



TEN TOP TIPS FOR IMPLEMENTING THE MALNUTRITION PATHWAY:

Care Homes

Providing good nutritional care for the elderly in care homes is rarely one person's responsibility. To provide good nutritional care it is important that team members across an organisation are actively engaged in the care of malnourished residents – that includes the care home staff, caterers, GPs, therapists and relatives.

Key considerations

1. Ensure every resident in the care home is screened for malnutrition on first contact and at least monthly thereafter and ensure that the food and drink choices of all residents are identified and provided for.
2. For those identified at risk of malnutrition create a clear care plan that takes account of their nutritional needs and gives them access to support from a dietitian where needed (example care plans for those at high, medium and low risk can be found at <https://www.malnutritionpathway.co.uk/careplans>). A number of supporting leaflets for patients and carers can be found at <https://www.malnutritionpathway.co.uk/leaflets-patients-and-carers>) including information on the use of Nutrition Drinks (Oral Nutritional Supplements) and a Guide to Making the Most of Your Food – which provides some simple ideas on how to get the most nutrition from the food.
3. Create the environment that prevents malnutrition - food is more than nutrients, we associate food with pleasure, it can break up the day, provide structure and companionship. Ensure chefs and catering make meals as attractive and tasty as possible and meet the nutritional requirements and food preferences of residents. Offer modified texture foods for those with swallowing problems (seek advice from speech and language therapists if necessary). Encourage communal eating but equally respect the resident who chooses to eat alone. Minimise interruptions or unnecessary distractions. Offer assistance in chopping foods, spoon feeding etc. for residents who need it.
4. If the home has no formal approach to nutrition screening, consider how the malnutrition pathway could be adopted and implemented, saving time and resources by avoiding the need to create something similar.

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5. Ensure stakeholders are engaged and in agreement with the implementation of the pathway: is education required? Do they want to be kept updated with progress? Are they interested in being involved?
6. Consider nominating a nutrition champion who can ensure that standards of nutritional care are met, ideas for improvement are explored and that nutrition screening and appropriate nutritional care plan for residents is acted on.
7. Consider education and training for all team members involved in delivering good nutritional care—contact your local dietetic service for advice or try online training tools, such as:
 - Managing Adult Malnutrition in the Community materials <https://www.malnutritionpathway.co.uk>
 - BAPEN Virtual Learning Environment : www.bapen.org.uk/e-learning-portal
 - Royal College of General Practitioners (RCGP) website: <https://elearning.rcgp.org.uk/course/search.php?search=malnutrition>
8. Care home staff will often have residents discharged from hospital on oral nutritional supplements (ONS) – ensure clear guidance comes from the hospital dietetic department on ONS usage. A multitude of products are available to treat those with malnutrition. To help choose the right product and aid adherence, a quick guide to the different types of ONS available, which product category is suitable for which patient as well as styles, flavours and formats is available free to download at <https://www.malnutritionpathway.co.uk/library/ons.pdf>
9. Remember, Dietitians are your go-to expert, always refer complex patients or patient's showing no improvement on review, to a Dietitian. Working with registered dietitians for specific nutritional needs can bring considerable benefit to residents.
10. Register with BAPEN to initiate their Nutritional Care Tool in your workplace to monitor your performance: <https://www.bapen.org.uk/resources-and-education/tools/bapen-nutritional-care-tool> – it could help promote the care homes strengths.

At any point in time more than 3 million people in the UK are at risk of malnutrition, most (~93%) live in the community. High risk groups include older people, those recently discharged from hospital, those with chronic disease, those affected by cancer (before, during and after treatment), progressive neurological disease, acute illness, frailty, undergoing rehabilitation or end of life/palliative care.

Clinical consequences of malnutrition include: impaired immune response, reduced muscle strength, impaired wound healing and increased falls. Malnourished individuals have more hospital admissions/readmissions, longer length of hospital stay and greater primary care healthcare needs, therefore identification and management is key.

The healthcare cost of managing individuals with malnutrition is three to four times greater than that of managing non-malnourished individuals. Health economic analysis by NIHR and BAPEN shows that identifying and treating malnutrition according to the NICE guidance (CG32/QS24) can save at least ~£123,530 per 100,000 people.

Malnutrition may not always be apparent even when a patient is in front of you - the malnutrition pathway is a practical guide to support healthcare professionals in the community to identify and manage individuals at risk of malnutrition, including the appropriate use of oral nutritional supplements (ONS).

The guide was developed by a multi-professional consensus panel with expertise and an interest in nutrition, representing their respective professional associations. It is based on clinical evidence, clinical experience and best practice.

For more information and to access free downloadable resources, please visit:

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