2014

Nutritional guidelines and menu checklist

for residential and nursing homes

Contents

Foreword

In common with other parts of the United Kingdom (UK) and many other western societies, the number of people living to an older age in Northern Ireland is increasing. There are now 266,000 people aged over 65 years living in Northern Ireland (15% of the population). This presents significant opportunities and challenges to ensure the public health goal for a long and healthy life is realised.

As people age, their requirements change, but a good diet and keeping active can help prevent potential health problems and play a key part in ageing well.

Although most older people live independently in their own homes, some require additional support and a few will need nursing or residential care. Meals and snacks are an important part of anyone's day, but this is particularly true in residential/nursing care environments, where they create a familiar structure to the day and provide an opportunity for social interaction as well as nutritious, enjoyable food. Equally, some residents will have specific health and nutritional needs. This guidance has been developed to help staff understand and meet the nutritional needs of all residents in their care.

The Regulation and Quality Improvement Authority (RQIA) promotes the empowerment of, and positive engagement with, residents in all aspects of their care and in operation of the home. Minimum standards and the RQIA inspection process are designed to ensure residents receive a varied diet that meets their nutritional needs in appropriate surroundings. This resource ensures registered managers and care providers have access to guidelines that help them achieve those aims. It also provides practical nutrition advice and menu guidance.

There is a familiar adage 'you are what you eat' and it is important that the nutritional and dietary needs of people in the care sector are met. Good food is an important aspect of delivering high quality care, optimising health and preventing malnutrition. We commend these guidelines to all nursing and residential homes with an expectation that they will contribute to healthier, happier and fulfilled residents.

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Introduction

A healthy diet is one based on a variety of foods eaten in the correct proportions to provide the correct amount of energy (calories) and nutrients (protein, fats, carbohydrates, fibre, vitamins and minerals). This will ensure there is adequate nutrition every day to maintain body processes and protect from ill health.

Food is not only necessary for life, but is also a source of great pleasure, with important social, cultural and religious functions.[1]

It is acknowledged that within the care sector some residents will have specific health needs that may impact on their nutrition.

Aims of the guidelines

- To encourage and support the provision of a balanced diet to individuals in residential and nursing homes in Northern Ireland.
- To provide additional information on older adults' dietary needs and related nutrition disorders.
- To highlight the importance of identifying and addressing malnutrition.
- To provide practical guidance and tools for menu planning and modifying food and drinks.

Considerations

- Care home populations have changed over recent years, which has seen an increase in complex nutritional needs and younger residents, who may have more diverse nutritional requirements.
- Care homes need to ensure they are meeting individual nutritional requirements, which can vary among residents.
- Following the introduction of mandatory nutritional screening, more than a third (37%) of residents recently admitted and screened in care homes were malnourished, with nearly a quarter classed as high risk (23%). The prevalence of malnutrition was greater in nursing homes than in residential homes. As a result, there has been an increase in referrals to nutrition and dietetic services.[2]

The eatwell plate

- To understand the needs of care home residents, it is important to first understand the principle of healthy eating.

- Eating the right food to keep healthy and well is important throughout life, especially as we get older. It is also important to eat a good variety of foods as well as the right proportions. The eatwell plate gives more details about achieving a healthy balance.

- We should aim to eat a variety of foods from the five food groups in the proportions shown on the eatwell plate. This will provide the wide range of nutrients the body needs to remain healthy and function properly. It is not essential to achieve the balance shown at every meal. It can also be achieved over a longer period, eg a few days.

- The eatwell plate is an illustration that helps us understand healthy eating. It applies to children aged over five years, adolescents and adults, including older people in good health.

- The eatwell plate is not appropriate for babies, children aged under five years, frail older people, or people who are ill, as they may have more specific dietary requirements.

- The eatwell plate is to be used along with the **General menu checklist** (Appendix 1) as the basis for meal planning and menu choice.

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.

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

The food groups

The four main food groups are:

- **Bread, rice, potatoes, pasta and other starchy foods**
- **Fruit and vegetables**
- **Milk and dairy foods**
- **Meat, fish, eggs, beans and other non-dairy sources of protein**

The fifth food group is:

- **Foods and drinks high in fat and/or sugar**

Foods and drinks from this food group add extra choice and enjoyment, but should not be eaten in large amounts. These foods are included in the overall balance of the diet. Healthy eating is not about giving up all the foods that are enjoyed, but about getting the right choice and balance of foods to meet requirements for nutrients and energy. Snacks, as well as meals, count towards this healthy balance.

The following table gives guidance on each of the food groups.

Food group	What's included	Important for	How much to choose
Bread, rice, potatoes, pasta and other starchy foods	• All breads, eg wholemeal, white, wheaten, soda, pitta, tortillas, chapattis, bagels, potato bread etc • Rice • Potatoes • Pasta and noodles • Breakfast cereals and porridge oats • Couscous, pearl barley	• Energy • B vitamins • Fibre • Some calcium Some breakfast cereals are fortified with vitamins and minerals including iron. Where possible, choose wholegrain varieties.	At least one food from this group should be served at each meal. As a guide, include six or more servings daily. The number of portions of foods from this group will vary according to age, physical activity and appetite. See appendix 2 for guidance on portion sizes.

Food group	What's included	Important for	How much to choose
Fruit and vegetables	• All fruit, including fresh, frozen, canned and dried fruits, fruit juices and smoothies • All vegetables, including fresh, frozen, canned and dried vegetables Products like tomato ketchup, fruit yogurt and jam are not included because they contain very little fruit or vegetables.	• Fibre • Carotenes (vitamin A) • Folate (vitamin B) • Vitamin C • Vitamin E • Iron from green leafy vegetables.	Five or more servings per day. Fruit juices only count as one a day regardless of how many you drink. Add extra fruit and vegetables into normal everyday meals, eg salad in sandwiches, extra vegetables or pulses in stew or soup, extra fruit added to crumble, banana or dried fruit on cereal. A serving is 80g (3oz), therefore aim for a total of 400g of fruit and vegetables per day. See appendix 2 for guidance on portion sizes.

Food group	What's included	Important for	How much to choose
Milk and dairy foods	• Milk • Cheese • Yogurt • Fromage frais • Buttermilk • Cottage cheese • Cream cheese This group does not include butter, eggs and cream. Soya products that are fortified with calcium make a useful alternative to milk and dairy foods for those who are lactose intolerant or vegan.	• Calcium • Protein • Vitamin B_{12}	Eat or drink three servings per day. A serving is: • 200ml ($^1/_3$ pint) milk • 30g (1oz) cheese • 150g (1 medium pot) of yogurt • 200g (1 large pot / half a can) of custard, rice pudding, semolina, tapioca etc. See appendix 2 for guidance on portion sizes.

Food group	What's included	Important for	How much to choose
Meat, fish, eggs, beans and other non-dairy sources of protein	• Meat, eg pork, beef, lamb etc. • Poultry, eg chicken, turkey etc. • Fish, eg white, smoked, oily, canned, fresh, frozen etc. • Eggs • Pulses, eg beans, lentils • Nuts and seeds • TVP, soy protein such as tofu • Quorn™	• Protein • Iron • B vitamins, especially vitamin B_{12} • Zinc • Omega fatty acids from oily fish • Essential fatty acids from seeds and nuts	Eat two servings per day. See appendix 2 for guidance on portion sizes.

Food group	What's included	Important for	How much to choose
Foods and drinks high in fat and/or sugar	• Cooking oil, butter, margarine, low-fat spread • Mayonnaise, salad cream and oily salad dressings • Creamy sauces, gravies • Cream • Chocolate, sweets, ice lollies • Crisps • Biscuits, cakes, pastries • Puddings, jelly, ice cream • Sugar, glucose, jam, honey, marmalade, lemon curd, syrup, treacle • Sugary fizzy drinks and squashes	• Energy (calories) • Vitamin A • Vitamin D • Essential fatty acids from certain oils	Cooking fats, oils and spreading fats should be used sparingly. Choose those high in unsaturated fat. Foods such as chocolate, crisps, cakes, rich sauces etc can be included in small amounts. Foods and drinks that are high in sugar can lead to tooth decay, especially if they are taken too often between meals, therefore they should be limited to mealtimes where possible.

Nutritional issues for older adults

Residents should be encouraged to eat three meals a day – breakfast, lunch and evening meal – and two or three snacks between meals. It is important to include a wide variety of foods in the diet to ensure the requirements for energy and other nutrients are met.

In addition to using the eatwell plate and the general menu checklist (appendix 1) as a basis for meal planning and menu choice, the following should be considered:

Energy

- Activity levels generally tend to decrease with age, therefore an older person may require less energy. Their requirements for other nutrients will not have decreased, however, and may even have increased. Therefore, their diet needs to be high in quality rather than quantity.

- However, there can be increased energy requirements in some patients with, for example, chronic obstructive pulmonary disease (COPD), Parkinson's disease, dementia etc.

- Obesity increases the risk of diseases such as coronary heart disease, type 2 diabetes, high blood pressure, osteoarthritis, joint pain and obesity-related cancers, as well as pressure areas. If activity levels are low, it is important to reduce portion sizes and cut down on foods and drinks high in fat and/or sugar to avoid gaining excess weight.

- Adequate protein intake is important for preserving muscle mass. See the eatwell plate section on meat, fish, eggs, beans and other non-dairy sources of protein for recommendations.

- Where appropriate, residents should be encouraged to increase their level of physical activity in line with current recommendations (see physical activity section on page 31).

Fibre

- Constipation is a common problem for older people due to:

  — reduced intake of foods that are rich in fibre, eg wholemeal and wholegrain bread and cereals;
  — reduced fluid intake;
  — decreased physical activity;
  — decreased physiological function, eg reduction in peristalsis of the bowel;
  — certain medications.

- Residents should be encouraged to eat more foods that are naturally rich in fibre, eg fruit, vegetables, wholegrain breads and high fibre breakfast cereals. It is important to increase dietary fibre slowly, as bowel discomfort, flatulence and distension may occur if fibre is taken in large quantities initially.

- Fluid intake should be increased with fibre intake.

- Wholegrain foods also have a protective effect against heart disease, type 2 diabetes and some cancers.

- Baker's bran is not recommended in the diet as it contains phytates, which can bind with minerals such as calcium, zinc, iron and copper, and prevent them from being absorbed by the body. High fibre breakfast cereals such as All Bran, Bran Flakes, Weetabix etc. will not affect absorption and are suitable to encourage.

Fluids

- Adequate fluid intake is important to:
  - help keep the body hydrated;
  - reduce the risk of constipation, falls, urinary tract infections and renal stones;
  - help regulate body temperature.

- Dehydration can result in mental confusion, headaches and irritability.

- The Department of Health (England) recommends that people should drink approximately 1200ml of fluids per day to prevent dehydration. This amounts to six 200ml or eight 150ml glasses, cups or mugs of fluid each day. The total amount of water lost each day that needs replaced is greater than this, but some fluids may come from food eaten and from chemical reactions in the body. The rest needs to be taken from drinks. For further information visit: www.nhs.uk/Livewell/Goodfood/Pages/water-drinks.aspx

- Fluid requirements can increase due to:
  - warmer weather;
  - added physical activity;
  - vomiting and/or diarrhea;
  - pyrexia (high temperature);
  - large stoma output;
  - wound exudate.

- Signs of dehydration include:
  - feeling thirsty;
  - dark coloured, strong smelling urine;
  - reduced urine output compared to normal.

Note: Fluid intake may need to be restricted in some patients with, for example, heart failure, renal disease or liver disease. This could be discussed with the patient's GP or consultant.

For individuals with dysphagia and swallowing problems, the speech and language therapist (SLT) may have recommended modifying fluid consistencies. Please ensure adherence to these guidelines and provide extra encouragement to drink.

- All non-alcoholic drinks count towards daily fluid intake, including tea, coffee, soup and liquids at room temperature, eg ice cream and jelly. However, water, milk and unsweetened fruit juices are the healthiest choices. Unsweetened fruit juices are good sources of vitamin C but are better if taken at meal times as they are high in natural sugars and can therefore contribute to tooth decay. Tea and coffee have a mild diuretic effect (this means they cause increased passing of urine) so ideally should not be the only source of fluids, but can still be drunk in moderation.

- Some older people have a decreased sense of thirst and can go without fluids for a long time. Others are concerned about needing to use the toilet more often, so consciously drink less. Getting enough fluids is essential, so if people are concerned about needing to use the toilet during the night, they can be encouraged to drink the majority of fluids earlier in the day, as long as it does not affect their food intake.

Iron

- Iron is essential for health as it helps carry oxygen around in the blood. A lack of iron in the diet can result in iron deficiency anaemia. Symptoms include pale skin, tiredness and dizziness.

- The best sources of iron are animal sources such as red meat – eg beef, pork and lamb – liver, kidney and some canned fish.

- Other good sources are green leafy vegetables, pulses, beans, nuts, wholemeal bread and fortified breakfast cereals.

- Iron from plant sources is not absorbed by the body as well as iron from animal sources. However, eating foods rich in vitamin C along with iron-containing plant foods improves the absorption. Sources of vitamin C include citrus fruits such as oranges, lemons and grapefruit (and their juices), pineapples, kiwis, peppers, potatoes and tomatoes. An example of this is drinking unsweetened fruit juice such as orange, cranberry

or grapefruit juice (unless contraindicated) with a breakfast cereal fortified with iron.

Zinc

- Zinc is an important mineral for healing wounds (and the reason why zinc cream or ointment is applied to cuts and sores).
- A balanced diet should provide enough zinc to remove the need for a supplement.
- Good food sources of zinc include green vegetables, cereals, dairy foods, beef and pork.

Calcium

- Osteoporosis or brittle bone disease is a major problem affecting older people, especially women. It occurs when bone mass is reduced, which increases the risk of fracture.
- Adequate calcium intake and regular weight-bearing activity such as walking, dancing or climbing stairs throughout life can help maintain bone density and prevent the development of osteoporosis.
- Milk and other dairy products are the best sources of calcium and three portions should be taken daily.
- In the absence of osteoporosis, a calcium supplement should not be required if adequate calcium and vitamin D are taken, as they work together to optimise bone health.
- People suffering from osteoporosis, osteoarthritis or both may be prescribed calcium and vitamin D supplements, but should be encouraged to take them and still aim for three portions of calcium-rich food per day.

Vitamin D

- The best source of vitamin D is sunlight. It is important that older people are encouraged to spend time outside, especially during the months of May to September. Skin should not be exposed to bright sunshine for more than 20 minutes without protection, as it increases the risk of skin damage.
- Good sources of vitamin D include oily fish such as mackerel, pilchards or salmon, margarines and spreads fortified with vitamin D, whole milk (full fat), butter and eggs.
- All UK health departments recommend that people aged 65 years and over, and people who are not exposed to adequate sun, should take a daily supplement containing 10 micrograms of vitamin D.

Omega-3 fatty acids

- Omega-3 fatty acids have been proven to reduce blood clot formation and therefore help prevent the onset of coronary heart disease or stroke.
- It is recommended to eat two portions of fish per week, one of which should be oily. Mackerel, salmon, pilchards and herring are especially good sources of omega-3 oils and can be eaten either tinned or fresh. People who don't like fish can take a fish liver oil supplement.
- It is better to choose the fish rather than fish liver oil supplements.
- A resident's GP should be informed of any over-the-counter supplements being taken.

Other fats

- Residents should be encouraged to use polyunsaturated fats such as sunflower or corn oil, and monounsaturated fats such as rapeseed and olive oil, rather than butter, lard and suet, as these contain more saturated fat, which may increase the risk of heart disease.
- All fats should be used in moderation.

Alcohol

- Although many people enjoy alcohol socially, it is important to remember that alcohol in large quantities can be a significant source of calories (which may result in weight gain).
- Alcohol can also impair judgement, which can increase the risk of falls.
- Many older people also take prescription or over-the-counter medication and should be advised to check if this will be affected by drinking alcohol.
- Women are advised to have no more than two or three units of alcohol per day, and no more than 14 units over a week.
- Men are advised to have no more than three or four units of alcohol per day, and no more than 21 units over a week.
- A unit is approximately:
  - ½ a pint (approximately 284ml) of standard beer, lager or cider;
  - 25ml measure of spirit;
  - 80ml wine (12%).
- People should drink within or below these limits due to the increased risk of health problems, as well as the increased risk of falls.

Salt

- Too much salt can cause high blood pressure (hypertension), which increases the risk of stroke and heart disease.
- It is therefore important to limit the intake of salt.
- At least 75% of the salt in our diet is already added to our foods by manufacturers during processing. Foods like bacon, ham, cheese, meat pies, ready-made meals and frozen pizza are all high in salt, so they should only be eaten occasionally.
- The amount of salt added to food during cooking and at the table should also be limited.
- Sea salt and rock salt contain the same amount of sodium as table salt and are therefore of no added benefit.
- Lower salt and sodium substitutes such as LoSalt, Herbamare, Ruthmol, Selora or other reduced salt varieties are also not recommended as these may encourage the desire for salty foods and can be high in other minerals.
- Older people have a reduced sense of taste, therefore it is important to use other flavourings, such as pepper, herbs, mustard, spices or vinegar, to avoid food tasting bland.

Oral health

- Good oral health is essential for enjoying food. Nowadays, an increasing proportion of older people are retaining their natural teeth. When teeth are maintained in a reasonably healthy state, it can make a significant, positive contribution to an older person's general health in terms of oral function, nutrition and quality of life.
- Inadequate oral care resulting in gum disease, tooth decay and tooth loss has a detrimental effect on a person's quality of life. Factors such as increased sugar intake, the use of syrupy medications and oral nutritional supplements can be associated with people living in residential and nursing homes, and can compound these problems. Extra attention should be paid to the oral health of individuals with dysphagia/swallowing problems. The consequences of inadequate oral care are significant and substantial and it is therefore important to give consideration to the oral health of residents when their nutritional needs are being planned.[3]

Summary of main nutritional points for older people

- Older people should eat three regular meals a day:
  - breakfast;
  - lunch;
  - evening meal.

- Many elderly people have smaller appetites and also benefit from two or three nutritious snacks between meals each day.

- Include at least one portion of food from the 'bread, rice, potatoes, pasta and other starchy foods' group at each meal.

- Older people should eat a variety of foods from the 'meat, fish, eggs, beans and other non-dairy sources of protein' group.

- Aim to provide three portions of calcium-rich foods each day, eg yogurt, cheese, milk or milk-based puddings.

- Older people should eat five portions of fruit and vegetables each day.

- Older people should drink a variety of fluids each day, including water, milk, fruit juice, squash, tea/coffee.

Specific dietary advice may be required for those residents with medical conditions, such as dementia, dysphagia, diabetes, excess weight, coeliac disease and malnutrition (see appropriate sections). Palliative care and end of life needs may also need to be considered.

Menu issues for residential and nursing homes

The following are important points to consider when planning menus in residential and nursing homes.

Mealtime and availability of food

- The residential or nursing home should discuss residents' food preferences or any dietary requirements on admission. When a therapeutic diet is required as part of a resident's medical treatment, the advice of a dietitian should be sought as per local policy/access criteria.

- Residents, including those on therapeutic diets, should be involved in menu planning and should be given information on the choice of meals available (see the sections relevant to their dietary needs). In some instances, photographs or pictures may be useful.

- Menus should be clearly written in familiar language, and displayed in a suitable format and location so that residents and their representatives are aware of what is available at each mealtime.

- Three full meals and snacks (and extra servings if appropriate) should be served every day at regular intervals (no more than five hour intervals), of which at least one meal should be a cooked choice.[4]

- The interval between the evening snack and breakfast the following morning should not be more than 12 hours.[4]

- In all cases, the resident's choice of timing must be considered and flexibility must be offered to those residents who choose to have their meals at times other than the standard mealtimes agreed by the care home.

- Bedtime drinks made with milk should be available as a menu choice.

- Menus should be reviewed and changed regularly, and should take into account residents' preferences and seasonal availability of foods. Alternative choices for main meals should be offered in advance if necessary.

- Menu choices should be available to all, including those residents on therapeutic diets.

- Residents should be made aware of the next mealtime choices in sufficient time to allow for an alternative to be prepared if necessary.

- If a resident is unable to eat a normal diet, the reason for this should be identified and a food and fluid record chart should be considered. This should record the actual meals eaten, including portion sizes, so that it can be used to assess adequacy. Appropriate action should be taken to resolve any concerns. See appendices 3-5.

- Care staff should create a protected environment that ensures meals are served and patients are allowed to eat their meals without interruption.

Appearance, aroma, temperature and texture of food

- A variety of cooking methods, colours, flavours and textures should be offered, and food served away from unpleasant smells.
- Caterers should ensure food looks and smells attractive and appealing to the individual resident, including texture-modified meals.
- Caterers should ensure food is served at the correct temperature, even for those residents who eat slowly.
- Portion sizes should be adjusted in line with individual circumstances. They should be increased or decreased depending on a resident's personal and medical requirements.

Cultural and religious requirements

- Staff should ensure food is acceptable and in keeping with the ethnic, cultural and religious requirements of individuals. Additional choices should be available to all religious and cultural groups.
- A vegetarian or vegan diet is often the choice of people who wish to avoid eating meat, fish and other animal products.

Special diets

- Ensure all therapeutic diets – eg high protein/energy, weight reduction, diabetes, gluten free, modified texture such as pureed, soft etc – are given adequate choice and variety.

Assistance with meals

- Appropriately trained staff should be available to assist with feeding residents as necessary – discreetly, sensitively and individually.
- Residents should be encouraged to feed independently where possible. For those with difficulties, special feeding equipment should be available. Residents should be referred to occupational therapy as appropriate, eg for cutlery, slip mats, cups etc.
- If residents are unable to feed independently, or chew or swallow normally, they may not get enough nourishment from their meals and it is often necessary to offer snacks between meals – eg milky drinks, milk puddings etc – and consider food fortification as appropriate. A dietitian can advise on the nutritional adequacy of a resident's food intake. Residents should be referred as per local and regional access criteria.
- If a resident has difficulty swallowing or chewing food, the texture may need to be modified. If swallowing is compromised, the SLT can advise on the appropriate safe consistency. Residents should be referred to SLT by their GP or as per local policy.
- Pureed diets should only be offered if advised by the SLT or appropriate consultant.
- Softer options may be considered more suitable for residents with a poor appetite, sore mouth, lost dentures or no/few teeth.

- Staff should be aware of the National Dysphagia Diet Food Texture Descriptors, which give details on the types and textures needed by individuals who have swallowing difficulties.[5]

- Mealtimes should not be rushed. Everyone should be given sufficient time to eat and drink.

Practical advice for assisting a resident

- Ideally, the same carer should stay with the resident throughout the meal.

- Ensure the resident has their glasses, dentures and/or hearing aid in place.

- Ensure the resident is sitting in a comfortable upright position.

- The carer should sit at eye level or slightly below, and either immediately in front of, or slightly to one side of, the resident who needs assistance.

- Offer small mouthfuls, but enough for the resident to feel the food in their mouth.

- Allow adequate time for the resident to chew and swallow each mouthful before continuing.

- Assist gently, but never force.

- Maintain eye contact with the resident who needs help. Do not talk to someone else while offering food.

- Use verbal prompts. Talk clearly about the food you are offering (especially if it is pureed or if the person has a visual impairment) and use a gentle but firm tone.

- Discourage the resident from talking with food in their mouth because of the risk of choking.

Note: If any of the following signs and symptoms are noted, please check the resident and care home are following the SLT's previous recommendations. If they are doing so and you still notice any of the following, please discuss the matter with the GP and consider a referral to SLT.

Signs and symptoms of eating, drinking and swallowing difficulties

- New onset of coughing and/or throat clearing before, during or after eating and drinking.

- Sounds of respiratory difficulties/recurrent chest infection, or general decline/worsening of symptoms suggestive of aspiration, including changes in colour of face and/or lips with oral intake.

- Changes in voice during or after eating or drinking, eg 'wet voice' (gurgling when the person speaks).

- New or increased inability to control food and drinks in the mouth, or inability to clear food from the mouth after swallowing, eg holding food in the mouth, lack of clearing swallow, or residue in the mouth or throat.

- Increased effort/difficulty and/or painful chewing and/or swallowing, or inability to chew/feeling of obstruction in the throat.

- A significant change in eating and/or drinking pattern, eg eating more slowly or avoiding certain foods or meals, not managing usual oral intake, or refusal to eat.

- Also look out for:
  - fatigue/reduced alertness;
  - eye watering.

Fluids

- Ensure fresh hot and cold fluids are offered with and between meals.

- Cups should not be overfilled.

- Ensure appropriate cups or mugs are used.

- Milk and sugar should be added according to individual preference.

- Small tables should be available in rooms or sitting areas for residents to put their drinks on, and they should be within reach of the residents' chairs.

- Cups should be placed in the hands of residents who cannot or do not know to reach for a drink.

- Ensure the consistency of fluids are in keeping with any SLT guidance in place.

Referrals to nutrition and dietetic department

Dietetic referral requests can be discussed with your local dietetic department. All Health and Social Care professionals can refer a resident to be seen by a dietitian. In general, referrals are only accepted in writing and on a locally agreed referral form.

Catering

- Food service should be monitored for satisfaction, eg monitoring waste, comments box if appropriate, or residents' views taken into account.

- High standards of food hygiene should be evident and catering staff trained appropriate to their level of food preparation and service.

Menu ideas (ensure fluids are offered with all meals)

- Meals should be served with a selection of breads. Sandwiches should be available daily as an alternative choice.
- A selection of fruit should be provided.
- Milk puddings should be available twice a day for those with a poor appetite.
- Residents should be offered water / squash / milk with meals and additional drinks after meals – six 200ml cups (eight 150ml glasses) of fluid a day are recommended.
- Additional snacks should be offered to those residents who are nutritionally at risk and require additional calories. Extra attention to oral health is required due to their high sugar content.

	Monday	Tuesday	Wednesday
Breakfast	Fruit / unsweetened fruit juice and tea / coffee. Porridge or selection of cereal (including high fibre options) with milk. Toast (white or wholemeal) with butter / polyunsaturated or monounsaturated margarine and marmalade or jam. Cooked breakfast on request.		
Mid-morning	Tea / coffee / milky drink / milk with plain biscuit / scone / pancake / bread / bread muffin / cake / fruit / yogurt		
Lunch	Soup (optional)		
	Shepherd's pie / sausages / pork chop Peas and mixed vegetables / cauliflower and broccoli Mashed potato and gravy **Dessert** Trifle and custard / mousse and tinned fruit	Chicken casserole / braised liver / savoury mince Carrots and broccoli / mashed turnip and parsnips New potatoes **Dessert** Apple pie and custard / rice pudding with stewed fruit	Roast pork / grilled lamb chop with apple sauce / Irish stew Cabbage and sweetcorn / broccoli and cauliflower Roast potatoes **Dessert** Semolina and strawberries / tinned or stewed fruit with ice-cream
Afternoon	Tea / coffee / milky drink / milk with plain biscuit / scone / pancake / bread / bread muffin / cake / fruit / yogurt		
Evening meal	Fish and oven chips / ham and tossed salad / homemade soup with assorted sandwiches Bread and spreads	Scrambled eggs and baked beans or grilled tomato / cold meat salad Toast and spreads / potato or soda bread	Sausages / poached egg / macaroni cheese and peas Toast / bread with spreads
Supper	Milky drink such as Horlicks / Ovaltine / hot chocolate / tea / coffee **and** cereal / toast / sandwiches / crackers and cheese / yogurt / milky puddings.		

- Meals should be served with a selection of breads. Sandwiches should be available daily as an alternative choice.
- A selection of fruit should be provided.
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- Additional snacks should be offered to those residents who are nutritionally at risk and require additional calories. Extra attention to oral health is required due to their high sugar content.

	Thursday	Friday	Saturday	Sunday
Breakfast	Fruit / unsweetened fruit juice and tea / coffee. Porridge or selection of cereal (including high fibre options) with milk. Toast (white or wholemeal) with butter / polyunsaturated or monounsaturated margarine and marmalade or jam. Cooked breakfast on request.			
Mid-morning	Tea / coffee / milky drink / milk with plain biscuit / scone / pancake / bread / bread muffin / cake / fruit / yogurt			
Lunch	Soup (optional)			
	Roast beef / roast chicken / salmon Turnip and sprouts / french beans and parsnips Mashed potato **Dessert** Lemon meringue pie / rice pudding and raisins	Smoked haddock / beef casserole / cod in batter Mushy peas and sweetcorn / buttered cabbage and onion Boiled potatoes **Dessert** Jelly, fruit and ice-cream / bread and butter pudding with dried fruit and custard	Lamb hotpot / baked gammon / chicken and broccoli bake Green beans and cauliflower / peas and carrots Mashed potato **Dessert** Semolina and prunes / apple tart and cream	Stuffed chicken / roast leg of lamb / cod Cabbage and onion / roasted vegetables Mashed and roast potatoes **Dessert** Fruit sponge and custard /cornflour and oranges
Afternoon	Tea / coffee / milky drink / milk with plain biscuit / scone / pancake / bread / bread muffin / cake / fruit / yogurt			
Evening meal	Cheese and tomato quiche / tuna salad / fishcakes with potato wedges Bread and spreads	Chicken goujons or plain omelette with oven chips, peas and/or sweetcorn	Baked potato with beans and/or cheese / poached egg and tomato / assorted sandwiches with homemade soup	Choice of sandwiches / corned beef hash / lasagne and side salad
Supper	Milky drink such as Horlicks / Ovaltine / hot chocolate / tea / coffee **and** cereal / toast / sandwiches / crackers and cheese / yogurt / milky puddings.			

Malnutrition and nutritional screening

Malnutrition

Malnutrition is a state of nutrition in which a deficiency or excess of nutrients such as energy, protein, vitamins and minerals causes measurable adverse effects on body composition, function or clinical outcome. Malnutrition is both a cause and a consequence of ill health.

People who are relatively inactive may have lower energy requirements. This is especially the case with older people, who therefore require fewer calories because they are using less energy. However, the need for other nutrients will not have decreased and may even have increased. Therefore, their diet should be high in quality rather than quantity.[4]

Consequences

Malnutrition is frequently undetected and if left untreated can result in a wide range of consequences including:

- increased risk of infection/complications;
- increased risk of hospital admission and longer stay in hospital;
- impaired or delayed wound healing;
- reduced fat and lean body mass, increasing pressure sore risk;
- reduced respiratory muscle function, resulting in increased difficulties breathing, increased risk of chest infection and respiratory failure;
- reduced muscle strength and fatigue, increasing the risk of falls and decreasing mobility;
- altered drug metabolism, which can increase side effects, eg dry mouth, loss of taste, constipation, diarrhoea, drowsiness etc;
- increased risk of depression, confusion, irritability and apathy;
- reduced quality of life.

Incidence

- Malnutrition is a common problem – 34% of patients admitted to hospital are at risk (21% at high risk) and 59% of patients admitted from care homes are malnourished, which suggests that malnutrition largely originates within the community setting.[2]
- The 2010 Nutrition screening survey in the UK and Republic of Ireland also showed that 37% of residents recently admitted and screened in care homes were malnourished (23% at high risk) and malnutrition was more prevalent in nursing homes (45%) than in residential homes (30%).[2]
- Malnutrition is estimated to cost £13 billion per year within the UK.[6]

Causes

There are numerous causes of malnutrition:

- Reduced energy intake due to:
  - anorexia, eg pain, side effects of analgesia, refusal of medications etc;
  - depression;
  - physical inability to get food into the mouth, eg stroke patients, neurological patients with motor neurone disease, multiple sclerosis etc;
  - requiring assistance with feeding;
  - inability to chew, eg poor dentition, ill-fitting dentures, mouth infections or ulcers;
  - dysphagia, eg neurological conditions or treatment etc;
  - taste alterations/food aversions;
  - constipation.
- Nutrients may not be adequately used due to:
  - poor absorption;
  - periods of diarrhoea or vomiting;
  - impaired metabolism.
- Increased nutritional requirements may be due to:
  - surgery;
  - sepsis;
  - disease;
  - pressure sores/wounds.

Identification of malnutrition

Standard 8 of the Nursing home minimum standards states:

"All care homes must use a validated screening tool on all residents on admission and then at least monthly thereafter to help identify patients at risk of malnutrition." [7]

National Institute for Health and Clinical Excellence (NICE) guidance on nutrition support in adults (CG32) states:

"People in care homes should be screened on admission and when there is clinical concern." [8]

The *Promoting good nutrition* strategy identified the Malnutrition Universal Screening Tool (MUST) as the tool of choice to identify those adults who are at risk of malnourishment or are malnourished.[1,9]

The guidance recommends that all patients/clients must be screened within 48 hours of admission to a care home, or within seven days if the client is admitted with a current nutritional care plan completed within the previous seven days. A nutritional care plan and supporting resources are available at: www.dhsspsni.gov.uk/index/pgn-must.htm

Trained staff should complete screening on admission of the resident and every month after that. Appropriate action should be taken, recorded and monitored as per the local screening protocol. The prevalence of malnutrition should be reduced by:

- assessing and treating those at nutritional risk;
- offering a varied, flexible, palatable diet;
- providing assistance with eating as required;
- offering acceptable choices for residents' ethnic and cultural needs.

In older age, being underweight poses a greater risk to health than being overweight.[4]

For those older people who require enteral tube feeding, staff should refer to the NICE guidance on nutrition support in adults (CG32), National Patient Safety Agency – www.npsa.nhs.uk – or local guidelines, and have up-to-date knowledge and skills in enteral nutrition. The resident should be known to a dietitian who will review, advise on and monitor their nutritional needs.

Nutritional screening

- Nutritional screening should be carried out on residents on admission to a nursing home, then every month after that, and more often depending on individual assessment. The screening tool should include management guidelines that can be used to develop a care plan.[9]

- *Promoting good nutrition* has provided guidance and resources to support MUST across the care settings. Specifically for care homes, there is a MUST tool, food first leaflet and food record chart. They can be accessed at: www.dhsspsni.gov.uk/index/pgn-must.htm

- Body mass index (BMI) and weight loss charts are available to download from: www.bapen.org.uk/screening-for-malnutrition/must/must-toolkit/the-must-itself

- All residents at risk of malnutrition should have a written care plan in place and nutritional care implemented. Residents should be referred to the local dietetic department according to the management guidelines and local policy.

- Accurate measuring of weight and height depends on the correct use of good quality equipment.

Measuring weight

- Residents should be weighed at least monthly, ideally in light clothes without shoes, on the same set of scales if possible, and at a similar time of day.

- Hoist scales are required for residents who cannot stand or sit unaided.

- Scales must be accurate and in a good state of repair. They should be calibrated at least annually or as per manufacturers' instructions.

- Fluid retention (oedema/ascites) should be taken into consideration to establish a dry weight, as well as any fluid in catheter or stoma bags.

- Amputations and plaster casts need to be taken into consideration.

- For new residents, a weight history should be established if possible from the resident, family, GP notes or discharging hospital/home etc.

Measuring height

- Use a height stick (stadiometer) where possible. Measure the height without shoes, with the resident standing upright with feet flat together, and heels touching the stadiometer.

- If height cannot be measured, use recently documented or self-reported height (if reliable and realistic).

- If this appears inaccurate, estimated height can be used. Alternative measurements such as ulna, knee height or demispan measurements are described in MUST guidelines.

- Staff should record whether the height is actual, reported, or if an alternative measurement has been used to estimate it.

Guidelines to improve nutritional intake and food fortification for residents with a poor appetite and/or weight loss

- Encourage five or six small, frequent meals and snacks per day:
  - breakfast;
  - lunch;
  - evening meal;
  - snacks mid-morning, mid-afternoon and bedtime.

- Choose high protein/energy options, eg meat, fish, chicken, whole milk (full fat) and milk products, eggs, pulses etc.

- Avoid low fat and low sugar products. Fats and sugars provide energy and can help foods taste better.

- Add extra butter or margarine to foods, eg spread thickly on bread or crackers, mash into potatoes and vegetables, and add to hot pasta served with a meat or cheese sauce.

- Offer roast potatoes and chips as they are higher in calories.

- Add mayonnaise, salad cream and dressings generously to sandwiches, salads etc.

- Add jam, honey or syrup to breakfast cereals, porridge, cakes, scones, toast, puddings etc.

- Aim to provide each resident with at least 600ml (approximately one pint) of whole milk (full fat) per day. This can be given in drinks, puddings, sauces, breakfast cereal, porridge etc.

- Encourage residents to drink more milk-based products – eg hot chocolate, milky coffee and malted milk drinks – rather than squash, water or tea.

- Use milk in soup, milk jelly, porridge and sauces etc.

- Encourage two puddings per day, eg thick and creamy yogurt, milk pudding, ice cream, milk jelly, trifle, fruit pie, sponge pudding, mousse-style desserts.

- Ensure a balance of foods from all the eatwell plate food groups. Large portions of fruit and vegetables may fill residents up and reduce their intake of higher calorie foods, so include fruit and vegetables in desserts or main meals in small amounts as appropriate.

- Each resident should be offered a glass of unsweetened fruit juice each day for extra vitamin C.

- Ensure residents do not fill up on fluids before or during mealtimes, but encourage fluids after meals.
- Eating breakfast can help stimulate the appetite for the rest of the day.
- Encourage variety in the diet where possible to make meals more interesting.
- Flexibility is required as large portions often put residents with poor appetites off their meals. Offer small portions and then second helpings. Offering food on a smaller plate may also help.

Fortified milk

- Fortify milk by adding skimmed milk powder – eg Marvel, supermarkets' own brands or catering varieties of skimmed milk powder – to whole milk (full fat). This increases the protein and calorie content.

- Whisk two to four heaped tablespoons (25–50g/1–2oz) of skimmed milk powder into one pint (568ml) of whole milk (full fat).

- This milk can then be used to make:
  - milky drinks such as hot chocolate and coffee, or malted drinks such as Ovaltine, Horlicks and cocoa;
  - porridge or cereal (poured over the cereal);
  - sauces, eg white or cheese sauce;
  - milkshakes (try adding fresh fruit and ice cream for a 'thick shake');
  - desserts, eg custard, semolina, rice pudding etc.
- Keep the milk refrigerated and ensure it is used within 48 hours.

Nutrition-related disorders

Dementia

- Residents with dementia can experience many difficulties with food and drinks, resulting in reduced appetite and weight loss. They may eat less food or may not be able to eat, and can have greater nutritional requirements due to increased activity such as being agitated and restless when sitting, or wandering and pacing.

- Other factors that affect the ability to eat and increase calorie requirements include:
  - additional chronic conditions such as Parkinson's disease, which result in poor coordination and tremor;
  - difficulties with swallowing and chewing, dental problems, and an inability to feed oneself;
  - confusion, memory loss or no recognition of food and/or cutlery, which result in forgetting to eat or a tendency to eat with the hands;
  - depression and paranoia, which result in loss of interest in food or suspicion of food;
  - the effects of medication – drowsiness may lead to missed meals and snacks, taste and smell changes, and/or dry mouth;
  - a reduced ability to recognise thirst, which results in declining drinks when offered.

Finger foods

Finger foods are useful for residents who are not following their usual eating pattern of three regular meals, or for those who like to leave the table and walk about at mealtimes.

Finger foods should be prepared so they are easy to pick up and eat with the hands. They are ideal for people who have difficulty recognising or using cutlery.

Finger foods enable people to feed themselves and choose the food they want to eat, thus maintaining independence, and can be suitable as main meals or snacks. If the resident wanders about, a pouch bag containing finger food may be useful. Ensure the pouch bag is cleaned regularly and is safe for the resident to use. A beaker with a lid can be used for drinks to avoid spillage.

Finger foods may not be suitable for people who require soft or pureed foods. Seek advice from the SLT.

A food record chart may be necessary to monitor oral intake.

See appendices 6 and 7 for more on finger foods and finger food meal ideas.

Dysphagia/swallowing difficulties

- Dysphagia (swallowing difficulties) can be common following stroke, dementia, head and neck cancer, and neurological conditions such as Parkinson's disease, motor neurone disease or multiple sclerosis.
- People with swallowing difficulties are more likely to be malnourished and/or dehydrated.
- Lack of coordination when chewing and swallowing can result in choking.
- Please refer to the section on 'Signs and symptoms of eating, drinking and swallowing difficulties'.
- If a resident has difficulty swallowing, the texture of their food and drink may need to be changed and/or certain foods may need to be avoided.
- If a resident has any symptoms of a swallowing problem, it is important to refer them to the SLT, who will advise on the recommended texture of foods and fluids to minimise the risk of aspiration.
- See appendices 3–5 for further information on high protein/energy meals and food fortification.
- All staff who care for older people should receive training on how to manage a choking incident.
- All staff who work with residents with dysphagia should attend dysphagia/swallow awareness training.

Remember: Carers need to ensure food and drink choices meet with SLT recommendations.

Diabetes

- Care and meal planning for people with diabetes should be done in line with the Diabetes UK *Good clinical practice guidelines for care home residents with diabetes* and *Evidence-based nutrition guidelines for the prevention and management of diabetes.* [10,11]

- However, the dietary recommendations may not be appropriate for all people with diabetes. For example, other comorbidities need to be considered, eg if the person is malnourished, or has dementia, poor cognition or a disability affecting oral intake etc.

Practical dietary guidance for residents with diabetes

- Three regular meals per day – breakfast, lunch and evening meal spaced over the day to help control blood glucose levels.

- At each meal, include starchy carbohydrate foods such as bread, rice, potatoes, pasta, breakfast cereals, porridge etc. Refer to appendix 2 for guidance on portion sizes, or alternatively a dietitian can provide more information specific to individual needs.

- Limit sugar and sugary foods. People with diabetes do not need to eat a sugar-free diet, but can use the sugar in foods and baking as part of a healthy diet (as per the eatwell plate).

The following items should be included on the menu

- Suitable snacks such as:
  - fruit;
  - plain scones;
  - pancakes;
  - barm brack;
  - plain biscuits;
  - occasional plain cakes or buns.

- Suitable desserts such as:
  - tinned fruit in natural or fruit juice, fresh fruit, stewed fruit without sugar;
  - diet yogurt or fromage frais, sugar-free milk pudding or sugar-free jelly.

- Suitable drinks such as:
  - sugar-free fizzy drinks and squashes;
  - tea or coffee without sugar (use an artificial sweetener if necessary);
  - pure unsweetened fruit juice (150ml) – this can raise blood glucose levels, therefore it is best taken with meals and only once a day.

- Diabetic foods and drinks are not recommended as they offer no benefit to people with diabetes.

- Education and regular updates of information should be provided by a dietitian as necessary.

- Administration and timing of diabetes medications, including insulin, need to take into account the timing of meals, and snacks may need to be made available.

- Residents with consistently low or high blood glucose should be referred to the diabetes specialist nurse and dietitian for assessment and advice as per local policy. The resident's GP should be informed.

- Residents with a poor appetite and/or continued weight loss should be referred to a dietitian for assessment and advice as per the MUST screening tool or local screening tool.

- Residents receiving oral nutritional supplements may require closer monitoring of their blood glucose due to the hyperglycaemic effect of some supplements. These should be prescribed under the guidance of a dietitian.

- Weight management is key in the treatment of type 2 diabetes. Specific goals should be agreed upon as part of the care plan for those residents who would benefit from weight reduction. Refer to the section on 'Practical advice for reducing calorie and fat intake.'

Obesity

- Combining physical activity with a modest reduction in calorie intake can help control and manage obesity in older people. Avoiding further weight gain and keeping weight stable may be more achievable goals for some residents, especially if activity levels are low.

- Obesity increases the risk of pressure sores, therefore, where possible, the resident should be encouraged and assisted to increase their physical activity levels. A resident's GP can advise on appropriate levels of physical activity.

- Follow the healthy eating guidelines of the eatwell plate, particularly those in relation to foods and drinks high in fat and/or sugar.

- Where a resident has been identified as obese, a food record chart should be considered to monitor food intake and weight, and discussed with the resident as appropriate. If necessary, refer to the relevant professionals and keep a record of the action taken.

Coeliac disease

All residents with coeliac disease should be referred to a dietitian at diagnosis, or re-referred if symptomatic or if further dietetic input is indicated, eg poor compliance to a gluten-free diet, ongoing or recurring symptoms such as diarrhoea, abdominal pain, constipation etc. Each resident, when assessed and stable on their gluten-free diet, should be reviewed as per local access criteria.

The care staff should be aware of:

- the benefits of a gluten-free diet for controlling symptoms and improving wellbeing, ie reduced risk of diarrhoea, constipation, persistent unexplained gastrointestinal symptoms such as nausea, vomiting, recurrent abdominal pain, cramping, bloating, anaemia, osteoporosis and possibly certain cancers;
- foods permitted, foods to avoid and the risk of cross-contamination;
- ways to achieve an adequate diet when avoiding gluten, with special consideration for calcium, iron and fibre;
- how to obtain prescribable products and current prescription guidelines;
- updated gluten-free products and literature;
- Coeliac UK – www.coeliac.org.uk – and the benefits of membership.

Catering staff should access additional information from Coeliac UK at: www.coeliac.org.uk/food-industry/caterers-and-restaurateurs

Information can also be provided by a dietitian.

Practical advice for reducing calorie and fat intake

- Use low fat spreads and use sparingly, eg LowLow, Flora Light, Bertolli Light or Golden Cow Lighter.

- Avoid high fat sauces and dressings, eg mayonnaise, salad cream or cream-based sauces. Instead use low fat varieties and use sparingly.

- Encourage lower fat snacks between meals, eg fruit (including tinned fruit in natural juices), diet yogurts such as Muller Light, Onken Light, Spelga fat free or supermarkets' equivalent own brands, sugar-free jellies or whips, rather than cakes, buns or biscuits.

- Some changes to cooking methods can help:
  - steam, boil, roast, poach, grill or microwave food rather than frying;
  - remove the fat from meat or skin from poultry before cooking;
  - skim the fat off mince, stews and casseroles, and use leaner varieties;
  - avoid using additional fat or oil when cooking – grill, bake, boil, poach, steam, dry fry or stir fry (with a minimal amount of oil).

- Lower fat dairy products can be useful, eg skimmed or semi-skimmed milk, low fat/diet yogurts or cheese, including low fat cheese spread and soft cheeses such as cottage cheese. These are still rich sources of calcium.

- Choose foods high in fibre, such as wholegrain breads and breakfast cereals, as these can be more filling and improve bowel health.

- Limit the amount of sugary drinks by choosing 'no added sugar' squashes and diet fizzy drinks.

- Avoid adding sugar to hot drinks, such as tea and coffee, or breakfast cereals or porridge. Try to reduce sugar gradually or use an artificial sweetener instead, eg Canderel, Hermesetas or Splenda.

- If toast, scones, pancakes or fruit brack etc are offered, encourage a half portion and use only a small amount of reduced fat spread or jam rather than both together.

- Encourage boiled potatoes instead of creamed or fried varieties.

- Limit fried food options on the menu and encourage alternative meal choices (see appendix 1 for a general menu checklist).

- Discourage extra portions and second helpings. Offer additional vegetables or salad at mealtimes, and fruit between or after meals.

- Ensure adequate fluid intake – refer to the section on 'Nutritional issues for older people'.

- Have a discussion with the resident's family and friends about more suitable snacks, fluids or gifts than sweets or chocolate, eg
  - books, magazines or newspapers;
  - flowers or plants;
  - jigsaw puzzles, crosswords or word searches;
  - CDs, DVDs or audiobooks;
  - knitting needles, wool knitting patterns, sewing or cross-stitch sets;
  - clothes, eg socks, slippers, pyjamas etc;
  - toiletries, eg shower gel, hand cream, perfume etc.

Visitors should be encouraged to check with care staff or the home manager prior to bringing gifts, due to infection control and health and safety.

Recommended physical activity for adults (including adults aged 65 years and over)

Individual physical and mental capabilities should be considered when interpreting these recommendations:

- Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive functions.

- Over a week, physical activity should include at least 150 minutes (two and a half hours) of moderate intensity activity in bouts of 10 minutes or more, ie 30 minutes a day, at least five days a week. Examples of physical activity include brisk walking, ballroom dancing and line dancing.

- Adults should take part in muscle strengthening physical activity at least two days a week, eg lifting heavy loads, gardening, climbing stairs, dancing, yoga, boccia etc.

- Older adults at risk of falls should take part in physical activity that improves balance and coordination at least two days a week, eg yoga, Tai Chi, dancing etc.

- All adults should minimise the amount of time spent sedentary (sitting) for extended periods.[12]

Palliative care

Palliative care is the provision of comfort and symptom relief to patients who have a life-limiting disease or condition that cannot be cured. The nutritional care required by palliative care patients depends on the stage of their illness.

Early palliative care

The patient may have months or even years of life remaining, and quality of life may be good. The aim of nutritional care is to maintain good nutritional status, thereby maintaining quality of life.

- Identify those who are malnourished, or at risk of malnutrition, by nutritional screening.
- Proactive dietary management can reduce or reverse malnutrition when identified.
- Encourage a high calorie, high protein diet if appropriate – refer to 'Malnutrition and nutritional screening' section.

Late palliative care

The patient experiences a general deterioration in their condition. Their appetite decreases and they become more fatigued. The aims of nutritional care are enjoyment of food and relief from food-related discomfort.

- Nutritional screening and weighing patients are not appropriate at this stage.
- Patients and carers should be reassured that this is a normal response to their illness.
- Reversible symptoms – eg nausea, diarrhoea, constipation, dry mouth – should be treated.
- Focus on the enjoyment of food and drink, rather than the need to maintain a normal diet.
- A high calorie, high protein diet may be appropriate for some patients; however, it may prove too stressful for others.
- Oral nutritional supplements may be psychologically beneficial to some patients; however, patients should not be put under pressure to take them.
- Referral to a dietitian may not be appropriate at this stage, but contact should be made if the patient or staff have any concerns.
- It may be appropriate to relax unnecessary dietary restrictions, eg cholesterol-lowering diet, diabetic diet.

End of life care

The patient is likely to be bed-bound, very weak and drowsy, with little interest in food or drinks. Evidence suggests that when patients are close to death, they seldom want nutrition and/or hydration, and that providing them may in fact increase discomfort and suffering.[13]

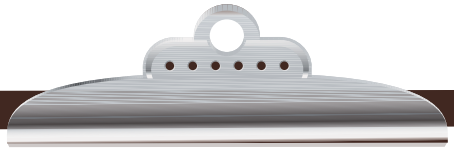
Good mouth care, rather than attempting to feed a patient, may become the more appropriate intervention.

The aim of care is to provide comfort.

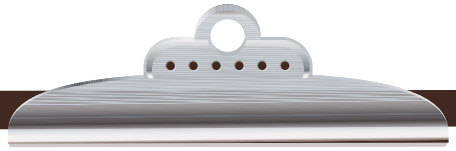
- Food and fluid requirements decrease significantly.
- Dietetic referral and MUST screening is not appropriate.
- Offer small amounts of food/fluid as desired by the patient.

Appendix 1: General menu checklist

Menu choices – daily targets	Clearly met	Not met	Comments/recommendations
Three regular meals and two or three snacks spread throughout the day	☐	☐	
Meat, fish, eggs, beans and other non-dairy sources of protein			
Two portions offered per day	☐	☐	
Fresh meat or poultry six to eight times per week, including red meat at least two or three times per week	☐	☐	
Roast or special meat, or poultry dish, one day per week, eg Sunday	☐	☐	
Fish two days per week, of which one should be oily, eg salmon, mackerel, pilchards, sardines or fresh tuna	☐	☐	
At least three or four meals per week should be based on fish, eggs, cheese and/or pulses	☐	☐	
Milk and dairy foods			
Whole milk (full fat) should be the first choice unless residents have been identified as overweight	☐	☐	
600ml of milk (approximately one pint), or the equivalent of three portions of milk and dairy foods, should be available to each resident daily	☐	☐	



Menu choices – daily targets	Clearly met	Not met	Comments/recommendations
Bread, rice, potatoes, pasta and other starchy foods			
Offer at least one portion with each meal (including wholemeal varieties)	☐	☐	
If instant potato mash is being used, it should be fortified with vitamin C	☐	☐	
Chips/roast potatoes should be offered a maximum of two or three times per week	☐	☐	
Offer an adequate variety of breakfast cereals (at least three varieties), including porridge and wholegrain varieties	☐	☐	
Tea breads/scones/pancakes (including wholemeal varieties) should be available as snacks	☐	☐	
Fruit and vegetables			
Vegetables served with two meals per day (fresh, frozen or tinned, including salads)	☐	☐	
Green leafy vegetables at least three times per week	☐	☐	
At least two or three portions of fruit per day (fresh, dried, tinned or frozen)	☐	☐	
Vitamin C-rich fruit juice (150ml) should be available every day, eg orange, cranberry and grapefruit (if there is no contraindication)	☐	☐	
A variety of fruit and vegetables should be offered, including those in season	☐	☐	



Menu choices – daily targets	Clearly met	Not met	Comments/recommendations
Foods and drinks high in fat and/or sugar			
Ensure alternative snacks to sweet biscuits, cakes and pastries are available, eg cheese and crackers, plain biscuits, pancakes, scones, yogurt, fresh fruit etc.	☐	☐	
Spreads should be fortified with vitamins A and D	☐	☐	
Fried foods should be available no more than two or three times per week	☐	☐	
Sugar, jam, honey and marmalade should be available alongside toast, scones etc.	☐	☐	
Artificial sweeteners, reduced sugar jams/marmalades and pure fruit spreads should be available for overweight residents or those with diabetes	☐	☐	
A variety of desserts should be offered on the menu, eg fruit-based desserts, milk puddings, yogurt etc.	☐	☐	
Additional notes			
Six cups (200ml) / eight glasses (150ml) of fluids should be offered per day	☐	☐	
A range of condiments – eg sauces, pepper and vinegar – should be available (salt on request).	☐	☐	
Food should be appetising and attractively presented, and should be served in pleasant surroundings.	☐	☐	

Additional comments

Menu checked by:

Name (print): ..... **(signature):** .....

Designation: ..... **Date:** .....

Appendix 2: Portion sizes

Bread, rice, potatoes, pasta and other starchy foods

Aim for six or more portions per day. At least one portion to be served at each meal.

- 1 slice of bread, ½ bagel, 1 slice of wheaten, 1 crumpet, ¼ soda farl, 1 potato bread
- 1 medium sized potato
- 60g (3 tablespoons) of cooked pasta or rice
- 60g (3 tablespoons) of breakfast cereal

Fruit and vegetables

Aim for five or more portions per day. One portion = 80g.

- 1 medium piece of fruit, eg apple, small banana, pear, orange or similar sized fruit
- 2 small fruits, eg 2 plums, 2 apricots, 2 kiwis
- 80g (3 heaped tablespoons) of cooked fruit or vegetables
- Half a grapefruit or avocado
- 1 slice of large fruit, eg melon or pineapple
- 80g (3 tablespoons) of fruit salad
- Dessert bowl of mixed salad
- 1 cupful of grapes, cherries or berries
- 150ml (¼ pint/medium glass) of pure, unsweetened fruit juice (will not contain as much fibre as fresh fruit)
- 20g (1 tablespoon) of dried fruit

Milk and dairy foods

Aim for three portions per day.

- 200ml (⅓ pint) of milk
- 30g (1 oz) of cheese
- 150g (medium pot) of yogurt
- 200g (large pot/half a can) of milky pudding, eg custard, rice pudding, semolina or tapioca

Meat, fish, eggs, beans and other non-dairy sources of protein

Aim for two portions per day.

- Red meat and poultry: 60–90g (2–3oz) of cooked meat
- Fish: 120–150g (4–5oz) of cooked fish
- Eggs: 2 eggs (size 3)/120g
- Pulses, baked beans, dhal or other beans: 90–120g (3–4oz)
- Lentils: 60g (2oz) raw
- Nuts: 60g (2oz) of unsalted nuts or 30g (1oz) of peanut butter

Appendix 3: High protein/energy meal ideas

Breakfast

Porridge or cereal, eg Weetabix, Ready Brek, Cornflakes or Rice Krispies with whole milk (full fat) and sugar.

Scrambled, fried, boiled or poached egg on bread or toast.

Bread or toast with butter/margarine and jam, peanut butter, marmite, marmalade, cheese or cheese spread.

Baked beans or spaghetti on bread or toast.

Fruit juice, whole milk (full fat) or home-made milkshake.

Tip: Fortify milk by adding two to four heaped tablespoons of dried milk powder to one pint (568ml) of whole milk (full fat), or adding one tablespoon of double cream or evaporated milk to a serving of cereal or porridge.

Tip: Thickly spread margarine, butter, jam, honey, peanut butter or marmalade on bread.

Main meal

Include one food from each food group on the eatwell plate:

Tender roast meat, minced meat, casseroled meat, mince or chicken pie, shepherd's pie, cottage pie, quiche, chilli con carne with beans, ocean pie, poached fish

or

Vegetarian options such as quiche, bean chilli, Quorn™, lentil soup, omelette, cheese bake etc

with

vegetables or salad

and

bread, rice, potatoes, pasta and other starchy foods.

Gravy or sauce, eg cauliflower cheese, bolognese sauce or white sauce.

Glass of whole milk (full fat) or fortified milk.

Tip: Add any of the following to potatoes or vegetables: butter, margarine, cream, grated cheese, olive oil, mayonnaise or fortified milk.

Light meal

Sandwich made with soft bread and:
margarine or soft butter;
cheese spread;
hummus;
mayonnaise

and filling such as:
tinned fish;
cold meat;
cheese;
prawns;
boiled egg

with salad, relish or pickles.

Scrambled, fried, boiled or poached egg, or omelette, with bread or toast.

Pasta with sauce, eg macaroni cheese, ravioli or bolognese.

Soup with extra cheese, cream, pulses or minced meat.

Jacket potato with butter or margarine and:
cheese and baked beans;
tuna and mayonnaise;
creamy mushroom sauce.

Cauliflower cheese with potatoes or wheaten bread.

Quiche and garlic bread.

Toast with baked beans, tinned spaghetti, sardines or grilled cheese.

Sausage rolls, pasties, scotch egg or meat pie with baked beans, bread or chips.

Tip: Fortify milk by adding two to four heaped tablespoons of dried milk powder to one pint (568ml) of whole milk (full fat) when preparing scrambled egg mixture, or add one tablespoon of cream or extra butter/margarine per serving.

Tip: Thickly spread margarine, butter, jam, honey, peanut butter or marmalade on bread.

Tip: Add extra grated cheese to hot meals.

Snacks and desserts

Thick and creamy yogurt with fruit.

Milky desserts, eg milk pudding, stewed fruit and custard, sponge and custard, fruit fool, fromage frais, semolina, egg custard, mousse, milk jelly, ice cream, rice pudding, custard, trifle or thick and creamy yogurt, eg Greek style yogurt.

Soft fruit or canned fruit with cream or ice cream.

Tray bakes, buns and pastries, eg chocolate éclairs, doughnuts, croissants etc.

Biscuits such as chocolate covered digestives, shortbread, flapjacks or cookies.

Toasted crumpets, barm brack or malt loaf with spread and cheese.

Crisps.

Breakfast cereal or porridge made with whole milk (full fat).

Bread sticks with dips, eg mayonnaise, sour cream, hummus etc.

Tip: Fortify milk by adding two to four heaped tablespoons of dried milk powder to one pint (568ml) of whole milk (full fat), or adding one tablespoon of double cream or evaporated milk to a serving of milky pudding.

Tip: Extra cream, sugar, honey, jam, condensed milk or evaporated milk etc can be added to these foods.

Tip: If adding fruit, you can use tinned fruit in syrup, or dried fruit, and add cream, evaporated milk, ice cream or a milky pudding.

Nourishing drinks

Whole milk (full fat) or fortified milk.

Instant soup made with hot milk.

Milky drinks, eg coffee, hot chocolate, Ovaltine, Horlicks or cocoa made with fortified milk rather than water.

Milkshakes, eg Nesquik, Crusha, supermarkets' equivalent brands, Complan or Build up made with whole milk (full fat) or fortified milk rather than water.

Tip: Fortify milk by adding two to four heaped tablespoons of dried milk powder to one pint (568ml) of whole milk (full fat), or adding one tablespoon of double cream or evaporated milk to a serving.

Tip: Add cream or sugar to hot drinks.

Tip: Add ice cream to cold milky drinks.

Special considerations

Some of the suggestions listed may not be suitable for residents on therapeutic diets, eg those with diabetes, renal disease or liver disease. For residents on therapeutic diets who have lost weight or have poor appetites, please refer to a dietitian as per access criteria/MUST protocol.

Appendix 4: Food fortification ideas for catering and care staff

Food type	Maximising calories
Potatoes	• Add extra butter, full fat margarine, double cream or grated cheese. • Potatoes can be roasted with extra oil, butter or full fat margarine, or deep fat fried to increase calories.
Bread, crackers, biscuits, scones, pancakes, crumpets, croissants, brioche or fruit loaf	• Add extra butter or full fat margarine (not low fat spread). • Thickly spread jam, honey, syrup, lemon curd, peanut butter, chocolate spread, cheese spread or cheese.
Cereal or porridge	• Use whole milk (full fat) or fortified milk, and add sugar, honey, jam, syrup, cream, dried fruit or nuts, or mix with granola or crunchy cereals.
Pasta, rice or noodles	• Drizzle with oil, butter or full fat margarine during cooking or prior to serving. • Serve with cream, cheese, pesto or sauces.
Eggs	• Add cheese, butter, full fat margarine or cream. • Fry or cook in oil, butter or full fat margarine.
Baked beans	• Add butter, full fat margarine or cheese.
Vegetables	• Add butter, full fat margarine, cheese or creamy sauces, or add oil and roast.
Fruit	• Add sugar, syrup, honey, full fat yogurt, ice cream, milky puddings or cream, or serve chopped/sliced fruit with cheeses.
Coffee, milky drinks or smoothies	• Use whole milk (full fat), fortified milk, cream, sugar or honey. • Thick and creamy yogurt could be added to smoothies and milkshakes.
Meat, chicken or fish	• Fry where possible, or add oil, butter, full fat margarine, creamy sauces, pastry, batter, breadcrumbs etc.
Jacket potatoes, sandwiches, rolls, wraps, paninis, pitta bread or toasties	• Use extra butter, full fat margarine, mayonnaise, salad cream, coleslaw or cheese, along with a protein filling, eg chicken, fish, meat, eggs, beans etc.
Soups, casseroles or stews	• Add beans, lentils, cream and/or whole milk (full fat). • Serve with bread and butter, full fat margarine, potato, pasta or rice.
Snacks	• Cakes, buns, cheese and crackers, tray bakes, crisps, chocolate, pastries, scones, pancakes, muffins, toasted crumpets, malt loaf, barm brack, bread sticks with dips etc.

Appendix 5: High protein/energy shopping ideas

- The following are examples of foods that may help catering staff/care staff provide higher protein/energy meals, snacks and drinks. This list should be used with the Guidelines to improve nutritional intake and food fortification for residents with a poor appetite and/or weight loss (page 23).
- The list should also be used with the General menu checklist (appendix 1).
- Try to avoid low fat, no added sugar, diet or light varieties of products.

Drinks

- *Whole/full fat milk (blue top)*
- *Skimmed milk powder*
- *Milkshakes or milkshake flavourings, eg Crusha, Nesquik, supermarkets' equivalent brands*
- *Hot chocolate or drinking chocolate powder*
- *Malt drinks, eg Horlicks, Ovaltine etc*
- *Unsweetened fruit juice*
- *Regular fizzy drinks (not diet, light or zero varieties)*

Biscuits

- *Flapjacks*
- *Plain or chocolate coated digestives, Hobnobs or shortbread*
- *Cereal bars, breakfast bars or biscuits*
- *Cookies*
- *Crackers*

Puddings and yogurts

- *Creamed pudding or rice pudding*
- *Semolina or tapioca*
- *Custard (powdered, ready to eat or homemade)*
- *Sticky toffee pudding*
- *Tinned puddings (boiled or steamed)*
- *Cheesecakes*
- *Chocolate brownies*
- *Ice cream, ice lollies, trifle or jellies*
- *Thick and creamy yogurts, crunch or fruit corners*
- *Mousses, instant whip or Angel Delight*

Cakes, buns and pastries

- *Cake bars*
- *Apple pies or fruit pies*
- *Muffins*
- *Fresh cream doughnuts or éclairs*
- *Danish pastries*
- *Turnovers*
- *Fairy cakes*
- *Tray bakes*
- *Iced fingers*

Sweet breads

- *Croissants, brioche or pain au chocolate*
- *Crumpets or pancakes*
- *Barm brack or hot cross buns*
- *Scones or waffles*

Snacks

- *Chocolate, fudge or toffee*
- *Jelly or boiled sweets*
- *Chocolate or yogurt coated dried fruits and nuts*
- *Crisps or nuts*

Savoury freezer ideas

- *Pizza*
- *Beef burgers*
- *Macaroni cheese*
- *Hash browns*
- *Frozen ready prepared meals, eg lasagne, cottage pies, pasta bakes or pies*
- *Oven chips (thick cut or crinkle cut)*
- *Roast potatoes or baking potatoes*
- *Potato waffles*
- *Fish fingers or breaded/battered fish fillets*
- *Breaded chicken fillets, goujons, nuggets or chicken kievs*
- *Crispy pancakes*
- *Garlic bread*
- *Mixed vegetables*
- *Battered onion rings*

Sweet freezer ideas

- *Ice cream, ice cream bars or ice lollies*
- *Desserts, eg Arctic roll, cheesecake, crumble or gateau*
- *Frozen yogurt*

Savoury refrigerator ideas

- *Sausage rolls, scotch eggs or pork pies*
- *Potatoes (mashed, champ or baking)*
- *Meat pasties or spring rolls*
- *Butter, full fat margarine, cheese or cheese spread*
- *Garlic bread*
- *Eggs*
- *Sausages, bacon, gammon, pork chops or lamb chops*
- *Cheese or mayonnaise based dips*

Store cupboard ideas

- *Canned fish in oil*
- *Baked beans*
- *Canned spaghetti*
- *Jars of creamy pasta sauce*
- *Canned soup (creamy variety)*
- *Canned chicken in a creamy sauce*
- *Canned corned beef*
- *Canned vegetables*
- *Canned fruit in syrup*
- *Stewed fruit, eg pureed apple*
- *Rice, pasta, noodles or risotto*
- *Breakfast cereals or porridge/instant porridge*
- *Part-baked bread*
- *Flour*
- *Sugar*
- *Mayonnaise, salad cream or dressings*
- *Peanut butter*
- *Chocolate spread*
- *Bread sticks*
- *Honey, syrup, jam or marmalade*
- *Olive oil or vegetable oil*

Ready prepared meals

- *Spaghetti bolognese or shepherd's pie*
- *Pasta carbonara or lasagne*
- *Chicken and broccoli bake or fish pie*
- *Curry and rice*
- *Steak and vegetable pie (with pastry)*
- *Meat, potato and vegetable dinner, eg roast dinner*
- *Quiche or savoury flan*
- *Macaroni cheese*

Appendix 6: Examples of finger foods

Bread, rice, potatoes, pasta and other starchy foods

- *Toast fingers with full fat margarine, butter, peanut butter, cheese spread, chocolate spread, marmite or hummus*
- *Rolls with butter or spread and fillings*
- *Small sandwiches*
- *Buttered scones, pancake fingers, fruit loaf, malt loaf or waffles*
- *French toast*
- *Tea bread or gingerbread*
- *Potato bread*
- *Chips, potato waffles, new potatoes, potato croquettes*
- *Crackers or biscuits with butter or full fat margarine and soft or hard cheese*
- *Cheese biscuits*
- *Cereal bars*

Meat, fish, eggs, beans and other non-dairy sources of protein

- *Sliced meat, cut up into pieces*
- *Chicken fingers from moist breast*
- *Sausages, including cocktail sausages*
- *Hamburgers, cut up into pieces*
- *Meatballs or meatloaf slices*
- *Pizza or quiche*
- *Fish fingers or fish cakes*
- *Hard-boiled eggs, sliced or quartered*
- *Sausage rolls*

Vegetables

- *Cooked carrot sticks or slices*
- *Celery sticks*
- *Cucumber slices*
- *Cooked broccoli or cauliflower spears*
- *Cooked brussels sprouts*
- *Cooked green beans*
- *Fried or battered onion rings*
- *Tomato, sliced or quartered*

Fruit

- *Sliced apple, pear, melon, pineapple or mango*
- *Strawberries, grapes or banana*
- *Pear halves or mandarin orange segments*
- *Dried fruit, eg apricots or prunes (no stones)*
- *Fruit juices or smoothies in cartons*

Milk and dairy foods

- *Milk, milkshakes or thick shakes in cartons (with straws or in cups with lids)*
- *Yogurt or fromage frais drinks or pouches*
- *Cheese slices, cubes or triangles*

Snacks

- *Jelly cubes*
- *Ice cream in cones*
- *Soft muesli bars, cakes, buns or tray bakes*
- *Savoury snacks, eg Quavers, Skips or Wotsits*

Adapted from 'Voices' (Voluntary Organisations Involved in Caring in the Elderly, 1998).

Appendix 7: Finger food meal ideas

Breakfast

Include either fresh fruit, such as sliced kiwis or orange segments, or unsweetened fruit juice

Buttered toast fingers (jam, marmalade or melted cheese optional).

Buttered muffins, pancakes, teacakes or crumpets.

Buttered toast or bread fingers and a boiled egg, cut into quarters.

Light meal

Sandwiches served with cherry tomatoes and cucumber sticks.

Grilled cheese on toast, cut into 'fingers', or small toasties with cooked meat or tuna.

Soup, served in a mug, with pieces of bread or small bread rolls to dip in it.

Salad ideas

Provide a selection, eg lettuce leaves, sliced beetroot, cherry/salad tomatoes, avocado, cucumber, peppers (yellow, orange or red are sweeter), carrot, celery, apple (makes a sweeter salad).

Cut the food into slices, sticks or wedges.

Serve with a protein and carbohydrate source.

Main meal

Pieces or strips of roast meat
Small roast potatoes
Broccoli and carrots

Fish fingers, fishcakes or pieces of boneless fish fillets
Potato wedges or chunky chips
Tomato wedges

Sliced quiche/pizza/pie
Small boiled potatoes
Green beans and carrots, or a side salad (see salad selection)

Desserts

Fresh fruit, such as strawberries or banana, served individually or as a chunky fruit salad (try serving fruit with a yogurt dip for a tasty alternative)

Sliced fruit cake, gingerbread or a bun

Individual fruit pies

Buffet style

Provide a selection from the following or from the appropriate meal ideas above:

Buttered, soft bread rolls or bread fingers
Cheese cubes
Hard-boiled eggs, cut into quarters
Cooked meat, cut into pieces
Small pickled onions
Small scotch eggs
Slices of quiche
Garlic bread
Selection of sliced fruit and finger vegetables

Remember: Offer drinks regularly throughout the day.

Appendix 8: Role of the dietitian

1. To promote good nutrition as a positive contribution to health and disease prevention.
2. To provide therapeutic nutritional care management to referred residents and their carers.
3. To help correct any nutritional deficiencies and promote optimum nutrition by intervention.
4. To advise and educate care staff, catering staff and residents on nutrition, and encourage healthier food choices.

This is achieved by:

- assessing the nutritional requirements of individual residents and making appropriate dietary recommendations;
- providing nutrition training to staff and carers;
- advising other health professionals, staff and carers on the nutritional management of residents, eg use of:
  - tube feeds;
  - oral nutritional supplements;
  - modified consistency;
- liaising with other disciplines and agencies on the management of residents.

Referrals

Residents can be assessed by a dietitian if they meet access criteria. The process for referring residents should be agreed with your local Nutrition and Dietetic Department. The referral letter should include the resident's:

- name and date of birth;
- Health and Care Number;
- reason for referral;
- relevant medical history, including medication;
- diagnosis and treatment;
- weight, height, body mass index and weight loss;
- GP details.

Also include the name of the referrer, his or her designation and contact details.

A locally agreed referral form may be available.

Appendix 9: Useful contacts

Age NI:
www.ageuk.org.uk/northern-ireland

Alzheimer's Association:
www.alzheimers.org.uk

British Association of Parental and Enteral Nutrition:
www.bapen.org.uk

British Dietetic Association:
www.bda.uk.com

Caroline Walker Trust:
www.cwt.org.uk

Centre for Ageing Research and Development in Ireland:
www.cardi.ie

Coeliac UK:
www.coeliac.org.uk

Department of Health:
www.dh.gov.uk

Department of Health, Social Services and Public Safety:
www.dhsspsni.gov.uk

Diabetes UK:
www.diabetes.org.uk

Dysphagia Diet Food Texture Descriptors, March 2012:
www.bda.uk.com/publications/statements/NationalDescriptorsTextureModificationAdults.pdf

National Health Service:
www.nhs.uk

National Patient Safety Agency:
www.npsa.nhs.uk

Regulation and Quality Improvement Authority:
www.rqia.org.uk

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