

Observation prompts and guidance for monitoring compliance

Guidance for CQC inspectors

Outcome 5: Meeting nutritional needs

Produced jointly by the Care Quality Commission and
the Royal College of Nursing

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Introduction

This guidance explains how to use observations to gather information during visits, to help assess whether a provider is meeting Outcome 5: Meeting nutritional needs (Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010). There are prompts at the end of the guidance to help you.

It will help you to focus on the day-to-day nutrition and hydration needs of people using a service while you are observing care, and highlight the extent to which the support and care they receive is person-centred.

The guidance and prompts are generic, so that they can be used across different types of care settings. They focus on compliance with the essential standards of quality and safety.

Where appropriate, there are references to other pieces of guidance that indirectly relate to Outcome 5 and observation methods more generally. There is a glossary of terms at the end of the document. You should read this alongside:

- Guidance about compliance: Essential standards of quality and safety.
- Guidance about compliance: Judgement framework.
- Guidance on how to carry out a visit.
- Guidance on using observation during visits.
- Guidance on using pathway tracking.
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You will find guidance on the following questions:

1. What does observation include?
2. When should I use observations to assess Outcome 5?
3. What are the limitations of using observations to assess Outcome 5?
4. Is observation for Outcome 5 appropriate in all settings?
5. Do I have to check every prompt at the end of this guide?
6. Which clinical procedures might I encounter and what do I need to consider?
7. How do I judge what is an appropriately balanced diet?
8. What do I need to know about 'protected mealtimes'?
9. What do I need to know about hydration?
10. What do I need to know about screening tools?
11. What kinds of alerts might I observe?
12. What do I need to observe if there are people who are identified as 'nil by mouth'?
13. What do I need to consider when sampling food?
14. How can the nutrition prompt be used alongside SOFI 2?

<p>1. What does observation include?</p>	<ul style="list-style-type: none"> • Observation includes what you see, hear, smell and (for this outcome) what you may taste. However, observation is only one of a number of ways that you can use to assess whether a provider is meeting outcomes. • You should focus on how care is given – the way that staff interact with and care for people who use services. • You may also use additional methods to triangulate your evidence and to make sure that you reach a robust judgement.
<p>2. When should I use observations to assess Outcome 5?</p>	<ul style="list-style-type: none"> • You will have established the need to focus on nutrition and hydration when you carried out the initial assessment and completed the assessment record. • After triangulating all the evidence and information that you have gathered on the assessment record: <ul style="list-style-type: none"> ○ You may have some concerns about compliance in the way nutrition and hydration care is delivered, or ○ You may feel that you do not have enough information on which to base a judgement about compliance. • If you have concerns about the care of a particular person, or a number of people, you will also need to refer to the guidance on using pathway tracking. • You will also need to refer to the guidance on how to carry out a visit and using observation during visits.
<p>3. What are the limitations of using observations to assess Outcome 5?</p>	<ul style="list-style-type: none"> • When observing nutrition and hydration, you may observe some clinical procedures and/or treatment. • Remember that the focus of your observation is on the outcomes and experiences of people who use services. You are not expected to, and should not attempt to, make clinical or medical assessments for which you are not trained. If you observe any procedures or practices that you think might be inappropriate, or that you think could put people at risk, but you don't have the specialist knowledge or expertise to be sure, discuss it with your line manager. You should also refer to our guidance on seeking expert advice. • Observing care around nutrition and hydration is only one of a number of ways that you can assess compliance with Outcome 5.

<p>4. Is observation for Outcome 5 appropriate in all settings?</p>	<ul style="list-style-type: none"> • Yes, other than for those settings referred to in the guidance on using observation during visits. However, you will need to take account of sensitivities in certain types of service when planning your visit. • People have a right to life and to have their choices and preferences respected. However: <ul style="list-style-type: none"> ○ The availability of food may be restricted in some controlled settings for reasons of welfare and/or safety. For example, in some specialist services, a restricted food intake is part of the treatment for people with Prader-Willi Syndrome. ○ In some services, for example services for people with autism, people may be self-limiting in their food intake or food choices due to possible intolerances. ○ Some services may have specific regimes governing the availability of food – for example, services for people with needs arising from an eating disorder. ○ You should consider other influencing factors at the planning stage, such as religious festivals and observances that may coincide with the timing of the visit and/or relate to the ethnicity of people who use the service – for example, daytime fasting, feast days etc.
<p>5. Do I have to check every prompt at the end of this guide?</p>	<ul style="list-style-type: none"> • No, the prompts help you to focus on the kind of observations that capture the essence of Outcome 5 in terms of the outcomes and experiences of people who use services. The prompts do not cover the whole of the outcome, as they relate only to aspects of the outcome that you can observe. Not every prompt will or can be observed at each visit. Your focus will depend on the type of provider or location you are visiting and what it was that triggered your decision to make a visit. • When you are planning your visit, you can look at the prompts in this document and select those that are relevant to the area under review and that are most likely to generate the evidence you need. You can copy the selected prompts to your visit plan and record to take with you. • The prompts are suggestions for what you may observe or look for. They are not a checklist and other observations may be equally, or more, relevant to the specific concern for which you are gathering evidence. • You are not expected to record comments on every prompt. You may not plan to observe or ask any questions about some of the areas at all, because they don't relate to an aspect of the outcome that you have concerns about.

	Alternatively, you may plan to observe something but the opportunity doesn't present itself during your visit
<p>6. Which clinical procedures might I encounter and what do I need to consider?</p>	<ul style="list-style-type: none"> • Clinical nutrition is the term used to include total parenteral nutrition (PN) and enteral nutrition (EN) explained below: <ul style="list-style-type: none"> ○ Total parenteral nutrition is the delivery of a solution of nutrients through an intravenous line, which ensures that people get all their nutritional requirements when they cannot eat themselves. ○ Enteral nutrition is a form of nutrition that is delivered into the digestive system as a liquid. It is often given by a tube placed in the nose, the stomach or the small intestine. • A tube in the nose is called a nasogastric tube or nasoenteral tube. • A tube that goes through the skin into the stomach is called a gastrostomy (a percutaneous endoscopic gastrostomy (PEG) is just one example of this). • A tube into the small intestine is called a jejunostomy (a percutaneous jejunostomy (PEJ) is one example of this). • Where you have established that the provider cares for people who receive parenteral nutrition, use the following prompts and enquire if the provider has a: <ul style="list-style-type: none"> ○ Clinical governance department. ○ Nutrition Nurse Specialist in post (NICE CG3). ○ Nutrition support team that is responsible for managing PN (NCEPOD 2010) (NICE CG32) (NCEPOD 2004). • Does the provider organise training and education for staff administering PN by central venous access devices and is there evidence that the staff are competent to perform this process within their role? • Do they have guidelines on the care of central venous access devices? Does an example of the parenteral nutrition proforma include the following indication for parenteral nutrition: <ul style="list-style-type: none"> ○ Treatment goal. ○ Risk of and precautions taken against re-feeding syndrome. ○ Parenteral nutrition prescription. ○ Weight and biochemical monitoring. • If a person is receiving parenteral nutrition, their nutritional screening or nutritional assessment should be reassessed for nutritional requirements weekly at a minimum (this may be a

	<p>'MUST' score or a dietician's documented assessment of their nutritional and fluid requirements).</p> <ul style="list-style-type: none"> • Some people's ongoing nutritional requirements are normally met by clinical nutrition. • If you observe these, you may want to record this and follow up through pathway tracking. You may also need to seek specialist advice and discuss this with your manager. Refer to the guidance on seeking expert advice before or following a visit.
<p>7. How do I judge what is an appropriately balanced diet?</p>	<ul style="list-style-type: none"> • The guidance on using pathway tracking will help you to identify the different ways you can assess this – for example, checking the person's assessment and care plan, or talking with them about their needs. • It is important to understand that nutritional needs vary according to a person's needs and preferences. • The term “balanced diet”, as outlined in Outcome 5, covers eating for health and is a balanced diet in terms of the correct portions of foods from each of the food groups (protein, carbohydrate, milk and dairy, fruit and vegetables, and foods containing fat and sugar) for people who are healthy. The Food Standards Agency provides guidance on its website called the 'Eat Well Plate', which shows the ideal balance of food groups for each meal: www.eatwell.gov.uk/healthydiet/eatwellplate/. • All people require a nutritionally adequate diet, but they are used primarily for people who are malnourished or at risk of malnourishment – though this may not be a 'balanced diet' as these people will have special dietary needs. • People who have lost weight and/or have a poor appetite may require nutrient dense foods, that is foods that contain a lot of kilocalories, protein and micronutrients (vitamins and minerals). It is very likely that people who have been identified as being 'at risk' of being malnourished (and who may not be able to eat the recommended five portions of fruit and vegetables a day) will require whole milk, extra high fat, high calorie foods such as cream, full cream yogurts, chocolate, or biscuits. • It is essential that you are aware of the person's nutritional care plan before you make a judgement about their current dietary intake. • It is also important to note that, if people have been prescribed oral nutritional supplements, you should look for evidence that they are encouraged to take these as outlined in their nutritional care plan.

	<ul style="list-style-type: none"> You are unlikely to reach a decision about how well a person's dietary needs are being met by observing just one meal or one day's meals. You may, therefore, need to use other methods of gathering evidence to triangulate with the observation, and plan ahead for the best times to observe for those prompts that will address the focus of the visit.
<p>8. What do I need to know about 'protected mealtimes'?</p>	<ul style="list-style-type: none"> The prompts refer to 'protected mealtimes'. These are mealtimes where there should be "a calm atmosphere where the main focus is on serving appetising meals and providing persons with uninterrupted time to eat and enjoy a vital part of their treatment – their food." (NPSA). The principles underpinning protected mealtimes are: <ul style="list-style-type: none"> Staff focus their attention on making the mealtime a success. Anything that supports and assists people to eat is encouraged. Anything that interferes with the meal and reduces the amount eaten is discouraged. All non-urgent activity is suspended. Primarily developed for hospital settings, these principles are equally relevant in other settings where people are vulnerable and lack control over their environment (for example, through diminished capacity). Providers should explain their policies around protected mealtimes and agree them with the person and/or their representative as appropriate, particularly where it is not possible to stick to the policy. The prompts refer to 'unnecessary' visitors attending at mealtimes. These would usually be defined as those people not helping with mealtimes. Bear in mind that visitors (family or volunteers) may be encouraged in some settings (e.g. services for people with dementia) if they help to support and encourage a person to eat and drink.
<p>9. What do I need to know about hydration?</p>	<ul style="list-style-type: none"> Some people will have particular needs related to hydration that affect what and how they are able to drink – for example, people with diabetes or heart failure, or those with swallowing problems. It may be appropriate to sample people from these groups for pathway tracking and triangulate the evidence gathered with the observations you make, comparing your observations with policies, care plans and charts. It is possible for people to be over-hydrated as well as under-hydrated, and you may want to check that staff understand

	<p>this.</p> <ul style="list-style-type: none"> • You should consider whether the provider has a system for ensuring that people at risk have their 24-hour hydration status managed, and that they can 'factor in' incontinence and insensible loss (the loss of water by diffusion through the skin and by evaporation from the respiratory tract). • Dehydration is the condition that results from excessive loss of body water. • Pyrexia is the clinical sign of fever – an abnormally high body temperature, which may also result in excessive loss of fluid and salts through sweating.
<p>10. What do I need to know about screening tools?</p>	<ul style="list-style-type: none"> • Screening tools are used to determine the risk of malnutrition. • It is very important to discriminate between 'screening' and 'assessment', which are sequential steps. • The key elements of monitoring are: <ul style="list-style-type: none"> ○ Screening takes place. ○ Assessments are made if the screening is positive. ○ There are care pathways/plans appropriate for the risk/setting, which are used and monitored when needed. • The 'MUST' is a validated screening tool developed by BAPEN. It uses a five-step approach. • There are validated screening tools for paediatric care (though not validated for 0-2 years).
<p>11. What kinds of alerts might I observe?</p>	<ul style="list-style-type: none"> • Alerts are the means by which people are identified as being at risk and/or requiring assistance with eating and drinking in hospital settings. • There are various systems in use for identifying vulnerable people. For example, some systems involve using coloured jugs and trays. • Other alerts may be used to ensure that people who have specific preferences – on the grounds of faith, ethnicity, or ethical considerations – receive the appropriate meal (for example, vegan or halal meals). • You may want to identify which systems, if any, are being used before you start your observation, and assess how well they work for people.

<p>12. What do I need to observe if there are people who are identified as ‘nil by mouth’?</p>	<ul style="list-style-type: none"> • You should observe how nutrition and hydration are provided for people returning from surgery, or those identified as nil-by-mouth who are waiting for surgery or whose surgery has been cancelled: <ul style="list-style-type: none"> ○ How soon after surgery/following cancellation of surgery were people offered a drink, snack or meal? ○ Do staff actively encourage post-surgery people or nil-by-mouth people whose surgery has been cancelled to eat and drink? ○ Do staff document the food and fluid intake of post-surgery or nil-by-mouth people whose surgery has been cancelled? ○ Were nil-by-mouth signs removed? ○ Is there evidence that staff assess those people who have not been able to eat and drink within a 24-hour period?
<p>13. What do I need to consider when sampling food?</p>	<ul style="list-style-type: none"> • If it is possible to do so, taking a meal with people who use the service will provide opportunities to observe not only the quality of the food but also: <ul style="list-style-type: none"> ○ How staff interact with people using the service. ○ Whether people can reach their food, manage cutlery, containers etc. ○ Whether people have the correct cutlery, crockery, drinking beaker, cup etc. to enable them to eat and drink. ○ How assistance is planned and how support and encouragement are provided. ○ How well staff respond to people who are not eating, or are expressing agitation or distress during mealtimes. ○ How well staff engage with people while helping them to eat. ○ How the service ensures that people who are unable or do not want to sit down at mealtimes receive an adequate amount to eat. ○ How sensitively children and people who have communication needs, sensory impairment, dementia or learning disability are given informed choices about what they eat. ○ What resources there are to support choice (for example, picture menus, Braille menus). ○ How well staff help people to prepare for eating and support them after eating. ○ The amount of food wastage.

	<ul style="list-style-type: none"> ○ The emphasis that is placed on mealtimes being shared social occasions. ○ How choices are offered and preferences respected. ○ The impact of the environment on the eating experience. ● For some people, being watched while eating or helped to eat may be an unwelcome experience. The guidance on using observation during visits will help you to approach this. ● Please also see the separate guidance about consent, recording and retention of evidence, available on the intranet.
<p>14. How can the nutrition prompt be used alongside SOFI 2?</p>	<ul style="list-style-type: none"> ● If there are people with communication or cognitive impairment in the setting where you are visiting, and you have completed SOFI 2 training, it may be useful to consider using SOFI 2 over a mealtime. ● You could combine your notes related to this nutritional prompt with your SOFI observations. For the people who you are observing without using SOFI, you can make notes associated with the nutritional prompt in the notes section on your SOFI raw data sheet or on a separate sheet of paper. That way, you can capture data for both at the same time. Just make sure you clearly identify which notes relate to your SOFI participants and which relate to others you are observing in the environment. ● SOFI will capture the mood, engagement and quality of staff interactions around mealtimes and nutrition for those with communication or cognitive impairment that you are observing. These observations will help you to make judgements about: <ul style="list-style-type: none"> ○ The atmosphere at mealtimes. ○ How well people are supported to eat and drink. ○ The experience of being helped to eat. ○ The quality and enjoyment of the food for those using the service. ● In particular, you may be able to capture information for prompts MNN 3, MNN 5, MNN 6 and MNN 8 while you are carrying out a SOFI observation. ● Annex 5 of the SOFI 2 manual shows how SOFI observations can contribute to making judgements about the outcomes of the essential standards. There is a section on Outcome 5 that shows how observations about mood state, engagement and staff interaction may provide evidence for a number of prompts.

Observation prompts:

Meeting nutritional needs (MNN)

MNN1	People being screened to identify the risk of malnutrition using formal screening tools. Look for: <ul style="list-style-type: none">• Presence of screening tools (for example, MUST).• Nutrition score recorded in the notes.• Nutrition score recorded in the care/treatment plan.• People being weighed.
MNN2	Coordination of nutrition care and treatment with other providers (with or across other services). Look for: <ul style="list-style-type: none">• Handover/communication at transfer.• Visits by other professionals (for example, dieticians, occupational therapists, speech therapists).• Staff communicating all requirements related to the provision of culturally/ethically/physically sensitive food/menus (for example, halal, vegetarian, gluten free).
MNN3	People identified as 'at risk' or needing support are being monitored. Look for: <ul style="list-style-type: none">• Signs/alerts showing that they require assistance/are at risk.• Food intake charts being monitored, completed and reviewed by staff during/following mealtimes.• Fluid intake charts being monitored, completed and reviewed by staff during/following mealtimes.• Staff supporting and communicating with people in a sensitive manner that meets their needs and requirements.• Weight being recorded weekly.• Repeated screening.
MNN4	Food preparation. Look for: <ul style="list-style-type: none">• People being enabled/allowed to prepare food for themselves.• Staff washing their hands before and during food preparation.• Prepared meals that include all major food groups (for example, starch, protein, fibre, fat/sugar).• Staff having access to all equipment needed for the safe preparation of food (boards, knives, gloves, etc).• Ensuring that foods are separated in accordance with individual cultural and ethical preferences (for example, halal food should not

	<p>come into contact with non-halal food, food prepared for vegan diets should not come into contact with animal products).</p> <ul style="list-style-type: none"> • Temperature of food being checked. • Staff who are preparing the food being aware of those requiring alerts. • Sample the prepared food yourself.
MNN5	<p>The environment in which food and drink is served. Look for:</p> <ul style="list-style-type: none"> • People being allowed to eat where they want to, unless for safety reasons they require specific arrangements or positioning. • Staff being friendly and actively encouraging people to eat and drink independently if appropriate. • Sufficient staff being around to provide support and assistance to those who need help to eat and drink. • Any unnecessary interruptions during mealtimes. • The environment being clean and tidy. • People being invited and supported to wash their hands before a meal, where they wish to do so. • A pleasant atmosphere, conducive to eating (for example, no unpleasant odours). • Special equipment available for those who need it (for example, adapted crockery or cutlery). • The food served meeting the person's needs and requirements. • Nobody having to wait unduly for their meal. • Drinking water available. • Drinking water being changed at regular intervals. • People being offered a range of drinks (for example, juice, squash, tea, coffee). • Volume capacity of cups or beakers on the record/poster/notices etc. for reference. • People able to reach food and drink. • People being helped or encouraged to drink between meals. • Staff observing for signs of under or over-hydration – by touching or assessing skin. • People who receive clinical nutrition being observed for dry lips – having their oral hygiene attended to. • People having their human rights and their dignity respected. • Staff enabling and supporting visitors and relatives to help people to

	eat and drink.
MNN6	<p>People are not interrupted during mealtimes – unless they wish to be or an emergency arises. Look for:</p> <ul style="list-style-type: none"> • Meals being served at the agreed time. • Signs/posters displaying protected meal time is underway. • Setting being closed to all unnecessary visitors. • Staff asking people about their reasons for not eating or drinking during mealtimes. • People being given enough time to eat. • Cleaning not occurring during the meal service or when people are eating, unless there is a safety risk present.
MNN7	<p>Food delivery, handling and storage. Look for:</p> <ul style="list-style-type: none"> • Food handling policy on display. • Food hygiene policy on display. • Those handling food washing their hands. • Policies and procedures being followed for the safe handling, storage and labelling of food (including vegetarian and halal food).
MNN8	<p>People are offered choice. Look for:</p> <ul style="list-style-type: none"> • People being given an informed choice, i.e. using a menu, lists, verbal descriptions, pictures, photographs. • Staff being able to respond to a request for a replacement meal that is appropriate to the person's individual needs. • A range of replacement meals being offered that include the provision of culturally sensitive choices (for example, halal) and for reasons associated with special physical needs (for example, dysphagia). • People not waiting too long for a meal of their choice. • People preparing food for themselves. • Relatives providing alternative meals. • Staff checking whether people eat their food and recording this in the person's care plan.

Glossary

BAPEN	British Association for Parenteral and Enteral Nutrition.
Dysphagia	Difficulty in swallowing.
Enteral nutrition (EN)	A form of nutrition that is delivered into the digestive system as a liquid. It is often given through a tube placed in the nose, the stomach or the small intestine.
FSA	Food Standards Agency.
MUST	Malnutrition Universal Screening Tool.
NCEPOD	National Confidential Enquiry into Patient Outcome and Death.
NICE	National Institute for Health and Clinical Excellence.
Parenteral nutrition (PN)	The delivery of a solution of nutrients through an intravenous line, which ensures that people get all their nutritional requirements when they cannot eat.