

Nutrition and Hydration Policy



Adult Social Care

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Nutrition and Hydration Policy

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CQC Assurance Key Areas:

This policy document supports CQC Assurance Key Areas (detailed in section 14):

Safe	Effective	Caring	Responsive	Well-led
●	●	●	●	●

This document is not controlled when printed.

It is the responsibility of every individual to ensure that they are working to the most current version of this document.

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1. Introduction

- 1.1. This policy outlines the guidelines and procedures to prevent malnutrition and dehydration among people receiving care through Central Bedfordshire Council's Adult Social Care, Care and Support Services.
- 1.2. The National Institute for Health and Care Excellence defines a person as being malnourished if they have:
 - A body mass index (BMI) of less than 18.5kg/m²
 - Unintentional weight loss greater than 10% within the past three to six months
 - A BMI less than 20kg/m² and intentional weight loss greater than 5% within the past 3 to 6 months
- 1.3. Nutrition and hydration are essential components of delivering quality care in adult social care settings. This policy emphasises the importance of adopting a "Food First" approach, prioritising the delivery of nourishing meals and hydration to safeguard the health and wellbeing of people who use the services.

2. Legislation and Regulatory Framework

- 2.1. This policy has been reviewed with reference to the following:
 - [The Care Act 2014](#): This act emphasises the responsibility of local authorities to promote the wellbeing of individuals, which includes ensuring adequate nutrition and hydration.
 - [Care Quality Commission \(cqc.org.uk\) - Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) - Regulation 14: Meeting nutritional and hydration needs.
 - [NICE Guidelines](#): The National Institute for Health and Care Excellence (NICE) provides evidence-based guidelines on nutrition support for adults and managing malnutrition, which are applicable in various care settings.

3. Nutritional Assessment and Screening

- 3.1. All persons upon admission and routinely thereafter will undergo a nutritional assessment using the Malnutrition Universal Screening Tool (MUST). (See appendix 1)
- 3.2. The staff member completing the paperwork must determine if the person has any allergies or dietary requirements, whether medical, cultural, or ethical, before offering food.
- 3.3. Staff will utilise the MUST to assess BMI, unintentional weight loss, and acute disease effect to determine the risk of malnutrition.
- 3.4. Click [here](#) to access the online 'MUST' calculator. The calculator helps determine nutritional risk by either using objective measurements to calculate a score and determine a risk category, or by using subjective criteria to estimate a risk category without providing a score.
- 3.5. Staff to document assessment findings and implement appropriate interventions based on the MUST score and the person's needs.

Oral Health checks

3.6. Oral health significantly affects the ability to eat. An oral health assessment must be conducted within the first three days following admission and reviewed as necessary, or at least quarterly. Any concerns or changes in a person's oral health should prompt a review of the oral health assessment, with a referral to a dentist made if appropriate.

Speech and Language Therapist (SALT) assessments

3.7. A person may have difficulty swallowing, known as dysphagia, which can affect their ability and willingness to eat and drink. Signs of dysphagia may include:

- Reduced, slow chewing
- Coughing or choking during or after eating/drinking
- Recurrent chest infections
- Regurgitation of food
- Sensation of food sticking in the throat
- Increased or persistent drooling
- Gurgling, 'wet' sounding voice after eating/drinking.

3.8. If a person shows any of these signs, contact GP and request a referral to be made to the Speech and Language Therapy (SALT) for a swallowing assessment. SALT can offer support and make recommendations on managing swallowing problems, such as using a fluid thickener and/or a texture-modified diet. It is important to follow the recommendations from the SALT assessment when modifying a person's diet. [The International Dysphagia Diet Standardisation Initiative \(IDDSI\)](#), is used when a person's diet requires modification. This will be recorded following a SALT assessment and must be accurately reflected in the person's care plan.

3.9. Those involved in preparing and serving meals must understand the dietary requirements of each person to ensure meals are safely prepared and people are given the necessary support.

4. Food First

4.1. The Food First Initiative is a program aimed at reducing the risk of malnutrition among people living in nursing and residential home settings. The initiative provides guidelines and recommendations for care staff to ensure that people receive adequate nutrition to support their health and well-being.

4.2. Key components of the Food First Initiative typically include:

- **Promotion of Nutritious Food Choices:** Encouraging people to consume a variety of nutritious foods, including fruits, vegetables, whole grains, lean proteins, and dairy products.
- **Portion Control and Balanced Meals:** Providing guidelines for portion sizes and balanced meals to ensure that people receive adequate nutrients without overeating or under-eating.
- **Incorporation of Fruits and Vegetables:** Encouraging the consumption of at least five portions of fruits and vegetables per day, which can include fresh, frozen, canned, and juiced options.

- **Emphasis on Carbohydrates:** Recommending that foods like bread, potatoes, and pasta make up approximately one-third of a person's diets, as carbohydrates are important sources of energy.
- **Promotion of Dairy Products:** Recommending the inclusion of dairy products such as milk, cheese, and yogurt in a person's diet to provide essential nutrients like calcium and protein.
- **Personalised Dietary Considerations:** Recognizing the importance of considering individual dietary preferences, allergies, cultural considerations, and medical conditions when planning meals and snacks for people.

Fortification

- 4.3. Fortified meals or drinks have added ingredients to increase energy and protein without increasing portion size. These are for people at medium or high risk of malnutrition, identified by the Malnutrition Universal Screening Tool (MUST). (See [section 3](#)).
- 4.4. If a person is not eating well and losing weight, they may lack important vitamins and minerals. Encourage them to eat a variety of foods, including fruit and vegetables. People with very restrictive diets may need a multivitamin and mineral supplement. If you have any concerns, refer to their GP or dietitian for advice.
- 4.5. By implementing the Food First Initiative, staff can help ensure that people receive the nutrition they need to maintain their health and quality of life, while also reducing the risk of malnutrition and related health issues.
- 4.6. For further information and contact details visit: [Food First Team \(cambcommunityservices.nhs.uk\)](https://cambcommunityservices.nhs.uk)

5. Dietary Requirements

Diets for Medical Reasons

- 5.1. If a person has specific dietary requirements, all staff involved in their care must fully understand these needs, along with their preferences. This could include conditions such as diabetes, coeliac disease, allergies, modified texture diets, and weight management needs. These diets should only be provided based on a professional assessment.

Diets for Religious or Cultural Beliefs

- 5.2. People's beliefs and cultural backgrounds must be respected, and appropriate food should be provided, such as kosher and halal options. During periods of fasting, if a person wishes to participate, their needs must be met with suitable foods.
- 5.3. See table below for examples of cultural and religious considerations, please note that this list is not exhaustive, and food rules can vary between denominations, people may also observe these rules with different levels of commitment.

Table 1: Cultural, philosophical and religious considerations							
A guide to food choices commonly observed by different religions and cultures							
	Jewish	Sikh	Muslim	Hindu¹	Buddhist	Rastafarian²	Vegan
Eggs	No Blood-spots	Yes	Yes	It varies	It varies	It varies	No
Milk/Yogurt	Not with meat	Yes	Yes	Yes	Yes	It varies	Calcium fortified from plant source only
Cheese	Not with meat	Yes	It varies	Yes	Yes	It varies	Vegan cheese only
Chicken	Kosher	It varies	Halal	It varies	No	It varies	No
Lamb/Mutton	Kosher	It varies	Halal	It varies	No	It varies	No
Beef/beef products	Kosher	No	Halal	No	No	It varies	No
Pork/pork products	No	Rarely	No	Rarely	No	No	No
Fish	With scales, fins and back bone	It varies	It varies	With fins and scales	It varies	Yes	No
Shellfish	No	It varies	It varies	It varies	No	No	No
Butter/Ghee	Kosher	Yes	Yes	Yes	No	It varies	No Vegan spreads such as nut spreads
Lard	No	No	No	No	No	No	No
Cereal foods	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nuts/Pulses	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fruit/Vegetables³	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fasting⁴	Yes	Yes	Yes	Yes	Yes	Yes	No

¹ Strict Hindus and Sikhs will not eat eggs, meat, fish and some fats

² Some Rastafarians are vegan

³ Jains have restrictions on some vegetable foods. Check with the individuals

⁴ Fasting is unlikely to apply to young children

Source: Food & Nutrition in Care Homes for older People, Llywodraeth Cymru Welsh Government

Vegans and Vegetarians

- 5.4. **Vegans:** Vegans do not eat any food of animal origin. Their diets need careful planning to ensure all nutritional needs are met, and the food should not be compromised. Guidance on vegan diets can be found on the [NHS website](#). Additional supplements may be needed, and professional advice should be sought if there are concerns.
- 5.5. **Vegetarians:** Vegetarianism is not considered a specialist dietary requirement. Balanced vegetarian meals are suitable for all people, and vegetarian options should be included in weekly meal planning.

Food Allergies and Intolerances

- 5.6. All staff involved in preparing and serving food must understand the allergens present in the food.
- 5.7. **Allergies:** This is usually an immediate immune system reaction to an allergen and can cause symptoms like diarrhoea, rash, wheezing, swelling of the lips, tongue, or throat, and in severe cases, anaphylaxis. Immediate medical advice should be sought if any of these symptoms appear.
- 5.8. **Intolerances/Sensitivities:** These are usually gradual reactions over time and do not involve the immune system. However, if symptoms are identified, medical advice should be sought.
- 5.9. For more information see the Food Safety & Food Allergies Policy.

6. Mealtime Support and Assistance

- 6.1. Flexibility at mealtimes is important to meet people's needs and preferences. Meals should be planned to suit different appetites and allow flexible serving times, following safety standards. Consider the best times for main and lighter meals based on people's habits, as this can affect the appetite of those who eat later. Options should be available for people who do not want to eat at set times, ensuring appropriate choices are always offered.
- 6.2. Respect people's autonomy and dignity by offering choices, respecting their preferences, and eating pace.
- 6.3. Ensure people receive adequate support and assistance with meal preparation, eating, and drinking as needed.
- 6.4. Foster a positive dining environment that promotes social interaction and enjoyment of meals.

7. Hydration Management

- 7.1. Encourage adequate fluid intake throughout the day to maintain hydration and prevent dehydration.
- 7.2. Provide access to water and other hydrating beverages and encourage individuals to drink fluids regularly.
- 7.3. Monitor fluid intake, output, and intervene promptly in cases of dehydration or fluid imbalance.
- 7.4. On hot summer days, people are at risk of dehydration. Staff should ensure there are plenty of jugs of water and juice available and encourage frequent drinking. For further information

see [Supporting vulnerable people before and during hot weather: social care managers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/supporting-vulnerable-people-before-and-during-hot-weather-social-care-managers)

7.5. People who make modified fluids (thickened) are also at greater risk of dehydration.

Signs of dehydration

- Confusion
- Headaches
- Tiredness
- Lack of concentration
- Risk of falls
- Constipation
- Urinary tract infection (UTI)

7.6. For further information see [BDA hydration in older adults](https://www.bda-nutrition.org/older-adults)

8. Nutrition Education

- 8.1. Provide nutrition guidance to people, families, and care staff on the importance of healthy eating and hydration.
- 8.2. Offer guidance on portion control, food selection, and strategies to address common nutrition-related concerns.
- 8.3. Empower people to make informed decisions about their dietary intake and lifestyle habits.
- 8.4. Further information is available at Cambridge Community Services NHS Trust: [A guide to good nutrition in older age \(cambscommunityservices.nhs.uk\)](https://www.cambscommunityservices.nhs.uk/good-nutrition-in-older-age)
- 8.5. For further information on spotting and treating malnutrition see [BDA malnutrition](https://www.bda-nutrition.org/malnutrition)

9. Training

- 9.1. Provide training to staff on nutrition principles, hydration management, and the use of the MUST tool.
- 9.2. Ensure staff members have the knowledge and skills to identify signs of malnutrition, dehydration, and swallowing difficulties, and intervene appropriately.
- 9.3. Offer ongoing professional development opportunities to enhance staff competency in nutrition and hydration care.

10. Documentation and Monitoring

- 10.1. Document nutritional assessments, MUST scores, dietary interventions, and hydration status in the person's care and support plans.
- 10.2. Use standardised documentation forms to ensure accuracy, consistency, and confidentiality of nutrition-related information.
- 10.3. Monitor and evaluate nutritional outcomes, weight changes, and fluid balance regularly to assess the effectiveness of interventions.

11. Safeguarding

- 11.1. Incidents relating to nutrition & hydration may not automatically trigger a safeguarding concern. The initial responsibility to respond and manage an incident is with the registered managers. Safeguarding concerns arise when an incident points to the possibility of abuse, neglect or acts of omission. This may include failure to adhere to the requirements set out within this policy, such as a failure to adequately assess a need or follow a care plan, as well as deliberate ill treatment. An assessment of known events leading up to and following an incident should inform a decision to report safeguarding concerns to the local authority.
- 11.2. Where any uncertainty exists, this should be discussed with the service manager/ senior manager or advice sought from the Safeguarding Team: 0300 300 8122.
Email: adult.protection@centralbedfordshire.gov.uk

12. Equality and Diversity

- 12.1. All Adult Social Care policies are accompanied by an Equality Impact Assessment (where applicable) and an implementation plan that sets out monitoring and reporting arrangements available in relation to this policy.
- 12.2. We will be proactive, putting in place arrangements to ensure that we do not unfairly discriminate against individuals on the grounds of their protected characteristics.
- 12.3. We will provide culturally appropriate care (also called 'culturally competent care'). We will be alert and responsive to people's cultural identity or heritage. People's preferences regarding their food choices will be respected and carefully considered.
- 12.4. Care Quality Commission (CQC) states "Cultural identity or heritage can cover a range of things. For example, it might be based on ethnicity, nationality, or religion. Or it might be to do with the person's sexuality or gender identity. Lesbian, gay, bisexual, and transgender people have a particular culture. So do Deaf people who use British Sign Language."
- 12.5. Examples of culturally appropriated care involving food and drink:
- Making assumptions about people's preferences, including assumptions about their cultural background. For instance, not all South Asian or African people enjoy spicy food.
 - Dietary restrictions such as Kosher or Halal diets by preparing food separately to prevent cross-contamination. Providing reassurance about food preparation methods may be necessary to ensure their comfort in consuming it.
 - Food refusal, as some cultures may view it as polite to decline food and drink initially, you might need to offer it more than once.
 - Cultural differences in eating habits, such as using utensils or eating with hands.
 - If a person's cultural preferences seem to change, particularly in cases of dementia, consider whether the Mental Capacity Act applies to assess if the person lacks capacity or has simply altered their preferences.

13. Relevant Policies

- Food Safety & Food Allergies
- Falls Prevention and Management

- Bedfordshire Safeguarding Adults Policy and Procedures

14. Monitoring and Reporting Arrangements

- 14.1. The implementation of this policy and procedures will be monitored by managers via regular audits and supervision. The results of these audits will be reported to Operations Manager, the Head of Service and during managers meetings.
- 14.2. All Adult Social Care will implement the policy and review its on-going application in practice, staff to reflect on the requirements of people who use the service.
- 14.3. A key factor in implementing the policy is to ensure that all those involved in meeting the healthcare needs of people receive appropriate training and on-going support to meet these needs.
- 14.4. Induction training will be delivered when a member of staff joins the service. On-going training will be provided to meet the individual needs of people.
- 14.5. This policy supports the Care Quality Commission (CQC) Assurance Key Areas and Statements below:

Key question:	Quality statements we will use to assess quality
Safe	<p>Learning culture</p> <p>We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learnt to continually identify and embed good practices.</p> <p>Safeguarding</p> <p>We collaborate with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately.</p> <p>Safe and effective staffing</p> <p>We make sure there are enough qualified, skilled, and experienced people, who receive effective support, supervision, and development. They work together effectively to provide safe care that meets people's individual needs.</p>
Effective	<p>Assessing needs</p> <p>We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.</p> <p>Consent to care and treatment</p> <p>We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.</p>

Caring	<p>Treating people as individuals We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.</p> <p>Independence, choice and control We promote people's independence, so they know their rights and have choice and control over their own care, treatment, and wellbeing.</p> <p>Responding to people's immediate needs We listen to and understand people's needs, views, and wishes. We respond to these in that moment and will act to minimise any discomfort, concern, or distress.</p>
Responsive	<p>Person-centred care We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.</p> <p>Equity in access We make sure that everyone can access the care, support, and treatment they need when they need it.</p>
Well-led	<p>Governance, management, and sustainability We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.</p>

14.6. Information regarding CQC Assurance statements is available here: [Key questions and quality statements - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/key-questions-and-quality-statements)

15. Evaluation and Review

15.1. This policy will be reviewed 2 yearly. In addition, the policy will be amended when new legislation is introduced, including identification of risks identified during investigations, to ensure that the services are meeting the needs of people safely.

16. References

Nutrition support in adults Quality standards 24 NICE	Malnutrition Universal Screening Tool (bapen.org.uk)
FoodFirst (cambcommunityservices.nhs.uk)https://www.bapen.org.uk/must-and-self-screening/introducing-must/	https://www.bapen.org.uk/must-and-self-screening/introducing-must/
Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition Guidance CG32 NICE	NHS England » Providing proactive care for people living in care homes – Enhanced health in care homes framework

Microsoft Word - CompleteFramework Final 31July2019.docx (iddsi.org)	Fluid (water and drinks) and hydration - British Dietetic Association (BDA)
bda.uk.com/resourceLibrary/printPdf/?resource=malnutrition	https://hub.careinspectorate.com/media/1493/eating-and-drinking-well-in-care-good-practice-guidance-for-older-people.pdf
food-and-nutrition-care-homes-older-people-guidance-complete.pdf (gov.wales)	

17. Appendices

- Appendix 1: Malnutrition Universal Screening Tool

18. Reader Confirmation

Reader Confirmation

Please click the link below to complete the reader confirmation form. This form is to verify that you have read and understood the contents of this document:

[ASC Policy Reader Confirmation Form](#)