

BRAIN BOOSTER

BY FUSION

**WEIGHT MANAGEMENT
IN CARE HOMES**

fusion

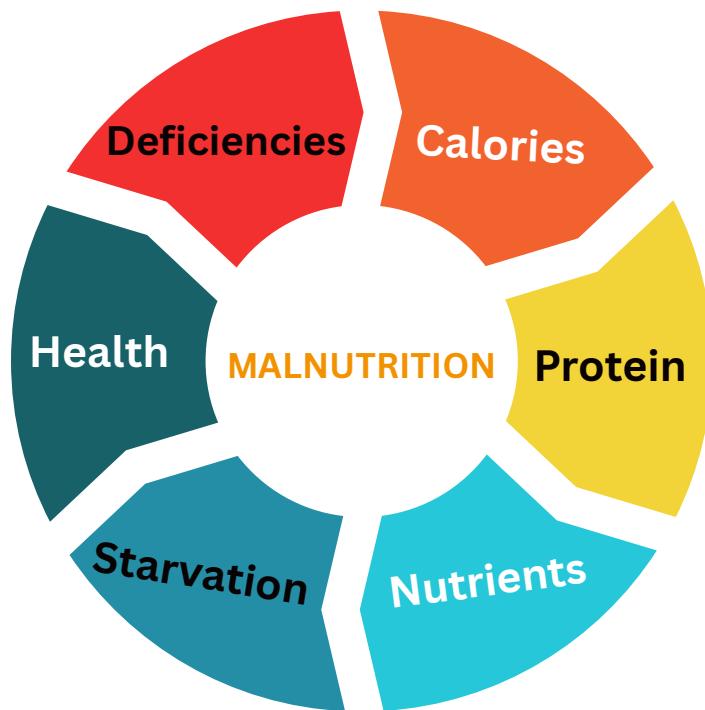
Care Software

Empowering Outstanding Care Through Technology

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WEIGHT MANAGEMENT

A multidisciplinary consensus document states that at any point in time, more than 3 million people in the UK are malnourished or at risk of malnutrition.



It affects:

- 35% of people recently admitted to a care home.
- 29% of adults admitted to hospital.
- 30% of adults attending hospital outpatient appointments.
- 11% of patients attending general practice.

The British Association for Parenteral and Enteral Nutrition (BAPEN) advisory group report states that 93% of people at risk of, or affected by, malnutrition live in the community (including about 2% living in sheltered accommodation), about 5% live in care homes, and 2% are in hospital [BAPEN, 2009].

Of the 11.6 million older people in the UK, about 1.3 million are estimated to be malnourished or at risk of malnutrition, based on annual surveys in hospitals, care homes, and the community [Malnutrition Task Force, 2021].

What do CQC say.....?



Residents must have their nutritional needs assessed and food must be provided to meet those needs. This includes where residents are prescribed nutritional supplements and / or parenteral nutrition.

Residents' preferences, religious and cultural backgrounds must be considered when providing food and drink (CQC, 2020).

Residents must have suitable and nutritious food and hydration and if necessary, receive the appropriate support to eat and drink (CQC, 2020).

Supporting Residents at Risk

Person-Centred Care Planning on Fusion

- ▶ Discuss preferences, cultural needs, allergies, ethical diets
- ▶ Explore reasons for reduced intake
- ▶ Involve families where appropriate
- ▶ Set achievable goals (e.g., stabilise weight, improve appetite)



Food & Drink Support

- ▶ Offer small, frequent meals rather than large plates
- ▶ Fortify foods: add milk powder, cheese, cream, butter, oils
- ▶ High-calorie snacks between meals (yoghurts, puddings, smoothies)
- ▶ Ensure adequate protein intake to maintain muscle
- ▶ Encourage nutritious drinks: milk, fortified shakes, smoothies
- ▶ Adapt textures for dysphagia under Speech & Language Therapy guidance



| Physical & Psychological Effects of Malnutrition | Consequence |
|---|---|
| Impaired immune response | Recurrent viral or bacterial infections – prolonged recovery times |
| Reduced muscle density and strength | Weakness, reduced mobility risk of falls |
| Reduced respiratory muscle function | Chest infections, shortness of breath on exertion |
| Decreased body fat | Hypothermia, increased risk of pressure damage |
| Impaired wound healing | Delayed recovery of pressure damage, wounds, ulcers and broken skin |
| Increased fatigue | Tiredness, decreased mobility and independence |
| Apathy, depression and self neglect | Decreased quality of life, increased dependency |
| Urinary Tract Infections | Decreased quality of life, increased nursing care and time |
| Blood Pressure (Hypotension) | Low blood pressure leading to falls (especially when moving from standing to sitting) |
| Confusion | Altered behaviour, distress and falls |

How do we weigh effectively?

- Are the scales calibrated properly?
- Are the scales maintained on a regular basis as per manufacturers' recommendations?
- Are we using the scales on the same floor surface and in the same place each time the resident is weighed?
- If using step on scales make sure, they are placed on a hard floor surface(not carpet)
- If using the seated scales are the residents' feet off the floor?
- Are hoist scales calibrated regularly and maintained as per manufacturer's instructions?
- Are the residents wearing similar clothes each time they are weighed? Make sure they are not wearing outdoor coats etc or holding their handbag!!!!
- Are staff competent in reading, recording and monitoring weight on Fusion?



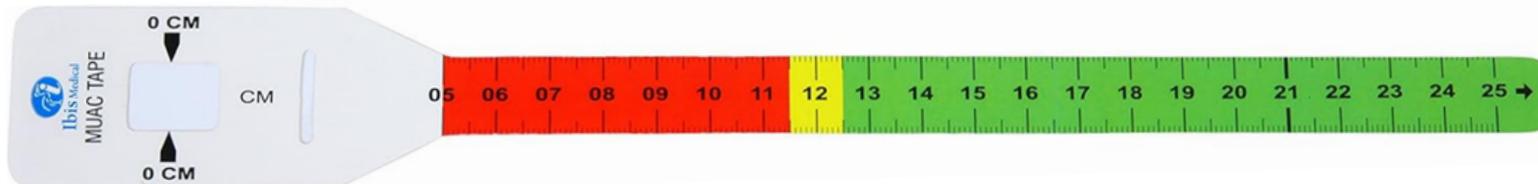
Manual Upper Arm Circumference (MUAC) this can be captured in a Fusion daily note and is used where we are unable to weigh the resident using scales due to immobility or frailty

This involves measuring the circumference of the mid-point on the upper arm using a special tape measure. This is a surrogate measure of both fat mass and fat free mass. It is a useful measure when a person cannot be weighed or if their weight is not likely to be a true reflection of the persons' actual weight, e.g. if the patient has oedema/swelling due to fluid retention.

- If MUAC is >23.5cm the patient is likely to have a healthy BMI and is at low risk of malnutrition
- If MUAC is <23.5cm the patient is likely to have a BMI <20kg/m² and may be at risk of malnutrition

Malnutrition Universal Screening Tool (MUST)

Tape measure used for MUAC calculation



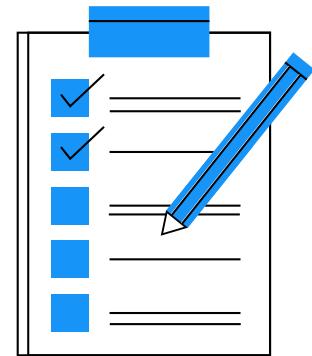
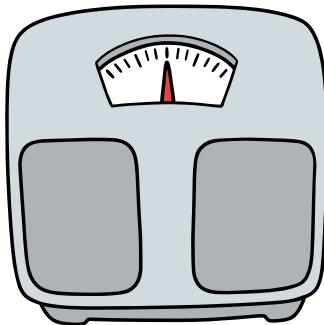
More information regarding MUST and calculating MUAC can be found on the BAPEN website :
<https://www.bapen.org.uk/>

This is available as an assessment on Fusion and is ideally completed on the day of moving into the home. This should then be completed monthly as a minimum or as soon as there is a change to the resident's condition affecting their Nutrition & Hydration status i.e. Infection or deterioration of a health condition

Think about WHY the resident might be losing weight...

- Do they need a dental referral – painful teeth/gums/tongue may prevent the resident from eating/chewing effectively and lead to weight loss
- Do their dentures fit properly – as residents age their gums recede and this can lead to poorly fitting dentures making it hard for them to eat/chew their food
- Living with Dementia or confusion can impact eating as residents may ‘forget’ how to use cutlery or struggle to sit at a dining table through a mealtime – cutlery free food may help with this as may adaptive cutlery
- Residents with poor sight may need guidance as to what is on their plate and where to find it
- The environment is important for the mealtime experience – if it is very noisy or busy residents may be put off eating
- If a resident has had issues with food previously or a bad experience such as anorexia, past choking experience, anxiety, depression etc they may not have a good relationship with food

Tools to help us monitor weight loss:



- ▶ Food and fluid diaries – capture what has been eaten and drunk in a 24-hr period. The Fusion Task function could help with managing this
- ▶ Diet sheets – share individual food preferences/needs with the chef/kitchen team to ensure the kitchen understand dietary needs i.e., fortification/modified diet etc.
- ▶ Weekly weights – to monitor changes in weight effectively where there are concerns regarding weight loss. The Fusion Task function could help with managing this
- ▶ Additional care plans – to capture any support needed with nutrition and ensure up to date information is shared with the care team

How often do we review weight?

Weight should be reviewed monthly as part of the Resident Monthly Review process. If there has been weight loss, we should be looking at how we might increase appetite or provide nutritional supplements. Have a conversation with the chef, the resident, their advocate, find out if they have a 'favourite' food. Consider a referral to the MDT - GP/Dietitian/SALT. Review their current Nutrition and Hydration care plan – does it give correct/effective information to support the resident to eat and drink well? Does it identify any support they need to physically eat & drink.....

Recalculate MUST on a monthly basis

REMEMBER – if a resident has weight loss, they MUST have a weight loss Care Plan

Further Fusion Brain Booster resources to support residents with hydration and nutritional needs can be found on the Fusion website resource section -

[Fusion Care Software Blogs & Resources](#)