



# Care Homes

Integrating good nutrition into daily practice

## A HEALTHCARE PROFESSIONAL FACT SHEET

Managing Adult Malnutrition  
in the Community

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There are currently around 11,300 care homes looking after around 410,000 elderly residents in the UK<sup>1</sup>. Over the past 20 years the percentage of the population aged 65 or over has increased from 15.9% to 18.3%<sup>2</sup>. Not surprisingly nursing and residential homes continue to operate at full capacity and with this sector of the population projected to continue to grow to nearly a quarter of the population by 2037<sup>2</sup>, the need to establish frameworks and systems to deliver good care in this vulnerable group remains paramount.

One key area of concern is poor nutritional status and malnutrition (under-nutrition) in this population. Surveys led by the charity the British Association for Parenteral and Enteral Nutrition (BAPEN) have repeatedly demonstrated that malnutrition affects up to 3 million people living in the community and nearly one in four people admitted to care homes, most of whom are at high risk<sup>3</sup>. As malnutrition contributes to physical and functional decline, poorer clinical outcomes (e.g. increased infections, wounds, complications, mortality) and subsequent increased use of health and social care services with reductions in quality of life, there is good reason to identify, treat and prevent it<sup>4</sup>. There is also a common misconception that nutritional deficiencies, unintentional weight loss and frailty are an inevitable consequence of ageing and disease however if the underlying causes are addressed early, malnutrition can be reversed or slowed, thus having a positive effect on outcomes.

## INDICATORS FOR NUTRITIONAL CARE

Risk of malnutrition should be considered if a resident:

- has a medium or high risk of malnutrition identified using a validated nutritional screening tool (e.g. Malnutrition Universal Screening Tool 'MUST')
- has loss of muscle mass (sarcopenia)
- has multimorbidities
- has eating problems e.g. swallowing issues, loss of dentition and functional issues
- has reduced appetite
- is depressed, suffering grief e.g. recently bereaved, socially withdrawn

## KEY ACTIONS

- Screen all residents using 'MUST' ([www.bapen.org.uk/pdfs/must/must\\_full.pdf](http://www.bapen.org.uk/pdfs/must/must_full.pdf)) on initial contact with care home and at least monthly thereafter
- Initiate nutritional care plans based on malnutrition risk, include mutually agreed goals centred on the resident's desires and wishes. Build in regular reviews - see [www.malnutritionpathway.co.uk/careplans](http://www.malnutritionpathway.co.uk/careplans) for more information
- Work with relevant stakeholders/formulary committees to review care pathways so that malnutrition is appropriately managed and includes the appropriate use of oral nutritional supplements (ONS), particularly whilst awaiting dietetic review for those at risk
- Follow the 'Managing Adult Malnutrition in the Community' pathway for residents identified as 'at risk' of malnutrition which provides guidance and resources including:
  - dietary advice for residents including how to enrich (fortify) food choices and use nourishing drinks ([www.malnutritionpathway.co.uk/library/pleaflet\\_yellow.pdf](http://www.malnutritionpathway.co.uk/library/pleaflet_yellow.pdf))
  - effective use of ONS for frail patients and those who are malnourished or 'at risk' of malnutrition particularly where dietary intake is restricted due to poor appetite or medical conditions. Remember ONS count as fluid as well as providing essential nutrients ([www.malnutritionpathway.co.uk/library/pleaflet\\_red.pdf](http://www.malnutritionpathway.co.uk/library/pleaflet_red.pdf))
- Optimise nutritional intake, fortify food and encourage the consumption of snacks and nourishing drinks
- Create a positive mealtime environment - make food appealing, tasty and the environment pleasurable
- Consider residents food preferences, eating issues (e.g. swallowing problems), size of appetite, need for specialist cutlery, and ensure assistance is provided to those who need it
- Liaise with your local dietitians and nutrition nurses regarding potential nutrition education for team members

## Why is it important for care homes to acknowledge the problem?

There is a considerable impact to the individual in failing to identify and treat malnutrition. Residents who are malnourished or at risk of malnutrition will typically have:

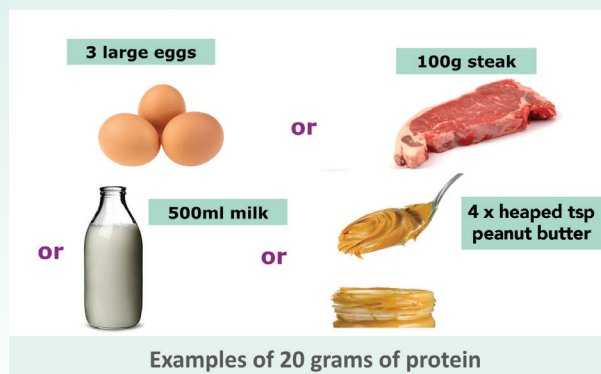
- More hospital admissions and re-admissions<sup>4,5</sup>
- Increased falls risk<sup>5</sup>
- Poorer clinical outcomes e.g. higher mortality<sup>5</sup>
- Impaired immune response<sup>5</sup>
- Impaired psycho-social function<sup>5</sup>
- Greater healthcare needs (for example GP visits, use of antibiotics)<sup>4,5</sup>
- Longer hospital stays<sup>4,5</sup>
- Impaired recovery from illness or surgery<sup>5</sup>
- Reduced muscle strength and frailty<sup>5</sup>
- Impaired wound healing<sup>5</sup>

The consequences of malnutrition continue to place a substantial financial burden on health and social care budgets. It is estimated that the cost of healthcare for a malnourished patient is £5,763 per annum, compared to £1,715 for a non-malnourished patient, and that social care costs will be £1,645, compared with £440 for a non-malnourished patient<sup>4,5</sup>.

## Why are older people and the elderly particularly vulnerable to malnutrition?

- Many elderly are affected by multiple morbidities making this group particularly 'at risk' of malnutrition
- Many chronic conditions can affect the ability or desire to eat, predisposing individuals to malnutrition
- Ageing and frailty can affect our activities of daily living and mealtime routines which can lead to a reduced nutritional intake
- Eating and drinking may become more difficult due to physical challenges for example the ability to cook, use cutlery, chew, swallow or see food and drink
- Appetite and taste sensations alter as we age, food and drinks may begin to taste less palatable and less pleasurable
- Satiety, the feeling of fullness, occurs earlier as we age<sup>6</sup>
- Nutritional requirements alter as we age:
  - protein requirements are higher in older adults and those who are unwell<sup>7</sup> (see table below) however intakes in this group are often lower. The requirement equates to around 20-30g of protein per meal
  - deficiencies of micronutrients are common and are part of malnutrition - many older individuals living in residential care have been found to have biochemical deficiencies of vitamins or minerals despite the fact that their food supply appeared to contain sufficient amounts<sup>8</sup>

In frail older people and in chronic disease the amount of protein required per meal = 20 – 30 grams



These multiple factors conspire to reduce appetite and food consumption - intakes of energy, protein, vitamin C, vitamin D, folate, iron, zinc and fibre are of most concern in this group<sup>9</sup>.

	Protein requirements per kg body weight per day <sup>7</sup>	Daily protein requirements based on average weight of a male and a female	
		70kg male	55kg female
Healthy older people	1.0 - 1.2g	70-84g	55-66g
Older people who are malnourished or have an acute/chronic condition	1.2 - 1.5g	84-105g	66-83g
Those with severe illness/injury	>1.5g	>105g	>83g

## Good nutritional care

Investing time and resources in screening, assessment and appropriate nutritional care is crucial if we are to reduce the financial burden to health and social care and improve health outcomes for older people. There are several key guidelines that care home staff should be aware of in relation to nutrition and hydration (see appendix).

## Screening for malnutrition

Screening should be undertaken by a trained professional using a validated tool such as the Malnutrition Universal Screening Tool ('MUST'):

- every care home resident should be screened on first contact with the care home and at least monthly thereafter to assess and monitor their malnutrition risk<sup>10</sup>

## Management of malnutrition

A clear nutritional care plan should be put in place which:

- takes account of the residents' nutritional needs
- gives the resident access to support from a dietitian where needed
- provides the necessary support at mealtimes
- includes resident centered goals
- is reviewed regularly

## Meal times, snacks and food fortification

The importance of food and the social interactions associated with meal times should not be underestimated. Food is more than nutrients, we associate it with pleasure, company, it can break up the day, provide structure and companionship.

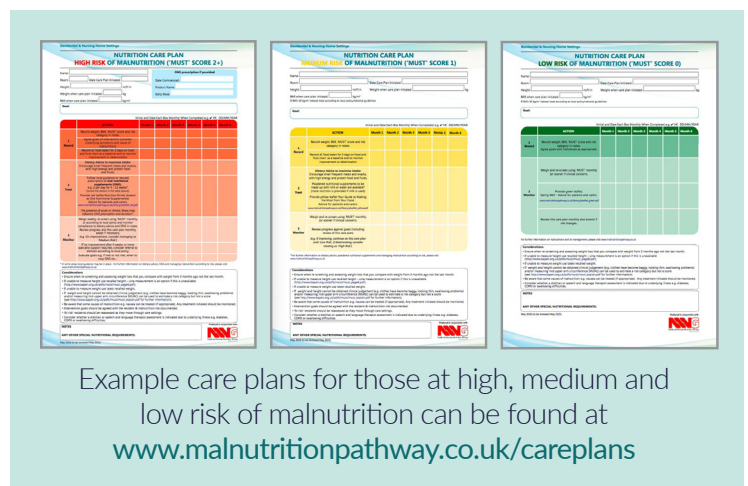
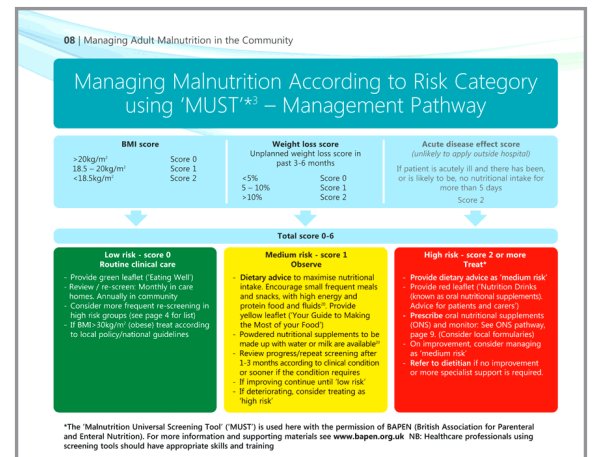
The environment food is served in is therefore crucial, as is the presentation:

- chefs and catering staff should strive to ensure that the meals, including their presentation are tasty, attractive, of suitable portion size (too large a portion can be overwhelming and deter intake) and meet the nutritional standards<sup>11</sup>
- while some residents may wish to eat alone, the majority should be encouraged when possible to eat in a pleasant dining area, where there are minimal interruptions or unnecessary distractions but opportunity to mix and socialise and benefit from the company of others
- food and drink should be placed where it can be easily reached by the resident
- assistance should be offered to residents who need it – ensure sufficient staff, assistants, trained volunteers, family members are available to support those who need help with eating. Assistance might be needed in the form of spoon feeding, chopping and loading food onto cutlery, or gentle encouragement to eat

Residents with smaller appetites and eating problems may prefer to receive smaller amounts of food more regularly. Consider options to help them meet nutritional requirements and prevent malnutrition developing:

- encourage small frequent meals and snacks with a focus on nutrient rich foods and fluids
- fortify food by adding extra butter, cream, cheese or milk powder. 'A Guide to Making the Most of Your Food', provides some simple ideas on fortifying foods -

[www.malnutritionpathway.co.uk/library/leaflet\\_yellow.pdf](http://www.malnutritionpathway.co.uk/library/leaflet_yellow.pdf)





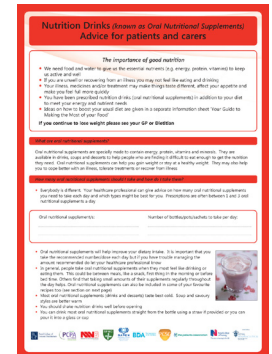
## Oral nutritional supplements (ONS)

For some residents, despite best efforts to maximise food intake, ONS may be needed in addition to food to improve dietary intake. There is good quality evidence to support their use<sup>12,13</sup> in older people in care homes.

Care home staff may also receive residents into their care who have been discharged from hospital on ONS but information to assist in the decision-making regarding on-going use, management and intended goals may not always be passed on or evident.

Screening and using the Malnutrition Pathway algorithms and resources, can guide the appropriate management, use of ONS, monitoring, escalation management (including referral to a dietitian) and when to stop ONS. For further information see:

- 'Nutrition Drinks (known as Oral Nutritional Supplements)' - Advice for patients and carers - [www.malnutritionpathway.co.uk/library/leaflet\\_red.pdf](http://www.malnutritionpathway.co.uk/library/leaflet_red.pdf)
- 'Managing Malnutrition with Oral Nutritional Supplements (ONS)' - [www.malnutritionpathway.co.uk/library/ons.pdf](http://www.malnutritionpathway.co.uk/library/ons.pdf) - a quick guide to the different types of ONS available to treat malnutrition, which includes information on which product category is suitable for which patient as well as styles, flavours and formats (e.g ready to use or powdered)



## A team approach

Providing good nutritional care for the elderly is rarely one person's responsibility, it is therefore important that team members across an organisation are actively engaged and involved in the care of malnourished residents (that includes the care home staff, relatives, caterers, dietitians, GPs and speech and language therapists):

- working with registered dietitians to cater for specific, and at times, complex nutritional needs can bring considerable benefit<sup>11</sup>
- with more than 50% of over 65's having swallowing problems<sup>14</sup> it is important to note whether a modified texture diet is required and whether it requires fortification - seeking advice from speech and language therapists may be necessary for some residents (see [www.malnutritionpathway.co.uk/dysphagia.pdf](http://www.malnutritionpathway.co.uk/dysphagia.pdf) for further information on dealing with patients with dysphagia)
- taking the time to get to know residents' food preferences, swallowing and eating abilities. At mealtimes consider enabling staff/family to eat alongside residents and seating residents according to physical and cognitive abilities so they are able to be supported by each other
- pharmacists, dietitians and GPs are available to advise on the management of malnutrition including the use of prescribable ONS for residents. They may also work with local commissioners to agree thresholds for dietetic referral and where ONS should sit on pathways of care
- [www.malnutritionpathway.co.uk/tipsheets/tipsheet\\_carehomes.pdf](http://www.malnutritionpathway.co.uk/tipsheets/tipsheet_carehomes.pdf) - gives ten top tips for those working in care homes on the identification and management of malnutrition, including the implementation of care plans and engagement with other care home personnel, to create an environment that prevents malnutrition

Education and training should be considered for all team members – contact your local dietetic service for advice or try on-line training tools, such as:

- BAPEN Virtual Learning Environment : [www.bapen.org.uk/e-learning-portal/nutritional-screening-using-must/virtual-learning-environment](http://www.bapen.org.uk/e-learning-portal/nutritional-screening-using-must/virtual-learning-environment)
- Royal College of General Practitioners (RCGP) website: <https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/malnutrition-and-nutritional-deficiency.aspx>

## Appendix - National Guidance

### National Institute for Health and Care Excellence Quality Standard 24<sup>10</sup>

<https://www.nice.org.uk/guidance/qs24> states that people:

- in care settings should be screened for the risk of malnutrition using a validated screening tool
- who are malnourished or at risk of malnutrition should have a management care plan that aims to meet their nutritional requirements
- who are screened for the risk of malnutrition should have their screening results and nutrition support goals (if applicable) documented and communicated in writing within and between settings

### National Institute for Health and Care Excellence Clinical Guideline 32<sup>15</sup>

<https://www.nice.org.uk/guidance/cg32> recommends:

- widespread screening to identify those at risk of malnutrition
- the need for training and systems to manage appropriately when identified and prevent where possible
- oral nutrition support to manage malnutrition (Grade A evidence) - two common oral nutrition support strategies are: dietary advice to increase nutrient content of diet and ONS

### Care Quality Commission Regulations for Service Providers and Managers: Meeting Nutrition & Hydration Needs<sup>16</sup>

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs>

The purpose of this guidance is to make sure that people who use services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment. Providers must make sure that (where it is part of their role) people have:

- enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so
- their nutritional needs assessed and food is provided to meet those needs including the use of prescribed nutritional supplements, tube feeding and/or parenteral nutrition
- preferences, religious and cultural backgrounds taken into account

### Managing Adult Malnutrition in the Community<sup>5</sup>

<https://www.malnutritionpathway.co.uk>

- Includes an overview of the costs and consequences of malnutrition in the UK
- Provides advice on identification and management including screening using 'MUST'
- Incorporates a pathway for the appropriate use of ONS in individuals:
  - who have recently been discharged from hospital with ONS, or who require short term ONS until oral intake is adequate
  - with chronic conditions or those with longer term ONS requirements to enable appropriate monitoring, escalation and cessation of the intervention

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