



Care Homes Newsletter

Issue 5, January 2019 Care Homes Newsletter for Care Home Staff, General Practitioners and Community Pharmacists

Nutrition

In the 5th edition of the Care Homes Newsletter, we will be focusing on areas related to nutrition

Good Nutrition

Good nutrition is vital for good health at any age and 'healthy eating' means different things for different people and different age groups.

For fit, active older people with no care needs, a healthy diet is likely to be the same as that for the rest of the adult population. However for the less well, frail, cared for older person we tend to think of healthy eating in terms of 'eating for health' – where we are trying to prevent or actively treat malnutrition with food.

Malnutrition can cause both physical and mental health problems, increases likelihood of admission to hospital by 82% and increases length of hospital stay by 30%! If malnutrition can be identified and treated in the community, it can improve older peoples overall health and quality of life and can help prevent admissions to hospital.



Identifying and Treating

GPs and Dietitians in Herts have worked together to produce new guidance for care homes to help staff to treat malnutrition with food. The new Malnutrition management guidance (based on MUST) also helps staff identify when referral to a dietitian is needed.

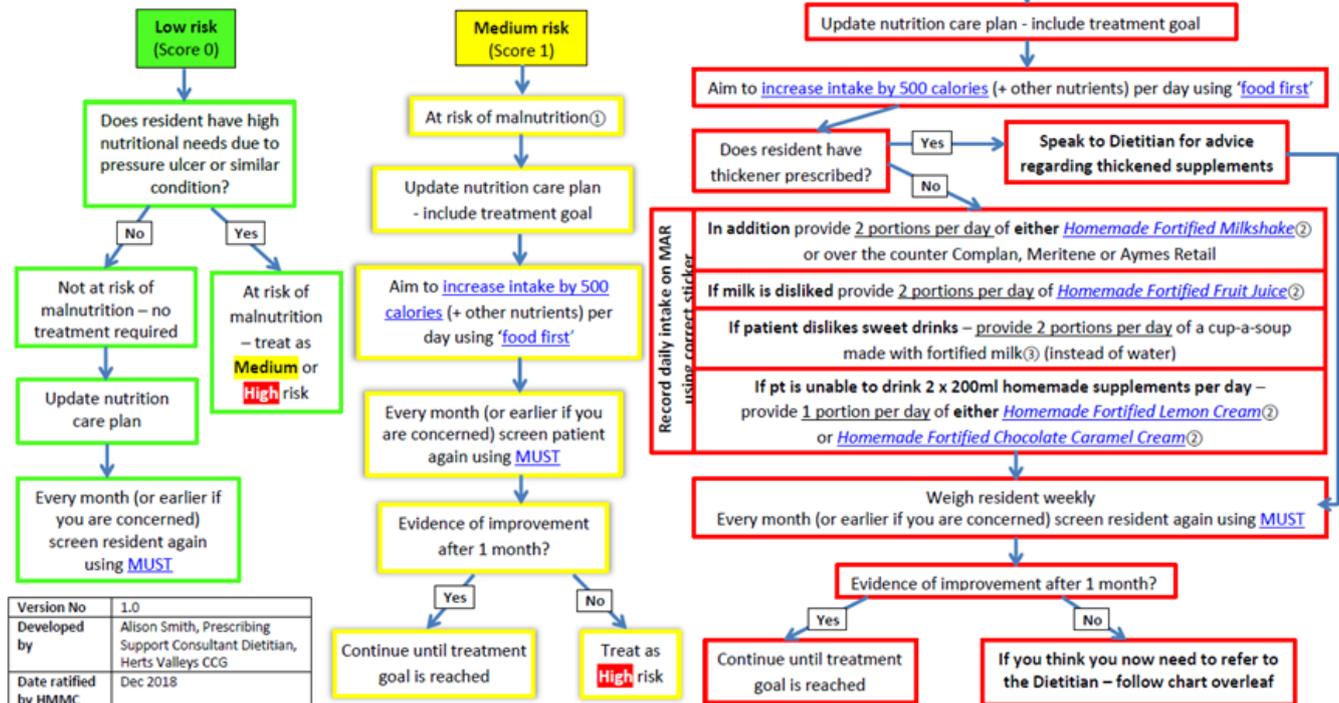
The Dietitians are also working to produce a new way for care homes to refer to them, so that GPs do not need to be asked to refer.



Malnutrition management Guidelines (based on MUST)

Malnutrition management guidelines (based on MUST) – *Make sure these have been followed before contacting the Dietitian*

- ① If a resident is currently overweight or was overweight prior to unplanned weight loss, consider whether regaining weight is in their best interests. If weight regain is not in the residents best interests, consider treating resident as lower risk category to avoid significant weight regain. Record reason for this in residents nutrition care plan
- ② All Homemade Supplements **must** be made **exactly** according to the recipes provided by Herts CCGs
- ③ Make fortified milk by adding 4 tablespoons/60g dried, skimmed milk powder to each pint of full fat milk



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What about prescribed ONS



Oral nutritional supplements (ONS) or sip feeds, have been commonly used to treat malnutrition, however there is nothing in them which is not also found in food. It may surprise you to learn that more than £2 million per year is spent on ONS by GPs in Herts alone, and as a result, that means there is a lot less money for the NHS to spend on other essential services.

As food can provide the same nutrients that are found in ONS, in Herts advice is to use food to meet nutritional needs wherever possible. Helpfully that fits into the CQC Regulations which clearly state that service users must receive "suitable and nutritious food and hydration which is adequate to sustain life and good health".

Malnutrition and end of life

It can sometimes feel as though the aim is for every malnourished resident to gain weight, and that if they don't, that staff have failed. However, what we really want to do is to improve or maintain residents nutritional health which can sometimes mean that they stay the same weight, even if their BMI is low or that we slow down their rate of weight loss. Surprising though it may sound, both of these examples can be good care.

We know that people who are resident in care homes are coming towards the end of their lives and depending on the persons overall health we cannot always enable them to re-gain weight or achieve a BMI of more than 20, especially if they eat and drink very little. And increasing their intake or weight is no more likely by using prescribed ONS than it is by using food!

What we should do is to continue to help all our residents to enjoy food that aims to meet their nutritional needs, even if we can't turn back the clock for them.



Food First



Food first means:

Using a whole home, person centred approach to identifying and treating malnutrition

- Do all Home staff know who is at medium or high risk of malnutrition?
- Do all Home staff know how to treat these residents malnutrition?
- Treating residents with identified malnutrition (medium or high risk according to MUST) with food rather than requesting an ONS prescription

Adding extra ingredients to food for malnourished residents which contain more than just calories e.g. dried skimmed milk powder, ground nuts, cheese instead of butter or cream

Providing homemade supplements (made to the CCG recipes for residents at high risk

- When made according to the recipe, the 'Homemade fortified milkshake' actually has the same nutritional content as any milkshake type ONS!
- The 'Fortified fruit juice' has almost the same nutritional content as any juice type ONS!
- One portion per day of either the 'Homemade fortified lemon cream' or 'Homemade fortified chocolate caramel cream' has the same nutritional content as 1 days supply of a low volume/high energy ONS such as ProCal Shot or Calogen Extra!



Sunrise Elstree

Exceptionally good practice observed in nutrition with regards to:

- Regular use of MUST in screening for malnutrition.
- Good use of 'food first' approach in treating residents with malnutrition as opposed to ONS.
- Regular review of ONS and switching to food first when appropriate.
- Very receptive on advice given by CHIT pharmacist and dietician and taking approach throughout care home

Good medicines management practice observed with regards to:

- Medicines ordering cycle carried out accurately and efficiently.
- Protected time given to staff for ordering and checking medicines.
- Regular monthly medication audits and action plans put together accordingly to improve processes and minimise errors.

Do you do something really well? tell us about it at (NHS HERTS VALLEYS CCG) <hvccg.pmot1@nhs.net>