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Policy and Procedure Feedback Form

A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure. Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.
All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.

1. Introduction

Purpose

- To provide clear information about the importance of good nutrition and physical activity to the health of people.
- To offer practical and nutritional guidelines to enable those with a responsibility for providing food to develop suitable menu's and make good food choices for those they are supporting.

Food and drink brings enormous pleasure to our lives. Eating and drinking well have an important part to play in the health and well-being of people of all ages. Simple changes to what we eat and how much we eat can contribute to a better quality of life and enabling eating well is one of the most positive things we can do as part of providing support and good care.

2. Eating Well

- Children, young people and adults should wherever possible be encouraged by those around them to eat a varied diet. They should eat foods from each of the four main food groups, every day to ensure they get all the nutrients they need. The four main food groups are:
  - Bread, pasta, other cereals (such as rice), potatoes and other starchy roots (such as yam).
  - Fruit and Vegetables.
  - Milk and dairy foods, such as yoghurt and cheese.
  - Meat, Fish and meat alternatives such as eggs, peas, beans and lentils, soya and nuts.
- Fruit and vegetables are particularly important for good health. Everyone should be encouraged to eat at least five portions of a variety of different fruits and vegetables every day.
- Most people eat too much fat, saturated fat and sugar. Foods which are high in fat and sugar (particularly snacks) can contribute to overweight and obesity if they are eaten frequently or in large amounts. People should be encouraged to replace fatty and sugary foods, drinks, snacks with more fruit and vegetables.
- Most people eat too much salt and this can contribute to high blood pressure, which is a risk factor for coronary heart disease and stroke. People should be encouraged to reduce the amount of high-salt foods and snacks they eat and to reduce the amount of salt they use in cooking and at the table.
- Adults are encouraged to eat a portion of oily fish each week – for example, salmon, trout, mackerel, herring or sardines – since the long chain-fats in oil-rich fish have been shown to help with heart health. There is no equivalent food suitable for vegetarians, but a diet which is rich in wholegrain cereals, peas, beans and lentils, vegetables and fruit will contribute to a diet low in fat and saturated fat and high in complex carbohydrates and fibre which is recommended to prevent heart disease.

Bone Health

- To minimise the possibility of low bone density, people should be as mobile as possible, spend time outside in the summer sunshine safely and have adequate vitamin D and calcium intakes.
- Anyone who has little regular exposure to summer sunshine, young children, pregnant and breastfeeding women, those who live in residential care and all older adults (aged 65 years or more) should be considered for vitamin D supplementation. Where this is the case, advice should be sought from a medical practitioner.
- People who are at increased risk of falling and fracturing their bones should be monitored to ensure they have adequate calcium and vitamin D intakes

3. Menu Planning

Menu plans should be developed with people supported on a weekly basis. They should be done with the individual honouring any choices and preferences they have. Where people are sharing their homes with others there may be some negotiation required to ensure preferences of individuals are accommodated in a manner that's agreeable to everyone (Appendix 1).

Things to remember

- Include a variety of different foods every day
- Include at least 5 portions of fruit and vegetables every day
- Base meals on starchy foods such as potatoes, pasta or bread
- Include good sources of iron and zinc at main meals
- Regularly include food or drinks that are good sources of calcium
- Food should have a variety of textures and colours, look appetising and taste good
- Fresh chilled water should be freely available at meals and throughout day

4. The eating environment and timing of meals and snacks

- All children, young people or adults should be respected as individuals and their food preferences and religious and cultural requirements around food should be accommodated.

- Food should be appetising and attractively served, to ensure that people enjoy their food. This is particularly important if the food has its form or texture changed for people with swallowing difficulties e.g. for someone who requires their food pureed ,items should be separately blended and presented on a plate as you would a meal that does not require this preparation.

- The timing of meals and snacks throughout the day should be organised to fit around the needs of the individual being supported. Some people may need frequent small meals and snacks throughout the day rather than 3 large meals.

- It is important to ensure that everyone has enough time to eat and drink and that, where necessary, food is kept warm safely during the meal for those who eat and drink slowly.

- To make mealtimes a time of pleasant social sharing, staff should sit with the people they support during meals and snacks and where appropriate share the same foods and drinks.

Breakfast

- Breakfast is an important meal, firstly because many breakfast foods are a very good source of fibre and other important nutrients and secondly, because if breakfast is missed, it is more likely that individuals will be tempted by other snack foods later in the day.
- For those who have a good appetite in the morning that recedes as the day continues, breakfast should be seen as an opportunity to eat a significant amount of energy (calories) and other nutrients and a range of foods should be offered, rather than just traditional breakfast foods.

Snacks

- A variety of snacks should be offered and these should be included in menu plans. Snacks provide an opportunity to supplement nutritional intakes between meals and can be particularly important for those with small appetites or who are fussy or selective eaters, or who are growing rapidly. However, for those people who are gaining weight or who have been advised to lose weight, snacks that are high in fat and sugar (such as confectionary, savour snacks, soft drinks, cakes, biscuits and ice cream) should be kept to a minimum as these frequently contribute significant extra calories to the diet.

Drinks

- It is important that everyone is encouraged to drink a sufficient, but not excessive, amount of fluid each day and it should not be assumed that people will necessarily drink enough fluid without encouragement. Most adults need at least 1.2 litres of fluid a day (about six glasses) but older people or people who are prone to constipation should be encouraged to have at least 1.5 litres a day (about seven to eight glasses). However, excessive fluid (more than five litres a day) can be very dangerous and advice should be sought from a medical practitioner if there is concern that someone is drinking excessively.
- Free, fresh, chilled tap water should always be offered with meals and regularly throughout the day and should be widely available in any places where people with learning disabilities may live, work or visit.
- If sugary, fruit-based or fizzy drinks are given to children and young people with learning disabilities, they should be kept to mealtimes since frequent consumption of soft drinks is related to tooth decay and tooth erosion. Drinks other than milk or water are highly likely to contribute to tooth decay so they should not be given at bedtime or during the night.

Vitamins

- Advice should always be sought from a medical practitioner or pharmacist before any dietary supplements are taken, as high doses of certain vitamins and minerals and some herbal supplements can cause adverse reactions and may interfere with the absorption of other nutrients or with the action of medicines.

Further Resources: the Caroline Walker Trust http://www.cwt.org.uk/

5. Factors which may contribute to problematic eating and drinking

Food Allergy and Food Intolerance

- If a child, young person or adult with a learning disability has a medically diagnosed food allergy, this needs to be taken extremely seriously. It is important that everyone understands the importance of avoiding contact with those foods that may trigger a serious reaction. Full information on the food allergy should be carefully recorded in individual's personal risk management plan.
- It is important that food allergies should be medically diagnosed. People with learning disabilities, their family, friends and support staff should be discouraged from attempting to restrict a person's diet due to a perceived allergy or intolerance, as this may make it difficult for the person to get all the nutrients they need. This is particularly true if foods such as milk or milk products or bread and other cereals are avoided.

Constipation

This is a common complaint amongst people with intellectual disabilities .It is mainly caused by lack of fibre, too little fluid and too little physical activity. It is important to act to prevent constipation rather than wait to treat it. The following is a list of people who are most at risk

- People who are immobile
- People who are on medication
- People with thyroid disorders
- People who are anxious
- People who have over-used laxatives
- People who have small appetites or only eat soft food
- People who don't eat many fruit or vegetables
- People with cerebral palsy

Some indicators that someone is constipated include reluctance to go to toilet, obvious discomfort, long periods spent in toilet, changes in eating habits, unexplained diarrhoea, unexplained change in behaviour, smearing faeces. Constipation should always be considered when food is refused.

Dysphagia

This term is used to describe eating and drinking disorders which may include difficulties in dealing with food or drink in the mouth, difficulties with movements of the mouth such as sucking or chewing and problems with swallowing. If you suspect someone of having difficulties in this area then onward referral to RSM is required to get support from relevant personnel.

Dyspepsia (Indigestion)

(i) Gastro-Oesophageal Reflux Disease (GORD)
This is caused by acid from the stomach entering the oesophagus causing pain and symptoms such as heartburn, painful swallowing, vomiting, vomiting blood and regurgitation and re-chewing of food. Individuals with cerebral palsy have an increased likelihood of suffering from this as well as those who are on anti-convulsant drugs, drugs which slow gastric emptying and benzodiazepines.

(ii) Functional Dyspepsia
This is due to the abnormal movement of stomach or oesophagus. Symptoms include a sense of fullness, refusal to eat and abdominal pain.

(iii)Structural Dyspepsia
This is caused by damage to the lining of the stomach or duodenum such as a gastric ulcer. Caused by helicobacter pylori, use of NSAID's (Aspirin, Ibuprofen and Diclofenac)

Pica

This term is used for the eating of non-food items. This can prevent the absorption of vital nutrients and can cause lead toxicity and blocked colon.

Polydipsia

This is the excessive drinking of non-alcoholic drinks in the absence of the physiological stimulus to drink or a condition such as diabetes. Acute excessive fluid consumption (more than five litres a day) can result in restlessness, confusion, lethargy, nausea, diarrhoea, vomiting etc.

Hyperphagia

This is an excessive appetite which is insatiable.

Rumination

This is continuous regurgitation and is associated with hiatus hernia and infections of the gastro-intestinal system.

Drooling

This can be as a result of problems with facial and palate muscles or as a side effect of medication.

Bruxism

This describes the grinding of teeth and can be associated with Rett Syndrome, Downs Syndrome, reflux and drugs.

Further Resources: the Caroline Walker Trust http://www.cwt.org.uk/

Effects of Drugs on Nutritional Status

Commonly used medicines which might impact on eating and drinking	
Psychotropic Medicines May be given to people with mental ill health, challenging behaviour, anxiety or depression	Can cause weight gain, craving for sugary foods, dry mouth and constipation and can affect swallowing function.
SSRI Drugs Given to treat depression, some eating disorders or other psychological difficulties	Can cause nausea, vomiting, diarrhoea and constipation and can affect swallowing function.
Lithium May be given to stabilise mood.	Can cause nausea, vomiting, diarrhoea, weight gain and excessive thirst.
Drugs for epilepsy	May cause constipation, diarrhoea, nausea, weight loss or weight gain and can affect swallowing function.
Diuretics, beta-blockers, drugs to manage incontinence and anti-histamines	Can cause dry mouth
Anti-dementia drugs	Can cause nausea, diarrhoea, vomiting, loss of appetite, weight loss and abdominal pain.

Further Resources: the Caroline Walker Trust http://www.cwt.org.uk/

6. Food Safety and Hygiene

- It is important to remind people about the importance of washing their hands with soap and water before eating meals or snacks and after going to the toilet.
- People should always wash their hands with soap and water before preparing food or before helping people to eat.
- People need to ensure they know how to store food safely, handle leftover food and cook and heat food appropriately.
- Anyone who has any form of eating difficulty should never be left unattended when eating or drinking, as they may choke.

Food Safety and Hygiene Tips

- Food that can go off at room temperature should not be left out for more than two hours. Food that can go off should be kept in a fridge or cool place below 8°C.

- Raw meats are a potential source of food poisoning bacteria and must be kept separate from cooked or ready-to-eat food at all times. To avoid any possibility of cross-contamination of cooked foods with raw foods in your fridge, it is important to always store raw meat, fish and poultry on the bottom shelf of your fridge, with cooked foods stored above them. This will prevent any drip from the raw meats from contaminating the cooked/ready-to-eat foods.

- Eggs should be kept in the fridge.

- Food stocks should be rotated (oldest used first) and food beyond its use-by date thrown away.

- If food is to be re-heated in order to be served warm then it should be heated until piping hot (70°C) for two minutes and then cooled down before serving.

- Avoid keeping food hot for long periods. Cool left-over foods quickly, cover and refrigerate, ideally within one to two hours.

- Insulated cool boxes, or a cool box with cool packs, should be used for carrying food when you take people on outings.

- Do not used unpasteurised milk, or milk-based products such as cheese and yoghurt made from unpasteurised milk.

- Root vegetables such as carrots and parsnips should always be peeled and topped and tailed. Fruit and vegetables to be eaten raw should be washed well.

- Whole pieces of nut should not be given to people who are at risk of choking. Ground nuts and chopped nuts can be included in foods where appropriate.

- Allergic reactions can be very serious. There should be a careful plan for choosing a safe and nutritious diet for anyone with a true food allergy.

7. Monitoring Peoples Nutritional Status

How do we know if someone is getting all the nutrients they need? When do we know if someone is becoming overweight or underweight?

It is important that we establish adults' BMI as this will help us to determine their nutritional status. There is a chart attached (appendix E) which will allow us to do this for adults who are 4ft 6 and over. For anyone below this height, we should consult with their GP about the best way to establish this.

Once we establish the BMI, we then use a screening tool called MUST (Appendix B) to determine their nutritional status. This should be completed for adults as part of individuals annual health review by named staff.

This tool will highlight whether an individual is at a low, medium or high risk of being compromised in this area. The nature of response will differ depending on level of risk identified.

(Establishing the BMI of a child is not as straightforward and so this should be done in conjunction with relevant health professional such as GP, school nurse, paediatrician, dietian)

Following the completion of the screening tool, there are <u>**three**</u> possible outcomes:

1. If someone is identified as being LOW risk then it is sufficient for those supporting that person to support them by using *guidance in relation to menu planning to plan weekly menus with them (appendix 1)*

   Or

2. If someone is identified as being MEDIUM risk then staff supporting the person should *record on a daily basis what that person is eating and drinking (appendix 3) in addition to weekly menu planning.* It may also be necessary to support the person to monitor their weight at this point. A tool to help with this is included in Appendix 4.

   Or

3. If someone is identified as being HIGH risk then staff supporting the person should *complete an internal referral form and forward it to RSM for onward referral to relevant clinical supports in addition to daily recording of food and fluids and weekly menu planning with person.*

Risk	Response
LOW	Menu Planning
MEDIUM	Menu Planning Daily Recording
HIGH	Menu Planning Daily Recording Onward referral to Clinical Supports

MENU PLANNER

Menu Plan for: ____ *(insert name)*		
Meal or Snack	**Weekday**	**Weekend Day**
First thing in the morning		
Breakfast		
During the morning		
Lunch		
During the afternoon		
Dinner		
In the evening		
Before bed		

NUTRITIONAL SCREENING – 'MUST'

Person's Name: ____________________________ Date: ______________________

Step 1 BMI Score — Total

Calculate BMI: refer to page 18 Weight (Stones or Kg): ______ Height (Feet or Metres): ______ BMI as per Chart: ______	Healthy = **Score 0** Underweight or Overweight = **Score 1** Very Overweight = **Score 2**

Step 2 Weight Loss Score — Total

Unplanned weight loss in the past 3 – 6 months

<5%	= **Score 0**
5-10%	= **Score 1**
>10%	= **Score 2**

OR If you are unable to weigh the person, use the following subjective criteria:

If you answer "Yes" to any of these questions, Score 1.

Is the person's clothes loose fitting? **Yes No**
Is the person's jewellery loose fitting? **Yes No**
Is there evidence of muscle wasting? **Yes No**
History of decreased food intake or reduced appetite? **Yes No**

Step 3 Acute Disease Effect Score — Total

If the person is acutely ill and there has been or is likely to be no nutritional intake for > 5 days

Score = 2

Step 4 Total MUST Score — Total

BMI Score ________________

Weight Loss Score ________________

Acute Disease Effect Score ________________

0 **LOW RISK** **Weekly Menu Planning**	**1** **MEDIUM RISK** **Daily Recording and Weekly Menu Planning**	**2 or more** **HIGH RISK** **Onward Referral**

Step 5 Categorise the Person

- **0 – Low Risk** ☐
- **1 – Medium Risk** ☐
- **2 – High Risk** ☐

RECORDING SHEETS FOR FOODS/FLUIDS

Weekly Food Journal

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Breakfast							
Lunch							
Dinner							
Snacks							
Calories							
Water							
Exercise							

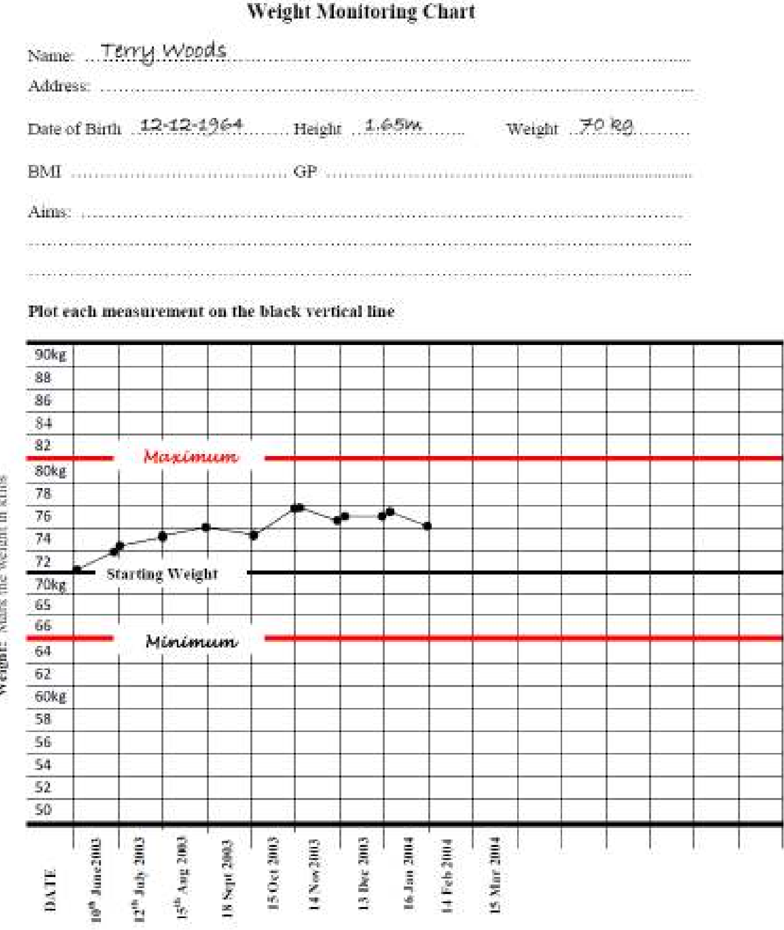
www.ClinicalNutritionCenter.com

Weight Monitoring Chart and Record

There are two forms attached. The Weight Monitoring Record provides a log of weight measurements, while the Weight Monitoring Chart allows these measurements to be illustrated over a time period. The aim of the Weight Monitoring Chart is to provide a simple visual record of weight change over a two year period. This chart allows each person's starting weight to be recorded as the central point. The boxes above and below this starting point can be annotated at 1kg intervals. Monthly weight measurements can then be plotted and recorded on each vertical line as shown in the example below.

Any significant upward or downward trend in a person's weight should alert staff to potential weight difficulties. The chart works best if a health professional can also add lines to the chart which suggest a minimum or maximum weight where intervention should be considered. These should be calculated very carefully as everyone is an individual and their particular circumstances should be taken into consideration. However, for someone who wants to maintain their weight, we suggest that the 'maximum' line is drawn at the equivalent to a BMI of 30 and the 'minimum' line at -5% of the starting body weight. For those who are trying to lose or gain weight, these lines should be adapted accordingly.

To be most effective, it is suggested that the lines should be drawn for one-year periods at a time and then reconsidered for the next period to reflect any weight changes that have occurred. Anyone concerned about any unexplained weight loss for an individual should always seek advice from the person's medical practitioner.



Monthly measurements: mark the date for each measurement

Weight Monitoring Chart

Name: ……………………………………………………………………………………….....

Address: ……………………………………………………………………………………..

Date of Birth ……………………… Height ……………….. Weight …………………

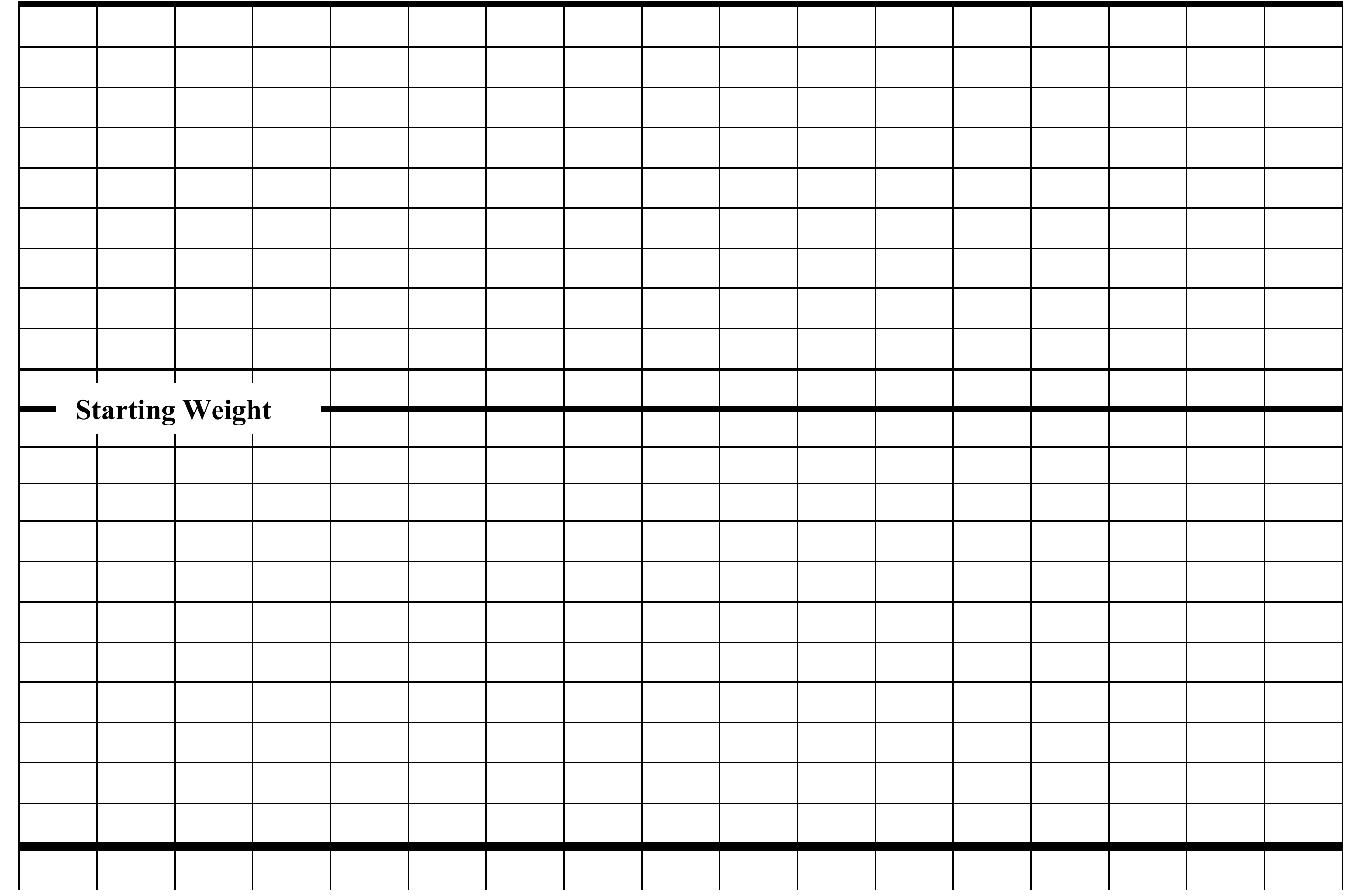
BMI ………………………………. GP ……………………………….........................

Aims: …………………………………………………………………………………

……………………………………………………………………………………………..

……………………………………………………………………………………………..

Plot each measurement on the black vertical line



Monthly measurements: mark the date for each measurement

Check with a health professional annually or more frequently if there are weight concerns.

Weight Monitoring Record:

Record the weight amount on this sheet and transfer across to the chart to illustrate the change in weight over time.

Name: …………………………… **Service/Centre:**……………………...

D.O.B: …………………………… **Height:** ……………………………...

Date	Weight (kg)	Weight Change (+/-)	BMI	Action

BMI CHART

height (m)

weight (kg)	1.38	1.42	1.46	1.50	1.54	1.58	1.62	1.66	1.70	1.74	1.78	1.82	1.86	1.90	1.94	1.98	weight (st/lbs)
150	79	74	70	67	63	60	57	54	52	50	47	45	43	42	40	38	23s 8
148	78	73	69	66	62	59	56	54	51	49	47	45	43	41	39	38	23s 3
146	77	72	68	65	62	58	56	53	51	48	46	44	42	40	39	37	22s 13
144	76	71	68	64	61	58	55	52	50	48	45	43	42	40	38	37	22s 9
142	75	70	67	63	60	57	54	52	49	47	45	43	41	39	38	36	22s 4
140	74	69	66	62	59	56	53	51	48	46	44	42	40	39	37	36	22s
138	72	68	65	61	58	55	53	50	48	46	44	42	40	38	37	35	21s 10
136	71	67	64	60	57	54	52	49	47	45	43	41	39	38	36	35	21s 5
134	70	66	63	60	57	54	51	49	46	44	42	40	39	37	36	34	21s 1
132	69	65	62	59	56	53	50	48	46	44	42	40	38	37	35	34	20s 10
130	68	64	61	58	55	52	50	47	45	43	41	39	38	36	35	33	20s 6
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112	59	56	53	50	47	45	43	41	39	37	35	34	32	31	30	29	17s 9
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104	55	52	49	46	44	42	40	38	36	34	33	31	30	29	28	27	16s 5
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98	51	49	46	44	41	39	37	36	34	32	31	30	28	27	26	25	15s 6
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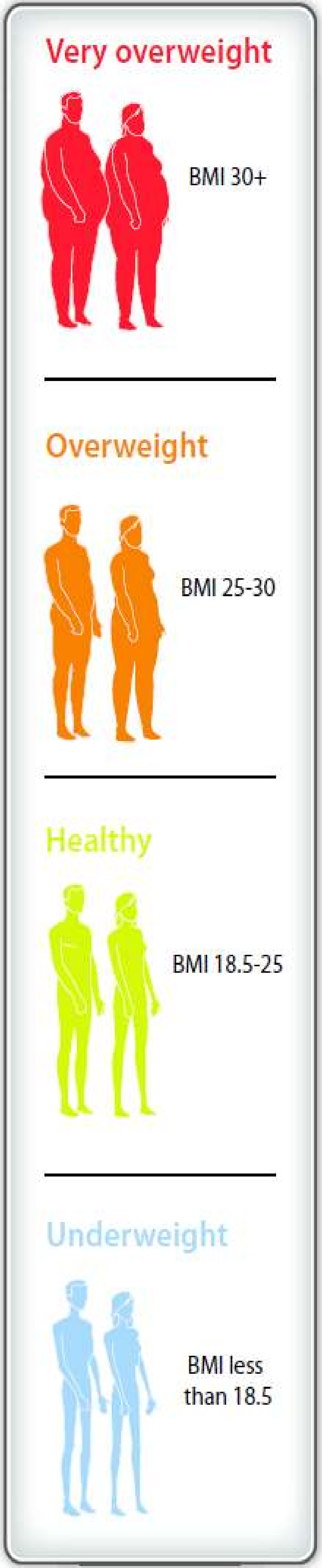
46	24	23	22	20	19	18	18	17	16	15	15	14	13	13	12	12	7s 3
44	23	22	21	20	19	18	17	16	15	15	14	13	13	12	12	11	6s 13
42	22	21	20	19	18	17	16	15	15	14	13	13	12	12	11	11	6s 9
40	21	20	19	18	17	16	15	15	14	13	13	12	12	11	10	10	6s 4
38	20	19	18	17	16	15	14	14	13	13	12	11	11	11	10	10	6s
36	19	18	17	16	15	14	14	13	12	12	11	11	10	10	9	9	5s 9
height (ft/in)	4'6½	4'8	4'9½	4'11	5'½	5'2	5'4	5'5½	5'7	5'8½	5'10	5'11½	6'1	6'3	6'4½	6'6	



References

- HIQA Regulations
- 1.9 Listening and Responding to People who Challenge - (Western Care Association Policies and Procedures)
- 1.6 Enabling People to enjoy Best Possible Health- (Western Care Association Policies and Procedures)
- NHI (Nursing Homes Ireland) Bulletin on HIQA Inspections (Issue 10)
- Eating Well: Supporting Adults with learning Disabilities Training Materials (The Caroline Walker Trust)
- Eating Well: Supporting Adults with learning Disabilities Nutritional and Practical Guidelines (The Caroline Walker Trust)
- Food Safety Authority of Ireland: Guidance Brochures regarding Hygienic Food Preparation and Handling
- Management of Hydration and Fluid Maintenance – courtesy of St. Attracta's Nursing Home (Charlestown, Co. Mayo)