CC24 - Nutrition Policy and Procedure

Purpose

- To optimise Service Users nutritional status by having their nutrition care, treatment and support needs met.

Scope

- All Service Users, including Service Users who are unable to speak or communicate because of language, their condition, sedation, or who cannot have height and weight measured.

Policy

- Using the Care Plan pack, nutrition assessment will take place for all Service Users on initial admission, repeated during the regular reviews, and reviewed whenever there is a significant change in medical condition or where there is clinical concern.
- Individuals at risk of malnutrition should have, within the nutrition assessment, a detailed assessment including current intake and factors preventing adequate intake e.g. difficulty swallowing, assistance needed for feeding.
- Monthly (or more frequently if clinical factors indicate) measurement of body weight, BMI and food intake should be documented and the appropriate action plans and treatment goals recorded.

Procedure

- Staff will undertake appropriate training.
- Service Users will be assessed for nutritional status using a validated screening tool on initial admission and when there is clinical concern[1]. Assessment should be carried out on everyone including those where height and weight is difficult to measure.
    - An individualised Care Plan will be developed for users in order to:
        - Identify to Care Plan readers any preventative measures to be taken in order to maintain nutritional status, based on personal preferences, even if no specific intervention other than good practice is required.
        - Specify active interventions, such as increasing intake, including help and advice with eating and drinking, and ensuring provision of adequate fluids, and referral to appropriate specialist nutritional services.
        - Identify personal food preferences, including particular likes and dislikes, specialist dietary requirements and any known allergies. These must be communicated to the catering facility using the appropriate form in the Care Plan pack.
- Service Users who need assistance with eating either by use of specialist equipment or by a carer will be identified and receive assistance when required.
- All Service Users with swallowing difficulties will be clearly identified and have an assessment by a Speech and Language therapist and the recommendations entered into a revised Care Plan.
- Service Users will be weighed on admission and weight documented monthly or more frequently if there is clinical concern[2].
- Food and drink intake will be monitored and recorded on the forms provided.
- If measures to improve intake are inappropriate, fail or are impractical, referral to an appropriate health professional will be made[3].

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[1] Includes unintentional weight loss, fragile skin, poor wound healing, apathy, wasted muscle, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose fitting clothes or prolonged intercurrent illness.

[2] If weight and BMI cannot be taken, measures that should be considered are; clinical impression clothes and/or jewellery that have become loose fitting, decreased food intake, reduced appetite, dysphagia, disease or physical disabilities likely to cause weight loss.

[3] GP or Dietitian.

Key Lines of Enquiry Table

Key Line of Enquiry	Primary	Supporting	Mandatory
R.S1 - How are people protected from bullying, harassment, avoidable harm and abuse that may breach their human rights?		✓	✓
R.E3 - How are people supported to eat and drink enough and maintain a balanced diet?	✓		✓

Note: All QCS Policies are reviewed annually, more frequently, or as necessary.