

AND NOW FOR THE MAIN COURSE

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The recent publication by the Department of Health (DH) of the Nutrition Action Plan provides practical advice on steps that can be taken to avoid residents becoming malnourished. Les Bright welcomes the fruits of campaigners' work.

Campaigning for change

Last year Age Concern England (ACE) published a powerful report on older people's experiences of food and mealtimes in hospital. It was based on information

collected from patients and their families on the difficulties faced by vulnerable older people whilst in hospital. Many older patients are unable to communicate due to either physical frailty or mental incapacity and, as a consequence, may experience a

Are meals the highlight of the day in your organisation?

AND NOW FOR THE MAIN COURSE

► sense of abandonment that in practical terms may mean going hungry and thirsty. Additionally, more than 500 nurses participated in the survey and among those responding, 90 per cent reported that they were frequently too busy to assist patients with eating and drinking. These findings may echo with readers' own experiences either visiting a family member or friend or in their professional capacity where someone in their care returns home after a period in hospital, weighing less than when they were admitted.

Media reactions were predictably and appropriately strong and condemning and as a consequence the ACE report attracted lots of attention from politicians and the public at large. The minister vowed to take steps to turn round an obviously unacceptable situation and set about organising a 'summit' to which around 30 stakeholder organisations representing a wide range of interests were invited. The purpose of this meeting was to produce a plan of action to address nutritional care in hospitals, care homes and the community.

Hospitals and homes – together?

Of course, people working in the care sector could feel aggrieved that poor hospital practice led to yet more negative press interest, in which homes and hospitals were lumped together and seen to be equally guilty of ignoring and failing to support vulnerable elderly people. This must be especially galling to those who have put a great deal of effort into providing good balanced menus, widening choice and improving practices so that mealtimes can be, as the title of the Commission for Social Care Inspection report would have it 'Highlight of the day?'. In the course of my work, I talk to many residents who frequently make positive comments on the variety of meals from which they are able to choose what they will eat. Many of them freely admit that they are eating a more balanced diet than when they looked after themselves. People describing a period of ill health, leading to a stay in hospital, rarely offer similar views on meals they had there without prompting, although to be fair that is perhaps unsurprising given that illness may have interfered with their appetite and enjoyment of food.

But evidence from inspections suggests that there are still a significant number of care homes that are struggling to meet the standards on meals and mealtimes. So while the situation is clearly better than in past years and is continuing to improve, there is no



There is good practice available.

cause for complacency, given the frailty of many of the resident population.

The panel below draws on various published sources to highlight why care operators should take the issue of nutritional care seriously.

The Nutrition Summit

It was against this backdrop of the health and nutritional status of older people, widespread concern about failures in meeting such basic needs, and determination to be seen to be taking the issues seriously that the DH convened the Nutrition Summit in March 2007.

Evidence of a range of good practice in combating some of the problems, such as the 'red tray' system used in some hospitals to identify people needing assistance to eat, had already begun to emerge and a number of key agencies had started working on related topics before the ACE report or media and ministerial interest.

For example, the Food Standards Agency had turned its attention to care homes by publishing guidance on nutrient provision along with example menus and the CSCI had also produced guidance for inspectors on the need for nutritional assessment to be carried out as part of their work ensuring that homes function well and provide a good quality of life for the residents. The summit has provided additional impetus to these and other initiatives and has led to a series of collaborative activities. The English Community Care Association is working with the National Association for Care Catering and the water industry exploring the benefits, and challenges, that homes have faced in making use of *The Hydration Best Practice Toolkit for Care Homes*, so as to promote its use even more widely.

Priorities for action

The DH's Nutrition Action Plan sets out five key priorities for action:

- To raise awareness of the link between nutrition and good health and that malnutrition can be prevented;
- To ensure that accessible guidance is available across all sectors and that the most relevant guidance is

Why nutrition is important

- 40 per cent of older people admitted to hospital are malnourished on arrival;
- 60 per cent of older people are at risk of becoming malnourished or their situation getting worse in hospital;
- Patients over 80 years of age have a five times higher prevalence of malnutrition than those under 50; and
- Up to 50 per cent of older people in general hospitals have mental health needs.

AND NOW FOR THE MAIN COURSE

- appropriate and user-friendly;
- To encourage nutritional screening for all people using health and social care services, paying particular attention to those groups that are known to be vulnerable;
- To encourage provision and access to relevant training for front-line staff and managers on the importance of nutrition for good health and nutritional care;
- To clarify standards and strengthen inspection and regulation.

These are ambitious goals, made attainable by translating them into a series of 'bite-sized chunks' that address and respond to everyday activities. There are 30 specific actions identified, many of which require the stakeholders to take action within their own organisations, as well as to participate in broader work with others. These are followed through with a series of suggestions on actions to be taken by local authorities, health trusts, elected members, voluntary organisations and consumer groups. Readers will be pleased to see that it is suggested that healthcare commissioners should ensure that there is access to dietitians for all people, including those living in care homes.

Nutrition guidance

1. Undertake nutritional screening in line with the NICE guidelines <http://www.nice.org.uk/nicemedia/pdf/CG032NICEguideline.pdf> which state that all people should be screened on admission to a care home.
2. Implement appropriate nutrition care plans following screening.
3. Prioritise training for staff in nutritional care and assistance with eating [www.skillsforcare.org.uk/files/ks%20nutrition+wellbeing%20kt\(1\).doc](http://www.skillsforcare.org.uk/files/ks%20nutrition+wellbeing%20kt(1).doc).
4. Use the information, guidance, toolkits and best practice in the 'mealtimes' section of the dignity in care online practice guide www.scie.org.uk/publications/practiceguides/practiceguide09/mealtimes/index.asp.
5. Consider recruiting and training volunteers to assist residents at mealtimes www.relres.org.

“ Residents frequently make positive comments on the variety of meals they can choose from. ”

the individual support necessary for residents needing help at mealtimes, is perhaps more controversial than any of the others. Some homes welcome, or even positively encourage, relatives to play such a role and there is a long established tradition of volunteer involvement in a wide variety of care services, including hospices. Finding volunteers may prove difficult but

local authorities, or branches of the national charities that have supported the action plan may be a first port of call. The Relatives and Residents Association recently published a report describing volunteers as 'an underused resource' that could be used to support the work of paid staff – setting out to improve the staff/resident ratio by drawing in volunteers will be a useful test of that suggestion.

Focusing on care homes

The panel above contains a number of suggestions specifically for care homes.

Hard-pressed managers may, understandably, take the view that this is just the latest in a long list of passing initiatives, which will go out of fashion as quickly and a good deal more quietly than the manner in which it became a priority area for attention. Leaving aside any cynicism, but recognising the competing pressures on a manager's time, it is good to be able to point to the availability of so much guidance and examples of existing good practice and innovations online, making it so much easier to select materials suited to a home's specific situation.

It is also clear that the way in which mealtimes are managed is part of the task of creating a climate in which residents' dignity is protected and promoted. Establishing individuals' preferences and responding to any medical needs that affect what they are permitted to eat is integral to good person-centred care and really does make a difference to residents' wellbeing, as well as their physical health.

Volunteering in homes

The suggestion that volunteers may be an answer to the problem of having sufficient staff available to provide

Finally

A Delivery Board chaired by Age Concern's Director General will monitor progress against the plan. Given that his organisation was responsible, in large part, for flushing out some of the appalling practices that had been going on in hospitals it is to be hoped that he will prove to be a hard taskmaster, determined to see words converted into actions.

Eating well, enjoying food in pleasant surroundings and receiving assistance, if necessary, ought not to be a source of problems for managers and staff, but rather an opportunity to demonstrate how well care homes look after vulnerable people.

Managers who take on the ideas contained within the action plan are likely to receive good feedback about the extent to which residents and their families feel safe, satisfied and secure. So, it's well worth investing time and effort.

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