

Fusion Brain Boosters

Supporting residents to eat and drink safely

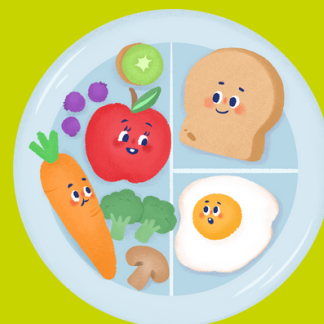


Care providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so. (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14). People must have their nutritional needs assessed and food must be provided to meet those needs. This includes where people are prescribed nutritional supplements and/or parenteral nutrition. People's preferences, religious and cultural backgrounds must always be considered when providing food and drink.

Do staff know their residents?

How well do the staff understand the residents dietary/dining needs? Do they know:

- Resident's cultural requirements.
- Who is on a 'medically indicated' diet i.e. low sodium/low potassium etc?
- Who requires an IDDSI defined diet?
- What levels of IDDSI look like for each of those residents?
- Who requires support to eat and what does that support look like?
- Who requires adaptive crockery/cutlery?
- Which residents have been identified as being at risk of choking and why?



All staff must be aware of:

- What signs indicate a resident is choking – cough/gurgling/gagging etc and what to do if this happens
- Exactly what support is required for each individual resident e.g. prompting to eat / full assistance/adaptive cutlery/crockery/food cut to the correct size
- Residents who are currently unwell and may have a reduced appetite and/or capability (infection/ /cough/temperature/illness may cause drowsiness etc)
- Issues which can impact on the residents ability to swallow, their dexterity, poor concentration?
- Which residents are easily distracted during mealtimes and leave food uneaten and what strategies are in place to support this?
- Residents who require an IDSSI defined food / drink and what level it is?
- The food / drinks served to residents requiring IDDSI levels, is of the correct texture for the individual* and staff can recognise when it is incorrect?
- Which residents have allergies/intolerances/cultural/religious needs or any other dietary requirements



! * Sauces and gravy MUST NOT be added to IDDSI prepared diets as this will change the consistency of the food and may present an additional choking risk

Over to you:

- Are residents prepared for meals? Do they have the support they need?
- Are all staff supporting with meals? If not, what are they doing? Look at food record charts – are they completed accurately?
- Is weight loss/gain monitored effectively?
- Do the residents requiring support/specific diets have this clearly defined in a care plan?
- Do residents requiring adaptive cutlery have this provided?
- Do all staff know how important mealtime observation is?
- Can you make five small changes that will improve the mealtime experience? Is good practice shared?**

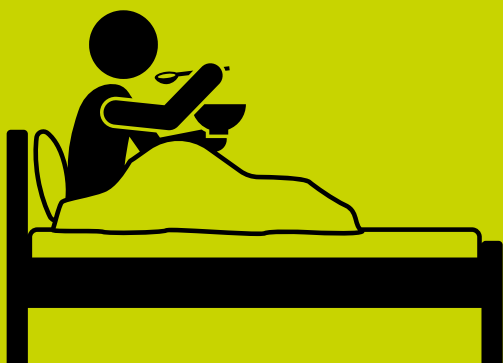


Supporting a resident to eat safely:

- Wash hands before starting to assist, Perform hand hygiene between residents.
- Serve one course at a time using the appropriate cutlery for the individual (smaller spoon/metal/plastic/adaptive etc.) Do not rush
- Ensure food is served at a suitable temperature, (never 'blow' on food to cool it).
- Offer small bites at a time, bring the spoon to where the resident can see it and give resident time to open his/her mouth– cue resident to open mouth if necessary and/or gently touching the spoon to the mouth may initiate mouth opening.
- Allow time for chewing/swallowing and try to observe the swallow taking place.
- Check that there is minimal amount of food residue in the mouth after swallowing.
- Alternate drink with food unless the plan of care indicates otherwise.
- Do not mix foods together unless the resident requests this or the care plan supports this.
- Encourage the resident to wipe his/her mouth with a damp cloth or napkin throughout the meal. Assist as required
- If the resident begins to cough or choke- STOP and allow time before starting again, do not recommence if you have concerns.
- Report coughing, choking, pocketing, drooling, gagging to senior staff overseeing the dining room service.
- Record intake as soon as possible after assisting resident if this is required.

Residents eating in their rooms

Some residents may prefer to take their meals in their rooms. This can be for a variety of reasons. Some residents may not like the dining room experience, preferring to eat alone or in a quiet place. Other residents may not be able to eat in the dining room due to frailty, illness or mobility issues. Where risk has been identified in the resident's care plan, these residents should still be monitored whilst they are eating. Where possible, residents eating in their rooms should be sat in a chair/wheelchair to ensure their posture is conducive to safe eating and good digestion. Where this is not possible and a resident has to eat in bed they should be sat up as much as possible, supported by pillows and frequently observed to reduce the risk of choking.



Think about the 6 'Rights' of meal service in your home:

- Right resident
 - Right diet
 - Right consistency (IDDSI level)
 - Right eating location (e.g. dining room or bedroom)
 - Right level of assistance and/or supervision
 - Right Posture (sitting up right)
- *NB: Pre plated meals must be distributed using residents name, not room number. Modified food must be labelled and have the residents name and IDDSI level on.

Leading Mealtimes

Staff who oversee meal times must be confident in their knowledge of the food and drink required by their residents. Are the meals served of the right consistency for the resident, is the portion size correct, have they got the right cutlery/crockery to eat independently, are they perhaps feeling unwell today?

If there are any concerns, these must be raised immediately with the kitchen team, particularly if the consistency of the food is not thought to match the IDDSI level required for the resident.



REMEMBER!!! - Overseeing mealtimes will enable staff to monitor residents with weight loss, encourage residents who may be distracted from their food, oversee food wastage and observe a resident's 'likes and dislikes' all of which will inform care planning and assessments and lead to person centered care

Over to you:

Observe the mealtime experience for your residents:

- 1- Can staff describe the type of support required for each individual resident (prompting to eat / full assistance/adaptive/ cutlery/ crockery/IDDSI/food cut to the correct size)?
- 2- Is the mealtime experience for the residents' calm, relaxed and not hurried?
- 3- Can staff explain what safeguards they need to put in place if a resident wishes to take their meals in their room?
- 4- Can staff describe how to reduce risks when supporting a resident to eat and drink (resident sat up/food prepared correctly/not rushing/not overloading the mouth)?
- 5- Do residents' Eating & Drinking care plans and assessments match the care delivery in practice and staff can describe this for the residents they are supporting?
- 6- Are staff aware of the range of IDDSI food levels and what they look like?
- 7- Are staff aware of residents who have food allergies and the immediate treatment required in the event of a reaction?
- 8- Where there's a concern with a residents' nutritional intake/swallowing capability do staff know how to escalate this?