Commission for Social Care Inspection

Making Social Care Better for People

CSCI Clinical Trigger

The management of nutritional care for older people in care homes

Part one: Assessment and monitoring of nutrition and dietary needs

Standard 3.3: *"A needs assessment is undertaken, which includes diet and weight, including dietary preferences"*

1.1 Current good practice [1, 2, 3, 4, 5] recommends the care home has a procedure for dietary assessment and nutritional screening, with appropriate first line dietary interventions and when & how to refer to a specialist?

Yes ↓

No → **Provider to develop a nutritional procedure for the care home**

1.2 Is a needs assessment of the resident's dietary needs clearly recorded in the care plan[3]?

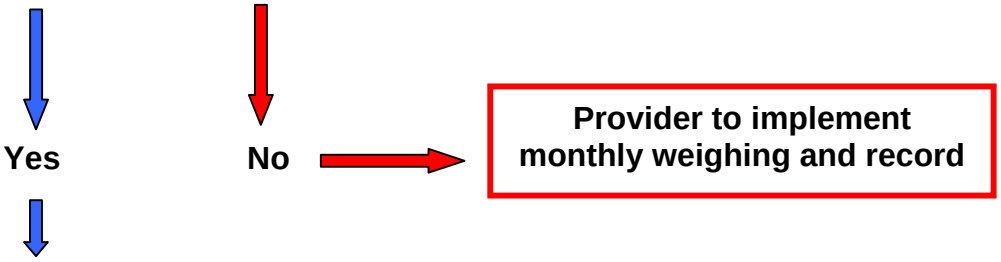
- *(Does the assessment incorporate: special dietary requirements, personal preferences, assistance with eating & drinking, condition of oral health, swallowing problems, admission weight and height)*

Yes ↓

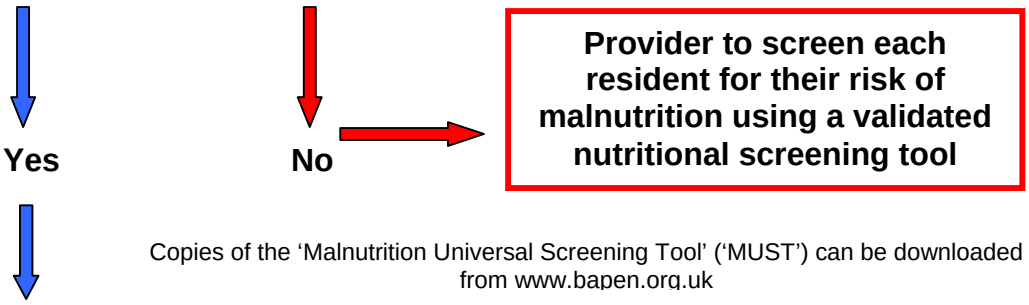
No → **Provider to complete a dietary assessment for each resident**

Standard 8.9: "*Nutritional screening is undertaken on admission and subsequently on a periodic basis, a record is maintained of nutrition, including weight gain or loss and appropriate action taken*"

1.3 Is there a monthly record of the resident's weight[3]?



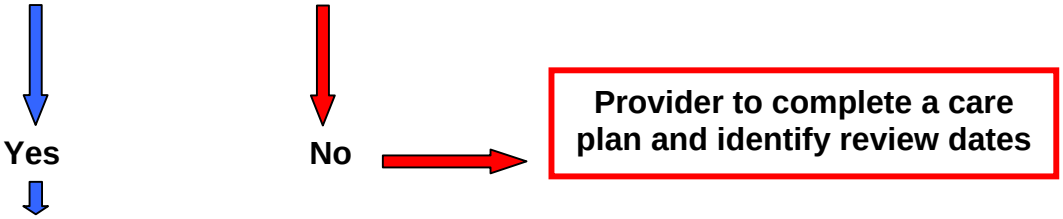
1.4 Is there evidence that the resident was screened for their risk of malnutrition on admission and monthly thereafter, using a validated nutritional screening tool such as MUST [1,2,3,]?

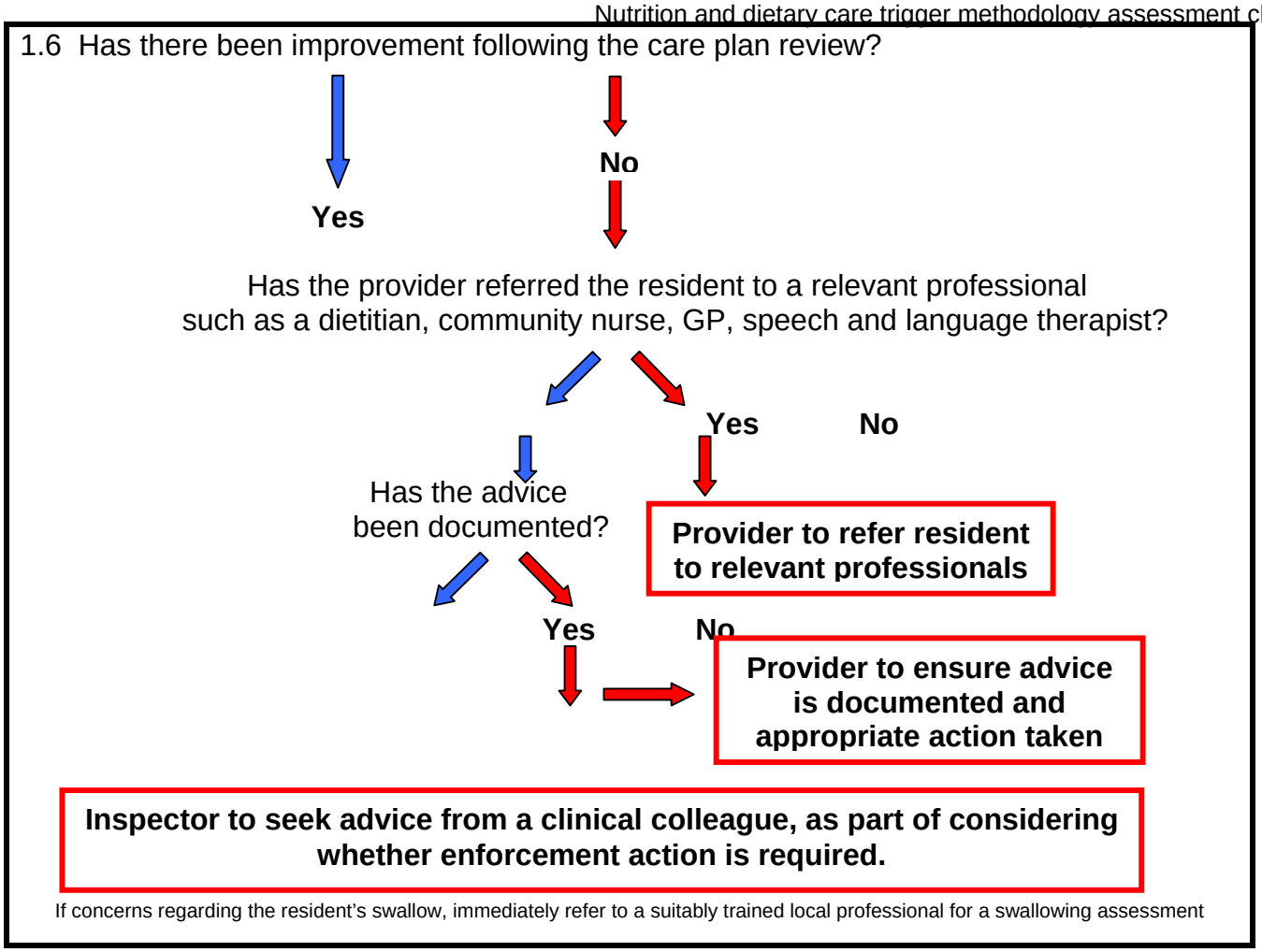


Copies of the 'Malnutrition Universal Screening Tool' ('MUST') can be downloaded from www.bapen.org.uk

1.5 Has a care plan been implemented and reviewed for residents at risk of malnutrition[3]?

– *Does the care plan review incorporate: changes in monthly weight, nutritional risk and dietary intake, and compliance in taking dietary interventions*





References:

1. National Institute of Clinical Excellence (2006). **Nutrition support in adults: oral supplements, enteral and parenteral feeding**. Department of Health.
2. Elia, M (Chairman & Eds) (2003) **The 'MUST' report: nutritional screening of adults: a multidisciplinary responsibility. Development and use of the 'Malnutrition Universal Screening Tool' (MUST) for adults.** A report by the Malnutrition Advisory Group of the British Association for Parenteral and Enteral Nutrition (BAPEN). Redditch: (www.bapen.org.uk)
3. The National Association for Care Catering (2005) **National Minimum Standards for Care Catering (Care Homes for Older People).** www.thenacc.co.uk
4. European Nutrition for Health Alliance (2005) **Malnutrition within an aging population - a call for action.** (www.european-nutrition.org)
5. Caroline Walker Trust (2004) **Eating well for older people 2nd Edition**. (ISBN 1 897820 18 6) (www.cwt.org.uk)
6. Royal College of Speech and Language Therapists, and the British Dietetic Association (2002) **National descriptors for texture modification in adults.** info@bda.uk.com. or postmaster@rcslt.org.

Part 2: Dietary provision

Standard 15.1: *"The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet, which is suited to individually assessed and recorded requirements and that meals are taken in a congenial setting at flexible times"*

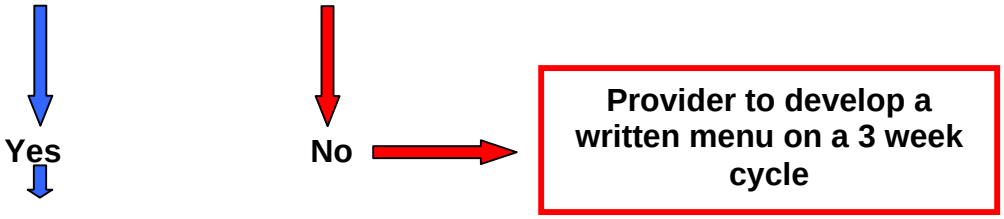
Standard 15.2: *"Each service user is offered three full meals each day (at least one of which must be cooked) at intervals of not more than five hours"*

Standard 15.3: *"Hot and cold drinks and snacks are available at all times and offered regularly. A snack meal should be offered in the evening and the interval between this and breakfast the following morning should be no more than 12 hours"*

Standard 15.6: *"Religious or cultural needs are catered for as agreed at admission and recorded in the care plan and food for special occasions is available"*

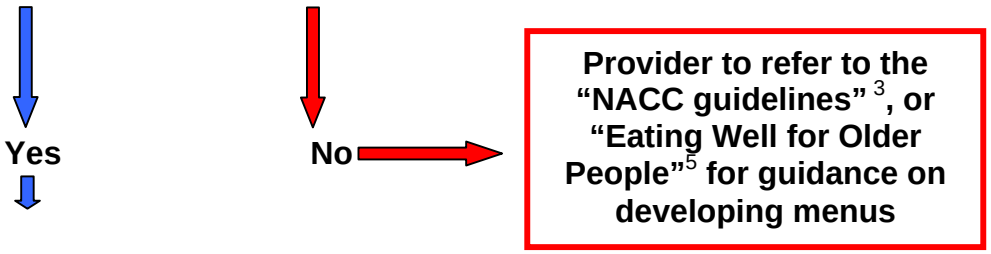
Standard 15.7: *"The registered person ensures that there is a menu (changed regularly) offering choice in written and other formats to suit the capacity of all service users which is given, read or explained to the service users"*

2.1: Is there a written menu, which contains at least a three-week cycle[3]?



2.2: Does the menu cycle clearly identify:

- at least two courses at lunch and evening meal
- two main choice options of similar quality at lunch and evening meal (refer to appendix 2)
- a hot choice at the evening meal
- a cooked breakfast available upon request
- breakfast, lunch, evening meal and supper
- less than 5 hours between main meals and less than 12 hours between supper and breakfast
- cultural dishes and special religious dishes to meet residents' needs, such as regional dishes, vegetarian, kosher,
- adequate detail, such as type of vegetable, filling of sandwiches, type of soup
- types of in-between meal snacks and drinks



2.3: Is the menu nutritionally balanced[3, 5]?

– A nutritionally balanced menu each day should incorporate (for further details on assessing menus refer to appendix 2)

- At least 1 portion of starchy food at each meal
- At least 2 portions of fruit
- At least 3 portions of vegetables
- At least 2 portions of protein foods
- At least 2 portions of dairy food
- A nourishing snack at supper and a milk drink
- At least 8 cups of fluid (such as fruit juice, milk, tea, water)
- One portion of oily fish weekly

Yes →

No → **Provider to make adjustments to ensure the menu is nutritionally balanced**

2.4: Is the menu displayed in an appropriate format for residents and visitors, such as a weekly laminated menu with a suitable type face on each table, a blackboard with the present day's menu[3]?

Yes →

No → **Provider to take action to ensure the menu is available to all residents and visitors**

2.5: Is there evidence that the present menu cycle has been reviewed and updated in the past 6 months and that resident's opinions were taken into account[3]?

Yes to both →

No → **Provider to consult with residents on the menu**

Standard 15.4: *"Food, including pureed meals is presented in a manner which is attractive and appealing in terms of texture, flavour and appearance, in order to maintain appetite and nutrition"*

2.6: To ensure pureed foods are presentable and appealing, is each pureed food served separately, ideally using a scoop, piping bag or mould?

Pureed food should not be pureed all together and served in a bowl

Yes →

Not applicable
No residents require a pureed diet

No → **Provider to supply presentable pureed consistency meals.**

Refer to national guidelines for [3,5,6,] for guidance on developing pureed consistency meals

2.7: To ensure pureed foods provide adequate nourishment [1,3,4,5,6].

– Does the pureed day's menu meet the menu planning requirements in 2.3 (appendix 2)?

Yes | **Not applicable** No residents require a pureed diet | **No** → **Provider to take action**

– Are pureed foods fortified with milk, cream or milk powder when being pureed?

Pureed foods should not be pureed with just water, stock or gravy

Yes | **Not applicable** No residents require a pureed diet | **No** → **Provider to take action**

– Are suitable pureed consistency snacks provided at mid morning, mid afternoon and supper and is a milk drink provided at supper?

Suitable snacks of a pureed consistency include: full fat yoghurts and fromage frais, chocolate mousses, pureed fruit, small pot of custard, instant desserts made with full cream milk

Yes | **Not applicable** No residents require a pureed diet | **No** → **Provider to take action**

– Current good practice for swallowing problems (dysphagia) recommends [6] that pureed food and drinks are thickened with a commercial food thickener, such as Nutilis ®, Thick and Easy ®, Thicken Up®, Vitaquick ® for residents with dysphagia?

Yes | **Not applicable** No residents require thickened fluids | **No** → **Provider to follow good practice**

Standard 15.5: *"Special therapeutic diets are provided when advised by healthcare and dietetic staff, including adequate provision of calcium and vitamin D"*

2.8: Are any residents identified as requiring a special diet such as diabetic, pureed, nutritional support, weight reducing[3]?

Yes

Not applicable
No residents require a special diet

– Is there written up to date information available for the care home staff on this special diet?

Yes

No → **Provider to obtain this information**

Standard: 15.9: "Staff are ready to offer assistance where necessary, discretely, sensitively and individually while independent eating is encouraged as long as possible"

2.9: Are adapted utensils available and used by residents to aid independence while eating and drinking[3]?

Yes

No → **Provider to ensure residents are assessed for use of adapted utensils**

2.10: To ensure that assistance at mealtimes is individual, discrete, sensitive and unhurried:

– Are staff sitting with the resident when assisting residents to eat and drink[3]?

Yes

No → **Provider to assess and identify residents needs and instruct other staff**

– Does it appear that the resident is given adequate time to eat each mouthful, given encouragement and prompting where required and space between courses[3]?

Yes

No → **Provider to ensure staff are supervised and monitored to ensure good practice in helping residents**

Appendices:

Appendix 1: Nutritional screening

- Appendix 1 contains a copy of the ‘Malnutrition Universal Screening Tool’ (‘MUST’) where the format has been adapted by “Focus on Food” for use in care homes; this is included as an example of a validated screening tool. The 'MUST' materials are reproduced here with the kind permission of British Association for Parenteral and Enteral Nutrition (BAPEN). Copies of the 'MUST', an explanatory booklet for use in training and implementation and the 'MUST' report are available from the BAPEN Office. See **www.bapen.org.uk** for details.

- The original version of the ‘MUST’ is available on **www.bapen.org.uk**

- The 'Malnutrition Universal Screening Tool' ('MUST') is a validated, evidence based tool designed to identify individuals who are malnourished or at risk of malnutrition (undernutrition and obesity). It is a user friendly 5 step flow chart that is simple and quick to use for healthcare workers across all care settings and is accompanied by a care plan.

- 'MUST' was developed by the Malnutrition Advisory Group (MAG) a standing Committee of the British Association for Parenteral and Enteral Nutrition (BAPEN) in 2003.

- ‘MUST’ is the nutritional screening tool supported by the Royal College of Nursing, the British Dietetic Association, Royal College of Physicians and the Registered Nursing Home Association.

- The National Association of Care Catering (NACC) has developed a simple nutritional screening tool that can be used by homes managers to highlight possible malnutrition in residents. Where this tool indicates this to be the case, the NACC recommends contacting a suitably trained professional e.g. Community Dietitian, to undertake further screening i.e. ‘MUST’ and to provide advice on the necessary action to be taken.

- The National Association of Care Catering’s (NACC) National Minimum Standards for Care Catering (Care Homes for Older People) document interprets all of the catering standards into practical guidance. It lists the evidence required to ensure that the catering within a home meets the relevant standards in their entirety. It contains not only information on the nutritional standards but also lists the evidence required for all of the standards that have a catering implication. For more information please visit the NACC website www.thenacc.co.uk

Appendix 2: Menu planning

- Appendix 2 provides additional details for assessing menus to determine if they are nutritionally balanced.

'Malnutrition Universal Screening Tool'

Resident's name:

SECTION ONE: Malnutrition screening (to be completed monthly)

Step 1: Measure height and weight to get a BMI score using the 'body mass index category' table overleaf. If unable to obtain height refer to the 'subjective factors' section overleaf.
Step 2: Note percentage unplanned weight loss and score using the 'unintentional weight loss category' table overleaf.
Step 3: Establish acute disease effect and score.
Step 4: Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.
Step 5: Use management guidelines and/or local policy to develop care plan, such as in the table below.

Date	Present weight (kg)	Step 1: BMI category Score	Step 2: Weight loss category score	Step 3 (if appropriate) Acute disease effect	Total malnutrition score	Signed

Malnutrition risk category

Risk category	Criteria	Suggested action points to include in a nutrition care plan as agreed with local dietetic department
High	**2 or more**	1. Provide 2 homemade high calorie protein drinks a day [3] 2. Provide the high calorie, high protein diet. [2] 3. Provide 2 nourishing snacks a day in-between meals [1] 4. Provide a multivitamin and mineral tablet daily 5. Complete food record charts for 4 days then review 6. Weigh weekly **If high risk for 2 consecutive months and their weight has declined; refer the resident to the GP for an assessment for nutritional supplements**
Moderate	**1**	1. Provide the high calorie, high protein diet [2] 2. Provide 2 nourishing snacks a day in-between meals [1] 3. Provide nourishing drinks during the day, such as milky drinks, fruit juice, alcohol 4. Provide a multivitamin and mineral tablet daily 5. Complete food record charts for 4 days then review 6. Weigh weekly
Low	**0**	• No action necessary, repeat screening monthly

[1] **Nourishing snacks:** a slice malt loaf, piece of cake, ½ scone, ½ teacake, small sandwich, flapjack, chocolate
[2] **High calorie protein diet:** Add 1 heaped tablespoon milk powder & 2 tablespoons of double cream to 1 portion of food, such as custard, porridge, soup, milk pudding
[3] **High calorie protein drinks:** 200ml full cream milk, 1 heaped tablespoon milk powder mixed with either milkshake syrup, hot chocolate, malted drink, coffee to taste (provides average 300 calories, 10g protein)

Malnutrition screening criteria

Based on the 'Malnutrition Universal Screening Tool © BAPEN

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Reg. Charity No: 1023927

MAG Malnutrition Advisory Group A Standing Committee of BAPEN

Step 1: Body mass index category

* Exceptions to category 1 are **healthy subjects** with no weight loss (<5%/score 0), or with weight gain, should be given a score of "0". (Refer to the www.bapen.org.uk for alternative methods to determine a resident's height.).

Height		Weight range (kg) for BMI		
		2	1*	0
(ft)	(m)	(<18.5)kg	(18.5 – 20)	(>20)
6'3	1.90	<66.8	66.8 – 72.2kg	>72.2kg
6'2½	1.89	<66.1	66.1 – 71.4kg	>71.4kg
6'2	1.88	<65.4	65.4-70.7kg	>70.7kg
6'1½	1.86	<64.0	64.0-69.2kg	>69.2kg
6'1	1.85	<63.3	63.3-68.5kg	>68.5kg
6'0½	1.84	<62.6	62.6-67.7kg	>67.7jg
6.0	1.82	<61.3	61.3-66.2kg	>66.2kg
5'11½	1.81	<60.6	60.6-65.5kg	>65.5kg
5'11	1.80	<59.9	59.9-64.8kg	>64.8kg
5'10½	1.79	<59.3	59.3-64.1kg	>64.1kg
5'10	1.77	<58.0	58.0-63.4kg	>63.4kg
5'9½	1.76	<57.3	57.3-62.0kg	>63.0kg
5'9	1.75	<56.7	56.7-61.3kg	>61.3kg
5'8½	1.74	<56.0	56.0-60.6kg	>60.6kg
5'8	1.72	<54.7	54.7-59.2kg	>59.2kg
5'7½	1.71	<54.1	54.1-58.5kg	>58.5kg
5.7	1.70	<53.5	53.5-57.8kg	>57.8kg
5'6½	1.68	<52.2	52.2-57.1kg	>57.1kg
5'6	1.67	<51.6	51.6-56.4kg	>56.4kg
5'5½	1.66	<51.0	51.0-55.1kg	>55.1kg
5'5	1.65	<50.4	50.4-54.5kg	>54.5kg
5'4½	1.63	<49.2	49.2-53.1kg	>53.1kg
5'4	1.62	<48.6	48.6-52.5kg	>52.5kg
5'3½	1.61	<48.0	48.0-51.8kg	>52.8kg
5'.3	1.60	<47.4	47.4-51.2kg	>51.2kg
5'2½	1.58	<46.8	46.8-50.6kg	>50.6kg
5'2	1.57	<46.2	46.2-50.0kg	>50.0kg
5'1½	1.56	<45.0	45.0-49.1kg	>49.1kg
5'1	1.54	<43.2	43.2-47.4kg	>47.4kg
5'0½	1.53	<43.3	43.3-46.8kg	>46.8kg
5'0	1.52	<42.7	42.7-46.2kg	>46.2kg
4'11½	1.51	<42.2	42.2-45.6kg	>45.6kg
4'11	1.49	<41.1	41.1-44.4kg	>44.4kg
4'10	1.47	<40.0	40.0-43.2kg	>43.2kg
4'9½	1.46	<39.4	39.4-42.6kg	>42.6kg

Step 3: Acute disease effect

Add a **score of 2** if there has been no or negligible dietary intake for >5 days in the presence of an acute disease. If not applicable score "0".

Step 2: Unintentional weight loss category

Unintentional weight loss in the previous 3–6 months.
If weight loss is intentional or planned for obesity, score "0"

Weight (kg) (before weight loss)	Weight loss category based on present weight (kg)		
	2 (>10%)	1 (10-5%)	0 (<5%)
30	<27.0	27.0 – 28.5	>28.5
32	<28.8	28.8 – 30.4	>30.4
34	<30.6	30.6 – 32.3	>32.3
36	<32.4	32.4 – 34.2	>34.2
38	<34.2	34.2 – 36.1	>36.1
40	<36.0	36.0 - 38.0	>38.0
42	<37.8	37.8 – 39.9	>39.9
44	<39.6	39.6 – 41.8	>41.8
46	<41.4	41.4 – 43.7	>43.7
48	<43.2	43.2 – 45.6	>45.6
50	<45.0	45.0 – 47.5	>47.5
52	<46.8	46.8 – 49.4	>49.4
54	<48.6	48.6 – 51.3	>51.3
56	<50.4	50.4 – 53.2	>53.2
58	<52.2	52.2 – 55.1	>55.1
60	<54.0	54.0 - 57.0	>57.0
62	<55.8	55.8 – 58.9	>58.9
64	<57.6	57.6 – 60.8	>60.8
66	<59.4	59.4 – 62.7	>62.7
68	<61.2	61.2 – 64.6	>64.6
70	<63.0	63.0 – 66.5	>66.5
72	<64.8	64.8 – 68.4	>68.4
74	<66.6	66.6 – 70.3	>70.3
76	<68.4	68.4 – 72.2	>72.2
78	<70.2	70.2 – 74.1	>74.1
80	<72.0	72.0 - 76.0	>76.0
82	<73.8	73.8 – 77.9	>77.9
84	<75.6	75.6 – 79.8	>79.8
86	<77.4	77.4 – 81.7	>81.7
88	<79.2	79.2 – 83.6	>83.6
90	<81.0	81.0 – 85.5	>85.5
92	<82.8	82.8 – 87.4	>87.4
94	<84.6	84.6 – 89.3	>89.3
96	<86.4	86.4 – 91.2	>91.2
98	<88.2	88.2 – 93.1	>93.1
100	<90.0	90.0 - 95.0	>95.0

Subjective factors:

If you are unable to establish a risk using steps 1-3, obtain an overall risk of the resident's risk of malnutrition using:

Step 1 - BMI: Clinical impression (very thin/thin) and mid upper arm circumference <23.5cm. (Refer to 'MUST' explanatory booklet on how to measure MUAC).

Step 2 - Weight change: Clothes and/or jewellery have become loose fitting, history of decreased food intake, loss of appetite or swallowing problems over 3-6 months, underlying disease or psychosocial/physical disabilities likely to cause weight loss.

Step 3 - Acute disease effect: No or negligible nutritional intake for > 5 days in the presence of an acute disease.

Step 4 - If a resident meets one or more of these criteria they are likely to be a least moderate risk of malnutrition

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Weight conversion chart

kg	st.	lb	kg	st.	lb	kg	st.	lb	kg	st.	lb
29.93	4	10	53.98	8	7	78.02	12	4	102.06	16	1
30.84	4	12	54.89	8	9	78.93	12	6	102.97	16	3
31.75	5	0	56.25	8	12	80.29	12	9	103.87	16	5
33.11	5	3	57.15	9	0	81.19	12	11	105.24	16	8
34.02	5	5	58.06	9	2	82.10	12	13	106.14	16	10
34.93	5	7	58.97	9	4	83.01	13	1	107.04	16	12
35.83	5	9	59.88	9	6	83.92	13	3	107.96	17	0
37.19	5	12	61.24	9	9	84.82	13	5	108.86	17	2
38.10	6	0	62.14	9	11	86.18	13	8	110.22	17	5
39.01	6	2	63.05	9	13	87.09	13	10	111.13	17	7
39.92	6	4	63.96	10	1	88.00	13	12	112.04	17	9
40.82	6	6	64.86	10	3	88.91	14	0	112.95	17	11
42.18	6	9	66.23	10	6	89.81	14	2	113.85	17	13
43.09	6	11	67.13	10	8	91.17	14	5	115.21	18	2
44.00	6	13	68.04	10	10	92.08	14	7	116.12	18	4
44.91	7	1	68.95	10	12	92.98	14	9	117.03	18	6
45.81	7	3	69.85	11	0	93.90	14	11	117.94	18	8
47.17	7	6	71.22	11	3	95.26	15	0	118.84	18	10
48.08	7	8	72.12	11	5	96.16	15	2	120.20	18	13
48.99	7	10	73.03	11	7	97.07	15	4	121.11	19	1
49.90	7	12	73.94	11	9	97.98	15	6	122.02	19	3
50.80	8	0	74.84	11	11	98.88	15	8	122.93	19	5
52.16	8	3	76.20	12	0	99.79	15	10	123.83	19	7
53.07	8	5	77.11	12	2	101.15	15	13	125.19	19	10

Estimating height from ulna (Refer to 'MUST' explanatory booklet on how to measure ulna).

HEIGHT (m)															
	Men(<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
	Men(>65 years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
	Ulna length(cm)	32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
HEIGHT (m)															
	Women(<65 years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69	1.68	1.66
	Women(>65 years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66	1.65	1.63
HEIGHT (m)															
	Men(<65 years)	1.69	1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
	Men(>65 years)	1.65	1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
	Ulna length(cm)	25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
HEIGHT (m)															
	Women(<65 years)	1.65	1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
	Women(>65 years)	1.61	1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40

Estimating height from demispan (Refer to 'MUST' explanatory booklet on how to measure demispan).

HEIGHT (m)																		
	Men (16-54 years)	1.97	1.95	1.94	1.93	1.92	1.90	1.89	1.88	1.86	1.85	1.84	1.82	1.81	1.80	1.78	1.77	1.76
	Men (>55 years)	1.90	1.89	1.87	1.86	1.85	1.84	1.83	1.81	1.80	1.79	1.78	1.77	1.75	1.74	1.73	1.72	1.71
	Demispan (cm)	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83
HEIGHT (m)																		
	Women (16-54 years)	1.91	1.89	1.88	1.87	1.85	1.84	1.83	1.82	1.80	1.79	1.78	1.76	1.75	1.74	1.72	1.71	1.70
	Women (>55 years)	1.86	1.85	1.83	1.82	1.81	1.80	1.79	1.77	1.76	1.75	1.74	1.73	1.71	1.70	1.69	1.68	1.67
HEIGHT (m)																		
	Men (16-54 years)	1.75	1.73	1.72	1.71	1.69	1.68	1.67	1.65	1.64	1.63	1.62	1.60	1.59	1.58	1.56	1.55	1.54
	Men (>55 years)	1.69	1.68	1.67	1.66	1.65	1.64	1.62	1.61	1.60	1.59	1.57	1.56	1.55	1.54	1.53	1.51	1.50
	Demispan (cm)	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66
HEIGHT (m)																		
	Women (16-54 years)	1.69	1.67	1.66	1.65	1.63	1.62	1.61	1.59	1.58	1.57	1.56	1.54	1.53	1.52	1.50	1.49	1.48
	Women (>55 years)	1.65	1.64	1.63	1.62	1.61	1.59	1.58	1.57	1.56	1.55	1.54	1.52	1.51	1.50	1.49	1.47	1.46

Dietary assessment

(To be completed annually)

A nutrition care plan should be implemented for any section identified as "YES"

1. Weight and appetite

Admission Weight		**Recent unintentional weight loss during the past 3 – 6 months** **(If yes ask normal weight)**	☐ **Yes** ☐ **No** Comments:
Height	Use demispan or ulna measurements to estimate height if resident is unable to stand.		
Recent change in appetite	☐ **Yes** ☐ **No** Comments:	**Preferred portion size**	☐ Small ☐ Medium ☐ Large Comments:

2. Dietary information

Special dietary requirements	☐ **Yes** ☐ **No** Type of diet: If yes, inform the head cook	**Assistance with feeding**	☐ Independent ☐ Needs help cutting up food ☐ Needs full assistance	**Adapted utensils required:**
Food dislikes		**Food likes**		

3. Eating environment

	Preferred eating environment		Specific preferences regarding meals (timing of meals, eating companions, medications with meals, utensils)
	Dining Room	Own Room	
Breakfast			
Lunch			
Tea			
Supper			

4. Swallowing and mouth care

Problems swallowing	**Yes** ☐ **No** ☐ Comments:	**Dental check within 1 month of admission**	**Yes** ☐ **No** ☐ Date:
Problems chewing	**Yes** ☐ **No** ☐ Comments:	**Problems with mouth or dentures,** (e.g. loose fitting dentures)	**Yes** ☐ **No** ☐ Comments:
Additional comments on dietary needs:			

Developed by Focus on Food, which is part of South Durham & Darlington Nutrition & Dietetic Service (01388 455712) Published by CSCI: Quality, Performance & Methods Directorate Date Published: JUN/06 Review Date: FEB/2008 QPM Document No: 195/06

Appendix 2: Menu planning

Each day should provide:
• **At least 1 portion of starchy food at each meal** 1 portion = 1 slice bread, 1 bread roll, 2 tbsp rice/pasta, 2 egg size potatoes, a scoop of mashed potato, 2 tbsp chips
• **At least 2 portions of fruit each day** 1 portion = 1 apple/banana/orange, 2 satsumas/plums/kiwi fruit, ½ tbsp dried fruit, 1 wine glass fruit juice, 3 tbsp stewed or tinned fruit, 1 cupful of berry fruit (e.g grapes, strawberries)
• **At least 3 portions of vegetables each day** 1 portion = 2 tbsp of cooked vegetables (not including potatoes), 1 cereal bowl of salad
• **At least 2 portions of protein foods each day** 1 portion = 60-90g/2-3oz or 2 slices of meat, 3 fish fingers, 1 chicken breast, 3 tbsp pulses such as lentils or baked beans, 1 small matchbox sized piece of hard cheese, 1 egg, 1 fish fillet
• **At least 2 portions of dairy food each day** 1 portion = ½ pint full fat milk, 1 yoghurt, 1 ladle of custard/milk pudding if made with milk, 1 small matchbox sized piece of cheese
• **A nourishing snack at supper and a milk drink** A nourishing snack is not a plain biscuit. Examples of nourishing snacks include: cake, teacake, malt loaf, toast, sandwich, cheese & cracker, yoghurt, fromage frais, icecream
• **At least 8 cups of fluid each day** Such as cordials, milk, water, fruit juice, tea, coffee
• **One portion of oily fish weekly** Such as salmon, mackerel, sardines, pilchards, herring, trout, kippers, sild (tinned tuna is not classified as an oily fish).