New care models

Enhanced Health in Care Homes

Vanguard learning guide

EHCH element 1.2

Hydration and nutrition

Our values: clinical engagement, patient involvement, local ownership, national support

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What do the ‘vanguard learning guides’ do?

- Focus on a key element or sub-element of the Enhanced Health in Care Homes (EHCH) care model.
- Identify interventions put in place by the enhanced health in care home vanguards that have worked particularly well, and which could be readily replicated at clinical commissioning group (CCG), local authority, Sustainability and Transformation Partnership (STP) and/or regional level.
- Reference learning from relevant good work going on outside of the vanguards, where it is improving the lives of care home residents (includes residential, nursing and other settings).
- Describe a step-by-step approach to support implementation in non-vanguard areas, including first steps, roles and responsibilities, things to consider and the resourcing and benefits associated with these interventions.
- Support a consistent implementation of the core elements of the EHCH care model.
- Include practical materials such as job descriptions, referral criteria and operating models that can be easily adapted and adopted by other areas.
- Set out the key practical challenges arising from implementation of the care model, together with learning from the vanguards to help you overcome them.
- Link to national guidance and NHS England’s series of ‘Quick Guides’ where relevant.
Hydration and nutrition in care homes

Description of intervention

• Every resident’s hydration, nutrition and oral health should be reviewed regularly and be included in their care plan.
• Residents should have access to specialist dietetic and speech and language professionals, who should form part of the extended MDT in line with best practice for oral health. Access to dentistry is likewise essential.
• Learning from vanguards recommends that each care home should have a nutritional and hydration screening policy in place. This should include use of a screening tool (e.g. MUST ‘Malnutrition Universal Screening Tool’), with one staff member taking responsibility for this policy within the home.
• In order to support varied needs of residents, vanguards recommend that a suite of interventions to improve hydration and nutrition care will optimise impact rather than one specific intervention.
• Clinical training and professional development is critical in promoting good hydration and nutrition for older people, and should be supported by all parts of the health and social care system.
• When appropriate, and in line with local policy, community nursing teams should provide supporting services for staff employed by social care providers.

Why is this important?

• Over a third of care home residents are likely affected by malnutrition (BAPEN, 2015). Achieving excellence in nutrition and hydration is slow and there is considerable scope for improvement.
• At a local level, ensuring a nutrition and hydration screening policy is in place may result in a reduction in prescribing, including that of oral nutritional supplements (ONS).
• Good hydration and nutrition is not only vital for health and wellbeing: supporting people to eat and drink enough to maintain a balanced diet is also a key requirement for care homes, in order to be judged ‘effective’ according to CQC key lines of enquiry.
How does hydration and nutrition support the EHCH care model?

- This vanguard learning guide focuses on sub-element **1.3: Hydration and Nutrition**.

- Poor hydration and poor nutrition can often lead to confusion, falls, and poor health; therefore, an important role of primary care support to a care home is to ensure that each resident’s hydration and nutrition is well managed.

- Good nutrition and hydration is one of the most fundamental and basic of needs, and underpins health and wellbeing, so it is essential that an EHCH care model gets this right for the people it matters the most to.

### Table: Care element and Sub-element

<table>
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<td>Access to out-of-hours/urgent care when needed</td>
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What does Nutrition and Hydration need to provide?

**Aims of the service**

- To improve health and wellbeing through optimising and maintaining good nutrition and hydration status.
- To optimise cognition, reduce falls, and support rehabilitation goals.
- For all staff, residents, families and carers to be involved, empowered and engaged in reinforcing the importance of nutrition and hydration, not just nurse or dietitian.

**Components of the service**

- A skilled, competent and confident workforce supported by specialised training and using work-based learning.
- Hydration and nutrition as a core part of MDT and partnership working.
- Use of a nutrition and hydration screening tool.
- Assessment, monitoring and evaluation.
- Access to high-quality dental care and dentists.

**Key messages from the recent Cochrane review include:**

- Nutrition and hydration in care homes is everyone’s responsibility – equal partners.
- The importance of improved nutrition and hydration in care homes.
- A range of declining health symptoms in the frail and elderly (including in cognitive function) can be associated with poor nutrition and hydration, and can present in non-specific ways.
- The importance of the role of carers and families play in this element of care (testing/involvement).
Vanguard service models – Newcastle Gateshead

- Care Home staff are supported in the delivery of optimum care by a range of community staff e.g. with subcutaneous fluid administration.

- There are a range of innovative approaches to care in many care homes such as ‘Hydration stations’ and ‘Shandy Saturdays’.

- Technology is being introduced, supported by a ‘practice educator’, to identify risk, inform care plans and record eating and drinking.

- CCG and Northumbria University colleagues will be developing ‘hydration bundles’ of care that includes strategies for awareness raising, staff training and developing a champion network.

- Dietetic teams are providing a work based approach to learning.

- Local Authority quality assessment frameworks have a specific component on nutrition and hydration care.

- A formal research study is underway seeking to understand practice and develop an evidence base for the future.

Lessons learned:

- ONS prescribing has reduced but hasn’t seen a reduction in costs

- Northumbria university have completed a literature review on nutrition and hydration in care homes. *(Steven et al., 2016)*

- The aim of this review is to identify what works best as there is not a great deal of published national guidance of the interventions that make the greatest impact.

- There is already excellent practice in care homes (experience suggests it’s potentially greater that in Acute Care).

- For nutrition and hydration, training can be delivered by the MDT too, with input from a dietician.

- **VIDEO:** Gateshead EHCH - Improving, Reducing, Saving - our nutrition & hydration journey

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The Care Homes Support Team are commissioned by the CCG to support care homes, and they provide the support for nutrition and hydration too.

MUST tool is used as part of the screening for high risk residents used by the MDT.

Fluid Chart checks also form part of the screening.

Swallowing awareness training sessions have been developed by our SALT therapist.

Training by Wakefield vanguard’s dietitian has targeted the homes working closely with the chef’s in care homes to embed food fortification into their practice.

Nutrition and hydration training is part of our wider training packages – Staying Steady and React to Red training.

Short videos (2 minutes) are available for training which can be accessed via phones for care home staff.

Wakefield will look to adopt the ‘Hydration stations’ in all care homes.

Lessons learned:

- There is already excellent practice in care homes.
- Use your care home managers as buddies for other homes to develop good practice.
- For nutrition and hydration, training can be delivered by the MDT too, with input from a dietitian, utilising healthcare workers is a great additional resource to support the team.
- Offer training to all staff in care homes – working with the catering team is very important.
- Make the training relevant and specific to each home, this increases engagement.
- Use your data effectively to review impact on UTIs, falls and other frailty syndromes – this can help to shape your training package for the homes.
Vanguard service models – Sutton

- There are linked nurses aligned to the care homes in Sutton and their role is to provide training with the care homes on hydration and nutrition.
- The care home dietitian provides training on MUST and ‘food first’ approaches (see slides 19-21).
- There are annual study days on continence and bowel management for both nurses and carers.
- Have developed ‘quick guides’ (in various size formats, including key-rings) for preventing and managing UTIs and using the Bristol stool chart. These complement the training and support carers.
- These have allowed carers to feel empowered to make decisions and have conversations with other staff, feedback has been really positive.

Lessons learned:
- This requires a whole system approach, to make this happen.
- Not all care homes do urinalysis hence need to support care homes to be able to do this.
- Study days on bladder and bowel management have had an impact on reduction in A&E admissions due to UTIs, catheter issues and constipation.
- Nutrition and hydration champions in care homes may work but carry a risk of isolating learning and responsibility to a few individuals. Nutrition and hydration is everyone’s responsibility.
- Care staff may need advice specifically around ensuring nutrition and hydration for residents with dementia.

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Benefits for individuals

- Optimised and well maintained nutrition and hydration care is fundamentally key to all other aspects of health.

- Eating and drinking should be seen within a social context, it influences general health and wellbeing, it provides an opportunities for families to easily be involved in care.

- This opportunity for enjoyment and enhanced social interaction influences general wellbeing and quality of life.

- Effective hydration and nutrition can improve cognition and awareness – increasing the ability to have high-quality interactions with loved ones.

- The act of performing an in depth assessment provides an opportunity to gain insight into other aspects of the individuals health and wellbeing.

- Hydration and nutrition status is one of the most visible areas of care – getting this right can benefit families in terms of confidence in care and alleviate anxieties.

- Good assessment of needs allows individuals to describe their feelings as well as confirm their likes and dislikes.
Benefits and impacts upon health and care systems

1. Normal ageing brings about changes which increase the risk of malnutrition and dehydration:
   - Decrease in kidney function
   - Increased sensitivity to diuretics
   - Reduced sense of thirst
   - Decreased functional ability
   - Visual impairment
   - Communication problems
   - Incontinence
   - Altered alertness
   - Swallowing impairment (linked to cognitive impairment)

2. Undernutrition exacerbates this further through:
   - Impaired immune function
   - Constipation - confusion
   - Impaired wound healing
   - Loss of temperature regulation
   - Impaired ability to regulate salt and fluids
   - Reduced muscle strength and fatigue increasing the risk of falls
   - Apathy, depression - loss of social function

3. Dehydration also exacerbates this problem through:
   - Older adults with frailty have similar water requirements to younger adults – but don’t regularly consume the recommended 6 glasses per day
   - Care home staff may have competing priorities when caring
   - Limited evidence for individual practices – using many approaches best
   - As hydration and nutrition status is fundamental to all areas of health and wellbeing, improving how they are monitored and managed could reduce the need for NELs and GP call-outs.

4. A ‘food first’ approach is further supported by:
   - The use of a screening tool – MUST
   - Little and often – meals and snacks (with a minimum of 2 hours apart)

5. ‘Optimised hydration:
   - The use of a screening tool – MUST
   - Little and often – meals and snacks (with a minimum of 2 hours apart)
Before you start...

<table>
<thead>
<tr>
<th>Build relationships and improve your data and understanding</th>
<th>Plan and prepare creatively</th>
<th>Engage and empower health and care homes staff</th>
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<tbody>
<tr>
<td>• Acknowledge that this isn’t a blank canvas! There’s often existing really good work going on in care homes that can be built on!</td>
<td>• Engagement with CQC, LA etc. (consistent messaging so measuring all the same thing).</td>
<td>• Allow staff flexibility to work creatively, including formal and informal arrangements.</td>
</tr>
<tr>
<td>• Take a whole system approach - map and understand what services are already available from the all sectors including the private sector and voluntary community and social enterprise (VCSE).</td>
<td>• Need to focus/ deliver with the health care team surrounding (i.e. MDT and whole system approach).</td>
<td>• Celebrate good practice and successes big and small.</td>
</tr>
<tr>
<td>• Establish current position of care homes regarding nutrition and hydration.</td>
<td>• Wider workforce beyond care home staff and nurses.</td>
<td>• Acknowledge and reinforce that nutrition and hydration is everyone’s responsibility.</td>
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<tr>
<td>• Does an approach to sharing joint intelligence exist?</td>
<td>• Include and reinforce the importance of nutrition and hydration in all areas of work.</td>
<td>• Leadership is about encouraging communication.</td>
</tr>
<tr>
<td>• Understand / map any national, regional or local campaigns regarding hydration and nutrition relevant to care homes.</td>
<td>• Consider the particular challenges relating to Dementia patients.</td>
<td>• Ensure care homes recognise the value of what they are doing.</td>
</tr>
<tr>
<td>• Understand what examples of nutrition and hydration audit/ tools are in place for frontline staff to use and don’t reinvent the wheel.</td>
<td>• Think more creatively about metrics used to measure impact.</td>
<td>• Care home staff need to be empowered to test and share.</td>
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<tr>
<td></td>
<td>• Be prepared for when some care homes ask where will the cost come from to implement initiatives relating to hydration and nutrition.</td>
<td>• Make the training relevant and specifically focus on where the focus is needed (as will increase engagement).</td>
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<tr>
<td></td>
<td></td>
<td>• A gentle approach of engagement. Find your champions and start work with a few homes who are very engaged and work ‘with’ as opposed ‘to’.</td>
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- Materials to support you
- To do list and thanks

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Resources needed to implement this intervention

Staffing considerations

- Map the resources you can already draw upon as part of your multidisciplinary team (MDT) – this should be an inter-agency approach.
- Consider outreach services in secondary care (e.g. speech and language therapists).
- Community nurse and relationship with GP – problem solving
- Importance of consistent aligned GP (see if duplicate earlier)
- People with complex needs often respond best to a MDT approach and trusted members of that MDT – it is not as simple as putting in a new role.

Roles and responsibilities

- **Hydration and Nutrition is everyone's responsibility**
- If you are considering using specialist products such as technology, you will need to consider roles and responsibilities as well as governance and accountability and cost.
- Consider a Memorandum of Understanding around technical equipment.

Sutton reference cards and training video:

- Average design cost £50 per reference card
- Average printing cost £40 per 150 copies (as above)
- The cost of the hydration training video was £3,000.
- Video link: [https://www.youtube.com/watch?v=gWG1aKuzPn8](https://www.youtube.com/watch?v=gWG1aKuzPn8).

Considering staffing levels

- For the 30 care homes in Sutton, there are 4 community dietitians, each of whom has an assigned rota of care homes for which they take referrals.
- This is in addition to their domiciliary care assignments.
- The Care Homes dietitian role (which is new and half-time) will ideally provide MUST/Food First training to all 30 homes and identify cost savings by working with each home to move residents away from Oral Nutritional Supplements (ONS) where appropriate.
10 Characteristics of good nutrition and hydration

• Commissioners of hospital and acute setting will already be familiar with the 10 key characteristics guidance. This is a requirement to meet the Hospital Food Standards SC19 in the NHS Contract for hospitals. Although written for hospitals, this guidance is equally relevant to care homes.

• These standards readily translate to the care home environment, by adopting a single set of requirements commissioners can more readily define a minimum standard for any service offering catering.

• When doing so the department of health tool kit to support the development of a hospital food and drink strategy will be a useful reference tool

https://www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics/

https://www.youtube.com/watch?v=j6zQaMzsAtU
Characteristics of good nutrition and hydration (1-5)

Based on the 10 key characteristics ‘good nutrition and hydration care’, the following section outlines a person centred commissioning specification framework that will contribute to achieving excellence in nutrition and hydration. It has been framed in a way to enable key lines of enquires (Assurance) to be taken by the commissioner or to be adopted as a self-assessment (Improvement) tool by the care provider.

**Can the care/nursing home (care provider) evidence the following?**

1. All clients are screened and assessed to identify and manage their care in a way that is culturally appropriate and in line with national equality/health inequality standards using agreed screening tools e.g. MUST. All associated actions are progressed and monitored. That reassessment occurs regularly according to an internal policy which includes when a change in condition occurs.

2. A personalised approach is taken where each client where able co creates a personal care/support plan enabling them to have choice and control over their own nutritional care and fluid needs.

3. Adherence to specific guidance on food and beverage services and other nutritional & hydration care in their service delivery and accountability arrangements.

4. That staff/ clients / families and carers are involved in the planning and monitoring arrangements for the nutrition and hydration service ( care) and food service and drinks provision ( catering) . That improvements are made to the service based on staff, clients, families and carer feedback

5. The service is delivered in an environment conducive to patients being able to consume their food (Protected ,supported mealtimes, allocating staff, allowing time and support with packaging appropriate environment and settings to encourage dietary and fluid uptake).
Characteristics of good nutrition and hydration (6-12)

Can the care/nursing home (care provider) evidence the following (continued)?

6. All health care professionals and volunteers receive regular training to ensure they have the skills, qualifications and competencies needed to meet the nutritional and fluid requirements of people using their services.

7. Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24 hours a day, every day.

8. Food first’ ethos has been adopted by the care/nursing home. All clients are assessed and are reassessed following a change in condition have access as needed to specialist support and specialist programmes of support e.g. swallow, nutritional assessment and support , weight loss support , modified consistency diet , soft, puree options , thickened fluids and possibly supplements etc.

9. All clients have access to a dentist and dental hygienist according and in line with national guidelines. All clients assessed for need and supported or reasonable adjustments made where needed to achieve and sustain good oral health and dental care provision enabling the achievement of good nutrition and hydration care (e.g. well fitted dentures ).

10. Does the care provider have a nutrition and hydration policy centred on the needs of users, and is this in line with local governance, national standards and regulatory frameworks. Can the care provider evidence they undertake their own research to drive better practice and/or respond in a timely manner to newly emerging better practice evidence.

11. Food, drinks and other nutritional care are delivered safely.

12. Care providers should take a multi-disciplinary approach to nutrition and hydration care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.
# CQC Key lines of enquiry regarding hydration and nutrition

**Source:** How CQC regulates Residential adult social care services: provider handbook

## Prompts

| E3 | How are people supported to eat and drink enough and maintain a balanced diet |

<table>
<thead>
<tr>
<th><strong>Potential sources of evidence</strong></th>
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<tr>
<td><strong>Planning:</strong> In CRM, review the details of any share your experience forms, compliments and concerns or complaints.</td>
</tr>
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**Gathering feedback:** From community dietitians and nursing staff, GPs, commissioning bodies and organisations such as Health watch.

**Talking to people:** Ask people and/or their relatives and friends for their views and experiences of the food and mealtimes. This should include whether the staff support them effectively, and whether their needs and preferences are met throughout the day and night. Ask about the quality of the food and drink provided and whether mealtimes are an enjoyable and sociable experience.

**Observation:** You should spend time with people during mealtimes to see if they get enough to eat and drink and are offered choice. Look at the arrangements for people’s specialist diets or for involving them in the preparation of their own food and drink. Outside of mealtimes, are people offered regular drinks and snacks? Observation of staff hand overs can show how they work together to meet the needs of people who are having difficulty eating and drinking.

**Talking to staff:** Ask them about their understanding of the care and support people need to make sure they have enough to eat and drink. Discuss specialist diets and people at risk, including those living with dementia. If appropriate, speak to the chef and look at the arrangements for specialist diets and discuss how they meet people’s preferences, including cultural preferences.

**Reviewing records:** To support your evidence, you may wish to review people’s individual care records, food and fluid intake charts, nutrition, hydration and swallowing assessments, menus, feedback surveys on food and mealtimes, minutes of meetings, risk assessments and weight management records.

In a specialist college, staff should promote healthy lifestyle programmes for students. This should include their ability to make choices, be independent and receive the level of support they need to eat, drink and prepare meals.
Learning and workforce development principles

- When implementing, areas can link training in hydration and nutrition to many of their elements of care (for example; falls, incontinence, bowel care) and should not be seen as a stand alone area of care. Nutrition and hydration underpins everything.

- Nutrition and hydration is a joint responsibility for all staff. It is everybody’s business.

- A focus on hydration is often lost – each should be of equal priority.

- Learning and development is not ‘one off’ in order for this to be successful as have had to continue to reinforce the training.

- Ensure learning and development highlights how it links to other initiatives, e.g. recording the resident’s likes/dislikes and any specific needs on the ‘this is me’ document (or equivalent), particularly useful if the resident goes into hospital.

- Link the training to your nurse specialist and incorporate work-based learning.

- Remember to keep in mind the requirement for all paid carers within care and nursing homes to receive some training on basic hydration and nutrition as part of the Care Certificate.
Examples of workforce development approaches

‘MUST’ and Food First training

• MUST training and Food First training can/should go hand-in-hand as part of same training session(s).

• **All** care home staff should take part in training – managers, carers, nurses, aides, chefs, cooks, etc. This ensures that the messaging about malnutrition and the steps to either prevent it or eliminate it are broadly understood and shared.

• It is very important to stress communication amongst care staff as training progresses (far too easy, for instance, for a chef or a carer to work in a silo and assume “that’s not my job”).

• Improved communication between staff means better outcomes for residents (for example, carer visits chef to report on new information about a specific resident’s food likes and dislikes). Remember that **anyone** can provide a resident with a drink or food.

• In order to get the messaging about MUST and Food First to all staff, training may have to happen more than one time at a given care home

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Examples of workforce development approaches

‘MUST’ training

- Specifics about MUST training:
  i. Use the BAPEN toolkits for MUST. These are on their website and free to access.
  ii. Training needs to include a review and discussion of the 5 steps of MUST; what they are, how to do them and what the intervention is once a MUST score is determined.
  iii. It has been recommended MUST training should also include hands-on activity so that staff really understand how to calculate the MUST score (it is NOT as intuitive as you might think!). A suggested way is to use ‘case studies’ and have the trainees work together to calculate the MUST scores as the facilitator moves around the room helping. This makes the session more interesting as well as reinforcing the learning.
  iv. It is important to reiterate that while many of the trainees in the room will not be the ones calculating MUST scores at their care home, having general knowledge about MUST and why it’s important enhances the care they provide: it encourages them to be on the lookout for changes in a resident’s demeanour and also encourages them to act by communicating with other staff about what might be wrong with a resident and how to fix the problem.
Examples of workforce development approaches

‘Food First’ training:

• Moving to discussion of ‘Food First’ principles works well after the MUST discussion in training.

• Focus on: need for real food, elements of food fortification (what this means and how to do it – often this is a review as care home chefs are doing this already; it’s important for other staff to know about it though), options for snacks, finger foods, homemade nutritious drinks, etc.

• Stress that, in many cases, ONS can be replaced with some combination of nutritious drinks and/or food fortification.

• Again, having all staff knowledgeable about both MUST and Food First raises the standard for provision of nutrition and hydration across the board.
Things to consider – Dementia specifics

- The Alzheimer's Society UK website has a detailed ‘Eating and Drinking’ section useful for care home staff, families, commissioners and carers.

- Acknowledge the current level of good care that carers are providing for their dementia residents. Carers are dealing with these patients everyday and generally are very good at adapting creatively to individual needs.

- Challenges usually involve either under- or overeating. With under-eating, it is important to never assume the person does not want to eat. Always re-offer food at a later time.

- Appropriate environment is essential. Residents need a stress-free place to eat and must be allowed to spend as much time as needed to complete their meal.

- It is important never to assume that the patient/resident does not want to eat even if they appear to be refusing.

- Always wait then offer food/drink a second time.

- Do not worry about the resident’s possible preference for strange combinations of foods. Reassure family about this. As long as they’re eating, it doesn’t matter.

- Some dementia patients do better with a series of finger foods instead of a traditional meal. Try to adapt and provide this if possible.

- Work in tandem with outside organizations like Alzheimer's UK, to further identify ways to enhance food intake with the dementia population.
Things to consider - evaluation and metrics

Why is this important?

- Benefits of measuring this challenge are huge and therefore a whole system approach to measuring both competency of staff and impact of changes is crucial.
- Evaluation of any new elements of care to determine impact both on the individual and on the service.

What do we measure?

- Personal measures such as:
  - Bi-weekly weight
  - Monthly MUST score
  - Target setting for fluid intake – measuring proportion of residents meeting their targets
  - Daily food and drink intake if patient has a current MUST score of 1 or above

Wider measures:

- It is not easy to accurately attribute outcomes to particular elements of care or to particular interventions, as a decline in nutrition or hydration status is often a secondary diagnosis.
- For example NEL admissions related to Urinary Tract Infections (UTIs), non-elective admissions to hospital that are related to dehydration, falls and all other frailty syndromes where hydration and nutrition is a contributory factor.

Learning

- No one single intervention will influence a specific metric—there’s need to consider the impact of range of interventions.
- Measures are much wider than simply nutrition and hydration intake and monitoring.
- Consider how to understand and respond to resident’s and carer’s experiences.
Vanguard material to support implementation

<table>
<thead>
<tr>
<th>Sutton CCG - guidelines and quick reference cards</th>
<th>North Tyneside – Hydr8 application</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sutton CCG - MUST Hydration and Nutrition - management guidelines 280317</td>
<td>• Hydr8 - interim evaluation report</td>
</tr>
<tr>
<td>• Bristol Stool Chart card</td>
<td>• Hydr8 – Case Study November 2016</td>
</tr>
<tr>
<td>• Concerned about a resident</td>
<td>• Nutrition &amp; Hydration WebEx (slides)</td>
</tr>
<tr>
<td>• Falls pathway (for Residential Care Homes)</td>
<td>• Nutrition &amp; Hydration WebEx (recording)</td>
</tr>
<tr>
<td>• Falls pathway (for Nursing Care Homes)</td>
<td>• Newcastle - Reducing ONS Prescribing through improving nutrition and hydration care</td>
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<tr>
<td>• Mental Capacity Act</td>
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<tr>
<td>• Pain</td>
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<td>• Postural drops</td>
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<td>• Safeguarding</td>
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<tr>
<td>• Sepsis</td>
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<tr>
<td>• Urinary Tract Infections (UTIs)</td>
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<tr>
<td>• Spot the signs of dehydration</td>
<td></td>
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</tbody>
</table>

Our values: clinical engagement, patient involvement, local ownership, national support

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National material to support implementation

National guidance relevant to care homes

- **Commissioning excellent hydration and nutrition**, NHSE
- **10 key characteristics of ‘good nutrition and hydration care’**, NHSE
- NHS England CCG IAF - suggested draft KLOEs to support effective commissioning

**Other initiatives**

- **Food First** is a project led by a team of dietitians in Bedfordshire who train and provide resources to health and social care staff in the community and in local care homes.
- The focus for the **Wessex Academic Health Science Network (AHSN) Nutrition in Older People Programme** is malnutrition (undernutrition) in older people within the community.
- **Nourish Resource Pack**
- **Smile for life training - case study**
- **Dehydration: do we really know how to spot it?**, Cochrane UK

**CQUINs**

- **CQUIN in place across the 5 CCGs in North East London**. This covers Acute and Mental Health Trusts but could be adapted for Care Homes
- **Excellent Hydration and Nutrition - draft CQUIN (currently under development by NHS North region**

**Research**

- **Hydration and Nutrition in Care Homes**, BAPEN (2015)
- **Understanding nutrition and dementia**, Bournemouth University
- **Optimising Nutritional Health and Well-being through local, sustainable food systems**, Bournemouth University
- **Advanced education - Understanding the role of behaviour in guiding diet and nutrition and the effects of diet and nutrition on shaping behaviour**, Bournemouth University
- **Evaluating and exploring the implementation of the Hydr8 system in care homes across the North East**, Steven A., Wilson G., Young-Murphy L. 2016
- **Clinical symptoms, signs and tests for identification of impending and current water-loss dehydration in older people**, Cochrane Review, 2015

**Improving the Oral Health of Older People (HEE)**

- **About the programme**
- **Improving Oral Health of the Older Person - HEE screencast**
- **Clinical review - Oral hygiene in care homes**
- **Promoting Better Mouth Care - HEE Presentation - Feb 16**
- **Mouth Care Matters - Care Home Project Year 2 Report (2015-2016)**
- **Mouth Care Matters - HEE training note**
- **Article**
- **Improving the Oral Health of Older People Initiative - BDJ article**
- **Improving the Oral Health of Older People Initiative - EADPH poster**

**Contents**
- About Hydration and Nutrition
- Vanguard service models
- Benefits and impacts
- Before you start
- Resources and funding
- Characteristics of good hydration and nutrition
- Learning and development
- Things to consider
- Materials to support you
- To do list and thanks

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# Hydration and nutrition – to do list

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
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<tbody>
<tr>
<td>1</td>
<td>Build your relationships across the system.</td>
</tr>
<tr>
<td>2</td>
<td>Improve your data and understanding what services are already in place.</td>
</tr>
<tr>
<td>3</td>
<td>Celebrate success and build on existing strengths and skills in care homes and elsewhere.</td>
</tr>
<tr>
<td>4</td>
<td>Plan and prepare creatively – carefully consider what workforce structure works for your context and care home needs.</td>
</tr>
<tr>
<td>5</td>
<td>Ensure that all care providers are supported to have a hydration and nutrition policy in place, including use of an appropriate screening tool.</td>
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<tr>
<td>6</td>
<td>Embed awareness that nutrition and hydration is a joint responsibility for all staff.</td>
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<tr>
<td>7</td>
<td>Draw together an effective learning and workforce development package for care provider, social care and health staff and ensure that it is taken up.</td>
</tr>
<tr>
<td>8</td>
<td>Training is not a one-off! Keep developing the workforce.</td>
</tr>
<tr>
<td>9</td>
<td>Utilise technology to support monitoring and care giving, ensuring that the roles and responsibilities are defined and agreed in terms of who is responsible for set up, ongoing management etc.</td>
</tr>
<tr>
<td>10</td>
<td>Evaluate and improve your approach – receiving feedback from staff, care home managers and residents and their families / carers</td>
</tr>
</tbody>
</table>

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• NHSE England Hydration and Nutrition team