

## Care Homes addressing malnutrition

Malnutrition is a major cause and consequence of poor health and older people are particularly vulnerable. Over 1 million older people are malnourished or at risk.<sup>1</sup> 37% of those over 70 who have recently moved into a care home are already malnourished (or at risk).<sup>2</sup>

The Adult Social Care Survey shows that only two thirds (64%) of older people who are receiving social care either in care homes or in their own homes say they get all the food and drink they like when they want it.<sup>3</sup>

In Care Quality Commission's Dignity and Nutrition Inspections, one in six care homes were failing to meet the nutritional needs of patients.<sup>4</sup>

How confident are you that your care home is providing good nutritional care?

## Malnourished people typically have:

- Increased ill health, more hospital admissions and re-admissions<sup>5</sup>
- Longer stays in hospitals<sup>6</sup>
- Greater healthcare needs (more GP visits and greater use of antibiotics)<sup>7</sup>
- Increased risk of mortality<sup>8</sup>

## Clinical consequences of malnutrition include:

- Impaired immune response, reduced muscle strength, impaired wound healing, impaired psycho-social function and impaired recovery from illness

## Best practice principles

Addressing malnutrition revolves around five principles which incorporate NICE's Quality Standard (QS24)<sup>9</sup> and Clinical Guidance (CG32).<sup>10</sup>

- **Raising awareness** among residents, relatives and staff to support prevention and early treatment of malnutrition
- **Working together** within the care home and with external members such as relatives, GPs, therapists, and across other care homes. Catering staff must be involved in planning resident care too
- **Identifying malnutrition** early. Every resident's nutrition needs must be identified through screening and regular assessment
- **Delivering personalised care, support and treatment** for residents at risk and implementing NICE's Quality Standard (QS24) and Clinical Guidance (CG32)
- **Monitoring and evaluating** resident weight, improvements and outcomes

## The benefits

- Good nutrition and hydration care is essential for residents and will increase independence, increase energy levels, reduce falls, enhance wellbeing and improve skin conditions to help reduce pressure sores
- The cost of screening, monitoring and taking early appropriate action against malnutrition in the general care home population is much less than treating care home residents diagnosed with malnutrition at a later stage<sup>11</sup>
- Full occupancy is important financially. Having a great menu and excellent resident feedback about nutrition and hydration care can positively influence prospective residents in choosing a care home

<sup>1</sup> M. Elia, R. M. Smith, *Improving Nutritional Care and Treatment: Perspectives and Recommendations from Population Groups, Patients and Carers*, BAPEN, 2009.

<sup>2</sup> Calculation based on BAPEN screening weeks 2007-11.

<sup>3</sup> *Personal Social Services Adult Social Care Survey, England 2011-12*, The NHS Information Centre, 2012.

<sup>4</sup> Available at: <http://www.cqc.org.uk/public/reportssurveysandreviews/themed-inspections/dignityandnutritionolderpeople>

<sup>5</sup> R. J. Stratton et al, 'Malnutrition in hospital outpatients and inpatients: prevalence, concurrent validity and ease of use of the 'malnutrition universal screening tool' ('MUST') for adults', *British Journal of Nutrition*, 2004, 92.

<sup>6</sup> J. F. Guest et al, 'Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK', *Clinical Nutrition*, 2011, 30, 4.

<sup>7</sup> M. Elia et al, *The cost of disease related malnutrition in the in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults*, BAPEN, 2005.



## Making the changes: Quick wins

- Raise awareness among staff, residents and visitors by:
  - Displaying visual information about the importance of nutrition and hydration
  - Providing training for staff including how to assist someone with eating and drinking, particularly residents with dementia
- Implement nutrition screening across your care home (using MUST<sup>12</sup>)
- Protect meal times, make them the highlight of the day for residents and encourage trips to the dining room
- Create a food profile for each resident as they arrive at the home
- Keep the resident at the heart of each decision to provide personalised care. This may include using photographic menus, flexible meal times for those with dementia, the option of smaller meals or a snacking diet
- Try snack boxes of favourite foods for those with smaller appetites
- Monitor a resident's weight on a regular basis and investigate any unintentional weight loss

## Making the changes: Longer term plan

Sustain the changes made by monitoring some of the following:

- Number and % of residents screened and monitored monthly
- Number and % of staff trained
- Number of complaints and incidents related to poor nutritional care

Do not forget to:

- Realise the benefit of the changes made, e.g. improved personal outcomes, fewer incidents and financial savings
- Gather feedback from residents and relatives on a regular basis
- Regularly assess the structures and processes in place using CQC standards

<sup>8</sup> M. Heismayr et al, 'Decreased food intake is a risk factor for mortality in hospitalised patients: The NutritionDay survey 2006', *Clinical Nutrition*, 2009, 28.

<sup>9</sup> Nutrition Support in Adults (QS24), NICE, 2012.

<sup>10</sup> Nutrition Support in Adults (CG32), NICE, 2006.

## About the Malnutrition Task Force

The Malnutrition Task Force is an independent group of experts across health, social care and local government united to address the problem of preventable malnutrition and dehydration in older people.

## Our vision

Prevention and treatment of malnutrition and dehydration should be at the heart of everything we do to ensure older people can live more independent, fulfilling lives.

## Our mission

To ensure the prevention and treatment of malnutrition and dehydration is embedded in all care and community support services and that awareness is raised among older people and their families.

## Key statistics

- Around 1 in 10 older people are malnourished or at risk of malnutrition. This equates to around 1 million older people in the UK<sup>1</sup>
- As many as 37% of older people who have recently moved into care homes are at risk of malnutrition<sup>2</sup>
- The number of people aged 65 and over is projected to rise by nearly 50% in the next 20 years to over 16 million<sup>13</sup>

<sup>11</sup> J. M. M. Meijers et al, 'Estimating the costs associated with malnutrition in Dutch nursing homes', *Clinical Nutrition*, 2012, 31, 1.

<sup>12</sup> Available at: <http://www.bapen.org.uk/screeningformalnutrition/must/musttoolkit/themustitself>

<sup>13</sup> *National Population Projections, 2010-Based Projections*, Office for National Statistics, 2011.