

NORTH LANARKSHIRE COUNCIL

REPORT

TO: Social Work Committee	Subject: NATIONAL NUTRITION AUDIT OF ELDERLY INDIVIDUALS IN LONG-TERM CARE -AUGUST 2000
FROM: J Dickie, Director of Social Work	
DATE OF COMMITTEE: 22 March 2001	
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REF: DOD/EOC	

1 PURPOSE OF REPORT AND SUMMARY OF FINDINGS

- 1.1 This report seeks to inform members about recently published research into the role nutrition plays in maintaining health and improving quality of life and functioning for older people in long stay hospital wards and nursing homes. The Research asserts that under-nutrition is a general a problem amongst older people, but found it to be more prevalent in the specialist care settings of hospitals and nursing homes than for people living at home.
- 1.2 Implications for the local authority as a purchaser of private nursing and residential home services and as a provider of residential care for older people are highlighted by the research.
- 1.3 The research findings have a relevance to residential services and applicability to other client groupings. In North Lanarkshire support given at mealtimes and food hygiene practices in residential services are already subject to monitoring through inspection. These findings identify scope for some improvements but, in the majority of services, meal standards and staffing arrangements have been assessed as satisfactory. Specialist inputs from nutritionists or dieticians are needed in order to better inform care staffs' understanding about food and nutrition. This report identifies the need for liaison with Lanarkshire Health Board to achieve improved access to dieticians and nutritionists and sets out an action plan to better promote nutritional standards.

2 BACKGROUND

- 2.1 During the last decade there have been several standards and guideline documents published regarding food, diet and nutrition. The most recent was Nursing Homes Core Standards (Nutritional Care) 1999.

- 2.2 The major research study referred to in this report was carried out by CRAG (the Clinical Resource Audit Group). It was commissioned by the Scottish Executive and carried out between April 1997 and March 2000. Samples were taken from five health board areas (excluding the Lanarkshire Health Board area). The sample surveyed was 110 National Health Service wards and 108 private nursing homes. The large sample size was to ensure the general wider relevance of findings.
- 2.3 Research findings were made publicly known in late February 2001 and evoked considerable critical media attention. The Scottish Executive has indicated a commitment that the recommendations arising from research findings are implemented by April 2001.
- 2.4 Whilst findings relate specifically to hospital wards and nursing home care, many have relevance for care of vulnerable people across all client sectors and settings.

3 RESEARCH FINDINGS

- 3.1 Researchers found that there was a higher prevalence of under-nutrition amongst elderly in long term care settings, compared to those living at home. Factors behind that finding were inadequate food intake due to poor social and physical environments, lack of nutritional screening and failures of care providers to meet individual needs for feeding assistance.
- 3.2 The report contains 37 recommendations for providers. Key recommendations intended to decrease prevalence of under nourishment were:
- ◆ service providers to develop food and health policies based on inputs from nutritionists and dieticians;
 - ◆ training in nutrition to be included for catering staff;
 - ◆ particular attention to be given to staffing levels at mealtimes;
 - ◆ menu planning to cover a 3 week cycle; menus to be assessed for nutritional value, and a choice of at least two dishes to be provided for each course;
 - ◆ menu choices to be selected as close to the time of the meal as is practical;
 - ◆ meals to be cooked as close as possible to the time of serving;
 - ◆ accurate weighing scales to be kept on all care premises;
 - ◆ residents food and drink preferences and requirements to be recorded on admission;
 - ◆ specialist consideration to be given to all service users who require feeding assistance or special diets.

4 ACTION TAKEN BY LANARKSHIRE HEALTH BOARD

- 4.1 Research findings were presented at a quarterly seminar held with matrons and nursing home proprietors. At that time the Board's support of the recommendations was emphasised and providers were urged to re-evaluate and, where necessary, alter practices in this area.
- 4.2 The Board has accepted that there are shortfalls in dietary advice available. Submissions are under consideration for the appointments of additional specialists in this area.
- 4.3 The Board has already included closer consideration of residents dietary needs within its routine inspection framework.

5 NORTH LANARKSHIRE POSITION AND PROPOSALS

- 5.1 From analysis of inspection findings there is no firm evidence of major concerns about poor social and physical environments within North Lanarkshire residential establishments. It is accepted that staffing resources devoted to monitoring nutritional inputs have been limited and on that basis alone there is no room for complacency.
- 5.2 Practice standards applied in residential care settings for older people in the North Lanarkshire area take account of physical and social care aspects of mealtimes and staffing arrangements. Key factors assessed through inspection routinely include: suitability of the dining space, meal timings, availability of choices, consultation about menus, provision of specialist crockery and cutlery, special diets being catered for, timings of meals being appropriate and targeted staff assistance being given. Inattention to any one of those areas can lead to shortcomings in food and nutritional intake.
- 5.3 Nutritional targets in menu plans are generally not well identified in residential settings and improvements will require specialist inputs from a dietician. It would be by exception that mass screening measures, such as routine weight checks, would be undertaken. In residential settings such measures will more appropriately be targeted following a health assessment or in instances where food intake problems have already been identified.
- 5.4 Whilst providers are well informed about practice standards in relation to meals and mealtime arrangements there has, up until now, been no requirement or identified need to devise a food and nutrition policy. Evidence from research is that this is best practice and so should be supported.
- 5.5 Additionally, it will be necessary to examine the potential relevance of the report's findings in wider community settings, including the provision of community meals.

6 ACTION PLAN

6.1 Further to discussions with Lanarkshire Health Board regarding access to specialist staff it is proposed that:

- ◆ seminars are held for residential service managers to promote best practice on food and nutrition;
- ◆ officers issue recent guidance on diet and nutrition to all residential, supported living and day service providers;
- ◆ routes are identified by officers for residential care providers to access specialist dietary advice;
- ◆ measures are taken to ensure providers, where appropriate, identify the specialist dietary needs of service users through assessment and care management;
- ◆ officers ensure food and nutritional aspects of care are targeted for monitoring through contracts monitoring and inspections;
- ◆ further assessment is undertaken of the wider applicability of the research findings to other client groupings and to non-residential services including the provision of community meals.

7 RECOMMENDATIONS

7.1 Members are asked to:

- (i) note the content of this report and the actions proposed by the Department



Jim Dickie
Director of Social Work
15 March 2001

For further information on this report please contact, Dennis O'Donnell, Principal Officer (Registration and Inspection) (TEL: 01698 332058)