiding principle when caring for all residents with dementia and should also be applied to nutritional care. The following strategies can be implemented to improve food and drink intakes in a dignified way.

1. Assessing dietary needs.
2. Communication and relationships – retaining independence and dignity.
3. The dining environment – having a dementia friendly mealtime experience.
4. Food and drink availability – how to adapt and accommodate for residents with dementia.
5. Monitoring food and drink intakes.
6. Involving residents in food activities.

It is important to identify those who are more at risk of problems that may lead to poor food and drink intakes, this includes residents who:

- require moderate assistance with self care and therefore may not be observed as readily at mealtimes
- have few visitors and less engagement with other residents
- have poor oral hygiene
- take lots of medication.

1. Assessing dietary needs

Using memories and stories can help to find out what foods residents like and enjoy and also by talking to families and visitors. Making a life story book can include a variety of information which helps to personalise the care you provide. Including food and drink preferences and memories will enable you to talk to residents at mealtimes about what they can manage and enjoy. The story book can also be useful to monitor any changes in preference and taste.

Suggestions of information to include in personal plans:

Drinks and snacks	What is their favourite, colour and strength of tea and coffee, type of milk, sweetener/sugar Sweet and/or savoury snacks
Table ware	A favourite cup or mug, maybe with their name on Use of coloured crockery and adapted cutlery as required
Food likes and dislikes	These may change as dementia progresses, a preference for sweet foods may develop Ask about preferred ways of preparing and serving Check with relatives and friends if your resident is less able to express their choices Use pictures of food and meals, ideally choose from a plated meal at point of service
Meal time routine	Does the person have a set time for eating What is their usual pattern? – Do they wake early for cup of tea – Do they like their main meal at lunch time – Do they prefer a cooked breakfast and smaller lunch – Do they prefer little and often – Has their sleep pattern changed?

Practice point

People living with dementia may prefer foods that were familiar many years ago and are associated with certain times in their lives

2. Communication and relationships – retaining independence and dignity

Talking and eating with residents at mealtimes can have a big impact on enjoyment and food intakes, but this needs to be balanced with the need of some residents who may still prefer to eat alone.

It is important for the choice of meals to be as close to meal delivery as possible and use plates of food at point of service or pictures to help residents to make a decision.

It may help to talk about the smell and taste of food and smells from the kitchen. Also history and memories of food can include talking about childhood memories, war time rationing, cooking for their family.

Seating plans may need to take into account individual wishes to sit by people or not.

If a resident is anxious at meal times, try and find out the reason from the resident or their relatives. Observe signs of what may be causing it and review any specific needs at mealtimes.



Communication is also key between staff and across the whole care home setting to ensure continuity of care and best outcomes for each resident.

Practice point

Ensure all staff within the care home, visiting staff and family carers are aware of a resident's food and drink needs and how to meet them by:

- Including in personal plans.
- Regular staff training.
- Ongoing support and updates for staff on food and nutrition.
- Regular monitoring and review.

3. The dining environment – having a dementia friendly mealtime experience

This is important for all residents but even more so for residents with dementia to ensure that their individual needs are met. Residents living with dementia may find it difficult to carry out usual self caring tasks but may still be able to eat and drink with or without assistance. It is important to maintain this independence as long as possible. They may also be confused in a care home environment if not used to eating with others, or have suffered a recent bereavement or change in circumstance. Other important factors to look out for:

- Sight, smell, hearing and taste are all important for stimulating appetites – ensure they have everything they need to help them to eat; glasses, dentures hearing aid
- Make sure people are seated in a comfortable position and do not need the toilet
- Routines that help before the meal such as setting up the table, being involved in the preparation can help
- Make it as relaxed and much like home as possible, if staff can sit and eat with residents, this can make a big difference
- Loud noises can be distracting – whereas soft music playing has been shown to help
- Some people may like the social interaction whilst others may prefer to be on their own

Practice point

- Crockery – does the colour of the food stand out against the plate? Studies have shown that using photographs and contrasting bright, plain colours for crockery and tables such as blue or red can help with food recognition and increase nutritional intakes for people with dementia.
- Lightweight plates with a broad rim and bowls with deep sides may also help with grip and independence.
- Use of adapted cutlery where necessary and non slip plain coloured place mats.
- Set up a project with a local photography student or if you have a resident or relative with photography skills, and develop a pictorial menu.

Further information about the dining environment and care and support of all residents at mealtimes is covered in Section 4.

4. Food and drink availability – how to adapt and accommodate for residents with dementia

A resident who is healthy and well and has mild dementia should be offered the usual menu for all residents based on the food and drink standards and best practice guidance in Section 2, and taking into account likes and dislikes and meal patterns.

Residents with dementia may be more at risk of malnutrition and not eating and drinking enough. When it is observed that someone is not eating enough, there are ideas which may help below:

- Offer assistance to eat when needed but start with minimal support and encourage, using adapted cutlery if required
- Residents may respond to having smaller meals more often
- Making changes to traditional meal pattern in response to behavioural changes such as changing sleeping patterns, weight loss, walking around

For care providers caring for someone with dementia, it can be difficult to ensure that they are able to meet their nutritional needs and further adaptations to the usual menu may be needed.

Finger foods can provide a nutritious and enjoyable alternative to plated meals. They can also be used to provide extra nutritious snacks to those who need them.

Finger foods can be particularly useful for people who forget to eat, those who find it difficult to sit throughout meal times, walk around or find co-ordination difficult especially when using cutlery.

It is important to make sure that enough energy and nutrients are consumed which can be tricky, it's easy to rely on foods from the carbohydrate group.

See 'Menus and Recipes' for a range of ideas for a finger food menu and snacks, that can make up a balanced diet overall.

Practice point – offering finger foods

- Present food attractively e.g different coloured foods on contrasting plates.
- For people who walk around, use of a food pouch may be a safer method and specific for the individual and enable more independence.
- Use snack boxes filled with favourite foods.
- Change the environment and meal times to suit your resident wherever possible.
- Choose foods that don't need to be served hot.
- Use foods that are easy to hold.
- Show the person what to do so they can copy.
- Allow time to look at the food and explore it.
- Take time to describe the food.
- Provide wipes or hot flannels to wipe hands before and after meals.

Food safety

Extra care needs to be taken if snacks are left in specific places to pick up or foods are placed in a resident's hand to prompt. Food hygiene and safety regulations need to be adhered to, foods should always be low risk and replaced if left too long.

The chef or cook is crucial to providing ideas and variety, as are key workers who can get to know a person's likes and dislikes and how they enjoy their food. The potential benefits of taking time to meet each person's needs when serving finger foods can result in improved food intakes by:

- residents being enabled to eat themselves, helping to maintain independence and preserve eating skills
- a renewed interest in food and stimulate appetite
- residents may be able to remain at the table to be served finger food in place of a plated meal and as snacks between meals
- boosting confidence and self-esteem at mealtimes
- having more choice and freedom to eat as desired
- having more time to eat.

Other considerations:

Food First approach and fortified foods and meals –residents with dementia who can eat meals but not in sufficient quantities will need to be assessed to see if they need to have meals and foods that are fortified – see section 2A on food fortification.

Texture modification:

If a resident has been assessed by a health professional and requires a specific texture modification from one of the levels described by IDDSI this needs to be followed – **see Section 2C** on texture modified diets. Note: in these situations, finger foods will not be suitable.

Practice point

It is important to recognise the difference between swallowing difficulties (dysphagia) and eating difficulties, which may both occur with dementia. Residents with vascular dementia are more likely to have swallowing difficulties.

Residents with Alzheimer's may have reduced coordination to be able to feed themselves, and tend to over chew food and hold food in their mouths.

Vitamin requirements

A multivitamin may be required particularly if there are swallowing or chewing difficulties making fruit and vegetables harder to eat and softer options harder to hold.

Practice point – assisting to eat

Hand-over-hand assistance is a preferred method for assisting a resident with dementia to eat when required. It involves placing ones hands over an individual's hands to help them complete a movement.

See more on assisting to eat in Section 4.

You may already have or wish to introduce the Butterfly scheme to enhance your care for residents with Dementia.

<https://butterflyscheme.org.uk/>

Remember about fluid intake:

Practice point – drinking more

- Offer a variety and ensure individual likes and habits are taken into account – the colour of tea is very important to some people and can make a huge difference to their enjoyment of a drink.
- If someone has difficulty expressing their choice – consider different ways to describe food and drink. For example use a paint colour chart or sample cups of tea at different strengths.
- Water served in jugs, small decanters or a water dispenser with ice in summer – allows residents to help themselves. Make this easier by half filling and have lids which make it easier to pour.
- Squashes – have a variety and remember if people have favourite flavours or strengths.
- Hot drinks – do they prefer a mug or cup, a large drink or small china tea cups?
- A tea trolley may help to demonstrate it is time for a drink.
- Smoothies, milkshakes, ice creams and lollies can also help provide variety to stimulate interest.
- Foods with high water content – melon, cucumber, jellies can also provide liquid to improve hydration.
- Themed events can have a big impact on drinking and jogging memories of favourite outings and occasions.
- Take time to prompt and be patient.

Practice point – oral health care

Remember good oral health care is really important for continued enjoyment of food. Poor oral health can cause pain and infection which can worsen the confusion associated with dementia, and residents may be less able to express their discomfort. Extra care should be taken to monitor and maintain oral health of residents with dementia, see also earlier section on oral health.

5. Monitoring food and drink intakes

Residents with dementia may have more need for being observed regularly and having their food and drink intake recorded.

Colour codes can be used to identify those at high, medium or low risk to alert staff, such as a specific colour jug lid in the rooms of residents who need prompting with fluid or coloured place mats for those needing support at meal times. All staff should have access to this information; carers, cooks and chefs, nurses, relatives and managers using agreed processes. Monitoring needs should also be written in the personal plan.

Further information on the monitoring of food and drink intakes and the use of food and fluid charts is found in section 6.

6. Involving residents in food related activities

Being involved in food related activities is important for all residents. For those living with dementia it can help to give them a sense of purpose and value and trigger memories of activities carried out when younger.

- Talk about past roles in food, cooking and caring and involve residents in some aspects of the meal preparation which are meaningful to them e.g. laying the table, preparing vegetables, clearing away, washing or drying up, stirring cake mixes.
- Use memory cues such as fish and chips in paper.
- Growing food in boxes or raised beds can stimulate further interest.

Keeping chickens and collecting eggs can be an enjoyable activity (note: food safety aspects of using own eggs – see Section 5)

Stimulating the senses

Some residents may have significant taste changes and preferences which may alter as time goes on, so it is important to review and update information about each person's needs.

Smells of food and baking can help to evoke interest in food and stimulate appetites. This can be extended to activities that can help residents living with dementia to continue to recognise and enjoy food as best they can, when some of their senses are reduced:

- Using smells of foods that evoke memories e.g. certain spices or herbs.
- Sounds of food cooking.
- Visual clues of meal times, being able to watch or be involved in preparing the food, drink or dining area such as putting items on a drink trolley.
- Food tasters.
- Use of natural flavour enhancers to stimulate senses.
- Make food look attractive.
- Vary food tastes.
- Use brightly coloured crockery.

Stimulating the senses is particularly important when changing the texture of foods, as they will appear less familiar, especially when pureed. Refer to section on modifying texture of foods.

Useful Documents and resources

The Caroline Walker Trust – Eating Well and Supporting Older People and Older People with Dementia Practical Guide (2011)

<https://www.cwt.org.uk/wp-content/uploads/2014/07/EW-Old-Dementia-Practical-Resource.pdf>

Alzheimers Society – specialist crockery and cutlery

<http://shop.alzheimers.org.uk/eating-and-drinking>

Dementia UK

<https://www.dementiauk.org/for-professionals/free-resources/>

British Dietetic Association (2014) Food facts: Food and mood. Available at

<https://www.bda.uk.com/foodfacts/foodmood>

Bournemouth University optimising food and nutritional care for people with dementia

<https://www.bournemouth.ac.uk/research/projects/optimising-food-nutritional-care-people-dementia>

Welsh Government: Dementia Action Plan Wales 2018-2020. Available from:

<https://gov.wales/sites/default/files/publications/2019-04/dementia-action-plan-for-wales.pdf>

Welsh Government: Together for Mental Health

Available from: <https://gov.wales/together-mental-health-our-mental-health-strategy>

Organic Centre Wales Food Values Project

http://www.organiccentrewales.org.uk/uploads/food_values_reporteng.pdf

For further support contact your local dementia training teams

References

1. Godfrey M 2005, cited in *Mental Health Foundation (2016) Fundamental facts about mental health*, Mental Health Foundation: London
2. Commission for Social Care Inspection (CSCI) (Jun 2008). See me, not just the dementia - Understanding people's experiences of living in a care home. London (33 Greycoat Street, SW1P 2QF): Commission for Social Care Inspection Available from: <http://hdl.handle.net/10454/6420>

Section 2C

Eating and drinking well using Texture Modified Diet and IDDSI

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg
This document is also available in Welsh.

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Swallowing problems (dysphagia)

It is estimated that up to 13% of adults over the age of 65 years and over 51% of older people living in long term care homes will have swallowing problems¹. In nursing homes this is likely to be higher again, between 50-75% of residents².

How can I spot swallowing difficulties?

All members of staff within a care setting should be aware of the signs of swallowing difficulties or any oral problems suffered by residents that may lead to a reduced food intake.

Some signs of swallowing difficulties are:

- Difficulty chewing or controlling food in the mouth.
- Food or fluids falling out of the mouth.
- Food left in the mouth after a meal.
- Difficulty starting to swallow.
- Coughing/choking while eating.
- Regular chest infections.
- Poor appetite.
- Unexplained weight loss.
- Eating more slowly than usual.
- Feeling anxious or frightened around mealtimes.

Care providers have a duty of care to provide the correct consistencies of meals and fluids to residents. For further advice on texture modified meals or if you are concerned about a resident's swallow, contact your local Speech and Language Department.

Texture Modified Diet and IDDSI

Some people who have swallowing difficulties may have an increased risk of choking and aspiration. Also some people may need to have the texture of their food and drink altered to reduce these risks.

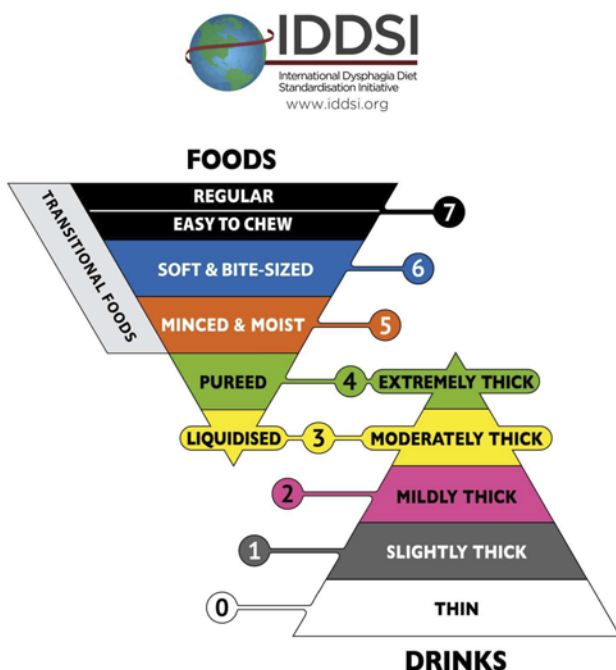
Traditionally food has been described using a variety of different terms such as: soft, fork mashable, puree and liquidised textures.

These have all now been replaced by the IDDSI* framework.

The over-riding goal of IDDSI is around patient safety. It has been developed to provide accurate and consistent definitions of texture modified diets and practical support to produce foods, meals and drinks to the right consistency.

The dysphagia diet framework describes food and drinks that are safest for people with feeding, chewing or swallowing problems. It consists of a continuum of 8 levels, where drinks are measured from Levels 0 – 4, and foods are measured from Levels 3 – 7.

Complete IDDSI Framework Detailed definitions 2.0 | 2019



All care settings will be expected to adopt the IDDSI definitions for texture modified meals. All commercial companies that produce textured modified ready meals will also use these definitions.

For all the information on IDDSI and how to implement it in practice go to:

British Dietetic Association: www.bda.com for training materials, implementation strategy, frequently asked questions

The IDDSI website: www.iddsi.org/framework/ for IDDSI framework, resources, open access articles

Royal College of Speech & Language Therapists: <https://www.rcslt.org/speech-and-language-therapy/clinical-information/dysphagia#section-4>

RCSLT and IDDSI webinar: making IDDSI work for you:

<https://www.rcslt.org/webinars/rcslt-and-iddsi-webinar-making-iddsi-work-for-you>

Your local health board may also have additional resources to help you.

Additional tips

As care providers, it can be difficult to make textured modified meals varied and appetising to entice residents to eat when, they may be suffering from swallowing problems, have a sore mouth or have poor dentition. The following tips might help to keep meals interesting, where appropriate to the texture.

- Add syrups and sauces to ice cream.
- Add spices such as nutmeg and cinnamon to stewed fruits.
- Trial different flavours in cheesecakes such as lemon and lime or toffee apple.
- Use a range of sauce with fish; cheese, parsley and white sauce.
- Drizzle cream on soup and garnish with herbs.
- Add red or green pesto sauces to pasta and sprinkle with cheese.

* IDDSI – International Dysphagia Diet Standardisation Initiative

It is always preferable to use scoops, piping or moulds when preparing pureed (Level 4) foods and serving individual items on a plate to make up a meal, this way it is more recognisable, attractive and tempting for a resident who may already have a poor appetite.

Note: ensure all sauces are appropriately thickened to the correct IDDSI level if the resident needs thickened fluids

References

1. World Gastroenterology Global guidelines (World Gastroenterology Organisation, 2014)

Available from:

<https://www.worldgastroenterology.org/guidelines/global-guidelines/dysphagia/dysphagia-english>

2. O'Loughlin G, Shanley C. (1998) Swallowing problems in the nursing home: a novel training response. *Dysphagia*; 13, 172-183