

## FOOD AND NUTRITION

*Food* includes drinks

<b>Agreed Patient Client Focused Outcome</b>		
<b>Patients / Clients are enabled to consume food (orally) which meets their individual need</b>		
<b>Indicators / Information that highlights concerns which may trigger the need for benchmarking activity:</b>		
Patient Satisfaction Surveys Complaints figures and analysis Audit results – including catering audit, nutritional risk assessments, documentation audit, environmental audit (including dining facilities). Contract monitoring e.g. wastage of food, food handling and/ food hygiene training records	Ordering of dietary supplements / special diets Audit of available equipment and utensils Educational audits/ student placement feedback Litigation / Clinical Negligence Scheme for Trusts Professional concern Media reports Commission for Health Improvement Reports	
FACTOR	BENCHMARK OF BEST PRACTICE	
1.	Screening / Assessment to identify patients/clients nutritional needs	Nutritional screening progresses to <b>further assessment for all</b> patients/clients identified as <b>'at risk'</b>
2.	Planning, implementation and evaluation of care for those patients who required a nutritional assessment	Plans of care based on <b>ongoing</b> nutritional assessments are devised, implemented and evaluated
3.	A conducive environment (Acceptable sights, smells and sounds)	The environment is <b>conductive to</b> enabling the <b>individual</b> patients/clients to eat
4.	Assistance to eat and drink	Patients/clients <b>receive the care and assistance</b> they require with eating and drinking
5.	Obtaining food	Patients/clients/carers, <b>whatever their communication needs,</b> have sufficient information to enable them to obtain their food
6.	Food provided	Food that is <b>provided by the service</b> meets the needs of individual patients/clients
7.	Food availability	Patients / clients have set meal times, are <b>offered a replacement meal if a meal is missed and can access snacks at any time</b>
8.	Food presentation	Food is presented to patients /clients in a way that takes in to account what <b>appeals to them as individuals</b>
9.	Monitoring	The amount of food patients actually eat is <b>monitored, recorded</b> and leads to <b>action</b> when cause for concern
10.	Eating to promote health	<b>All opportunities</b> are used to encourage the patients/clients to eat to <b>promote</b> their own <b>health</b>

## **Key Sources**

- Allison SP. ed. *Hospital food as treatment*. Maidenhead: British Association for Parenteral and Enteral Nutrition, 1999.
- Burke A. *Hungry in hospital?* London: Association of Community Health Councils for England and Wales, 1997.
- Bond S. ed. *Eating matters*. Newcastle upon Tyne: Centre for Health Services Research, University of Newcastle, 1997.
- Department of Health. *Nutrition guidelines for hospital catering*. London: Department of Health, 1995.
- Department of Health. NHS Executive. *Hospital catering: delivering a quality service*. London: Department of Health, 1996.
- Elia M. ed. *Guidelines for Detection and Management of Malnutrition*. Maidenhead: Malnutrition Advisory Group, British Association for Parenteral and Enteral Nutrition, 2000.

(Additional sources /references used at initial compilation can be accessed on the Web site or disc)

**Factor 1: - Screening / Assessment to identify patients/ clients nutritional needs**

Patients/ clients nutritional needs are <b>not ascertained</b>	Nutritional <b>screening</b> of patients/clients is <b>not consistently</b> undertaken	Nutritional screening is undertaken for all clients / patients but <b>no more detailed assessment</b> is made of those patients/clients identified as 'at risk'.	Nutritional screening progresses to <b>further assessment for all</b> patients/clients identified as ' <b>at risk</b> '.
<b>E</b>	<b>D</b>	<b>C</b>	<b>B</b>
			<b>A</b>

NB nutritional trigger assessment should always be undertaken at initial contact and the need for reassessment of patients/ clients should be continuously considered.

Section 3.4 of Eating Matters (p53).

*Screening* - A process of identifying patients who are already malnourished or who are at risk of becoming so. Those at high level of risk require referral for a further comprehensive nutritional assessment.

(Unqualified staff, students / patients / carers can screen patients if they have received the necessary education and training and have been assessed as competent to undertake the assessment, but accountability remains with the registered practitioner)

*Assessment* - is a more detailed process in which a range of specific methods can be used to identify and quantify impairment of nutritional status

(Assessment is undertaken by registered practitioners who have received the necessary education and training and have been assessed as competent to undertake the level of assessment required e.g. registered nurse, dietitian)

*Protocols* - for screening and assessment can indicate the procedures involved in each process, when they should be used and by whom

Assessment should take in to account patients/clients physical, religious/cultural, age related and special needs, requirements and requests.

**Evidence which comparison group members agree would justify best practice (A):-**

**Possibly to include** - 1.Policies, Procedures and Guidelines + 2. Staffing and workforce + 3.Education, training & development + 4. Information/ Communication + 5.Resources: - Facilities & Equipment + 6. Specificity to Patient/client needs (include ethnic / cultural / age related/ special needs) + 7. Partnership working with clients, carers, multidisciplinary teams, social care, etc.

**Evidence:** *(To be completed by comparison group members for like to like comparison)*


**Statements to stimulate comparison group discussion around best practice:-**

State the components of screening and the definition of 'at risk'

State the components of the assessment and the evidence base.

State who completes the screening.

State when the screening is undertaken

State who completes the nutritional assessment.

State the timing of assessment, frequency, trigger to re-assess

State protocols in use

**Factor 2: - Planning, implementation and evaluation of care for those patients/clients who required a nutritional assessment**

Patients/clients nutritional assessments have <b>not led to a plan of care</b>	Plans of care based on the nutritional assessments are <b>devised but not implemented.</b>	Plans of care based on the nutritional assessments are <b>devised and implemented</b>	Plans of care based on the nutritional assessments are devised, implemented and <b>evaluated</b>	Plans of care based on <b>ongoing</b> nutritional assessments are devised, implemented and evaluated
<b>E</b>	<b>D</b>	<b>C</b>	<b>B</b>	<b>A</b>

<b>Evidence which comparison group members agree would justify best practice (A):-</b>
<b>Possibly to include</b> - 1.Policies, Procedures and Guidelines + 2. Staffing and workforce + 3.Education, training & development + 4. Information/ Communication + 5.Resources: - Facilities & Equipment + 6. Specificity to Patient/client needs (include ethnic / cultural / age related/ special needs) + 7. Partnership working with clients, carers, multidisciplinary teams, social care, etc.
<b>Evidence:</b> <i>(To be completed by comparison group members for like to like comparison)</i>

<b>Statements to stimulate comparison group discussion around best practice:-</b>
State plans used that ensure consideration of the involvement of all members of the caring team including patients / relatives and carers in the planning, implementation and evaluation of care
State which members of the multidisciplinary team are involved in assessment e.g. Dietitian, Nutritionist, Speech and Language Therapists, Occupational Therapists, Physiotherapists
State arrangements for evaluation that ensures that changes are made to the individual patients/ clients plan of care to reflect changes to nutritional requirements
State arrangements for audit that leads to changes in practice
Describe patient/client, carer and professional information that is available to inform active involvement

**Factor 3: - A Conducive Environment (Acceptable sights, smells and sounds)**

<p>Environmental factors <b>prevent</b> the patients/clients eating</p>	<p><b>Attempts</b> are made to create an environment where the patients/clients feels able to eat</p>	<p>The <b>environment is conducive</b> to enabling the individual patients/clients to eat</p>
<b>E</b>	<b>D</b>	<b>C</b>
<b>B</b>		<b>A</b>

NB Practitioners are reminded that the environment should be conducive to the individual patient/client and not necessarily what is conducive to practitioners/professionals.

**Evidence which comparison group members agree would justify best practice (A):-**

**Possibly to include** - 1.Policies, Procedures and Guidelines + 2. Staffing and workforce + 3.Education, training & development + 4. Information/ Communication + 5.Resources: - Facilities & Equipment + 6. Specificity to Patient/client needs (include ethnic / cultural / age related/ special needs) + 7. Partnership working with clients, carers, multidisciplinary teams, social care, etc.

**Evidence:** *(To be completed by comparison group members for like to like comparison)*


**Statements to stimulate comparison group discussion around best practice:-**

State the measures taken to ensure that the environment is conducive to the patient/client (including consideration of ethnic/ religious/cultural, age related and special needs e.g. dining areas, tables, seating, utensils, adapted utensils, washing facilities, etc. Curtailment of inappropriate activity at meal times e.g. cleaning, ward rounds).

State the roles played by the qualified and unqualified staff in ensuring that the environment is conducive (including discussion of issues related to ownership and accountability)

**Factor 4: - Assistance to eat and drink**

<b>Assistance is not available</b>	Assistance is available but the patients'/clients are <b>not consistently receiving</b> assistance	Patients/clients <b>receive</b> the care and assistance they require with eating and drinking
<b>E</b>	<b>D</b>	<b>A</b>

Assistance to include: preparation of patient prior to eating (e.g. hand washing, positioning of patient), equipment (feeding utensils etc) 'hands on' assistance, re-training of patients to enable patients to feed themselves.

Key issues: maintaining patients' dignity and helping patients in a sensitive way taking into account ethnic/ cultural, age related and special needs.

<b>Evidence which comparison group members agree would justify best practice (A):-</b>
<b>Possibly to include</b> - 1.Policies, Procedures and Guidelines + 2. Staffing and workforce + 3.Education, training & development + 4. Information/ Communication + 5.Resources: - Facilities & Equipment + 6. Specificity to Patient/client needs (include ethnic / cultural / age related/ special needs) + 7. Partnership working with clients, carers, multidisciplinary teams, social care, etc.
<b>Evidence:</b> <i>(To be completed by comparison group members for like to like comparison)</i>

<b>Statements to stimulate comparison group discussion around best practice:-</b>
State who is available to provide assistance and training that they have received.
State who assesses the level of assistance required on every occasion that food or drink is served.
State how carers/ relatives are involved in assisting and how this is negotiated
State education programmes in place to teach patients with specific needs to feed themselves (or to educate their relatives/carers to feed them)
State the range of equipment/ utensils/ furniture available to meet individual patient/ client needs (including ethnic/cultural needs)
State how independence is promoted
State the involvement of other health professionals e.g. Dietitian, Nutritionist, Catering staff, Speech and Language Therapists, Occupational therapist, physiotherapist

**Factor 5: - Obtaining food**

<p><b>No information</b> is provided on how to obtain food</p>	<p>Only <b>limited</b> information is provided on how to obtain food</p>	<p>There is <b>sufficient information</b> available but only some patients/clients receive it to enable them to obtain their food</p>	<p>Patients/clients, relatives carers, <b>whatever their communication needs</b>, have sufficient information to enable them to obtain their food</p>
<b>E</b>	<b>D</b>	<b>C</b>	<b>B</b>

<p><b>Evidence which comparison group members agree would justify best practice (A):-</b></p>
<p><b>Possibly to include</b> - 1.Policies, Procedures and Guidelines + 2. Staffing and workforce + 3.Education, training &amp; development + 4. Information/ Communication + 5.Resources: - Facilities &amp; Equipment + 6. Specificity to Patient/client needs (include ethnic / cultural / age related/ special needs) + 7. Partnership working with clients, carers, multidisciplinary teams, social care, etc.</p>
<p><b>Evidence:</b> <i>(To be completed by comparison group members for like to like comparison)</i></p>

<p><b>Statements to stimulate comparison group discussion around best practice:-</b></p>
<p>State the range of information available</p>
<p>Describe the liaison that occurs between catering staff and care providers</p>
<p>State the format of information available to meet ethnic/cultural/linguistic, age specific and special needs</p>
<p>State how information is shared with patients/ clients, relatives and carers</p>
<p>State who assists in menu completion / obtaining food and any specific training they have had, to ensure their competency in selecting meals to meet the individual needs of the patients/clients</p>
<p>State the timing of ordering to support patient/client choice</p>

**Factor 6: - Food provided**

Food does <b>not meet</b> patients/clients individual needs	Food meets individual patients/clients needs but is <b>not provided</b> by the service.	Food that is <b>provided by the service</b> meets the needs of individual patients/clients
<b>E</b>	<b>D</b> <b>C</b> <b>B</b>	<b>A</b>

(Patients/Clients needs – linked to Factors 1 and 2)  
 Food not provided by the service may be purchased or brought in by families/carers.

<b>Evidence which comparison group members agree would justify best practice (A):-</b>
<b>Possibly to include</b> - 1.Policies, Procedures and Guidelines + 2. Staffing and workforce + 3.Education, training & development + 4. Information/ Communication + 5.Resources: - Facilities & Equipment + 6. Specificity to Patient /Client needs (include ethnic / cultural / age related/ special needs) + 7. Partnership working with clients, carers, multidisciplinary teams, social care, etc.
<b>Evidence:</b> <i>(To be completed by comparison group members for like to like comparison)</i>

<b>Statements to stimulate comparison group discussion around best practice:-</b>
State how choice is ensured that allows patients/ clients personal, age related and cultural/religious preferences to be met
State the arrangements for ensuring therapeutic and special formulated diets are requested and provided including correct texture and consistency.
State how the service and staff ensure that patients/clients receive the correct portion size and the food they actually ordered
State how staff ensure that food and drink is served at the correct temperature for patient preference and safety
State who provides the food (and if it is prepared in a way that meets religious needs)

**Factor 7: - Food Availability**

<p>Patients / clients have <b>set meal times</b> – no availability of food in between meal times</p>	<p>Patients / clients <b>have set meal times and are offered snacks at set times</b></p>	<p>Patients / clients <b>have set meal times and can access snacks at any time</b></p>	<p>Patients / clients have set meal times, are offered a replacement meal if a meal is missed <b>and can access snacks at any time.</b></p>
<b>E</b>	<b>D</b>	<b>C</b>	<b>B</b>

<p><b>Evidence which comparison group members agree would justify best practice (A):-</b></p>
<p><b>Possibly to include</b> - 1.Policies, Procedures and Guidelines + 2. Staffing and workforce + 3.Education, training &amp; development + 4. Information/ Communication + 5.Resources: - Facilities &amp; Equipment + 6. Specificity to Patient/client needs (include ethnic / cultural / age related/ special needs) + 7. Partnership working with clients, carers, multidisciplinary teams, social care, etc.</p>
<p><b>Evidence:</b> <i>(To be completed by comparison group members for like to like comparison)</i></p>
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<p><b>Statements to stimulate comparison group discussion around best practice:-</b></p>
<p>State how snacks are made available</p>
<p>State the variety of hot and cold meals and drinks available (NB NHS standard beverage &gt; 7 + 3 meals per day + drinking water)</p>
<p>State how hot food is made available outside of meal times</p>
<p>State what equipment is available to prepare food including precautions taken to ensure food meets safety standards.</p>
<p>State food storage and preparation facilities and how these are maintained to ensure safe (i.e. free from contamination) fridge, food handling</p>
<p>State arrangements for patient's own food to be brought and stored.</p>
<p>State education and training of staff in food handling and preparation (including issues re: religion/culture)</p>

**Factor 8: - Food Presentation**

<p>Patients / clients are presented with food that is <b>not appealing</b>.</p>	<p>Food is presented to be <b>appealing</b> to patients/ clients</p>	<p>Food is presented to patients /clients in a way that takes in to account what <b>appeals to them as individuals</b></p>
<b>E</b>	<b>D</b>	<b>C</b>
<b>B</b>		<b>A</b>

*Appealing:* the appearance tempts, makes patients/clients want to eat it.

<p><b>Evidence which comparison group members agree would justify best practice (A):-</b></p>
<p><b>Possibly to include</b> - 1.Policies, Procedures and Guidelines + 2. Staffing and workforce + 3.Education, training &amp; development + 4. Information/ Communication + 5.Resources: - Facilities &amp; Equipment + 6. Specificity to Patient/client needs (include ethnic / cultural / age related/ special needs) + 7. Partnership working with clients, carers, multidisciplinary teams, social care, etc.</p>
<p><b>Evidence:</b> <i>(To be completed by comparison group members for like to like comparison)</i></p>
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<p><b>Statements to stimulate comparison group discussion around best practice:-</b></p>
<p>State the serving method used e.g. plated, bulk</p>
<p>State at what point all packaging is removed</p>
<p>State how it is ensured that food is served at the patient/client required temperature</p>
<p>State who ensures that the food presented is appealing</p>
<p>State efforts made to ensure that the food served is appealing (e.g. smell, moulds for purees, personal touches, garnished)</p>
<p>State if crockery or plastic utensils used, and how the condition of utensils e.g. table mats are maintained</p>
<p>State how religious/cultural requirements for food presentation are met e.g. sealed cutlery and crockery.</p>

**Factor 9: - Monitoring of food intake when cause for concern**

The amount of food eaten is <b>unknown</b>	The amount of food patients/clients actually eat is <b>monitored but not recorded when cause for concern.</b>	The amount of food patients/clients actually eat is <b>monitored and recorded when cause for concern.</b>	The amount of food patients actually eat is <b>monitored and recorded and leads to action when cause for concern.</b>
<b>E</b>	<b>D</b>	<b>C</b>	<b>B</b>

NB This includes liquid food

<p><b>Evidence which comparison group members agree would justify best practice (A):-</b></p>
<p><b>Possibly to include</b> - 1.Policies, Procedures and Guidelines + 2. Staffing and workforce + 3.Education, training &amp; development + 4. Information/ Communication + 5.Resources: - Facilities &amp; Equipment + 6. Specificity to Patient/client needs (include ethnic / cultural / age related/ special needs) + 7. Partnership working with clients, carers, multidisciplinary teams, social care, etc.</p>
<p><b>Evidence:</b> <i>(To be completed by comparison group members for like to like comparison)</i></p>

<p><b>Statements to stimulate comparison group discussion around best practice:-</b></p>
<p>State what and where food and fluid intake is documented /recorded e.g. food amounts, frequency charts, etc and how accuracy is assured and assessed.</p>
<p>State who completes the food and fluid charts e.g. practitioners, professionals, patients / clients, carers etc</p>
<p>State who gives out food and drinks</p>
<p>State who collects empty containers</p>
<p>Describe the action taken as a resulting of monitoring, including by whom</p>

**Factor 10: - Patients Eating to Promote their own Health**

<p><b>No attempt</b> is made to encourage the patients/clients to eat to promote their own health</p>	<p><b>Some attempt</b> is made to encourage the patients/clients to eat to promote their own health</p>	<p><b>All opportunities</b> are used to encourage the patients/clients to eat to <b>promote</b> their own <b>health</b>.</p>	
<b>E</b>	<b>D</b>	<b>C</b>	
		<b>B</b>	
			<b>A</b>

NB this includes patients/clients' who require a therapeutic diet

<p><b>Evidence which comparison group members agree would justify best practice (A):-</b></p>
<p><b>Possibly to include</b> - 1.Policies, Procedures and Guidelines + 2. Staffing and workforce + 3.Education, training &amp; development + 4. Information/ Communication + 5.Resources: - Facilities &amp; Equipment + 6. Specificity to Patient/client needs (include ethnic / cultural / age related/ special needs) + 7. Partnership working with clients, carers, multidisciplinary teams, social care, etc.</p>
<p><b>Evidence:</b> <i>(To be completed by comparison group members for like to like comparison)</i></p>
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<p><b>Statements to stimulate comparison group discussion around best practice:-</b></p>
<p>State opportunities created or used to advise patients on eating to promote their own health e.g. Discussion? Displays? Handouts?</p>
<p>State how religious/cultural needs for a healthy diet are promoted and met</p>
<p>State training available for staff on the promotion of healthy eating</p>
<p>Describe multi-agency partnerships that encourage clients to eat to promote their own health</p>





## SCORING SHEET

### FOOD AND NUTRITION

<b>Score relates to practice by / on / in:- ( Self/ Team / Practice / Ward / Area/ Directorate/ Trust )</b>		
<b>Comparison Group Lead Member:-</b>	<b>Date to be scored:-</b> --/--/-- <b>By:-</b> _____ (insert name)	<b>Date form to be returned:-</b> --/--/--

<b>Scored by:-</b>	<b>Date Scored:-</b> --/--/--	<b>Copied:- Y/N</b>	<b>Posted on :-</b> --/--/--
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<b>Date Comparison group meeting to share good practice and compile action plan: -</b> --/--/--	<b>Re-score date agreed :-</b> --/--/--
<b>To be attended by :-</b> _____ (insert name)	

<b>SCORE :</b>	<b><u>1:- Screening / Assessment to identify patients/clients nutritional needs</u></b>
	Why score chosen / How Justified?
<b>SCORE :</b>	<b><u>2 :- Planning, implementation and evaluation of care for those patients who required a nutritional assessment</u></b>
	Why score chosen / How Justified?
<b>SCORE :</b>	<b><u>3:- A conducive environment (Acceptable sights, smells and sounds)</u></b>
	Why score chosen / How Justified?
<b>SCORE :</b>	<b><u>4:- Assistance to eat and drink</u></b>
	Why score chosen / How Justified?

<b>SCORE :</b>	<b><u>5 :- Obtaining food</u></b>
	Why score chosen / How Justified?
<b>SCORE :</b>	<b><u>6 :- Food provided</u></b>
	Why score chosen / How Justified?
<b>SCORE :</b>	<b><u>7 :- Food availability</u></b>
	Why score chosen / How Justified?
<b>SCORE :</b>	<b><u>8 :- Food presentation</u></b>
	Why score chosen / How Justified?
<b>SCORE :</b>	<b><u>9:- Monitoring</u></b>
	Why score chosen / How Justified?
<b>SCORE :</b>	<b><u>10:- Eating to promote health</u></b>
	Why score chosen / How Justified?











AIM:- PATIENT FOCUSED BEST PRACTICE =			Related factors
<b>ACTION REQUIRED</b>	<b><u>By whom</u></b>	<b><u>Date to complete</u></b>	<b><u>REFLECTION</u></b>

AIM:- PATIENT FOCUSED BEST PRACTICE =			Related factors
<b>ACTION REQUIRED</b>	<b><u>By whom</u></b>	<b><u>Date to complete</u></b>	<b><u>REFLECTION</u></b>

AIM:- PATIENT FOCUSED BEST PRACTICE =			Related factors
<b>ACTION REQUIRED</b>	<b><u>By whom</u></b>	<b><u>Date to complete</u></b>	<b><u>REFLECTION</u></b>

