

Nutrition



The East Midlands Patient Safety Collaborative, working in partnership with 360 Assurance and the National Institute for Health and Care Excellence, has produced a series of resources designed to help care home staff to identify and provide safe, effective care. Each resource highlights priority areas for quality improvement based on relevant NICE quality standards. Self-assessment questions are suggested to help care home managers and their teams identify any areas where quality and safety can be improved. This paper considers relevant aspects of the NICE Quality Standards for [nutrition support for adults](#).

Tip: This [NICE resource](#)* explains how you can make use of NICE quality standards, and sets out the improvement opportunities offered by the quality standards in the context of the Care Quality Commission's new framework for inspection.

Statement 1: People in care settings are screened for the risk of malnutrition using a validated screening tool.

Rationale: Malnutrition has a wide-ranging impact on people's health and wellbeing. Screening for the risk of malnutrition in care settings is important for enabling early and effective interventions. It is important that tools are validated to ensure that screening is as accurate and reliable as possible.

What this means to Care Home providers: Residential care homes and nursing homes ensure that systems are in place to screen people for the risk of malnutrition using a validated screening tool.

Suggested service review questions:

1. What are our local arrangements for ensuring that people in our care home are screened for the risk of malnutrition using a validated screening tool?
2. How do we ensure that screening for the risk of malnutrition is carried out by staff who have undertaken training to use the validated screening tool?
3. Do we have access to suitably calibrated equipment to enable accurate screening to be conducted?

Hints, Tips & Links

Link to guideline: NICE clinical guideline 32 recommendations 1.2.2, 1.2.3, 1.2.4 and 1.2.5. <http://www.nice.org.uk/guidance/cg32/chapter/1-Guidance#screening-for-malnutrition-and-the-risk-of-malnutrition-in-hospital-and-the-community>

Department of Health Essence of Care benchmarks for food and drink, best practice indicators for factor 7 (screening and assessment) include measures for screening on admission to hospital, care homes and on registration with GP surgeries: <https://www.gov.uk/government/publications/essence-of-care-2010>

Care settings and eligibility

The term 'settings' refers to any care setting where there is a clinical concern about risk of malnutrition. This includes people in care homes on admission or where there is clinical concern. The topic expert group (TEG) advised that screening should be repeated monthly for people in this setting, or sooner if there is clinical concern.

(For more hints, tips and links see page 2 overleaf)

Hints, Tips & Links For Statement 1—Continued :

Clinical concern

Screening should be carried out when there is clinical concern, for example, if the person has unintentional weight loss, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose-fitting clothes or prolonged intercurrent illness.

Validated screening tool

As set out in [NICE clinical guideline 32](#) recommendation 1.2.6: 'Screening should assess body mass index (BMI) and percentage unintentional weight loss and should also consider the time over which nutrient intake has been unintentionally reduced and/or the likelihood of future impaired nutrient intake. The Malnutrition Universal Screening Tool (MUST), for example, may be used to do this'.

Link to MUST tool: <http://www.bapen.org.uk/screening-and-must/must/introducing-must>

Link to online learning resource on the use of the MUST nutritional screening tool: <http://www.bapen.org.uk/e-learning-portal>

Statement 2. People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their complete nutritional requirements.

Rationale: It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet. A management care plan aims to provide this and identifies condition specific circumstances and associated needs linked to nutrition support requirements.

A nutritionally complete diet can improve speed of recovery and contribute to reducing admissions to hospital and length of hospital stays.

What this means to Care Home providers: Care homes ensure that systems are in place for all people who are malnourished or at risk of malnutrition to have a management care plan that aims to meet their complete nutritional requirements.

Suggested service review questions:

1. What are our local arrangements for developing a management care plan for people who are malnourished or at risk of malnutrition, which meets their complete nutritional requirements?
2. Are we able to provide appropriate nutritional support for our residents, including artificial feeding when needed?

Hints, Tips & Links:

Link to guideline: NICE clinical guideline 32 recommendations 1.3.3, 1.3.4, 1.6.7. <http://www.nice.org.uk/guidance/cg32/chapter/1-Guidance#indications-for-nutrition-support-in-hospital-and-the-community>

Management care plan

This refers to the nutrition support provided alongside other dietary intake that aims to provide a person's complete nutritional requirements. The plan also takes into account any underlying conditions and the individual's specific circumstances and associated needs.

Complete nutritional requirements

This includes providing adequate energy, proteins, fluids, electrolytes, minerals, micronutrients and fibre, taking into account personal factors including physical activity levels.

Statement 3. All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable) documented and communicated in writing within and between settings.

Rationale: Documentation and written communication of a person's nutrition screening results and any nutrition support goals is important for ensuring continuity of care both within settings and after transfer between settings. This also helps to manage significant patient safety issues, such as nutrition support not continuing when it is required or people being given inappropriate food for their circumstances.

(Continued on Page 3)

(Statement 3 Continued)

What this means to Care Home providers: (Service providers) ensure systems are in place to document and communicate in writing the results of screening for the risk of malnutrition and, if applicable, nutrition support goals, when a person transfers within and between settings.

Suggested service review questions:

1. Where do we record the results of screening for the risk of malnutrition for each resident?
2. Do we also record 'no risk' where the screening finds that there is no risk of malnutrition?
3. How is a resident's risk of malnutrition communicated between settings (e.g. if the resident is admitted to hospital)?
4. Do we receive notification of a person's risk of malnutrition (including 'no risk') when they are discharged from hospital back to the care home?
5. If a management care plan is required, does it include nutrition support goals?

Hints, Tips & Links:

Link to guideline: NICE clinical guideline 32, recommendations 1.9.1, 1.9.2, 1.9.5. <http://www.nice.org.uk/guidance/cg32/chapter/1-Guidance#supporting-patients-in-the-community>

Identification of a person's malnutrition risk should include 'no risk' (this should also be communicated within and between settings).

'Goals': the aims of any nutrition support that is documented in the management care plan, agreed following review of the person's risk of malnutrition.

The results from the screening should be documented in the person's care records and linked to a care plan. People who are identified as well-nourished will usually continue with routine care. For people identified as malnourished, the specific care plan and nutrition support goals should be clearly documented.

Oral nutrition support includes any of the following methods to improve nutritional intake:

- fortified food with protein, carbohydrate and/or fat, plus minerals and vitamins
- snacks
- oral nutritional supplements
- altered meal patterns
- the provision of dietary advice.



Other subjects covered by this series of resources for care homes:

- Medicines Management
- Pressure Ulcers
- Promoting Continence
- Falls
- Delirium

If you would like additional copies of this resource, or would like support in accessing the documents from any of the web links, please call Emma Coates on **0115 7484336**. Visit <http://emahsn.org.uk/resource-hub/> for an electronic copy of this resource.

Statement 4. People managing their own artificial nutrition support and/or their carers are trained to manage their nutrition delivery system and monitor their wellbeing.

Rationale: People and/or their carers managing their artificial nutrition support need to be able to prevent and quickly recognise any adverse changes in their wellbeing that could be linked to their nutrition support. This includes their nutrition delivery system and storage of feed before administration. Early recognition of adverse changes enables people to obtain advice and urgent support to prevent problems arising or worsening.

What this means to Care Home providers: (Residential care homes, nursing homes) provide people managing their own artificial nutrition support and/or their carers with training in how to manage their nutrition delivery system and monitor their wellbeing and give them contact details of a specialist who can provide urgent advice and support if needed.

Suggested service review questions:

1. What systems are in place for residents managing their own artificial nutrition support and/or our care staff to be trained to manage their nutrition delivery system and monitor their wellbeing?
2. What are our local arrangements for contacting a specialist urgently for advice if the resident or care staff identify any adverse changes in wellbeing and in the management of the nutrition delivery system?

Hints, Tips & Links:

Link to guideline: NICE clinical guideline 32 recommendation 1.5.7. <http://www.nice.org.uk/guidance/cg32/chapter/1-Guidance#supporting-patients-in-the-community>

Training

The training should ensure that a patient or carer is competent to prevent, recognise and respond to changes in their wellbeing, particularly those related to their nutritional support. They should also be competent in managing their own nutrition delivery system, including the equipment used to deliver the feed, and storing the feed in an appropriate environment.

Management

Management should also include a system through which people are able to obtain urgent help from a specialist in nutritional support when needed. Self-management and/or management of artificial nutritional support by carers is not a replacement for monitoring and follow-up by care professionals. Management should be regarded as a partnership between the person and/or their carer and the care professional.

Statement 5. People receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.

Rationale: People's nutritional status is affected by a number of different factors and can therefore change rapidly. Regular review of the nutrition support care plan by a care professional enables the plan to be adapted to best meet the current needs of the person.

What this means to Care Home providers: (Residential care homes, nursing homes) ensure there are systems in place for people receiving nutrition support to be offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.

Suggested service review questions:

1. What are our local arrangements to ensure that people receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals?

Hints, Tips & Links:

Link to guideline: NICE clinical guideline 32 recommendations 1.1.3, 1.5.1, 1.6.9, 1.7.3. <http://www.nice.org.uk/guidance/cg32/chapter/1-Guidance#supporting-patients-in-the-community>

Planned intervals

The intervals between reviews will depend on the clinical needs of the person and the complexity of the nutrition support needed. Table 1 of NICE clinical guideline 32 provides a guide for intervals between reviews for people with more complex needs. <http://www.nice.org.uk/guidance/cg32/chapter/1-Guidance#what-to-give-in-hospital-and-the-community>

Clinical concern

A review should be carried out if there is clinical concern that includes, for example, unintentional weight loss, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose-fitting clothes or prolonged intercurrent illness.