


## BROTHERS OF CHARITY SERVICES IRELAND

### FOOD AND NUTRITION POLICY

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Approved by	Brothers of Charity Services Ireland		
Signed	 Bro. Alfred Hassett		
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## Table of Contents

1.0	Introduction.....	3
2.0	Policy Statement .....	3
3.0	Purpose .....	4
4.0	Scope .....	4
5.0	Legislation/other related policies .....	4
6.0	Glossary of Terms and Definitions .....	4
7.0	Roles and Responsibilities .....	5
8.0	Procedure.....	5
8.1	Education and Training .....	5
8.2	Menu Design, Food Preparation and Presentation.....	6
8.3	Communication and Empowerment .....	7
8.4	Facilities available for Eating and Drinking .....	7
8.5	Assessment, Screening and Care Planning .....	7
9.0	Revision .....	8
10.0	References/bibliography:.....	8
	Appendix 1 – Useful Resources and Websites .....	10
	Appendix 2 - Nutrition checklist.....	11

## **Ethos**

*'We are committed to working with people with an intellectual disability to claim their rightful place as valued citizens. Inclusion is a fundamental principle that underlies all aspects of our work. We believe in the intrinsic value of every person and we aim to further the dignity of all associated with our services.'*

*'We continue the Brothers of Charity Services' tradition of being open to the best contemporary influences. We want to be inspired by the most creative ideas ...and to ask how we give them concrete expression.'*

**The Brothers of Charity Services Ethos (2001), Going Forward Together.**

## **1.0 Introduction**

The Brothers of Charity Services endeavour to offer services/supports in local communities. This enables each person who is supported by our services to positively engage in the social and economic life of their local towns and villages and in doing so, develop a range of relationships that enhance their quality of life.

Our responses are based on the recognition of each person (who is supported by our service) as an individual, an equal citizen with equal rights and an absolute respect of that status. We, therefore, support each person to live their lives based on their own personal visions and choices, to identify and select their personal goals in life and to develop their personal plan to achieve those goals.

## **2.0 Policy Statement**

2.1 It is the policy of the Brothers of Charity Services to comply with best practice governance and accountability, as appropriate to health and social care agencies, state bodies and publicly funded organisations.

The Brothers of Charity Services are committed to ensuring that the nutritional needs of individuals supported by the Services are met by promoting best practice and ensuring that legislative and regulatory requirements are met.

The Services are committed to ensuring that individuals supported are offered a well balanced and nutritious diet which reflects the person's food preferences, cultural and religious considerations and which takes account of any assessed individual/special dietary requirements including modified diet and fluids.

The Services are committed to identifying individuals at risk of malnutrition/obesity by working closely with General Practitioners, Dieticians and Primary Care Teams.

### **3.0 Purpose**

- 3.1 The purpose of this policy is to ensure the nutritional needs of individuals supported by the Services are met by promoting best practice and ensuring that legislative and regulatory requirements are met.

### **4.0 Scope**

- 4.1 This policy applies to all staff working in the Brothers of Charity Services who support individuals around their food and nutrition.

### **5.0 Legislation/other related policies**

- Health Information Quality Authority (2013). National Standards for Residential Services for People with Disabilities. Dublin: Health Information and Quality Authority.
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- National Standards Authority of Ireland I.S. 340: 1994 Hygiene in the Catering Sector
- National Standards Authority of Ireland I.S. 343: 2000 Food Safety Management incorporating Hazard Analysis and Critical Control Point (HACCP)

### **6.0 Glossary of Terms and Definitions**

- **The Services** refers to the Brothers of Charity Services.
- **Staff** refers to all persons paid or unpaid who support individuals in our services
- **Nutritional care:** The basic duty of providing individuals supported by the Services with adequate and appropriate food, drinks and/or artificial nutrition.
- **Malnutrition:** is ' a state of nutrition in which a deficiency, excess or imbalance of energy, protein and other nutrients causes measurable adverse effects on tissue/body form (body, shape, size and composition), body function and clinical outcome' (Stratton et al, 2003). Malnutrition includes both under-nutrition and over-nutrition.
- **Modified Consistency:** Fluids and/or foods altered as per IASLT/INDI 2009 consensus document and recommended by the Speech and Language Therapist.
- **PCP** – refers to the Person Centred Plan, Personal Support Plan/Care Plan, or Individual Plan.
- **FEDS** – Feeding, eating, drinking and swallowing.

## **7.0 Roles and Responsibilities**

7.1 Where the Services are involved in supporting the nutritional care of an individual it is the responsibility of all staff involved in that care to read this policy and implement it appropriately in line with the needs and preferences of the individual.

7.2 Where the lead role in the nutritional care of an individual is with the family a partnership approach should be adopted.

7.2 It is the responsibility of Services Managers/Team Leaders to ensure that staff responsible for carrying out nutritional support have the relevant training, knowledge and practical skills to deliver this support.

This training should include:

- Heightening awareness for frontline staff in relation to the nutritional value of food;
- Ensuring that key staff have the ability to identify changes in individuals such as weight loss/gain, and changes in food habits,
- The process to be followed if there is a concern, and to which professionals staff should address such concerns to.

7.3 It is the responsibility of Services Managers/Team Leaders to ensure that staff receive training in safe food handling as appropriate to their role.

7.3 Additional staff responsibilities are detailed in the Procedure Section (8.0) as appropriate to their role.

## **8.0 Procedure**

### **8.1 Education and Training**

Training and education is vital to implement nutritional support successfully and can be an important factor in influencing best practice.

8.1.1 Individuals are supported to learn about healthy food choices, meal planning, cooking, and budgeting and money skills, in order that they may be as independent as possible in their meal planning. This can be done through the use of easy read materials designed for individuals with intellectual disabilities. A number of useful resources and websites are outlined in Appendix 1.

8.1.2 Staff supporting individuals identified as at risk of malnutrition will receive training in using and implementing appropriate Screening Tools e.g. MUST or NHS Nutrition Screening Tool

## **8.2 Menu Design, Food Preparation and Presentation**

- 8.2.1 Individuals are supported to plan the food shopping and meal options on a daily and/or weekly basis in so far as possible, bearing in mind people's different skill levels. Where required, meal choices should be provided using easy read /visual supports for accessibility.
- 8.2.2 It is the responsibility of the keyworker to ensure that any food preferences, dislikes, cultural, religious consideration, special dietary requirements or FEDS recommendations, are documented in the individual's plan.
- 8.2.3 Meals including choices should be varied, wholesome and nutritious, reflecting food preferences, seasonal variation, cultural, religious considerations, and any special dietary requirements.
- 8.2.4 Support staff are responsible for health promotion, ensuring that good nutrition and diet are part of an overall healthy lifestyle for individuals.
- 8.2.5 The 'food pyramid' should be used for planning nutritionally balanced, adequate meals including snacks and drinks.
- 8.2.6 Individuals are supported to exercise healthy food choices in their day to day lives. Their right to make their own choices however continues to be respected.
- 8.2.7 Individuals should have access to meals, refreshments and snacks as required and appropriate. Meals should be properly and safely prepared, cooked and attractively presented.
- 8.2.8 Food, including special diets and modified consistency diets, should be presented in a manner which is attractive and appealing in terms of texture, flavour and appearance, in order to maintain appetite and nutrition. All foods of a modified texture should be presented separately on the plate so that individuals experience different tastes and flavours. This is particularly important if the food has its form/texture changed for individuals with swallowing difficulties.
- 8.2.9 Staff involved in the nutritional support of individuals must ensure that food is always purchased, stored, prepared and presented in a safe and hygienic environment. Staff members should ensure that they are familiar with basic food safety and hygiene guidelines, and that these guidelines are followed in the home.
- 8.2.10 Where it is necessary to monitor and review an individual's specific dietary needs a Food/Fluid Intake Diary must be maintained.
- 8.2.11 Children can be supported to learn about healthy eating and make healthy choices in their weekly menus also. The Staff Support Team will liaise with each child's family around their dietary preferences.

### **8.3 Communication and Empowerment**

- 8.3.1 It is recognised that some individuals may not be able to develop the skills of more independent meal planning. Staff are responsible for encouraging these individuals to make what choices they can in their daily/weekly meal choices, (through each person's preferred communication methods).
- 8.3.2 Families have a vital role to play in the nutrition and health of individuals. Their involvement should be promoted, respected and encouraged. Staff members are also encouraged to liaise with family members in order to gain as much information as possible about a person's food preferences, if they cannot communicate this for themselves.
- 8.3.3 It is the responsibility of staff to look at a variety of ways to facilitate individuals to make informed choices around food based on their needs and abilities e.g. pictures, symbols and real life examples.
- 8.3.4 Where reasonable and practicable individuals will be supported to buy, store, prepare, and cook their own meals.

### **8.4 Facilities available for Eating and Drinking**

- 8.4.1 The environment meals are eaten in is important as it can have a major impact on nutritional intake. Staff must ensure that individuals have opportunities to choose location, time and variety of meal times as appropriate.
- 8.4.2 Staff must ensure that the eating environment is clean and that there is a relaxed atmosphere conducive to the individuals needs, and which allows opportunities for social interaction, unless otherwise stated in the FEDS, or behaviour support plan.
- 8.4.3 Any specific eating or drinking assistance needs will be clearly marked in each person's PCP, and staff must ensure that any such assistance is provided as required, and in an dignified, safe and appropriate manner.
- 8.4.4 To make mealtimes a time of pleasant social sharing, and where individuals choose this, staff should sit with the individuals they support during meals and snacks, and where appropriate share the same foods and drinks.

### **8.5 Assessment, Screening and Care Planning**

- 8.5.1 Where staff have a concern about the nutritional status of an individual or where a concern is highlighted as part of an individual's annual health review (e.g. unexplained weight loss; weight gain; loss of appetite etc.), the keyworker should complete the Nutrition Checklist (Appendix 2) as a quick screen to identify individuals at nutritional risk **and/or** make a referral to the GP.

- 8.5.2 Where there is an identified need around diet and nutrition, the individual will be referred to their GP and/or dietician, for ongoing advice and support. A plan detailing the individuals nutritional and hydration needs and specific interventions to address same will be developed. This will include recommendations for any ongoing referrals e.g. speech and language therapy, dental, medical etc.
- 8.5.3 Where appropriate, individuals will be referred to a medical, or speech and language professional, for particular feeding, eating, drinking or swallowing difficulties.
- 8.5.4 Any specific effects of medication on a person's nutritional status will be clearly marked in each person's PCP, and all staff members will be made aware of these possible effects during their induction process.
- 8.5.5 Where there may be an increased risk of penetration/aspiration or a choking incident, e.g. due to an individual being supported having epilepsy, any actions or protocols to minimise this risk will be documented in the individuals personal plan.

## **9.0 Revision**

- 9.1 This policy will be reviewed after 12 months of operation, or earlier in light of changing legislation, best practice or views of individuals supported, and thereafter at intervals of not more than three years.

## **10.0 References/bibliography:**

- British Dietetic Association (2012) Nutritional Care of Adults with a Learning Disability in Care Settings
- Caroline Walker Trust (2007) Eating well: children and adults with learning disabilities Nutritional and practical guidelines by Dr. Helen Crawley . London: CWT
- Community Nutrition and Dietetic Service Health Promotion Department Health Service Executive (2010) *A Guide to Therapeutic Diets for Community Hospitals.*
- Health Information Quality Authority Regulatory Guidance for Residential Services for Older People
- Health Information Quality Authority (2013). National Standards for Residential Services for People with Disabilities. Dublin: Health Information and Quality Authority.



- Health Act (2007) Draft Regulations (2013) Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities.
- INDI/ IASLT (2009) 'Irish Consistency Descriptors for Modified Fluids and Food' [online], available: [www.iaslt.ie/docs/public/information](http://www.iaslt.ie/docs/public/information) [accessed 25 Jul 2013].
- Malnutrition Advisory Group (2013) 'Malnutrition universal screening tool', [online], available: [http://www.hse.ie/eng/staff/PCRS/Online\\_Services/MUSTtool.pdf](http://www.hse.ie/eng/staff/PCRS/Online_Services/MUSTtool.pdf) [accessed 24 Jul 2013].
- National Standards Authority of Ireland I.S. 340: 1994 Hygiene in the Catering Sector
- National Standards Authority of Ireland I.S. 343: 2000 Food Safety Management incorporating Hazard Analysis and Critical Control Point (HACCP)

## Appendix 1 – Useful Resources and Websites

- *Your Guide to Healthy Eating using the Food Pyramid (HSE 2012)*
- *Food Pyramid Poster (HSE 2013)*
- BDA(2011)*Weight Management for Adults with a Learning Disability Living in the Community*
- Caroline Walker Trust (2011). *Eating well: supporting older people and older people with dementia Practical Guide* London: CWT
- Caroline Walker Trust (2009). *Eating well: supporting adults with learning disabilities Training materials for people working with adults with learning disabilities.* London: CWT
- Caroline Walker Trust (2004) *Eating well: for older people with dementia VOICES:* CWT
- NHS (2012) *Communication and Mealtimes Toolkit Helping people with dementia to eat, drink & communicate A guide for carers.*
- McCarron, M and Reilly, E. (2010) *Supporting Persons with Intellectual Disability and Dementia: Quality Dementia Care Standards A Guide to Practice.*
- *Understanding Food Labels and Healthy Eating Diet (HSE Health Promotion 2010)*
- *The State Hospital – Nutritional Screening Tool (NHS Scotland)*

### Useful Websites:

- <http://www.justlookandcook.ie/> (easy read cook book)
- Food safety/ HACCP website: <http://www.fsai.ie/>
- [http://www.healthpromotion.ie/publication/fullListing?category=Healthy\\_Eating](http://www.healthpromotion.ie/publication/fullListing?category=Healthy_Eating)
- Irish nutrition & Dietetic Association : <http://www.indi.ie/>
- 101 square meals: <https://www.mabs.ie/publications/educational/>
- National Standards Authority of Ireland <http://www.nsai.ie/>
- National Institute for Health and Care Excellence  
<http://www.nice.org.uk/guidance/index>
- Nutilis website: [www.nutricia.ie](http://www.nutricia.ie)
- Safe Food Website [www.safefood.eu/Healthy-Eating/Recipes](http://www.safefood.eu/Healthy-Eating/Recipes)
- [www.easyhealth.co.uk](http://www.easyhealth.co.uk) : easy read and accessible documents on the food pyramid categories.

## Appendix 2 Nutrition checklist

### Nutrition checklist

Name

Address

Date of birth

Name and position of person completing form

Date form completed

Please answer each question on the form by ticking the appropriate box or by writing your answer in the space provided.

#### 1 Food groups

Does the person eat the following types of food every day?

- |   |                             |                              |                                     |
|---|-----------------------------|------------------------------|-------------------------------------|
| a) Bread, cereals, potatoes, rice or pasta (at every meal)        | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
| b) Fruit or vegetables (at least 3-5 portions a day)              | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
| c) Milk or yoghurt (1/2 - 1 pint milk equivalent)                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
| d) Meat, fish, eggs or other meat alternatives (2 servings daily) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
| e) Fluids (at least 6 glasses a day)                              | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
| f) Does he or she nearly always finish a meal?                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |

If any of the answers are **No** or **Don't know**, please tick the **At risk** box on the right and go to section 2.  
If all your answers are **Yes**, go to section 2.

**At risk**

#### 2 Weight

Please refer to weight charts over the past year to help you complete this section.

- a) What is the person's height?
- b) What is his or her present weight?
- c) What was his or her weight one year ago?
- d) Has there been any unintentional weight gain during the last year? (More than 2kg.)
- e) Has there been any unintentional weight loss in the last year? (More than 2kg.)
- f) Is the person underweight?  
(Look at subcutaneous fat, prominence of bones such as ribs, muscle-wasting, frame size, fit and size of clothes.)
- g) Is the person overweight?  
(Look at subcutaneous fat, frame size, fit and size of clothes.)

If any of the answers are **Yes** or **Don't know**, please tick the **At risk** box on the right and go to section 3.  
If all your answers are **No**, go to section 3.

**At risk**

### 3 Nutrition-related problems

Please tick the boxes below to indicate if any of the following problems are putting the client nutritionally at risk.

a) Problems with swallowing, eg. choking	<input type="checkbox"/>
b) Problems chewing food	<input type="checkbox"/>
c) Small or poor appetite	<input type="checkbox"/>
d) Gastrointestinal symptoms, eg. loose stools, constipation, vomiting, regurgitation	<input type="checkbox"/>
e) Unable to feed himself or herself	<input type="checkbox"/>
f) Psychological reasons – eg. paranoia, depression or mania – leading to an altered food intake	<input type="checkbox"/>
g) Disease state influencing nutritional requirements – for example, cancer, stroke, pressure sores or multiple injuries	<input type="checkbox"/>
h) Other nutrition-related problem(s) (Please specify.)	<input type="checkbox"/>

If any of the boxes in a) to h) have been ticked, please tick the **At risk** box on the right.

**At risk**

If any of the **At risk** boxes have been ticked, advice should be sought from a medical practitioner or a dietitian.

Adapted from Bryant, Jones, M and Russell J (1998) Reliability and validity of a nutrition screening tool for use with clients with learning difficulties. *Journal of Mental Substitution and Disability*, 11, 41-50