



# CARE CHEF

## OF THE YEAR 2022

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### NUTRITIONAL GUIDANCE

#### Useful pointers

- The most common nutritional problems seen in care homes for older people are:
  - Malnutrition (low body weight, unplanned weight loss, poor appetite and poor food intake)
  - Dehydration (poor fluid intake)
  - Dysphagia (swallowing difficulties)
  - Dementia (causing poor food intake, lack of interest in food, lack of ability to recognise hunger or thirst or to request food or fluid, changed food preferences, dysphagia, malnutrition, difficulty focussing on meals/drinks, difficulties with eating and drinking linked to reduced understanding of what to do)
  - Frailty/sarcopenia (loss of muscle mass/function reducing mobility and independence and increasing risk of falls).
- Residents food and fluid preferences may change over time, especially if they are living with dementia and therefore food preferences need regular updating.
- Nutrition information sourced from a registered nutritionist or a registered dietitian is likely to be reliable and evidence based. Nutrition information sourced from others is much less likely to be evidence based.
- Meals should provide a wide range of nutrients and contain both sufficient starchy carbohydrate and protein as well as fruit and vegetables.
- Foods can be fortified to increase their nutritional content but this should increase content of a range of nutrients, not just calories. Ingredients which will only add calories include butter, margarine, oil, mayonnaise, cream, crème fraiche, sugar, honey.
- Specific reference to individual micronutrients (vitamins/minerals) especially in relation to individual health conditions may not be appropriate unless there is evidence based, nationally published guidance demonstrating benefits to your client group eg vitamin D and muscle strength in older adults, calcium and bone health in older adults.
- Specific reference to general healthy eating guidance (eg limiting fat content or reducing cholesterol level) may not be appropriate unless you can evidence that is the main nutritional consideration for your clients.
- Specific reference to weight reduction may not be appropriate unless you can evidence that this is the main nutritional consideration for your clients.
- Specific reference to other claims such as “easy to digest” are unlikely to be appropriate unless there is nationally published guidance demonstrating that benefit.