

Highlight of the day?

Improving meals for older people in care homes

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Quality issues in social care – publication series 2

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Who is the information in this bulletin for?

This bulletin is designed to assist care home managers and staff to improve the delivery of meals to older people, and in particular to improve their experiences of mealtimes in care homes.

We have highlighted innovative ways that care home providers can improve the way older people experience mealtimes in homes. This will be of interest and of use to a wider body of people, for example, user led and user representative organisations, local authorities and care sector bodies such as Age Concern, as well as our inspectors.

Quality issues in social care – publication series

The primary function of the Commission for Social Care Inspection is to promote improvements in social care for the benefit of the people who use care services.

We have a statutory duty to report on the performance of social care services and we disseminate information that promotes choice and independence for people who use services.

This is the first in a series of bulletins that focus on particular quality issues in regulated social care services. The subjects chosen for each bulletin reflect the results of our consultations with people who use social care; our own assessment of regulated social care services; and key issues of public concern.



We are producing these bulletins for three reasons:

- 1** To identify practical steps that can be taken by service providers to improve the experiences of people who use social care services.
- 2** To share what we have learnt from inspecting care homes and in responding to complaints from people who use services.
- 3** To identify the factors that may have an influence on performance.



How have we developed this bulletin?

We have gathered information from various sources to come to the conclusions in this bulletin. We have:

- Identified the number of upheld complaints across all regulated care services made to the Commission concerning food and the most common reasons for these complaints. Complainants include people who use services, family members, friends, carers and staff.
- Looked at a sample of inspection reports to identify the key components for good and poor performance.
- Spoken to inspectors to gain a better understanding of common issues in care home performance.
- Looked at what leading research bodies, user representative organisations and government agencies have said on why meals and mealtimes are important aspects of social care.
- Spoken to a range of industry leaders who are trying to make a difference to the quality of meals and mealtimes in care homes.

We analysed our findings against the outcomes for people who use social care services, identified in the Government's 2005 Green Paper *Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England*.

The information presented in this report is not a systematic review of all of the evidence available on meals and mealtimes. Rather, the bulletin captures the Commission's current understanding of the quality of meals and mealtimes in care homes and explores the issues that underlie our assessment of current performance.

We would like to thank the following organisations for their assistance in developing this bulletin:

The National Association for Care Caterers, Age Concern, The Nutrition Advisory Group for Elderly People (NAGE) for the British Dietetic Association, Water UK, The Alzheimer's Society, Skills for Care, The Kapil Care Homes Ltd The ExtraCare Charitable Trust

Summary of key points

Issues

- Many older people, family members, care home staff and inspectors have said that mealtimes are ‘the highlight of the day’ for people living in care homes.
- During 2005, much of the concern expressed in the media has focused on the amount of money spent on food per person in care homes and its nutritional value. While nutrition and funding are undeniably important for older people in care homes, the connection between appetite and meeting people’s emotional, cultural and social needs has been largely absent from public discussions. Merely putting nutritious food on the table does not mean that older people will then eat it.
- This bulletin provides information to care home managers and staff on ways they can improve their ability to meet older people’s emotional, cultural and social needs in order to reduce the risk of malnutrition and dehydration.

Current performance of care homes

Are meals and older people’s experience of mealtimes meeting the needs of those who live in care homes? This bulletin looks at the inspection information collected by the Commission for Social Care Inspection to respond to this question. Standard 15 of the national minimum standards captures the main factors that lead to the provision of quality meals and the timing of meals for older people in care homes.¹

- As at 31 March 2005, 83% of care homes met or exceeded the requirements of the meals and mealtimes standard. There are 1,916 care homes (providing approximately 70,000 places) in England that did not provide older people with “*a wholesome appealing balanced diet in pleasing surroundings at times convenient to them*”.² This means that one in six care homes need to improve their performance against the

national minimum standard for meals and mealtimes. The quality of the meals in care homes has improved slightly over the past two years.

- The Commission was made aware of a number of cases across all regulated services where the meals provided did not fully adhere to the legal requirements and/or national minimum standards. In the 19 months from April 2004 to October 2005, there were 453 complaints that the Commission upheld about food across all regulated care services.³ The most common themes were about the quality (28%), choice (16%), and limited availability (27%) of food.

1 Department of Health (2003) ‘National Minimum Standards – Care Homes for Older People’. Standard 15 – Meals and Mealtimes is on page 31 of this bulletin.

2 Standard 15 Outcome.

3 Note that the number of complaints from older people in care homes cannot be determined due to limitations in the way the data is stored. There are plans to improve the collection and storage of complaints to the Commission.

Improving meals and mealtimes in the future

- There has been a significant upwards shift in society's expectations of how care should be provided. The Government's 2006 White Paper *Our health, our care, our say: a new direction for community services* promotes greater involvement, choice and control to the people who use services. We have found that care homes that perform well are better at ensuring that what happens in the home reflects the needs of the people who live there.
- The Commission believes more could be done to improve older people's experience of meals in care homes. In this bulletin we provide practical suggestions on ways care home managers and staff can:
 - empower people to choose;
 - involve people in developing meals;
 - cater for diverse needs;
 - respond to changing needs; and
 - put good management systems in place.
- Improving and developing practice needs to be matched by workforce capacity and development. Care homes that meet the national minimum standards for meals and mealtimes are more likely to have:
 - staff that consult with the older people in their care on their needs;
 - managers who met the training needs of their staff; and
 - sufficient staff numbers to support older people in enjoying their meals.



This bulletin concludes with a checklist for care home providers to use to assess their progress towards making older people's views central to the mealtime experience.

Introduction and background

1 Why is the provision of meals in care homes an important quality issue?



4 Joseph Rowntree Foundation (2004) 'Calculating the Costs of Efficient Care Homes'. <http://www.jrf.org.uk/knowledge/findings/socialcare/634.asp>

5 The Soil Association (2005) 'Food for Life'. <http://www.soilassociation.org/web/sa/saweb.nsf/home/index.html>

6 A summary of the regulations and the national minimum standard that relate to the provision of meals and mealtimes is on the back page of this bulletin.

Many older people, family members, care home staff and inspectors have said that mealtimes are 'the highlight of the day' for people living in care homes. Meals are not only vital for people's health, they provide an important social occasion and contribute to their sense of well-being.

During 2005 there has been public debate in England on the quality of meals for older people in care homes. Some of the concern expressed in the media has focused on the amount of money spent on food per person in care homes and its nutritional value. It has been estimated that care homes for older people spend £2.43 food per person per day.⁴ Differences in accounting practices makes it difficult to assess whether this level of expenditure is adequate and compares favourably with the what is spent on communal

meals in other services. At a glance, it appears reasonable when compared with what appears to be spent on prison meals (£1.74 per day) and school dinners (£0.35 per meal).⁵

The consequences of not eating and drinking well can be more immediately serious for older people than for others. It can quickly lead to malnutrition or dehydration, making older people even more prone to disease and loss of engagement with life. In extreme cases, this can result in hospitalisation or even loss of life. It is clearly critical that care homes have systems in place to identify those who are malnourished or at risk of malnutrition, and seek the support of appropriately skilled and trained team of healthcare professionals.

Care homes in England must register with the Commission for Social Care Inspection and are legally required to conduct their business in accordance with the Care Homes Regulations 2001.⁶ Additional to the regulations, national minimum standards (NMS) are published by the Department of Health for care homes. These standards are not legally enforceable but they do identify what a care provider needs to do in order to meet the regulations.

The Commission monitors care home processes for assessing and reviewing older people's nutrition, weight and dietary requirements as part of the inspection process. However, inspectors are not tasked with, nor qualified to, assess for malnutrition. This is a task for

Introduction and background

trained healthcare professionals, who are best placed to provide advice on nutrition support and assess for malnutrition.⁷

This bulletin focuses on the quality of the provision and delivery of meals in care homes, rather than nutrition itself. Merely ensuring that nutritious food is available does not mean that people will eat it. The Commission assesses whether care homes provide older people with “a wholesome appealing balanced diet in pleasing surroundings at times convenient to them”.⁸ The meals and mealtimes standard takes a holistic approach to meals, identifying the steps to ensure older people’s physical, social, cultural and emotional needs are met and thereby increasing the likelihood that meals will be eaten.

While nutrition and funding are undeniably important for older people in care homes, the connection between appetite and meeting people’s emotional, cultural and social needs has been largely absent from public discussions.

Some of the public comment has reflected an apprehension that, if nutritional needs becomes the sole focus of meal provision, older people will lose their ability to choose the food they like. Older people living in their own home choose what, how and when they wish to eat and drink. In care homes they largely rely on staff to make food and drinks available to them and there is a risk that older people may unnecessarily lose their independence and control over this important part of their lives.

“I like a nice salad but I don’t get them now – I feel I can’t ask for one.” (Older person)

“It is important to offer people a real choice because many people in homes don’t want to make a fuss, or don’t know they can have a choice or can’t express a choice. Sometimes the alternative is always the same, perhaps an egg or a sandwich. I think people should be given a meaningful choice and be helped to make it.” (Inspector)

“We express ourselves through our appetite and our taste for particular food ...the widower who forgets to eat in their grief, and the older person who has just lost interest in food.”⁹



⁷ The National Institute for Health and Clinical Excellence (NICE) has developed clinical guidance for healthcare professionals on the care of adults who are malnourished or at risk of malnutrition.

⁸ Meals and Mealtimes Standard Outcome Statement

⁹ Chester, R., & Davies, S. (1997). ‘Appetite for Life’. Counsel and Care.

Introduction and background

2 Independence, well-being and choice

The 2006 White Paper *Our health, our care, our say: a new direction for community services*¹⁰ outlines Government plans to promote greater choice and flexibility in the types of social care services adults receive. Together with *Opportunity Age*¹¹ and *Improving the Life Chances of Disabled People*¹², it is clear that the Government wishes to support the independence of people of all ages so that their well-being improves. While there has been overwhelming support for the Government's vision, there have been some reservations about the challenges involved in delivering it.

3 Issues for care home providers

The debate on the quality of meals in care homes exposes real tensions faced by service providers in increasing choice and independence for people who use services while delivering a safe and healthy service.

There are many sensitive issues for care homes to consider in ensuring good outcomes for older people. Older people may experience particular difficulties with eating and drinking that cause a loss in appetite. Sensory, physical and cognitive impairment; long-term medical conditions and the side effects of

certain medications; and emotional, cultural and social issues – all can influence a person's appetite.

Older people living in care homes come from a variety of backgrounds – people originate from different regions in England, different countries, ethnic groups, socio-economic backgrounds, religions and cultures. A lack of respect for people's diverse needs can also have an impact on their appetite and overall well-being.

“She seemed to be taking longer and longer to eat her meal. Then it was discovered that her eyesight had deteriorated. Once her eyes were tested and she received new glasses, her ability to eat improved dramatically.” (Inspector)

10 Department of Health (2006) <http://www.dh.gov.uk/Home/fs/en>

11 Department for Work and Pensions (2005) http://www.dwp.gov.uk/opportunity_age

12 Strategy Unit, Cabinet Office (2005) http://www.strategy.gov.uk/work_areas/disability/index.asp

Introduction and background

The following questions reflect some of the key challenges facing care home providers:

- Is there the right balance between meeting older people's food choices and providing healthy food?
- How can care homes best cater for diverse needs?
- How can staff in care homes promote older people's independence in the delivery and provision of meals while protecting their safety and promoting their well-being?

The Commission's inspection data identifies how well care homes are meeting the regulations and national minimum standards¹³

"I like rice, yam and sweet potato sometimes - why can't we all get something different that we like?"
 (Older person)

and whether performance is getting better over time. We have drawn from our experience of regulating and inspecting care homes to identify ways care home managers and staff can better support people to eat in order to reduce the risk of malnutrition and dehydration.

13 A summary of the regulations and the national minimum standard that relate to the provision of meals and mealtimes is on page 30/31 of this bulletin.



Facts and figures

4 How well are care homes performing?

As at 31 March 2005, 83% of care homes **met** the requirements of the meals and mealtimes standard (scoring either a 3 – met or a 4 – exceeded). This means that one in six care homes in England were known to be failing to meet the national minimum standard for meals and mealtimes. This translates into 1,916 care homes, providing approximately 70,000 places. There has been only a slight improvement from two years ago, when 78% of care homes met the standard (see Appendix, Table 1).

In 2005, performance varied according to the type of care home, staffing levels, ownership and location:

- Care homes (with nursing) appear to have greater difficulty in meeting the meals and mealtimes standard. As at 31 March 2005, 79% of care homes with nursing met the meals and mealtimes standard, compared with 86% of care homes providing personal care (see Appendix, Table 2).
- Whilst 89% of care homes for older people with adequate staffing levels meet the meals and mealtimes standard, the standard is achieved in only 65% of homes with insufficient staff.
- Voluntary-owned care homes and local authority care homes outperform those run by the private sector (see Appendix, Table 2). Approximately 89% of voluntary-owned care homes were meeting the standard, compared to 83% of privately owned homes.
- The likelihood of a person being in a care home that has been assessed as meeting the meals and mealtimes standard can depend on where they live in England. There are 10 council areas where 95% or more of care homes situated within their boundaries meet the standard. In the same number of council areas, the standard is met by 60% or less of care homes within their boundaries (see Appendix, Tables 3 and 4).

This marked variation in the performance between care homes within certain council areas suggests that the characteristics of an area may influence the likelihood of a care home meeting the meals and mealtimes standard.



Fact and figures

5 Not meeting the standard – what does it mean?

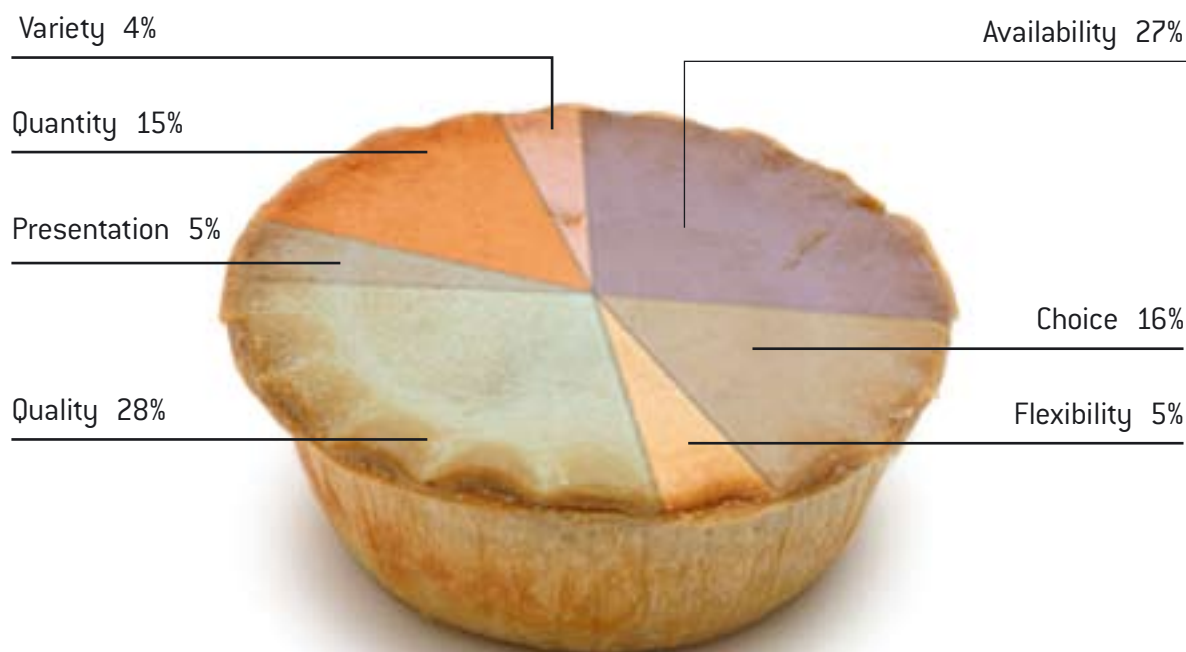
Concerns that are not resolved via the care homes' complaints procedures may be referred to the Commission for investigation. The focus of the Commission's investigation is from the perspective of the regulator, not from one of complaints resolution. The Commission does not have expressed powers within the Care Standards Act 2000 to take action in response to interpersonal disputes between the complainant and the care home provider.

The Commission must, however, make enquires to establish whether the allegation or complaint indicates that the registered manager and the provider are not adhering to their legal requirements and/or national minimum standards. Upheld complaints can

vary in terms of the degree of seriousness and the impact that the issue has on the well-being of the resident. The approach the Commission takes with care home providers to resolve the issue and improve practice varies according to the type of complaint.

In the 19 months from April 2004 to October 2005, there were 453 complaints about food across all regulated care services that the Commission found that did not adhere to the legal requirements and national minimum standards.¹⁴ The most common concerns were about the quality (28%), choice (16%) and limited availability (27%) of food.

¹⁴ Note that the number of complaints from older people in care homes cannot be determined due to limitations in the way the data is categorised. The Commission is currently planning to modernise our policy, practice and procedures for responding to complaints.



Fact and figures

The following quotes are from a small sample of complaints received by the Commission and illustrate the range of issues raised by older people who use services, family members,

friends, carers, and care home staff. They also illustrate the ways in which care homes can fail to meet the national minimum standard on meals and mealtimes.

“The chef/staff do not seem to be aware of [person’s name] likes and dislikes. There is no cook at weekends and not all staff who prepare meals have the basic food hygiene certificate.” (Anonymous)

“When my dad was in a home he wasn’t getting any food – he was terminally ill – so I went to get a sandwich for him, but there was only cheese and it was three days old.” (Family member)

“When visiting my Mum at a mealtime I found her with some sandwiches in front of her covered in a paper napkin. When I asked her why she had not eaten them she said they were not fit to eat. I checked them and the bread was stale, very hard and only fit to put out for the birds. I think that my Mum has lost weight since being in the home because she is not getting proper food.” (Son of resident)

“Most evenings, the dinner consists of sandwiches. There is no alternative, no choice. Some users would like something cooked or warm. The preferences of Caribbean service users are not taken into consideration. Very rarely there is a choice of suitable cold drinks for diabetics. They are, at times, given sugary drinks, in the absence of anything else but water. The cook is not qualified and does not understand about special diets, for example for diabetics.” (Anonymous)

“I have raised concerns with the staff about my mother not receiving a proper vegetarian diet with protein. I have observed on six to eight occasions just peas, carrots, potatoes and Bisto gravy served as her main meal. This has led to my mother losing weight.” (Daughter of resident)

“I have provided menu sheets but these are not used. There is no choice regarding the menu. There used to be a choice of vegetables, but not now. There’s only a basic choice of sandwiches for tea.” (Daughter of resident)

Ways to improve performance

The following good practice points are derived from factors that have an impact on older people's enjoyment of and satisfaction with meals and mealtimes. They are drawn from our experiences of regulating and inspecting care homes for older people and are supported by the body of literature

examined during the development of this report. The practice points provide guidance to care managers and staff on ways to improve the mealtime experience for residents and ensure that their health and well-being is enhanced.

“I have seen the food here as I come in almost daily. It is good, plain English cooking, the sort of food my relative enjoys. There are always plenty of fresh vegetables and a good pudding. I feel the good diet ensures residents' health is maintained really well.” (Family member)

6 Empower people to choose

Care homes that empower people to choose:

- **Provide good information**

Older people feel more able to choose if there is good information on the options available to them. When care homes have not adequately informed older people of the choices available to them, older people can find it uncomfortable to make requests.

- **Make food accessible between mealtimes**

In care homes where food is made accessible between mealtimes and older people are made aware of this, then the embarrassment of asking is avoided. In some care homes, older people feel uncomfortable expressing their preferences directly to staff for fear of being perceived as ungrateful.

Ways to improve performance

- **Use a person-centred planning approach**

Where person-centred planning is used, care homes are more responsive to changes in a person's care needs. This often involves regularly consulting with the older person, their family members and friends to discover and act on what is important to a person regarding:

- what foods they can and can't eat;
- the times they wish to eat;
- the challenges they face when eating; and
- the kind of environment in which they like to eat.

- **Hold meetings involving residents, staff and the cook**

Even when older people express conflicting preferences, healthy solutions can be reached if the care home engages with the issue at hand.

"There was an issue of contention between a number of residents regarding the

addition of salt in the cooked food. Some residents were complaining that the food was too salty and others were saying that they felt salt should be added at the table and not during cooking. The manager promptly organised a residents' meeting to seek the views of the residents on this issue and included the cook in the meeting." (Inspector)

Summary

We find that when care home staff understand why choice is important, they are willing to improve their consultation with older people and their families.

"Everyone has their own booklet about themselves. It tells people what someone likes and dislikes, as well as what hopes and dreams people have for the future. The residents have support to write these booklets on themselves." (Resident of a care home)

7 Involve people in developing meals

Care homes promote participation and show respect for people's views when they:

- **Involve residents in planning**

There are simple ways to involve older people in decisions about meals and mealtimes. Consulting with residents as a group when planning meals shows that staff respect their views.

- **Involve residents in meal preparation**

In some care homes, the health and safety policies established to maintain food hygiene standards can restrict older people's access to kitchen facilities. Good performing care homes find creative ways to involve the residents in cooking or provide extra facilities, such as kitchenettes or small refrigerators in each room.

Ways to improve performance

“A care home for older people made meals with vegetables and ingredients that some residents did not like. The residents worked together to produce a recipe booklet for the cook to follow.”

(Inspector)

“An Asian woman moved into a home where all other residents were white. The home assumed the Asian woman enjoyed the British food provided; however, this was not the case. She was unable to cook but was able to observe and offer advice on how to best prepare the food of her choice. The woman then watched the cook prepare food that was culturally appropriate for her. This event took place twice a week and the home arranged to make extra meals and bases for sauces which could be frozen, to be used in the preparation of her food in the coming week. This became a valued activity for the Asian woman.”

(Inspector)

Summary

Involving older people in the planning and preparation of meals does not necessarily mean there will be a greater risk of things going wrong. We have found that good performing care homes that use creative ways to include older people in meal planning and preparation consider the risks and manage them well.

Good Practice Example

The ExtraCare Charitable Trust

“The staff make mealtimes a special occasion for us every day.” (Older person)

Extracare is a service provider, with 26 services, which has developed a ‘World Class Hospitality Initiative’ over the past two years. They have a number of practices that have increased the independence, choice and well-being of their residents:

- Residents are encouraged to be involved in menu design and work with the cook, the well-being nurse and local nutritionist to create menus which offer a balanced diet and offer choice for residents.
- Liquidised meals are placed in moulds. For example, if fish is liquidised it is presented in a fish-shaped mould.
- Meals are cut up in the kitchen and then placed back together for people who cannot cut up their food. It is presented as a whole meal and staff do not have to stand over the resident to cut up their food for them.

Ways to improve performance

8 Cater for diversity

Care homes cater well for diversity when they:

- **Respond to language and cultural differences**

Care homes may not pay adequate attention to communicating with older people where there are language and cultural differences. The same issue applies when a member of staff speaks a different language or comes from another culture.

“An Asian man moved into a care home for Asian lifestyles. His partner was white and it was stated that he had enjoyed a diet of Asian and British food throughout his life. Whilst in the home it was assumed that the man would only want and enjoy Asian food. His partner argued that the home was ‘knocking the Englishness out of him’. When the care home asked the man what food he would like to eat, he responded stating both British and Asian food.” [Inspector]

- **Challenge incorrect assumptions**

Well-meaning staff can sometimes make assumptions about cultural difference that do not reflect what the older person actually wants.

Good Practice Example

Raising Cultural Awareness

One of the Commission’s local offices organised training for inspectors to help address specific cultural issues for Jewish and Muslim people who use care services. Representatives of local providers made presentations at team meetings covering (among other things) gender, meals, observance of rituals and tradition. The feedback was mutually positive, with providers welcoming our invitation and inspectors welcoming the specialist input. Events like this, using local knowledge, could be organised by care home managers for their staff.

- **Supply culturally appropriate food**

There are cases where the food can be of poor quality and people’s cultural needs are not respected.

“One tribunal case included concerns about the poor variety and quality of food, with potato and gravy regularly served to a vegetarian resident.” [Inspector]

There can be surprising positive benefits for all residents when cultural differences are recognised.

“A home accommodating one Afro-Caribbean resident did not recognise that people from this cultural background may require culturally appropriate food other than British food. When the home decided to put

Ways to improve performance

jerk chicken and other Caribbean food on the menu for all residents, there was a high uptake including from white residents. The home then recognised that all their residents enjoyed food from around the world and satisfied the cultural preferences of the Afro-Caribbean resident.” [Inspector]

Summary

Cultural awareness training and information is very useful for understanding culturally appropriate food and culture-specific eating patterns. However, there is no substitute for simply asking an older person what they want.

9 Keep people healthy

Although inspectors are not nutritionists, there are some clear indicators for assessing the quality of food. Care homes that cater for people’s preferences while maintaining good food quality have the following features:

- **They understand the importance of nutrition and hydration**

Staff need to be aware that the nutritional needs of the elderly are different from the rest of the population, particularly for those who are frail. Nutrition and hydration are important for a variety of reasons:

- to manage the impact of ageing, such as an increased risk of pressure sores and decreased ability to eat large amounts of food each day;
- to guard against common illnesses, such as colds, influenza and recurrent infection due to loss of skin integrity; and
- to manage long-term health conditions common in old age, such as diabetes.

“There can be a failure to recognise the benefits of ‘little and often’ approaches. Staff frequently feel that this is greedy or too much trouble, yet it is often the best way to ensure people at risk take in enough nutrients.” [Inspector]

- **They undertake regular assessments**

The healthcare national minimum standard¹⁵ indicates that nutritional assessment should be undertaken as part of the admissions procedure to the care home and that an older person’s nutrition and weight should be reviewed at regular intervals.

“Older people who are constantly on the move often lose weight much more quickly and therefore need higher calorie foods to compensate.” [Inspector]

15 Standard 8 of the National Minimum Standards – Care Homes for Older People.

Ways to improve performance

- **They provide good quality food**

Cost-cutting practices and limited staff knowledge regarding nutrition can contribute to poor food quality. The cooks' working times can result in staff having to prepare food in such a way that the quality of the food is compromised, eg peeling and soaking vegetables the night before.

"Menus sometimes fail to include a balanced diet across a day, or sometimes staff deviate from the menu with insufficient thought. Heavy reliance on convenience foods can mean that meals are deficient in vitamins, particularly C and D, and this can affect their health." (Inspector)

"In one case it was found that only dried milk powder was used in a home for 30 older people." (Inspector)

- **They provide good staff training on nutrition**

The mandatory basic food hygiene training does not assist staff to detect under-nutrition in older people. Managers need to ensure that staff know what causes malnutrition, how to prevent it occurring and how to ensure that the appropriate treatment is provided. Training will only be successful if the manager can be clear about the roles and responsibilities of staff in nutrition-related issues and that the way the training is presented meets the needs of the staff.

"Some homes use highly technical calculations to carry out nutritional assessments, but all staff need to know is how these can be translated and work in practice. Even the most complicated nutritional assessments are only as good as the staff are at interpreting them." (Inspector)



Ways to improve performance

Monitoring care plans and utilising the checklist produced by the National Association of Care Catering¹⁶ will assist managers in overseeing the nourishment of residents. Managers need to consider how they can induct new staff, using the common induction standards and the codes of practice, into the issues and care practices of the home. National occupational standards provide information on skills, knowledge and understanding that can help in defining staff roles and responsibilities.¹⁷

- **They seek external professional support**

There are some excellent screening tools available, such as the Malnutrition Universal Screening Tool (MUST),¹⁸ to help care homes identify the people in need of specialist dietetic input. Community dietitians are available through local primary care trusts and are an excellent source of advice both on a general and on an individual service user level. However, community dietetic services can be patchy in deployment and services can be stretched.

“One care home brought in a specialist to assist them train staff and review meals, so they were tailored for people with dementia. The training included the provision of nutritious finger foods, additional meals rather than biscuits, regular fluid intake and meals delivered in a timely fashion.”
(Inspector)

Summary

Joined-up activities between catering and general care improve the care home’s ability to meet older people’s needs. This can be challenging for larger providers that use contract caterers. While contract catering can provide greater choice and variety, there is a risk that the service can become budget-driven or lose touch with the needs of the residents. Smaller providers have other challenges as staff have often to undertake a wider range of tasks than those working for larger providers.

Good Practice Example

Quality Circles

Kapil Care Homes Ltd has three homes in North Lincolnshire. They have quality circle meetings as part of quality assurance that sometimes involves testing food for supplies. For example, they have tested different brands of bread, coffee and tea and the ‘winner’ was the brand supplied in the home. A simple thing, but makes all the difference if you prefer Warburtons bread to Tesco Value!¹⁹

16 NACC [Year] Name of Guide. See <http://www.thenacc.co.uk>

17 To access the standards and code of practice, see <http://www.skillsforcare.org.uk>

18 Developed by the British Association for Parenteral and Enteral Nutrition. See <http://www.bapen.org.uk/the-must.htm>

19 cited in Commission for Social Care Inspection (2005) ‘The State of Social Care in England 2004-05’

Ways to improve performance

10 Respond to changing needs

Care homes that are responsive to people's changing needs:

- **Use appropriate techniques for serving food**

Different techniques for delivering food, such as tube feeding, modified textures and adapting crockery and cutlery to maintain independence, are important for people with sensory, physical and cognitive impairments.

“There have been times when I have seen a brown splodge on a plate and that has been all the food liquidised together. There are other good providers who liquidise each item separately and present this as an appetising meal, with three or four different portions or colours of food on the plate.” [Inspector]

“In some care homes, the type of crockery isn't suitable – for example, cups have small finger holes, heavy cups that spill or plastic mugs used for hot drinks. Just providing a dessert fork helped people in one home, who were afraid to risk spilling food but couldn't grapple with cutting up pie or larger pieces of fruit.” [Inspector]

- **Encourage people to eat**

Staff who encourage older people to eat can make a significant difference to older people's appetite. Appropriate portion sizes, physical activity and the presentation of meals help to stimulate older people's appetite and maintain a healthy interest in food. There are a number of useful tools available to assist care home staff in communicating with people who experience communication difficulties.

“We encourage homes to recognise signs which suggest likes and dislikes, for example tasting different foods and the reactions of the resident, asking the resident to blink or squeeze the carer's hand if they like the food and showing residents pictures of meals to select what they would like to eat.” [Inspector]

“Visual aids are very good at stimulating recognition for a person with communication difficulties.” [Inspector]



Ways to improve performance

Summary

Care home managers can improve practice in this area by actively involving staff in care planning and ensuring that there are clear communication channels for conveying the details of the care plan to staff and cooks. Adequate time is needed during shift changes to communicate any issues regarding the care of individuals. Care homes where the cooks are visible and engage with the older people tend to be more in tune with the changing needs of the residents.

Good Practice Example

Improving Communications

Age Concern in the Eastern region has worked with a drama therapist to improve communication with older people with dementia. They use a communication tool called 'talking mats', which uses pictures, and other objects to communicate with people with dementia.

11 Put good management systems in place

Well-managed care homes:

- **Balance the timing of meals**

Balancing meals across the day is important because lengthy gaps between meals and fluids can affect many aspects of health, and can lead to sleepiness, lethargy, early waking and poor skin condition.

“An unannounced inspection of a care home (with nursing) with over 50 older people found that many hadn't been served breakfast by 11am, others had been left with the remains of the meal in front of them and had fallen asleep. The service hadn't thought through the manner of service (trolleys on each floor, the number of staff needed) and the individual needs of residents.” [Inspector]

- **Have a relaxed atmosphere at mealtimes**

Poor organisation can result in staff focusing on getting through the task at hand. This can unintentionally result in rushing the residents through their meals.

“Some providers rush mealtimes because the cook wants to get the kitchen tidied and ready for the next meal. There are some care staff that condone the rush to finish the meal. When assisting the feeding of residents, some staff seem to be shovelling food into residents to get the mealtime over and done with.” [Inspector]

- **Have space to facilitate social interaction**

It is good practice for care homes to provide a separate room or space for older people who require assistance with eating,

Ways to improve performance

to lessen any feelings of embarrassment or loss of dignity. Limited space and inadequate staffing levels for dealing with different eating styles can result in older people eating in their rooms without any real choice in the matter. Inadequate space can lead to problems with eating and can cause the loss of an opportunity for older people to enjoy the sharing of mealtimes with others.

“It is not uncommon for meals to be provided either in their rooms on trays, in isolation, or in lounges using cantilever tables. This makes it difficult for some people to actually feed themselves as positioning can be difficult.” [Inspector]

- **Implement food hygiene standards**

While all staff are required to receive food hygiene training, managers need to ensure that staff understand how to apply the knowledge and skills gained from the home's policies and the supporting training.

“I was concerned to find that cleaning substances were placed on service users' tables, next to their drinks, without staff having any apparent realisation of the possible consequences.” [Inspector]

- **Good systems for managing supplies**

Shopping and delivery of supplies sometimes present problems because it takes time and thought to get it right.

“Some homes adhere rigidly to fixed shopping days, with stocks dwindling to a dangerous level, leaving no choice at the end of the week. Often fruit and vegetables have gone off by then!” [Inspector]

Summary

Overall, we find that well-qualified and experienced managers are significantly more likely to make sure that the service they are responsible for meets the minimum standards of care.²⁰ The manager establishes the culture of performance improvement within the care home and leads the quality assurance process. Whilst some knowledge of catering is useful, clear management systems and sufficient staffing levels appear to be critical for improving the quality of meals.

20 Commission for Social Care Inspection (2005) 'The State of Social Care in England 2004-05'.



Conclusion



Looking forward to future performance

On the surface, the evidence shows that there has been an improvement in the quality and variety of the meals older people receive in care homes. Between 2002 and 2005, there has been a small improvement in the performance of care homes against the meals and mealtimes standard. Over this period, inspectors have assessed a greater percentage of care homes in England as having met the meals and mealtimes standard.

Does this mean meals and mealtimes are consistently providing good outcomes for older people? Are older people receiving a wholesome, appealing, balanced diet in pleasing surroundings, at times convenient to them? Although food quality and, clearly, resources to buy good food are essential, stimulating people's appetite and making mealtimes 'the highlight of the day' require consideration of wider factors, such as those outlined in this bulletin.

There has been a shift in society's expectations of how care should be provided since the national minimum standards were developed in 2002. It is possible that there will be further changes to the national minimum standards following the Department of Health's 2005/06 review. There is a greater awareness that the people who use services need to play a central part in deciding the way services are delivered. It is the Government's goal to promote greater involvement, choice and control for the people who use services. Our evidence suggests

that, whilst there are some care homes that embrace this approach, others undertake limited consultation with residents.

Placing the people who use services at the heart of service delivery requires a change in mind-set. The following checklist helps care home managers, staff and caterers to assess how far their practice is progressing towards this goal. Simple starting points include finding out people's likes and dislikes, encouraging and assisting older people to participate in decisions about meals and presenting quality food in an attractive way. This needs to be backed up by good management processes, appropriate facilities, the right equipment and good staff training to make meals and mealtimes a satisfactory experience for all older people living in care homes.

Improving and developing practice needs to be matched by workforce development. Having identified what is needed to improve meals and mealtimes, care home managers need to consider the skills and knowledge required to support those improvements. Staff training should be planned to fill the gap between existing and required knowledge and skills. Such an approach ensures that training is focused on both the needs of the service and the learning required by the staff. National occupational standards provide ready reference of skills, knowledge and understanding that will support this planning task.



Checklist for care home managers, staff and caterers

The following checklist provides help to care home managers, staff and caterers to assess their progress towards facilitating greater choice for older people, catering for diversity and supporting independence in a safe way.



The checklist

Please photocopy and use this checklist

Y/N

Is there a full assessment of the likes and dislikes of each older person on their admission to the care home and do staff know and act upon this assessment?	
Are older people actively consulted about what food and drinks are provided and their availability in the care home?	
Do staff have the necessary skills to discover the preferences of older people with communication difficulties?	
Are older people and staff involved in the development of care plans and are these plans reviewed regularly?	
Is the number of staff available at mealtimes sufficient to appropriately respond to the social, physical, emotional and cultural needs of older people?	
Is there an adequate handover during shift changes to inform staff of any changes in older people's meal needs and preferences?	
Are staff adequately trained in identifying and responding to nutritional issues relating to ageing and specific health needs?	
Are staff aware of the importance of facilitating choice and promoting independence for the well-being of older people?	
Are staff aware of the importance of cultural, social and religious practices relating to meals and mealtimes for each of person in their care?	
Do staff have an adequate understanding of nutrition and hydration issues for older people, particularly for those with common health concerns?	
Are aids and the right crockery available to support older people in retaining as much independence as possible during mealtimes?	
Are the tasks associated with the production, presentation and delivery of meals well co-ordinated?	
Are staff aware of their responsibilities for meeting the national minimum standards associated with the provision of high quality meals?	
Do staff have a good understanding of food hygiene standards?	

Good practice guidance

Catering checklist

The National Association of Care Catering has developed a catering checklist to assist care home managers confidently enter a kitchen and identify what to look for, what is good practice, and the action to take if they are not satisfied. It provides a comprehensive list of all the aspects of kitchen management that a care home manager needs to understand to improve meals and mealtimes in a care setting.

This checklist is available from NACC Administration Office, The Stables, Meadow Court, Faygate Lane, West Sussex RH12 4SJ, Telephone: 0870 748 0180, or see www.thenacc.co.uk

Guidance for care home managers on the national minimum standard

The National Association of Care Catering has developed a guide to the specific national minimum standards that relate to catering tasks in care homes. This document is designed to assist care home managers ensure that they are fully compliant with the range of national minimum standard that apply to catering.

The document breaks down the components of all the standards that are important for meeting older people's needs in relation to meals and mealtimes. It also provides a comprehensive list of the evidence or 'activities' the care home needs to undertake to be assessed as 'meeting the standard' by the CSCI inspector. The staff member is identified who has the key role or responsibility for ensuring that the care home's procedures demonstrate that each standard is being met.

This document is available from NACC Administration Office, The Stables, Meadow Court, Faygate Lane, West Sussex RH12 4SJ, Telephone: 0870 748 0180, or see www.thenacc.co.uk



Skills for Care

Copies of the *National Occupational Standards, Common Induction Standards* and sources of support and information for employers can be found at: www.skillsforcare.org.uk

Skills for Care, Albion Court, 5 Albion Place, Leeds LS1 6JL

Telephone: 0113 245 1716
Fax: 0113 243 6417

Guidance for healthcare professionals on nutrition support

The National Institute for Health and Clinical Excellence (NICE) and the National Collaborating Centre for Acute Care have developed a clinical guideline to help the NHS identify patients who are malnourished or at risk of malnutrition. The guideline sets out the appropriate nutrition support that these people should receive from healthcare professionals. It can be accessed at:

www.nice.org.uk/page.aspx?o=293252

Guidance on nutrient intake in public institutions (in development)

The Food Standards Agency is currently developing recommendations (covering all age groups) for nutrient intake for provision through major public institutions (including hospitals, prisons, care homes, armed forces and the public sector) across the UK. This will include the development of food-based standards that would meet the nutritional standards, as well as example menus that meet the nutritional standards to assist caterers in menu planning. It is envisaged that these will be complete by summer 2006.

www.foodstandards.gov.uk



Appendix Performance tables

Table 1: Percentage of homes by owner type meeting the meals and mealtimes NMS in 2002/03 and 2004/05 (score 3 and 4)

	Independent	LA	Vol	All services
31 March 2003	77.3%	81.6%	83.4%	78.2%
31 March 2005	82.6%	85.2%	88.7%	83.4%
Difference in % points	5.3%	3.6%	5.3%	5.2%

Table 2: Percentage of homes by type meeting the meals and mealtimes NMS (Standard 15) in 2002/03 and 2004/05

	Personal Care Only	Care Homes (with nursing)	All Homes
31 March 2003	79.9%	74.5%	78.2%
31 March 2005	85.5%	78.9%	83.4%
Difference in % points	5.6%	4.4%	5.2%



Table 3: Top 10 council areas for the percentage of care homes meeting the meals and mealtimes NMS (Standard 15) as at 31 March 2005

Region	Council Areas	% of Care Homes Meeting Meals Standard	Total Number of Care Homes Inspected Against Standard
Yorks & Humber	Doncaster	95%	59
South West	North Somerset	95%	104
South West	Torbay	96%	92
South East	Isle of Wight	96%	72
West Midlands	The Wrekin	96%	24
West Midlands	Shropshire	96%	98
North West	Liverpool	96%	75
London	Camden	100%	12
London	Hackney	100%	5
South West	Isles of Scilly	100%	2

Table 4: Bottom 10% of council area for the percentage of care homes meeting the meals and mealtimes NMS (Standard 15) as at 31 March 2005

Region	Council areas	% of Care Homes Meeting Meals Standard	Total Number of Care Homes Inspected Against Standard
West Midlands	Coventry	47.4%	57
London	Brent	50.0%	32
North East	North Tyneside	53.8%	39
London	Merton	55.2%	29
Yorks & Humber	York	55.3%	38
West Midlands	Sandwell	55.3%	47
London	Southwark	56.3%	16
West Midlands	Solihull	56.5%	23
North East	Gateshead	57.6%	33
London	Harrow	59.4%	32

Regulations and national minimum standards

Care homes in England must register with the Commission and are legally required to conduct their business in accordance with the Care Homes Regulations 2001. Additional to the regulations, national minimum standards (NMS) are published by the Department of Health for care homes. These standards are not legally enforceable but they do identify what a care provider needs to do in order to meet their legal obligations.

The Care Homes Regulations 2001 require care homes to:

Promote and make proper provision for the health and welfare of service users.

Make proper provision for the care and, where appropriate, treatment, education and supervision of service users.

So far as practicable, enable service users to make decisions with respect to the care they are to receive and their health and welfare.

So far as practicable, ascertain and take into account service users' wishes and feelings.

Make suitable arrangements to ensure that the care home is conducted:

- a. in a manner which respects the privacy and dignity of service users
- b. with due regard to the sex, religious persuasion, racial origin, and cultural and linguistic background and any disability of service users.

Record the food provided for service users in sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory, in relation to nutrition and otherwise, and record details of any special diets prepared for individual service users.

In relation to meals and mealtimes the Regulations require care homes to:

Provide sufficient and suitable kitchen equipment, crockery, cutlery and utensils, and adequate facilities for the preparation and storage of food.

Provide adequate facilities for service users to prepare their own food and ensure that such facilities are safe for use by service users.

Provide, in adequate quantities, suitable, wholesome and nutritious food which is varied and properly prepared and available at such time as may reasonably be required by service users.

Regulations and national minimum standards

Standard 15: Meals and Mealtimes

Outcome: Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

15.1	The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet, which is suited to individual assessed and recorded requirements, and that meals are taken in a congenial setting and at flexible times.
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.
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.
15.4	Food, including liquefied 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.
15.5	Special therapeutic diets / feeds are provided when advised by health care and dietetic staff, including adequate provision of calcium and vitamin D.
15.6	Religious or cultural dietary needs are catered for as agreed at admission and recorded in the care plan and food for special occasions is available.
15.7	The registered person ensures that there is a menu (changed regularly), offering a choice of meals in written or other formats to suit the capacities of all service users, which is given, read or explained to service users.
15.8	The registered person ensures that mealtimes are unhurried with service users being given sufficient time to eat.
15.9	Staff are ready to offer assistance in eating where necessary, discreetly, sensitively and individually, while independent eating is encouraged for as long as possible.

Source: National Minimum Standards – Care Homes for Older People, Department of Health.

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