



Delivering Quality Healthcare

<b>Policy Title:</b>	Nutrition and Hydration and Food Safety Policy: 49	<b>Date implemented or date of last review:</b>	11/05/2020
<b>CQC KLOE Reference:</b>	Effective	<b>Date of next review</b>	10/05/2021

## 1 INTRODUCTION

1.1 We recognise the importance of meeting the individual nutritional and hydration needs of clients. Meeting such needs relies upon effective nutritional assessment and the provision of a nutritious and balanced diet. However, we recognise that it also relies upon a wide number of other factors including ensuring that food is appetising, well presented, varied, in line with personal preferences/ likes, timely, served at the correct temperature, not hurried, in pleasant and dignified surroundings and with appropriate support and encouragement.

## 2 THE HEALTH AND SOCIAL CARE ACT 2008 (REGULATED ACTIVITIES) REGULATIONS 2014: REGULATION 14

2.1 The intention of this regulation is to make sure that people who use our services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment.

2.2 To meet this regulation, where it is part of our role, KOPE-MEDICS will make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.

2.3 People must have their nutritional needs assessed and food must be provided to meet those needs. This includes where people are prescribed nutritional

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supplements and/or parenteral nutrition. People's preferences, religious and cultural backgrounds must be taken into account when providing food and drink.

- 2.4 Our approach as care providers is to have food and drink strategy that addresses the nutritional and hydration needs of people using the service.

### 3 ASSESSMENT

- 3.1 Only staff with the required skills and knowledge should carry out nutrition and hydration assessments on clients. The assessments should follow nationally recognised guidance and identify, as a minimum requirements to sustain life, support the agreed care and treatment, and support ongoing good health.

- 3.2 Dietary intolerances, allergies, medication contraindications.

**3.3 How to support client's good health including the level of supports needed, timing of meals, and the provision of appropriate and sufficient quantities of food and drink.**

- a. On admission or referral, each client will undertake a nutritional assessment to identify individual needs, likes and dislike of food and who potentially is at risk of malnourishment.
- b. This assessment will include the MUST (Malnutrition Universal Screening Tool) and will form part of the client's Person-Centred Care Plan and ongoing review.
- c. This should involve the client and if appropriate, supporters or relatives.
- d. If the assessment shows the client is at risk in accordance with the BMI (Body Mass Index), e.g. has a score of 18.5 or less, the client should be referred immediately to the GP or a nutritional specialist for a full nutritional assessment and advice. Also, where staff are concerned about the lack of a client's appetite, the client should be monitored closely and referred to the GP or a nutritional specialist if needed.

- 3.4 Regular ongoing assessments should take place to monitor the progress of the client with the nutritional plan. These should take place at least once weekly and

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more if required, and involve appropriate support workers and relatives wherever possible.

- 3.5 Staff must follow the most up-to-date nutrition and hydration assessment for each person and take appropriate action if people are not eating and drinking in line with their assessed needs and Person-Centred Care Plan.
- 3.6 Staff should report any concerns to the Home Care Co-ordinator.
- 3.7 The manager should ensure that the client's assessment takes account of dietary intolerances, allergies, medication contraindications.
- 3.8 Staff should know how to determine whether specialist nutritional advice is required and how to access and follow it.
- 3.9 Staff should carry out the plan of nutritional care on the advice of the nutritional specialist's assessment or other relevant medical/healthcare professional.

### **4 FOOD HYGIENE AND NUTRITIONAL SUPPORT**

- 4.1 We aim to provide to each client, suitable and nutritious food and hydration which is adequate to sustain life and good health in accordance with their Person-Centred Care Plan.
- 4.2 All aspects of food hygiene and safety must be observed.
- 4.3 All staff involved in assisting with meals should wash their hands and wear a disposable protective apron.
- 4.4 Clients should be given the opportunity to wash their hands before each meal.
- 4.5 The environment should be conducive to clients eating.
- 4.6 Meals should be served at a temperature which the client can manage.
- 4.7 Portions should be served which are appropriate to a client's appetite.
- 4.8 People should be encouraged to eat and drink independently.
- 4.9 We will ensure that clients have the appropriate equipment or tools to help them eat and drink independently in accordance with the Social Workers/Care Manager's Care Plan.
- 4.10 Food and fluids should be placed by staff within reach and is presented in a way that easy to eat, such as liquidised or finger foods where appropriate.

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- 4.11 Where staff prepare food for clients it should be appetising and appropriate to their ethnic, religious or cultural background. If there are any clinical contraindications or risks posed because of any of these requirements, these should be discussed with the clients, to allow them to make informed choices about their requirements.
- 4.12 If a client has special dietary requirements, this must be catered for. We will endeavour to meet any specific dietary requirements relating to moral or ethical beliefs, such as vegetarianism, these requirements must be fully considered and met.
- 4.13 Clients should receive parenteral nutrition and dietary supplements when prescribed by a health care professional at a prescribed interval set out by the nutritional specialist. This must only be administered by appropriately qualified, skilled competent and experienced staff.
- 4.14 If possible, meals should be served on a dining table. Surroundings should be made pleasant to promote dignity and encourage eating and drinking.
- 4.15 Assistance should be given in a sensitive manner, ensuring that the client can eat and drink at their own pace and if being given assistance the temporary worker should sit with them, not stand over them.
- 4.16 Assistance and encouragement should be given with eating and drinking by the staff as appropriate to the client's needs. Eating and drinking aids such as adapted cutlery should be considered where appropriate.
- 4.17 Where clients have communication difficulties, a range of techniques should be considered to ascertain likes and dislikes. This could involve the use of visual aids, observing client reactions or asking for responses to certain foods e.g. squeeze of a hand.
- 4.18 Staff will ensure that each person who requires support should have enough time to enable them to take adequate nutrition and hydration to sustain life and good health.
- 4.19 Staff will ensure that water is available and accessible to clients at all times and they should be encouraged to drink.

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- 4.20 Staff should be aware of the nutritional needs of clients and understand the importance of nutrition and hydration. Training should be provided in addition to basic food hygiene. This should include what causes malnutrition and dehydration, how to prevent them occurring and appropriate treatment.
- 4.21 Where a client is receiving care, treatment or support during scheduled mealtimes which results in missing their normal meal, we will ensure the client is provided with a meal and does not have to wait for the next planned mealtime.
- 4.22 If a client refuses food and hydration, staff should establish the reason why and report the matter to the Home Care Coordinator.

## 5 MONITORING AND RECORDING

- 5.1 Where the nutrition or hydration assessment or observation indicates concern, the food and fluid intake and weight of the client should be subject to monitoring as detailed in the client's Person-Centred Care Plan. Observations should be recorded in the Communication Record Sheet, DC-09 reviewed regularly and the following recordings carried out:
  - a. Clients' food and fluid intake must be recorded and acted upon.
  - b. The nutritional specialist or other relevant medical/ healthcare professional involved must be kept informed of the client's nutritional progress.
  - c. The client's' General Practitioner, nutritional specialist, Social Worker / care manager and Home Care Coordinator must be informed of their poor nutritional intake status.
  - d. All records relating to monitoring of the client's nutrition should be retained with the Person-Centred Care Plan.

**NB A copy of the Malnutrition Universal Screening Tool (MUST assessment tool) can be obtained from the British Association Parenteral and Enteral Nutrition ([www.bapen.org.uk](http://www.bapen.org.uk)).**

## 6 Guidance for managers

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- 6.1 This procedure addresses Meeting nutritional and hydration needs, Regulation 14 (1) (2) (3) (4), and Person-Centred Care, Regulation 9 (3) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)

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