A strategic approach to tackling undernutrition in care homes

Rachael Masters
Team Lead Dietitian
Focus on Undernutrition

www.focusonundernutrition.co.uk
Overview of the presentation

- Pilot work of Focus on Food
- Partnership working and commissioning framework
- Health care training
- Requirements of care homes
- Quality standards for delivery
- Resources for care homes
- Resources for implementation
The founding of “Focus on Food”
Established 2000
Experiences in County Durham & Darlington in 2000

Concerns:

- Poor nutritional standards in elderly care home settings
- Inappropriate use of nutritional supplements
- Inappropriate referrals to the dietitian
- Limited knowledge on nutritional needs of older people

Action:

- 18 month pilot in six nursing homes to “improve” nutrition
- Funded by the regional workforce development confederation and Nutricia
Pilot study the best method of facilitation to implement ‘MAG’ and undernutrition guidelines:
– Open & flexible learning (OFL) using PACE packs
– In-house training reflecting PACE packs
– No facilitation – provide all resources and guidelines

OFL the most effective:
– implementing ‘MAG’ & undernutrition guidelines
– improving standards of nutritional care
– enhancing residents’ nutritional intakes

County Durham and Darlington Community Health Services
“Focus on Food” pilot

- 210 residents (average age 82). 241 staff, staff turnover 19%
- 44% of residents risk of undernutrition baseline and 38% evaluation, compared to 20.5% UK survey
- Training homes: 41% increase in calories for undernourished residents, No training homes: decrease 33% calories
- Weight change: +1.0kg OFL, +0.5kg in-house, -3.7kg no training
- 0% residents assessed undernutrition at baseline, compared to 95% (OFL), 78% (in-house), 15% (no training) at evaluation
- At baseline staff failed to identify 53% at risk residents, evaluation reduced to 5% OFL, 33% in-house, 68% no training
Open learning homes had significantly more improvements compared to in-house training homes. In the “no training” homes care worsened.

- 8% of residents on nutritional supplements at baseline, 36% wastage equated to £6,844/year
- Training homes: 91% reduction in nutritional supplements usage, 0% wastage. Saving of £2,600/year per home
- No training homes: 31% increase in nutritional supplement usage, 70% wastage.
- Food first approach was 89% cheaper than nutritional supplements (27p moderate, 61p high).
Recommendations

To improve the health and quality of life of older people living in both care homes and private households in County Durham through registered dietitians building upon the findings of “Focus on Food” by facilitating:

- the implementation of the MAG nutritional screening tool and guidelines into all elderly care homes in County Durham using distance learning

- the implementation of the MAG nutritional screening tool and guidelines into the community at large, through working in partnership with PCT, GPs, health professionals, local authority workers and local training colleges
Present day
Focus on Undernutrition in care homes
FoU in care homes

Provides of free nutrition training on undernutrition to all care homes in County Durham and Darlington:

- ‘MUST’ nutritional screening tool
- Guidelines for undernutrition
- Accredited training programmes:
  - Healthcare staff – distance learning workbook and in house workshop
  - Head and assistant cook – 6 week course on special diets
  - Night staff, other catering and domestic staff - in house workshop
Dietetic support workers

- Dietetic support workers (band 3) deliver Focus on Undernutrition into care homes
  - Data collection
  - Training delivery
  - Marking for accreditation
  - Evaluation
  - Long term support

- Dietetic support worker training programme

- DSW previous experience of working in care homes
County Durham and Darlington

- Over 75 care homes trained in Focus on Undernutrition
- Over 3,000 staff completed the distance learning workbooks and workshop
- Independent providers
  - Southern Cross
  - Four Seasons
  - Helen McArdle Care
  - Barchester Care
Partnership working

NHS Commissioners

Care home inspectors (CQC)

Safeguarding teams

Local University

Local Colleges of Education

GPs

NHS provider servicers

Local care home groups

Medicine management

Local care homes

Public & patient forums

Social Services

National care home companies

Local Nutrition & Dietetics services

Focus on Undernutrition™
Partnership working in care homes

Manager
Social services
Training lead

Local dietitians

GPs

Healthcare staff
Catering staff
Residents

National/regional company staff

Focus on Undernutrition™
How to ensure resident’s nutritional needs are met

Team working

Understanding roles & responsibilities

Communication

Resident
FoU commissioning in care homes

- All requirements of FoU linked to a national recommendation

- FoU incorporated into local social service care home contracts and resident agreements

- Monitored by social services assessors

- Patient & public forums
FoU quality framework

1. Quality standards for delivery
2. Quality manual for implementation
3. Standardised care home record folders
4. Standardised training materials
5. Standardised activity data collection
Care home consent to FoU

- Training requirements
- Identification and treatment of undernutrition
- Evaluation
FoU care home requirements

Treatment

- FoU ‘MUST’ completed monthly on each resident
- Care plans implemented and reviewed for at risk residents
- Dietary interventions implemented according to the FoU guidelines
- Residents prescribed nutritional supplements reviewed according to FoU care pathway
FoU care home requirements

Other

- Identified person for co-ordinating FoU within the home
- FoU assess the menu cycle annually
- Home completes refresher training annually
- Home participates in BAPEN nutritional screening week
- FoU collect data for evaluation purposes, including annual self assessment
FoU care home requirements

**Training**
- 100% managers and team leads
- 75% trained staff
- 50% carers

- Head, assistant cook and home manager on catering course

- Failure to submit workbooks or adequate staff attend workshops result in invoicing the home
FoU healthcare training

- Distance learning packs supported by in-house workshop
  - Accredited by Teesside University (level 4, 10 credit)
  - Endorsed by BAPEN

- Workshops requirements calculated:
  - based on 16 staff attending
  - minimum 6 per session
  - payment criteria

- Fulfil minimum FoU training agreements
Healthcare training

- Attendance of interactive workshop (2 hours)
- Complete distance learning workbooks (5 hours)
  - 1 month to submit
- Marked (within 1 month). Accreditation if passed
- Refresher training annually
Workshop content

- Introduction to undernutrition in care homes
- How to use FoU ‘MUST’
- Ulna and mid upper arm circumference
- Overview of dietary interventions
- Overview of nutritional supplements
- Food record charts
- Completion of distance learning workbook
- Evaluation of session
Distance learning content

- Factors that influence eating in older people
- The nutritional needs of older people
- Undernutrition in care homes
- The identification and monitoring of undernutrition
- The prevention and treatment of undernutrition
- Nutritional supplements
- Referral to a dietitian
- Assessments:
  - case study on ‘MUST’ and care planning
  - reflective exercise on implement ‘MUST’ and FoU into care home
  - personal development plan
FoU catering training

Catering course:
- Head cook
- Assistant cook
- Home manager

Care home workshop:
- Other catering staff
- Domestic staff
Rolling programme

- Diabetes
- Swallowing problems
- Dementia
- Obesity
- Dental health
- Assisting residents at mealtimes
- Constipation
- Tissue viability
- Healthy eating for older people
- Passport training (10 “stamps”)
Evaluation

- **Baseline** (prior to training)
- **1 month review** (home visit)
- **3 month review** (telephone review)
- **Evaluation** (6 months after training)
- **Annual review** (12 months after training)
- **Annual review**
- **Annual self assessment**
Evaluation information

Patient safety:
- Changes in care pathway systems (nutritional screening, care planning, dietary treatment interventions, menu planning, appropriate use of nutritional supplements)

Patient outcomes:
- Changes in resident weights, risk of undernutrition, prevalence of constipation, pressure sores

Service user experience:
- Evaluation of FoU healthcare training, service user evaluation at evaluation
## FoU database

### Basic Details & Baseline/Evaluation Data

**1 Resident**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home ID</td>
<td>CH 01</td>
</tr>
<tr>
<td>Patient ID</td>
<td>736</td>
</tr>
</tbody>
</table>

#### Basic Details

- **Year of birth:**
- **Gender:**
- **Type:**
- **Admission date:**
- **Admission Weight:** kg
- **Height (m):**
- **Medical Conditions:**
  - Convert weight here
  - Convert height here

- **Baseline date:**
- **NST Completed?**
- **If yes, was it monthly?**
- **Last NST Score:**
  - Convert weight here
  - Date:

#### Weight Details

- **Most Recent Weight:** kg
  - Date:
- **Weight 2:** kg
  - Date:
- **Weight 3:** kg
  - Date:
- **Heaviest Weight:** kg
  - Date:

- **MUST Score:** **High Risk**
- **Care Plan?**
  - Convert weight here
- **FOU Recommendations?**
  - Convert weight here

#### Additional Details

- **Laxatives:**
- **Number:**
- **Pressure Area:**
  - Convert weight here
- **Nutritional Supplements:**
- **Started on Supplements:**
  - Convert weight here
- **Referral to a dietician:**
  - Convert weight here

---

*Click here to enter supplement information*

---

*Copyright © 2011 Darlington Primary Care Trust. Developed by Rachael Masters of Darlington Primary Care Trust.*
‘MUST’ and nutritional assessment

Linked to Essence of Care nutrition and diet benchmarks
## Nutrition care plans

<table>
<thead>
<tr>
<th>Resident's name</th>
<th>DOB</th>
<th>Room</th>
</tr>
</thead>
</table>

### AIM

**At risk of undernutrition:**
- [ ] Moderate risk
- [ ] High risk

### To improve the resident's nutritional status

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Commenced</th>
<th>Discontinued</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Complete monthly, the resident's nutritional screening tool in care plan</td>
<td>Date/Time/Sig</td>
<td>Date/Time/Sig</td>
</tr>
<tr>
<td>☐ Provide two homemade fortified drinks daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provide two nourishing snacks a daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provide nourishing drinks, such as milky drinks, fruit juice, alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provide the fortified diet options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provide one multi vitamin and mineral tablet daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Complete food record charts for four days, then review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Implement the red tray process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Weigh the resident weekly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Refer the resident to the dietitian (Date: ________________)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Review the care plan [ ] weekly [ ] monthly [ ] other ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provide information and explanations to resident and relatives at all times</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other specific interventions

- [ ]
- [ ]

- The resident needs [ ] feeding [ ] supervision

- Resident requires [ ] normal diet [ ] soft diet [ ] pureed diet

- Discuss food preferences with resident/relatives
  - [ ] Likes
  - [ ] Dislikes

---

Copyright © NHS Darlington 2011. Developed by Rachael Masters of NHS Darlington
# Food record chart

**Food Record Chart**

<table>
<thead>
<tr>
<th>Description of food and drink offered (slice, scoop, tbsp., ladle, cup)</th>
<th>Quantities Eaten</th>
<th>Completed by (please sign)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water Jug</td>
<td>None Tsp. 1/4 1/2 3/4 All Amount drunk (mls)</td>
<td></td>
</tr>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-morning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-afternoon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete for four days, then review. If eating on average >75% discontinue.
Information leaflets

- Moderate risk
- High risk
- Fortified mousse
- Special diets
  - Taking nutritional supplements
  - Diabetes
  - Cardio protective
  - Pureed
Undernutrition pathway for care homes

Care pathway for the screening of undernutrition in care homes

Assess the resident’s risk of using ‘MUST’, based on information on the resident’s height and weight

Document the resident’s risk of undernutrition on the ‘MUST’:
- Low, moderate or high risk

Low risk
- No action necessary
- Reassess monthly, unless the patient’s condition changes

Moderate risk
- Provide a high calorie protein diet
- Provide 2 nourishing snacks daily
- Provide 2 nourishing drinks
- Provide a multivitamin & mineral tablet daily
- Complete food charts for 4 days then review
- Weigh at least monthly

High risk
- Provide 2 homemade fortified drinks daily
- Provide a high calorie protein diet
- Provide 2 nourishing snacks daily
- Provide a multivitamin & mineral tablet daily
- Complete food charts for 4 days then review
- Weigh at least monthly

Reassess monthly

Resident’s risk of undernutrition

Low risk
- Refer to action above

Moderate risk
- Refer to action above

High risk for 2 consecutive months
- Resident’s weight has increased or remained stable
- Refer to high risk action above

Resident’s weight has declined during the past month
- Refer to the GP for an assessment for Complan shake x 2 daily

1Refer to “Focus on Undernutrition” resident information leaflets and guidelines for information on fortified diets, recipes for the homemade fortified drinks and suitable nourishing snacks and drinks.
Prescribing nutritional supplements pathway

Care pathway for prescribing of nutritional supplements for adults in County Durham & Darlington

Nutritional supplements should not be prescribed without:
- trailing a high calorie/high protein diet for at least one month (see below)
- being identified at high risk of undernutrition according to 'MUST' (Malnutrition Universal Screening Tool) and having ongoing weight loss despite following a high calorie/high protein diet for one month

1. Patient is at HIGH RISK of undernutrition for TWO consecutive months and WEIGHT has DECLINED
   - Issue an initial prescription of Complan @ Shake be, 16 sachets (4 boxes) of preferred or varied flours (chocolate, strawberry, banana, vanilla and milk). Alternatively prescribe a Complan Shake starter pack (PPI code 352-7801).
   - Complan @Shake needs to be made up with fresh whole milk. If patient is likely to have difficulties preparing product prescribe Complan Complete1 or dislikes/intolero to milk prescribe juice based alternative listed below.
   - Issue at ACUTE prescription
   - Record patient's weight and risk of undernutrition ('MUST' score)

2. If patient is compliant with Complan @Shake bd issue a MONTHLY (ACUTE) prescription of 2 sachets/day of the patients preferred flavours (96 sachets).
   - If Complan @Shake is unacceptable, prescribe Complan Complete1 or the juice based alternative. If acceptable issue a MONTHLY (ACUTE) prescription for 2 bottles/day of patients preferred product and flavour(s).
   - Issue at ACUTE prescription

3. After ONE MONTH review the patient:
   - Weight and risk of undernutrition ('MUST')
   - Improvement, either:
     - Risk of undernutrition reduced from high to moderate
     - Weight has increased by >2kg/month and appetite returned to normal
   - Stop nutritional supplements
   - Continue with a high calorie/high protein diet until patient is low risk of undernutrition

4. Patient's weight increased but < 2kg/month stable
   - Issue MONTHLY prescription of preferred product bd (56 items)
   - Issue at ACUTE prescription

5. Patient's weight declined by >2kg in one month
   - Issue 1 week trial prescription
   - If compliant issue 1 month ACUTE prescription
   - If non compliant try another product from list

Referral to dietitian after 4 months

If patient stable, discharge back to the care of the GP. Provide patient with leaflet on taking nutritional supplements.

Copyright © 2011 Darlington Primary Care Trust. Developed by Rachael Masters of Darlington Primary
Care home resource file

- **Guidelines:**
  - Undernutrition within a care home setting
  - The identification & monitoring undernutrition
  - Weight and height monitoring
  - Dietary interventions for undernutrition
  - Nutritional supplements

- **Additional reading section**

- **Focus on Undernutrition resources**
  - FoU ‘MUST’
  - Care plans
  - Food charts
  - Resident tables
  - Information leaflets
  - ‘MUST’ alternative measurement tape
Recipe book

The fortified diet recipe book

Developed March 2011
www.focusonundernutrition.co.uk

Focus on Undernutrition is part of the Nutrition and Dietetics Service in County Durham and Darlington

Copyright © 2011 Darlington Primary Care Trust. Developed by Rachael Masters of Darlington Primary Care Trust.
“The problem of undernutrition in the community is well documented yet the focus of much national attention has been on the acute sector. The Focus on Undernutrition service has demonstrated an inspirational approach to the recognition and management of the problem across the health economy of County Durham and Darlington. Improving the quality of care that individuals receive, improving outcomes and identifying cost savings is an essential element of today’s healthcare environment and the Focus on Undernutrition demonstrates how this is possible when tackling undernutrition in the community.”

Caroline Lecko
Patient Safety Lead (Nutrition and pressure ulcers)
“...because of the work of Focus on Undernutrition nourishing snacks, drinks and fortified diet are now automatic part of everyday care within local care homes, yet only a few years ago this would have been rarely seen.”

Community Matron
County Durham and Darlington Community Health Services
Feedback

“Focus on Undernutrition makes a great difference in care homes. The staff embrace the FoU training and understand the importance of nutrition. It makes a huge difference to the life of the residents. My statistics on the number of residents losing weight are reducing as a result of the FoU training”.

Lynn Lant,
Manager, Defoe Court, Newton Aycliffe
Case study

A lady recently admitted to a care home for long-term nursing care. She was at high risk of undernutrition, had very bad breathing difficulties, and disliked the supplement she was discharged with from hospital.

The home implemented FoU, within weeks the lady’s breathing improved, she gained weight and was planning discharge home.
Case study

A gentleman was admitted into local care home “to die”. He was high risk of undernutrition. He disliked the supplements he was discharge on.

The home implemented FoU, several months later, the gentleman is low risk of undernutrition, swimming daily and helps co-ordinate the resident activities.