



Nutrition Inspection Notebook (Updated April, 2011)

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Name of Care Service:	
Address:	
Date of Inspection:	

Care Homes for Older People

This Notebook is a tool to assist the Professional Adviser-Nutrition and The Care Inspectorate inspectors evaluate food and nutrition care in relation to the National Care Standard 13 Eating Well Care Homes for Older People.

FOOD AND NUTRITION

	EXAMIN ED	NOT EXAMIN ED	EVIDENCE GATHERED:
<p>Standard 13 Your meals are varied and nutritious. They reflect you food preferences and any special dietary needs. They are well prepared and cooked and attractively presented.</p>			
<p>Health and welfare of service users: Food, Fluid and Nutritional Care</p> <p>Key evidence points: Dietary assessment and nutritional risk screening Care plan Intervention(food and fluid provided meets dietary needs and food preferences) Monitoring Evaluation Food, fluid and Nutrition Policy and Procedures Staff Appropriately trained in eating ,drinking, food and nutrition issues</p>			
	EXAMIN	NOT	EVIDENCE GATHERED:

	ED	EXAMIN ED	
<p>Standard 13.1 Catering and care staff gets to know your food choices and preferences including ethnic, cultural and faith ones. Any special diet (for example vegetarian, low fat or high protein) is recorded in your personal plans.</p>			<p><i>In practice this would be achieved by pre admission assessment, assessment on admission and personal plans and followed through to information in the kitchen and dining room.</i></p> <p>Establish how many service users have special dietary needs. Choose two or three cases to review such as a high calorie, diabetic and a textured modified diet (pureed)</p>
<p>1. In the pre admission information and the assessment on admission identify?</p> <ul style="list-style-type: none"> • Eating likes and dislikes –in sufficient detail • Drinking likes and dislikes- insufficient detail • Cultural/ethnic/religious factors • Eating ,drinking and swallowing problems • Help with eating and drinking • Food allergy • Therapeutic diet need <p>2. Is an under nutrition risk assessment using a validated tool undertaken on admission (including HT WT BMI) such as Universal Malnutrition Screening Tool (MUST)</p> <p>3. Do all service users have a recent BMI recorded and risk score?</p> <p>4. Is staff undertaking the assessments trained to do so?</p>			

<p>5. Do care staffs know service users dietary needs?</p> <p>6. How do the cook and staff serving the meals know the service users' dietary needs and preferences? (Is there an information book in the kitchen and dining room?)</p>			
	EXAMIN ED	NOT EXAMIN ED	EVIDENCE GATHERED:
<p>Standard 13.2 You are offered a daily menu that reflects your preferences. The menu varies regularly according to comments and will always contain fresh fruit and vegetables.</p>			
<p>1. Who co-ordinates menu planning?</p> <p>2. Who is consulted about menu planning (best practice- service users, representatives, cook, staff who serve food, manager)</p> <p>3. How are service users or their representatives' views taken into account? (e.g. questionnaire, cook speaking to residents, food waste)</p> <p>4. Is there a written menu with a min of a three week cycle?</p>			

<p>5. How often is the menu reviewed and changed? Min target 6 months</p> <p>6. Do service users get their food preferences?</p> <p>Ask service users If they like foods such as butter, brown bread, fresh fruit? Then check menu and stores to see if these are available</p> <p>Are food portions too small, just right or too big?</p> <p>What would you like to see on the menu?</p> <p>7. What process is in place for when service users dislike the food on menu? (E g is there call off menu, one off requests etc)</p> <p>8. For service users to achieve an intake of a minimum of 5 fruit and vegetables a day and allow for varied appetites and preferences there needs to be more than 5 to the menu each day –look for about 9</p>			
	EXAMINED	NOT EXAMINED	EVIDENCE GATHERED:

Standard 13.3 You have a choice of cooked breakfast and choices in courses in your midday and evening meal			
<p>1. What cooked protein breakfast is available (evidence menu and food store, invoices)</p> <p>2. Ask service user</p> <p>Can you have a cooked breakfast (e g egg, bacon, sausage) if you want to?</p> <p>3. Is there a minimum of two choices at each course (starter, main and pudding)?</p> <p>4. Is there choice for textured diets?</p> <p>5. Is there a choice for therapeutic diets?</p>			
	EXAMIN ED	NOT EXAMIN ED	EVIDENCE GATHERED:

<p>Standard 13.4 Meals are nutritionally balanced for your dietary needs, for example if you are diabetic or have poor kidney function.</p>			<p>Determine if the provider understands the service users' needs and if these are catered for. (Evidence sources menus, food stores, invoices and discussion with staff and service users, observation at meal times)</p>
<p>There should be a formal process for menu planning</p> <p>Menus should be planned using best practice guidance such as Food in Hospitals National Nutrition and Catering Specification Scottish Government 2008 –Most of the guidance can apply to care homes even although it was written for hospitals.</p> <p>Outcome measures that may indicate dietary needs are not met:</p> <ul style="list-style-type: none"> • Are service users thin? • Is there progressive weight loss? • What is the proportion of service users with a BMI under 19 (Indicating a possible lack of calories) • What is the number of service users on medication for constipation? (indicating a lack of fibre) <p>There should be a service user population needs assessment prior to planning the menu. What does the provider understand to be core dietary needs of their service users for menu planning? (see best practice above)</p> <p>Does the provider recognise the following needs and are menus</p>			

planned to take these needs into account.

Menus for older people should be planned to meet the following requirements

1. The nutritional requirements of older people (i.e. the published Dietary Reference Values for Food Energy and Nutrients for the UK DRVs)

- Is there a nutritional analysis of the menu?

2. General problems older people may have with eating and drinking such as chewing, denture problems, frail and physical difficulties

- Is there a 'soft easily chewed' food on the menu?
- Are finger foods available?

3. Small appetite with an inability to eat a large volume of food. Therefore normal nutrient requirements in a small volume of food.

- Is the menu designed to provide small and often?
- Is the menu designed to include energy dense foods?

(Evidence Milk per head =3/4 to 1 pint. full fat milk used appropriately, enriched porridge, cream, extra butter, home baking etc)

(Inappropriate food would be e.g. no added sugar squash and low fat spread)

4. Therapeutic diet (e.g. high calorie diet, diabetic diet, allergies)

- Is there a list in the kitchen of service users on therapeutic diets?
- Is there sufficient information in the kitchen about the therapeutic diets?
- Does the information match the services users nutritional care plan?
- What food is provided for high calorie diets?(e g double cream, full fat milk enriched porridge, potatoes and puddings)

5. Textured altered diet due to for example dysphasia.

- Is there information in the kitchen on National or local classification of different stages of textured modified diets (such as thin puree, thick puree, finely mashed, soft and easily chewed)?
- What textured diets are produced?
- Are standard recipes used for textured diets?

- Is the textured diets appearance and taste satisfactory?

6. Specific food provision needs; such as those for people with dementia.

- Are there snack foods on table beside service user to encourage intake?
- Are there energy dense foods on the menu?

7. Miscellaneous needs of service users.

FLUID NEEDS

8. How many drinks a day? (Aiming for a min 1.5 litres =approx 7-8drinks) (fluid needs 30mls per kg body weight)

	EXAMIN ED	NOT EXAMIN ED	EVIDENCE GATHERED:
Standard 13.5 You can have snacks and hot and cold drinks whenever you like.			
<ol style="list-style-type: none"> 1. What is the homes policy/practice in respect of provision and access to snacks and hot and cold drinks? 2. Are there sufficient and appropriate snacks? (<i>Check menu, store cupboard invoices and service users</i>) 3. What are the cook's hours? 4. Who has access to kitchen, and when, to make drinks and snacks? 5. Are there sufficient and suitable drinks? 6. At meal times are hot & cold drinks available? 7. Are water & other cold drinks in easy reach of service users? (e.g. sitting room, meal times including service users eating in their own room) 			

	EXAMIN ED	NOT EXAMIN ED	EVIDENCE GATHERED:
<p>Standard 13.6 If you are unable to say if you are getting enough to eat staff will keep an eye on this for you. If there is a concern, staff will explain them to you or your representative. With your agreement staff will take any action needed such as seeking advice from a Dietician or your GP</p>			<p><i>Some outcomes of not getting enough may be seen as weight loss, constipation and dehydration.)</i></p>
<ol style="list-style-type: none"> 1. Are there a policy and or procedure for monitoring food intake? 2. How does staff keep an eye on food and fluid intake of service users? (E.g. <i>observation at meal times, reporting after meals or at staff change over and food& fluid intake charts</i>) 3. If someone is not well and not drinking how is fluid monitored? 4. What is the policy/procedure for referral to the Dietician / GP? 5. When did you last refer a service user to the Dietician? 			

	EXAMIN ED	NOT EXAMIN ED	EVIDENCE GATHERED:
Standard 13 7 Your meals are well prepared and presented. All food handling follows good food hygiene practices.			
<ol style="list-style-type: none"> 1. Food smells fresh, wholesome and appetising. 2. Food is attractively presented. 3. The menu colour balance is good. 4. The service temperature of hot food is 63 C or above and cold food 8 C or below. 5. What time are vegetables put onto cook? 6. The service equipment e.g. trolley permit all food to maintain its appropriate temperature and appearance. 7. The table is set attractively. 8. Does the provider comply with food hygiene practices? – environmental health 9. Is the staff training in place? Standard 13 8			

You are free to eat your meals wherever you like, for example in your own room or in the dining room. You can eat in your own time.

1. Does the home have a policy/procedure for meal service?
2. How do the home organise meal times? What is the number and time of sittings? Are there special reasons for this organisation?
3. Are visitors welcome to join their relative at meal times?
4. How many service users take their meals in their own room?
5. Service users

Where do you have breakfast?

Could you have your meals in your own room if you wanted to?

6. Are users given enough time to eat? (observe time given to those who need help or are fed)
7. How long are service users waiting at table before food is served?

Standard 13 9

You must be able to enjoy your food. If you need any help to

do so (for example a liquidised diet adapted cutlery or crockery or help from the staff member) staff arrange this for you.

1. Do care plans show service users who need adapted cutlery, crockery, insulated plates etc. Are these items in use?

2. How many users need help with assistance to eat and drink?

Ask staff

How many service users need help with assistance to eat or drink? What help do they need-prompting, physical,

3. Is there appropriate help to assist service users to eat and drink?

4. Are service users being assisted using the best practice methods?

5. What is the ratio of staff to service users who need assistance?

Standard 13 10

Staff will regularly review anything that may affect you ability to eat or drink such as dental health. They will arrange for you

to get advice.

1. What is the homes policy and procedure for reviewing factors that affect ability to eat and drink? (e.g. health issues, nausea, physical problems, eating and swallowing problems)
2. Is a nutrition risk assessment tool used? At what intervals are screenings repeated?
3. Are staff trained to be aware of nutritional risk factors?
4. Do the care plans show regular review and dietary interventions.