

# FOOD & NUTRITION

in Care Homes for Older People

## Section 1

Why eating and drinking well matters

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# Section 1

## Why eating and drinking well matters

An introduction to the guidance

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

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# Aims of the best practice guidance for care homes

This guidance has been put together with input from care home providers, health care professionals, partner agencies and Care Inspectorate Wales, and is also based on the earlier work from Torfaen Local Authority and Aneurin Bevan Health Board<sup>1</sup>. Its aim is to provide the following help to care home settings, residents, relatives and carers.

## For care homes it will help you to:

- Demonstrate how your ethos for food and drink provision contributes to meeting the overall requirements for care and support.
- Provide the right balance of nutritious food and drink in the correct portions and textures to meet the dietary recommendations of older people in your care.
- Encourage residents to eat and drink well and have positive health and well-being outcomes.
- Aim for best practice in this area.
- Ensure food hygiene and safety regulations are followed.
- Promote your care home as an environment that prioritises the food and drink needs of your residents.

## For residents it will help to:

- Ensure they get the right amount of energy and nutrition to maintain and/or improve health and well-being.
- Ensure they are able to eat their food whilst retaining their dignity.
- Ensure they enjoy their food and have a variety of choices and texture to suit their needs.
- Prevent malnutrition and associated risks.
- Support them to drink regularly and keep hydrated.
- Involve them in supported decision making.

## For relatives and carers it will help to:

- Make them feel confident that their relative is receiving good nutrition in a dignified and caring way.
- Inform about the care homes approach to food and drink.
- Involve them in supported decision making, when acting on behalf of their relative.
- Engage them in the ethos of the home and its approach to meal times, helping their relative to eat where appropriate.

## Where relevant it will also:

- Support other national policy initiatives and programmes that impact on older people in care home settings e.g. Care Home Cymru, Gwên am byth, (oral health assessment programme), prevention and management of urinary tract infections initiative.
- Inform the nutrition and hydration components of the new Level 2 and 3 health and social care qualifications, so that newly qualified practitioners will be aware and have knowledge of food provision and nutrition needs of older people in their care.
- Be embedded in the all Wales 'Nutrition skills for life' community training programme which care home settings have access to as well as other training provided by local health board dietitians.
- Inform the trainers of health and social care practitioners e.g. continuing professional development sessions for staff and student training.

## Who is it for?

### All regulated providers of care home services for older people.

It is also encouraged as best practice for other providers of care where relevant.

<sup>1</sup> Menus Count in Care was a web based resource produced in 2016 for care homes to help plan menus and provide recipes. The information has now been updated and included in this web based guidance.

# Key role of care home settings in providing quality food and positive dining experiences to support residents health and well-being

Older people in care homes will have a range of dietary needs. Residents who are well and have a good appetite can enjoy a balanced healthy diet. Many care homes will have residents who are more likely to have support needs and/or health conditions that impact on their food and drink intake. This makes it more important to ensure that food and drink provided is enjoyable, nutritious and accessible, in order to maintain their health and wellbeing.

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

Provision of a nutritious balanced diet and regular drinks is essential to:

- prevent malnutrition
- maintain a healthy weight
- keep hydrated
- encourage interest and enjoyment of food.

Regular nutritious meals, snacks and drinks also form a structure to the day and provide opportunities for social interaction.

All staff in a care home contribute to the overall wellbeing of residents and all have an equally important role to play to ensure that their residents have positive food experiences.

This comprehensive guidance has been developed to support care home staff in Wales to understand and meet the nutrition and hydration needs of all their residents by:

- providing food and drink to meet the range of residents' requirements, specifically in relation to the increased risk of malnutrition in their more vulnerable population
- supporting individuals to enjoy their food, eat and drink amounts that maintain their health and well-being.

The challenges are to ensure that meals, snacks and drinks provided meet dietary recommendations for this vulnerable group and are eaten and enjoyed by all residents.

The recommended food standards and best practice guidance will support the care home sector in raising the nutritional quality of the food they serve, and to meet the range of resident's needs.

This will also help care homes to demonstrate to Care Inspectorate Wales and Local Authorities how they are meeting their obligations and responsibilities consistent with the statutory guidance (see Appendix 1). It will also help to have a more objective assessment of the quality of the food provided, so that best practice can be highlighted.



## Diet and the health of older people

As we get older it is important to continue to eat well. Changes in our bodies mean that we may need less energy (calories) but we still require the same amounts of protein and important vitamins and minerals to maintain our health and well-being – we call this a nutrient dense diet. Good nutrition and regular physical activity play a protective role in a number of conditions that are more common as we get older e.g. cardiovascular disease and cognitive decline (brain function). They also help to protect oral health, bone and joint health in later life.

Also, as we get older other factors can affect our food and drink intake and make us more at risk of not getting all the nutrients we need, such as general ill health, drug interactions, being less mobile, having less income, social isolation, being depressed, suffering bereavement and poor dentition. Our general appetite may be less and we will need smaller portions of food, see Table 1. Some older people in the UK, especially those living in care homes, have been found to have low intakes and low blood levels of a range of important nutrients.

**Table 1 – Table showing how changes associated with normal aging, increase nutritional risk for older adults**

	Health and physical changes that may happen	Impact on diet and nutrition
<b>Well older person</b>	<p>May be less active</p> <p>May be overweight</p>	<p>Nutritional requirements of well older people are similar to the general population –</p> <p>A balanced healthy diet based on the Eatwell guide</p>
<b>Ageing process</b>	<p>Reduced mobility and dexterity</p> <p>Sensory changes e.g in taste, smell, hearing, vision</p> <p>Changes in: eyesight, oral health, digestive functions, cognitive functions</p> <p>Chronic disease</p> <p>Medical condition may increase requirement for certain nutrients</p>	<p>Energy requirements will be less but protein, vitamins and mineral requirements are the same</p> <p>A poor intake overall can result in weight loss and poor nutritional status</p> <p>Special therapeutic diets may be required for medical conditions</p> <p>May need adapted utensils and/or support to eat and drink</p>
<b>Older person with higher support needs and/or medical conditions</b>	<p>Particular risk of dehydration</p> <p>Further impact of factors that increase risk of malnutrition such as:</p> <p>illness, disability, social isolation, major life events, loss of independence, change in physical health, weight changes, housing conditions</p> <p>Potential side effect of medications e.g dry mouth</p>	<p>Ensuring adequate hydration is essential</p> <p>A balanced, nutrient dense diet is required</p> <p>If at risk:</p> <ul style="list-style-type: none"> <li>• food first principles and food fortification</li> <li>• may require texture modification or special therapeutic diet</li> <li>• more likely to need adapted utensils and/or support to eat and drink, additional oral health care</li> </ul>

## Key dietary problems in older people:

- Malnutrition is more prevalent in older people particularly those living in care settings.
- Overweight and obesity are prevalent in well older people but this decreases in further old age.
- Low intakes of protein, vitamin D, and iron which impact on overall health.
- Constipation is common as food intake reduces, activity decreased and can be made worse by dehydration.

The health impact of these are detailed in section 2.

## Malnutrition

In the UK prevalence of under nutrition is widespread for people being admitted to hospitals and care homes. Results from a national survey in 2011 estimated an overall prevalence of 41% in care homes, with a range of 30-40% on admission, with a tendency to increase with age<sup>1</sup>.

Initial assessment of a resident's dietary needs, food and drink intake is therefore very important to find out any current problems. Prevalence of malnutrition is often greater in nursing homes than residential homes, as people may have had a longer period of ill health and conditions that impact on food and drink intakes. However, many older people with dementia living in care homes will not require nursing care but may have difficulties with eating and drinking.

## Healthy weight

Maintaining a healthy weight is important as we get older and recent surveys show that across Wales we have large numbers of people over the age of 65 who are overweight or obese. Obesity increases the risk of disease such as coronary heart disease, type 2 diabetes, high blood pressure, osteoarthritis, joint pain and obesity related cancers.

Obesity does decrease with increasing age and the percentage of older people in care homes who are overweight or obese is likely to be much less than the average population. However, the incidence of diabetes is likely to be greater than the general population.

**Table 2 – Current rates of overweight and obesity in older people in Wales**

National Survey for Wales 2018-2019 <sup>2</sup>	General population 55-64 years	General population 65-74 years	General population Over 75 years
<b>Overweight and obesity</b>	67%	64%	51%
<b>Obese</b>	31%	25%	13%

**Table 3 – What are the problems of being underweight or overweight?**

Underweight	Overweight
<p><b>Increased risk of:</b></p> <ul style="list-style-type: none"> <li>• illness and infection</li> <li>• slower wound healing</li> <li>• falls</li> <li>• lower mood</li> </ul> <p><b>Reduced:</b></p> <ul style="list-style-type: none"> <li>• energy levels</li> <li>• independence and ability to carry out daily activities</li> <li>• muscle strength</li> <li>• quality of life</li> </ul>	<p><b>Increased risk of:</b></p> <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Type 2 Diabetes</li> <li>• Coronary heart disease and stroke</li> <li>• Osteoarthritis</li> <li>• Some Cancers</li> <li>• Sleep apnoea and breathing problems</li> <li>• Mental health problems</li> <li>• Reduced physical functioning</li> </ul>

People in your care may choose to eat an unbalanced diet and therefore their rights need to be respected. There should always be a risk assessment and management process, if there is a potential impact on their health.

**Oral health and dietary intake are also closely linked** – having poor oral health, tooth decay, and gum disease can reduce food intake and enjoyment of food and have a big impact on quality of life. Ill fitting dentures are also a key cause of discomfort and they may also indicate previous weight loss, which should be identified when first assessing a resident’s needs.

Studies in Wales have shown that poor oral health can be a particular problem for older people living in care homes. The Gwên am Byth programme aims to support care homes to deliver high quality oral health care, see Section 2.

### Important nutrients

**Energy** – although energy requirements may be less, the quality of the diet needs to be the same. However, some residents may have increased energy requirements, for example if they have chronic obstructive pulmonary disease (COPD) or Parkinson’s disease. Residents with dementia may have lower energy requirements if less mobile with low motivation, or they may be increased in the case of hyperactivity, restlessness and being more active.

**Protein** intakes are important to preserve muscle mass and help to prevent sarcopenia as well as having a crucial role in wound healing and maintenance of pressure areas.

**Dietary Fibre** is important to help prevent constipation, which is more common in older people, and is a valuable source of nutrients.

**Vitamin D** – There are specific recommendations for vitamin D for older people. Vitamin D is synthesized in the skin via the action of sunlight. It is essential for bone health and believed to improve muscle strength. Older people typically go out doors less than younger age groups and their skin is less efficient at producing vitamin D from sunlight. It is therefore 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).

**Iron** – Poor food intakes of iron can lead to iron deficiencies in older people, causing tiredness and dizziness and can result in anaemia.

### Hydration

Older people are particularly at risk of dehydration because of the effects of ageing, they may also be less able to sense thirst, or communicate that they are thirsty. Advancing age and other illnesses may also impact.

Low intake dehydration is a deficiency of water due to insufficient drinking and is a particular risk for care home residents. One study found that 20% of older people living in UK care homes were dehydrated<sup>3</sup>.

**Fluids** are particularly important to:

- stay hydrated
- reduce the risk of constipation, falls, urinary tract infections and renal stones
- to help regulate body temperature.

**Further information on important nutrients and food can be found in Section 2 and Hydration in Section 3.**

### Impact on provision of food and drink and nutrition support in care homes

Care homes are much more likely to have residents who are at risk of being underweight and malnourished, but may also have some residents who are overweight or obese, which can impact on their mobility and care and their dietary requirements will differ.

The important message here is to ensure that there is not a blanket approach to food provision. For example, all residents should not receive fortified puddings. Similarly all residents should not receive lower fat milk. Individual requirements, preferences and needs must be taken into account. These aspects are all explained in the practical food guidance.

### Provision of food and drink that meets resident's individual needs is essential

In order for 'healthy diet provision' to meet the range of requirements, a variety of food provision options will be needed e.g. a healthy balanced diet, smaller more nutrient dense meals and snacks, fortified food and nourishing drinks may all need to be offered.

There also needs to be a flexible, adaptable approach to meet the needs of residents who have dementia and those who need a therapeutic diet or a modified texture diet.

### What does the best practice food and nutrition guidance for care homes contain?

Best practice guidance		Menus and recipes
<b>Section 1</b>	Why eating and drinking well matters	Example menu plans
<b>Section 2</b>	Food standards, guidelines and menu planning	
<b>Section 2A</b>	Eating and drinking well using Food First approaches	Recipes for standard, fortified and 'finger food' menus
<b>Section 2B</b>	Eating and drinking well with mental health conditions	
<b>Section 2C</b>	Eating and drinking well using textured modified diets and IDDSI*	
<b>Section 3</b>	Drinking and the importance of hydration for residents in care homes	Recipes for texture modification or link to resources
<b>Section 4</b>	Encouraging residents to eat well	
<b>Section 5</b>	Food Hygiene and Safety	
<b>Section 6</b>	Assessing and monitoring dietary needs	
<b>Section 7</b>	Putting the guidance into practice	

\*IDDSI – International Dysphagia Diet Standardisation Initiative



## A note about Section 2

**Section 2** provides a complete guide to providing a nutritious balanced diet to meet the range of needs of residents in your care. It describes food standards based on nutrient requirements for the food groups and demonstrates how meal standards can help you plan your menus.

The remaining sections provide a comprehensive guide to achieving quality nutrition and hydration care for all your residents, to maximise enjoyment of food and quality of life.

The menus and recipes can be used to add to your current menu planning or to review and improve your current food provision:

- To enable current dietary recommendations to be met and promote appropriate amounts and types of food for older people living in care homes.
- To ensure that individuals are provided with care and support which enables them to achieve the best possible outcomes and are supported to maintain a healthy diet and fluid intake.

**Links to statutory guidance on meeting service standard regulations made under the Regulation and Inspection of Social Care (Wales) Act 2016 can be found in Appendix 1**

The statutory guidance includes the requirement to ensure that people are provided with care and support which enables them to achieve the best possible outcomes. The guidance specifically sets out how providers may comply in respect of supporting individuals to maintain a healthy diet and fluid intake.

Table 4 outlines how this food and nutrition best practice guidance can support you in relation to the statutory guidance and provides examples of how you can demonstrate that you are providing a high quality service and meeting the care and support needs of your residents.

**Table 4 – Statutory guidance for service providers and responsible individuals on meeting the regulations for care home services**

Statutory guidance		
<p><b>1.5 Requirements on service providers as to the standard of care and support to be provided</b></p> <p><b>Example</b> Individuals are supported to maintain a healthy diet and fluid intake:</p>	<p><b>How the food standards and best practice guidance support care homes to meet this:</b></p>	<p><b>Examples of how care homes could demonstrate excellent quality in food and drink provision and nutritional care of residents</b></p>
<p><b>Where food and/or drink is provided for individuals, there is a choice which meets their needs and preferences as far as is reasonably practical</b></p>	<p>Example menus, recipes and menu planning based on food and nutrient standards, to meet a range of needs</p>	<p>Cyclical menu available with range of choices to meet food standards and individual resident's needs</p> <p>This should include therapeutic diets, texture modified diets, and attention to individual preferences</p>

<sup>2</sup> <https://gov.wales/sites/default/files/publications/2019-04/guidance-for-providers-and-responsible-individuals.pdf>

Statutory guidance		
<b>Healthy choices of food are available and are promoted</b>	<p>Defines what ‘healthy’ means in respect of the different needs of older people e.g.</p> <p>For a well older person – a balanced healthy diet</p> <p>For an older person with higher support needs and risk of malnutrition – a meal plan including more concentrated sources of energy and protein, more frequent smaller meals and potentially modified texture</p>	<p>Healthier choices for well older residents</p> <p>Hot and cold drinks available at all times</p> <p>‘Food First’ approach:</p> <p>Nutritious snacks, and drinks and smaller meals made available</p> <p>A range of texture modified diets to meet IDDSI and individual resident needs</p> <p>Use of food fortification and reduced reliance on nutritional supplements</p>
<b>Mealtimes are a positive experience and, where required, individuals are supported sensitively to eat and drink</b>	<p>Section 4 on care and support includes focus on the dining environment, assisting with eating and drinking, care and dignity</p> <p>Additional guidance on specific needs of residents with Dementia and those requiring texture modification</p>	<p>Observation of:</p> <ul style="list-style-type: none"> <li>• pleasant dining environments</li> <li>• positive engagement with residents (including language used)</li> <li>• dignified assistance with eating and drinking</li> <li>• involvement of families where appropriate</li> </ul>
<b>Where assessments are undertaken this includes the identification, using nationally recognised tools and evidence based guidance, of where an individual’s nutritional or fluid intake could be compromised</b>	<p>Section on screening and assessment and link to a screening tool for use in care homes</p>	<p>Residents food and nutrition needs are assessed using the appropriate tools</p> <p>Care plans are developed and implemented to meet resident’s needs</p>
<b>Where individuals are identified as being at risk of weight loss or dehydration there is effective monitoring of weight, nutritional and fluid intake, and remedial action is taken when concerns arise or persist</b>	<p>‘Food First’ approach and recipes for fortified foods</p> <p>Examples for effective hydration</p> <p>Links to resources and training to support monitoring</p>	<p>Care is monitored and evaluated and changes implemented as required</p>
<b>Where necessary, additional specialist advice is sought to support care. Prescribed treatments and support, including specialist diets and food and drink preparation, is adhered to</b>	<p>Specific advice on special diets in guidance and where to get help</p>	<p>Care home have contact with relevant health professionals and know how to access further support</p>

\*(Part 7, Regulation 21, The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 (as amended).

## References

1. Nutrition Screening Survey in the UK and the republic of Ireland (BAPEN, 2011) Hospitals, Care Homes and Mental Health Units  
[https://www.bapen.org.uk/pdfs/nsw/nsw\\_report2008-09.pdf](https://www.bapen.org.uk/pdfs/nsw/nsw_report2008-09.pdf)
2. National Survey for Wales (2018) Statistics for Wales  
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3. Hooper L, Bunn DK, Downing A, et al. Which Frail Older People Are Dehydrated? The UK DRIE Study. *J Gerontol A Biol Sci Med Sci*. 2016;71(10):1341–1347. doi:10.1093/gerona/glv205

# Appendix 1

## Regulation and Inspection of Social Care (Wales) Act 2016

The Regulation and Inspection of Social Care (Wales) Act 2016 ('The 2016 Act') provides the statutory framework for the regulation and inspection of social care in Wales. It aims to continuously improve the quality of care and support in Wales with an emphasis on:

- **Improving well-being** by assessing the impact of services on people's lives.
- **Giving a stronger voice** to people who use services.
- **Strengthening protection** through regulatory powers and greater transparency and comparability across services in Wales.
- **Increasing accountability** of service providers by ensuring a clear alignment between leadership, culture and well-being.

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 as amended were made under the 2016 Act. They place requirements on providers and responsible individuals of regulated social care services, including care home services.

Statutory guidance accompanying these regulations sets out how providers of regulated services (including care home services) may comply with requirements imposed by regulations made under the 2016 Act.

Available at:

<https://gov.wales/sites/default/files/publications/2019-04/guidance-for-providers-and-responsible-individuals.pdf>

### Requirements on service providers as to the standard of care and support to be provided (Part 7, Regulations 21–25)

The intent of Part 7 of the Regulations is to ensure that individuals are provided with care and support which enables them to achieve the best possible outcomes. The service is designed in consultation with the individual and considers their personal wishes, aspirations and outcomes and any risks and specialist needs which inform their care and support. This includes:

- provision of staff with the knowledge, skills and competency to meet individual's well-being needs
- ensuring staff have the appropriate language and communication skills
- planning and deploying staff to provide continuity of care
- consultation with and seeking support from relevant agencies and specialists where required.

Part 7, Regulation 21 sets out the overarching care and support requirements including provision of care and support which protects, promotes and maintains resident's safety and well-being and enables them to achieve the best possible outcomes. The full regulation is set out below:

#### 21

- (1) The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.
- (2) The service provider must ensure that care and support is provided to each individual in accordance with the individual's personal plan.
- (3) The service provider must ensure that care and support is provided in way which —
  - (a) maintains good personal and professional relationships with individuals and staff; and
  - (b) encourages and assists staff to maintain good personal and professional relationships with individuals.
- (4) If, as a result of a change in the individual's assessed needs the service provider is no longer able to meet those needs, even after making any reasonable adjustments, the provider must immediately give written notification of this to the individual, any representative, the service commissioner and the placing authority.