

BROTHERS OF CHARITY SERVICES IRELAND

FOOD NUTRITION AND HYDRATION POLICY


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Table of Contents

1.0	Introduction.....	2
2.0	Policy Statement	2
3.0	Purpose	3
4.0	Scope	3
5.0	Legislation/other related policies	3
6.0	Glossary of Terms and Definitions	3
7.0	Roles and Responsibilities	4
8.0	Procedure.....	5
8.1	Education and Training	5
8.2	Menu Design, Food Preparation and Presentation.....	5
8.3	Communication and Empowerment	6
8.4	Facilities available for Eating and Drinking	6
8.5	Assessment, Screening and Care Planning	7
9.0	Revision	7
10.0	References/bibliography:.....	7
	Appendix 1 – Useful Resources and Websites	9
	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 Ireland 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 Ireland 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 Ireland 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).
- In order to fulfil its obligations as a Service Provider the Brothers of Charity Services Ireland is required to create and process records which hold both personal and sensitive data. These records are kept 'in confidence' and processed in strict accordance with the privacy and data protection rights of the individual. The BOCSI shares records only for the purpose of compliance with service delivery, health, and regulatory requirements. Data will be disclosed where required or authorised by law and in line with the General Data Protection Regulations.

6.0 Glossary of Terms and Definitions

- **FEDS:** Feeding, eating, drinking and swallowing.
- **Malnutrition:** A state of nutrition in which a deficiency, excess or imbalance of energy, protein or other nutrients, including minerals and vitamins, causes measurable adverse effects on body function and clinical outcome.
- **Nutritional care:** The basic duty of providing individuals supported by the Services with adequate and appropriate food, drinks and/or artificial nutrition.
- **PCP:** refers to the Person Centred Plan, Personal Support Plan/Care Plan, or Individual Plan.
- **Staff:** refers to all persons paid or unpaid who support individuals in our services

- **Texture Modified Foods:** Foods that have been physically altered to change their texture/ consistency. Altering food texture has demonstrated a therapeutic benefit for reducing the risk of choking.
- **The International Dysphagia Diet Standardisation Initiative (IDDSI)** The *International Dysphagia Diet Standardisation Initiative Framework* (IDDSI, 2015), known as IDDSI, is an international framework that has been developed to standardise and guide the management of swallowing difficulties. This international framework provides common terminology to describe the texture of foods and drink thickness on a continuum of 8 levels (Level 0 – 7) of modification. It can be used for individuals of all ages, in all care settings, and across all cultures. IDDSI replaces the Irish Consistency Descriptors for Modified Fluids and Food: Consensus Document (Nov 2009). The transition to IDDSI took place in Ireland between September 2019 and 30th March 2020.
- **The Services:** refers to the Brothers of Charity Services Ireland.
- **Therapeutic Diet:** is modified from a 'normal' diet and is prescribed to meet a medical or special nutritional need e.g. diabetes, coeliac disease. It is part of a clinical treatment and in some cases can be the principle treatment of a condition.
- **Thickened Drinks and Liquidized Food:** The rate of flow of drinks or liquidized foods may be altered by the addition of a commercially available thickener or a natural thickening agent to enhance the safety of an individuals swallow.

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 Service Managers/Team Leaders to ensure that staff are aware of the signs of a swallowing difficulty or choking risk.
- 7.4 It is the responsibility of Service Managers/Team Leaders to ensure that staff receive training in safe food handling as appropriate to their role.
- 7.5 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
- 8.1.3 Staff supporting individuals at risk of aspiration or choking will receive training on identifications of swallowing difficulties, the IDDSI Framework and IDDSI Testing Methods.

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, FEDS recommendations 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 Therapeutic diets and Texture Modified Foods and Drinks (IDDSI) 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. Staff preparing or serving modified food or drink should be familiar with the IDDSI Testing Methods on www.iddsi.org
- 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, 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
- HSE (2018) Food, Nutrition and Hydration Policy For Adult Patients in Acute Hospital.
- HSE (2019) Implementation Toolkit for the Food Nutrition and Hydration Policy For Adults Accessing Disability Residential Services in draft.
- HSE (2019) Implementation Toolkit for the Food, Nutrition and Hydration Policy For Adult Patients in Acute Hospitals.
- HSE (2020) Food Nutrition and Hydration Policy For Adults Accessing Disability Residential Services in draft.
- Malnutrition Advisory Group (2013) 'Malnutrition universal screening tool', [online], available: 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

- *HSE Your Guide to Healthy Eating using the Food Pyramid*
- *HSE Food Pyramid Poster*
- 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
- IASLT (2010) *Guidelines for Speech and Language Therapists on Assessment and Management of Eating, Drinking and Swallowing Difficulties (EDS) in Adults with Intellectual Disability (AWID)*. IASLT: Dublin Retrieved from: <https://www.iaslt.ie/membership/documents/Clinical%20Guidelines%20and%20Procedures/IASLT%20Guidelines%20on%20Assessment%20and%20Management%20of%20EDS%20in%20AWID.pdf>
- INDI & IASLT (2014) *Management of FEDS Difficulties in the Residential Care Setting A consensus document developed by the Irish Nutrition and Dietetics Institute and the Irish Association of Speech and Language Therapists 2014*. INDI & IASLT: Dublin Retrieved from: [https://www.iaslt.ie/membership/documents/Clinical%20Guidelines%20and%20Procedures/Management of FEDS in residential care setting INDI IASLT 2014.pdf](https://www.iaslt.ie/membership/documents/Clinical%20Guidelines%20and%20Procedures/Management%20of%20FEDS%20in%20residential%20care%20setting%20INDI%20IASLT%202014.pdf)
- 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
- 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>
- Safe Food Website www.safefood.eu/Healthy-Eating/Recipes
- www.easyhealth.co.uk : easy read and accessible documents on the food pyramid categories.
- www.iddsi.org implementation and resources
- www.hseland.ie HSE IDDSI Implementation Pack

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 (1½ – 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.

- What is the person's height? _____
- What is his or her present weight? _____
- What was his or her weight one year ago? _____
- Has there been any unintentional weight gain during the last year? (More than 2kg.) ☐ No ☐ Yes ☐ Don't know
- Has there been any unintentional weight loss in the last year? (More than 2kg.) ☐ No ☐ Yes ☐ Don't know
- Is the person underweight? ☐ No ☐ Yes ☐ Don't know
(Look at subcutaneous fat, prominence of bones such as ribs, muscle-wasting, frame size, fit and size of clothes.)
- Is the person overweight? ☐ No ☐ Yes ☐ Don't know
(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
- b) Problems chewing food
- c) Small or poor appetite
- d) Gastrointestinal symptoms, eg. loose stools, constipation, vomiting, regurgitation
- e) Unable to feed himself or herself
- f) Psychological reasons – eg. paranoia, depression or mania – leading to an altered food intake
- g) Disease state influencing nutritional requirements – for example, cancer, stroke, pressure sores or multiple injuries
- h) Other nutrition-related problem(s)
(Please specify.)

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: Bryan F. Jones JM and Russell L (1998) Reliability and validity of a nutrition screening tool to be used with clients with learning difficulties. *Journal of Human Nutrition and Dietetics*; 11: 41-50

