# NUTRITION AND HYDRATION POLICY



Policy Statement

Zenith Care Recruitment believes that the provision of a healthy, nutritious and balanced diet for its service users is of vital importance. Zenith Care Recruitment also believes that, with respect to food provided within the service or brought into the service, there is a duty to ensure that all staff and service users should be kept as safe as possible from food poisoning, and food-related illness, by the adoption of high standards of food hygiene and food preparation. This includes help with the cooking, storing, preparing or serving food.

The Policy

This policy is intended to:

* Ensure that service users benefit from being prepared food that is of high quality. well-presented and prepared, and which is nutritionally sound.
* Ensure that those with special dietary needs are supported.
* Protect staff and service users from food-related illness.

Nutrition

Zenith Care Recruitment believes that every service user has the right to choose from a varied and nutritious diet that provides for all their dietary needs, and which offers health, choice and pleasure.

To accomplish this, individual service users will be supported to identify their individual food preferences as well as their cultural, religious or health needs. Individuals or their family will always be involved when planning menus and meal alternatives. Pictorial menus are available to help communicate food choices where required.

Eat Well Guide

The nutritional model will be based around the Food Standard Agency Eat Well Guide.

The model has eight key principles, which are as follows:

* Food should be enjoyed.
* A variety of different foods should be eaten.
* The right amount should be eaten to maintain a healthy weight.
* Plenty of foods rich in starch and fibre should be included in the diet.
* Foods that contain a lot of fat should be avoided, and sugary foods and drinks should not be eaten or drunk too often.
* Vitamins and minerals in food are critical.
* Alcohol consumption should be within sensible limits.
* Menus should take into account any ethnic or cultural dietary needs of service users and should be sensitive to religious and cultural beliefs surrounding food.

For providers this is an area where motivation and encouragement of the service user is central to the service delivery. Where it is identified that the service user is making unhealthy choices service users will be encouraged to eat healthily by providing up to date information and support.

* Methods of cooking will be agreed upon by the service user and the care organisation.
* Each service user will be encouraged and supported to eat three full meals each day, at least one of which will be cooked. However, if the service user prefers smaller, more frequent snacks, this will be catered for in the service provided.
* When service users are unable to prepare their own drinks, both hot and cold drinks will be made and left for the service user to access throughout their day and during mealtimes.
* Religious, personal or cultural special needs will be recorded in the care plan and will be fully catered for as required by the service user.
* Menus will be created by staff with service users and their family, if appropriate, so that the required shopping can be purchased.
* In agreement with the service user, menus may be changed regularly to stimulate appetite and discussion.
* Special therapeutic diets will be recorded in the care plan and provided, when these are advised and discussed by healthcare or dietetic staff with the service user,
* In a domiciliary setting it is important not to rush the mealtimes, but instead to create a relaxed atmosphere in which service users are given plenty of time to eat and enjoy their food.
* Food will be presented in a manner that is attractive and appealing.
* If a service user neither wants to nor eats their meal, an alternative or a meal replacement may be offered, if appropriate; these changes should be recorded in the care plan.
* Staff will help all service users to be as independent in feeding themselves as possible and will work to ensure their dignity while they are doing so.
* Eating difficulties will be identified within each service user’s care plan and a plan of assistance agreed, both with the service user and with their carers.
* The service will make whatever reasonable arrangements are necessary for a service user to be able to feed themselves with dignity and ease, including the provision of special eating aids and special food preparation.
* Assistance with feeding will be offered in a sensitive and dignified manner.
* Provision of finger foods.

Nutritional Screening

Nutritional screening is undertaken by Zenith Care Recruitment to identify those at risk of malnutrition, or to identify obesity. Screening is undertaken by a member of staff trained to understand the process, who liaises closely with other professionals such as dieticians, speech & language therapists or the healthy living nurse.

Nutritional screening happens for all service users on admission and at any time there is a concern in their physical or mental wellbeing, to identify those at risk of malnutrition and to identify obesity; it is undertaken by a staff member trained to understand the process, and who liaises closely with other healthcare professionals such as dieticians, speech and language therapists, or the healthy living nurse.

The early identification and treatment of individuals who are malnourished or at a risk of malnutrition is vital to prevent pressure ulcer development and promote wound healing when pressure ulcers occur.

Nutrition assessment and screening is an integral part of pressure ulcer risk assessment and screening.

An assessment for signs of dehydration is included and any concerns will lead to fluid balance being monitored.

In the screening it is also important to assess individual’s ability to eat and drink independently and to assess the likelihood of poor nutrition because of any of the following:

* The individual is on a restricted or modified diet and/or fluids.
* Have ascites or oedema making body weight difficult to measure accurately.
* Obese (body mass index is >30).

The five-step Malnutrition Universal Screening Tool (MUST) is used. Records are kept in the service user’s plan of care.

International Dysphagia Diet Standard Initiative Framework

Texture Modified Foods and Thickened Liquids

To eliminate the use of the imprecise term ‘soft diet’ and assist providers with the safe transition to the International Dysphagia Diet Standard Initiative (IDDSI) Framework, standard terminology with a colour and numerical index to describe texture modification for food and drink has been developed.

The implementation of IDDSI means that the numerical and colour descriptor for the recommended fluid thickness for service users have changed. Scoop sizes have also changed, and the number of scoops required to reach their recommended thickness is different.

Zenith Care Recruitment staff receives training, on these changes, all information is clearly recorded in the service users plan and reviewed regularly.

Enhanced care services carry out the basic assessment and then make a direct referral to the Speech and Language team or dieticians for the service user.

We recognise the importance of service users or their carers understanding the changed instructions on their tins of thickener and that they know how to contact their speech and language therapist if they have any concerns.

Observation of Weight and Associated Issues

On a day to day basis care staff are best placed to observe the wellbeing of the service user in relation to any issues regarding nutrition and hydration. Where weight gain or loss is observed staff must ensure that a proper recording of such a situation takes place, appropriate guidance should be sought which includes the views of the service user and how they could improve the situation. This is particularly important where there is a health issue e.g. diabetes. It is therefore important that staff involved in visits where food is part of the service, that they check that food has indeed been eaten.

While any service user receiving our service could be considered to be at risk of undernutrition, certain other groups also pose a definite risk. These include:

* People with existing acute and long-term conditions such as chronic obstructive pulmonary disease.
* People with long-term, progressive conditions such as dementia and cancer.
* People who have been discharged from hospital recently.
* Older people in general.

As part of the initial nutritional and hydration assessment/screening the service user’s consent is gained to measure and record their weight. if it is not possible to weigh the service user then the following information concerning their weight is documented.

* The service user is asked about their latest recorded weight.
* If they have noticed any weight gain or loss.
* Relatives are asked about the service users’ weight.
* A visual assessment is carried out to determine if the service user looks thin e.g. loose rings on fingers.

If the service user is under the care of a health professional for weight loss or obesity, then the health professional will identify the frequency for the need to weigh the service user.

Related Policies

* Adult Safeguarding
* Assessment of Need and Eligibility
* Care and Support Planning
* Consent
* Dignity and Respect
* Equality and Diversity
* Meeting Needs
* Prevention of Pressure Ulcers

Training Statement

Zenith Care Recruitment staff, during induction, are made aware of the organisation’s policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one to one, online, workbook, group meetings, and individual supervisions. External courses are sourced as required.

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| Signed: | \_\_\_\_\_\_\_Kechi Anyanwu\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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