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Description automatically generated **Promise Care Services Ltd**

# NUTRITION AND HYDRATION AND FOOD SAFETY

Scope

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Policy Statement

This organisation believes that the provision of a healthy, nutritious and balanced diet for its service users is of vital importance. The organisation also believes that, concerning food provided within the service or brought into the service, there is a duty to ensure that all staff and service users should be kept as safe as possible from food poisoning, and food-related illness, by the adoption of high standards of food hygiene and food preparation. This includes help with the cooking, storing, preparing or serving food.

The Policy

This policy is intended to:

* Ensure that service users benefit from being prepared food that is of high quality. well-presented and prepared, and which is nutritionally sound.
* Ensure that those with special dietary needs are supported.
* Protect staff and service users from food-related illness.

Food Safety

This organisation believes that the effective management of food safety relies heavily on having effective operational policies for the safe preparation, storage and handling of food. Therefore, this organisation operates the following procedures:

* All food should be prepared, cooked, stored, and presented following the high standards required by the Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995, the Food Safety (Temperature Control) Regulations 1995, and the Food Safety & Hygiene England Regulations 2013.
* Staff must keep all food preparation areas, storage areas, and serving areas clean while in use.
* All tools and equipment, such as knives, utensils, and chopping boards, must be cleaned regularly during the cooking process.
* Adequate sanitary and hand-washing facilities should be available within the kitchen, including a supply of soap and paper towels for hand drying.
* All staff are required to wash their hands:
* Before starting work.
* Before putting on single service gloves.
* After touching raw, fresh or frozen beef, poultry, fish, or meat.
* After mopping, sweeping, removing garbage, or using the telephone,
* After using the bathroom.
* After smoking, eating, sneezing, or drinking.
* Everyone in a food handling area must maintain a high level of personal cleanliness and food handlers must wear suitable, clean and wear appropriate protective clothing.
* Staff preparing food should take all reasonable, practical steps to avoid the risk of contamination of food or ingredients.
* Food storage areas should protect food against external sources of contamination such as pests.
* Food handlers must receive adequate supervision, instruction and training in food hygiene.
* When serving food, appropriate hygiene standards should be scrupulously observed by all staff.
* Suspected outbreaks of food-related illness should be reported immediately to the service user’s GP.
* If any member of staff handling food becomes ill, e.g. with diarrhoea or vomiting they must stop work at once and report to their line manager/supervisor; such staff should not return to work until completely free of symptoms for 48 hours.
* If the individual has been diagnosed by a medical professional (e.g. their doctor) with a specific infection, this may require different action.

In addition, staff should:

* Always wash their hands after visiting the toilet.
* Ensure that all food stored in the refrigerator is covered and adequately chilled.
* Ensure the thorough cooking and re-heating of all meat, especially poultry.
* Ensure that deep frozen food is thawed before cooking (especially important when using a microwave oven).
* Be aware of the risk of salmonella infection associated with foods containing uncooked eggs such as mayonnaise and certain puddings.
* Wash hands after handling raw meat or eggs, particularly before handling other foods.
* Never re-use utensils with which raw eggs or meat have been prepared without first washing them with hot water and detergent.
* Never allow juices from raw meat to come into contact with other foods (cooked food and uncooked food should not be stored together).
* Avoid serving raw eggs (or uncooked foods made from them) to vulnerable people such as the elderly and the sick (all eggs should be cooked until they are hard, both yoke and white).

Food Allergens

In 2014, regulations regarding food allergens were introduced and information regarding the 14 allergens identified below must be declared by businesses that provide food pre-packed, loose, or prepared in a restaurant or canteen, etc.

1. Cereals containing gluten, namely: wheat (such as spelt and Khorasan wheat), rye, barley, oats or their hybridised strains, and products thereof, except:
   * Wheat-based glucose syrups including dextrose.
   * Wheat-based maltodextrins.
   * Glucose syrups based on barley.
   * Cereals used for making alcoholic distillates including ethyl alcohol of agricultural origin.
2. Crustaceans and products thereof.
3. Eggs and products thereof
4. Fish and products thereof, except:
   * Fish gelatine used as a carrier for vitamin or carotenoid preparations.
   * Fish gelatine or isinglass used as a fining agent in beer and wine.
5. Peanuts and products thereof.
6. Soybeans and products thereof, except:
   * Fully refined soybean oil and fat.
   * Natural mixed tocopherols (E306), natural d-alpha tocopherol, natural d-alpha tocopherol acetate, and natural d-alpha tocopherol succinate from soybean sources.
   * Vegetable oils derived phytosterols and phytosterol esters from soybean sources.
   * Plant stanol ester produced from vegetable oil sterols from soybean sources.
7. Milk and products thereof (including lactose), except:
   * Whey used for making alcoholic distillates including ethyl alcohol of agricultural origin.
   * Lactitol.
8. Nuts, namely: almonds (*Amygdalus communis* L.), hazelnuts (*Corylus avellana*), walnuts (*Juglans regia*), cashews (*Anacardium occidentale*), pecan nuts (*Carya illinoinensis* (Wangenh.) K. Koch), Brazil nuts (*Bertholletia excelsa*), pistachio nuts (*Pistacia vera*), macadamia or Queensland nuts (*Macadamia ternifolia*), and products thereof, except for nuts used for making alcoholic distillates including ethyl alcohol of agricultural origin.
9. Celery and products thereof.
10. Mustard and products thereof.
11. Sesame seeds and products thereof.
12. Sulphur dioxide and sulphites at concentrations of more than 10 mg/kg or 10 mg/litre in terms of the total SO2 which are to be calculated for products as proposed ready for consumption or as reconstituted according to the instructions of the manufacturers.
13. Lupin and products thereof.
14. Molluscs and products thereof.

Whilst this may not be relevant within domiciliary care, it is important that these allergens are part of the assessment of need process and incorporated into care plans as an identified risk. The care plan will then detail how any identified allergens risks will be mitigated and managed by the provider.

Food allergens can be life-threatening and this organisation will work with the service user to ensure all food allergens are recorded in the care plan and staff are aware and when preparing food check that there are no foods in the preparation of meals to which the service user is allergic. We also make our staff and service users aware of and ensure they know how to respond to an allergic reaction. The most common symptoms of an allergic reaction include:

|  |  |
| --- | --- |
| **Body part affected** | **Physical reaction** |
| Eyes | Sore, red and/or itchy |
| Nose | Runny and/or blocked |
| Lips | Swelling of the lips |
| Throat | Coughing, dry, itchy and swollen throat |
| Chest | Coughing, wheezing and shortness of breath |
| Gut | Nausea and feeling bloated, diarrhoea and/or vomiting |
| Skin | Itchy and/or a rash |

Any reaction can be life-threatening and medical assistance will be sought immediately and all emergency procedures followed for that service user.

Nutrition

This service believes that every service user has the right to choose from a varied and nutritious diet that provides for all their dietary needs, and which offers health, choice and pleasure.

To accomplish this, individual service users will be supported to identify their individual food preferences as well as their cultural, religious or health needs. Individuals or their family will always be involved when planning menus and meal alternatives. Pictorial menus are available to help communicate food choices where required.

**[**This should be checked, there are no foods in the preparation of meals to which the service user is allergic**]**

Eat Well Guide

The nutritional model will be based around the Food Standard Agency Eat Well Guide.

The model has eight key principles, which are as follows:

* Food should be enjoyed.
* A variety of different foods should be eaten.
* The right amount should be eaten to maintain a healthy weight.
* Plenty of foods rich in starch and fibre should be included in the diet.
* Foods that contain a lot of fat should be avoided, and sugary foods and drinks should not be eaten or drunk too often.
* Vitamins and minerals in food are critical.
* Alcohol consumption should be within sensible limits.
* Menus should take into account any ethnic or cultural dietary needs of service users and should be sensitive to religious and cultural beliefs surrounding food.

For providers, this is an area where motivation and encouragement of the service user is central to the service delivery. Where it is identified that the service user is making unhealthy choices service users will be encouraged to eat healthily by providing up to date information and support.

* Methods of cooking will be agreed upon by the service user and the care organisation.
* Each service user will be encouraged and supported to eat three full meals each day, at least one of which will be cooked. However, if the service user prefers smaller, more frequent snacks, this will be catered for in the service provided.
* When service users are unable to prepare their drinks, both hot and cold drinks will be made and left for the service user to access throughout their day and during mealtimes.
* Religious, personal or cultural special needs will be recorded in the care plan and will be fully catered for as required by the service user.
* Menus will be created by staff with service users and their family, if appropriate so that the required shopping can be purchased.
* In agreement with the service user, menus may be changed regularly to stimulate appetite and discussion.
* Special therapeutic diets will be recorded in the care plan and provided, when these are advised and discussed by healthcare or dietetic staff with the service user,
* In a domiciliary setting it is important not to rush the mealtimes, but instead to create a relaxed atmosphere in which service users are given plenty of time to eat and enjoy their food.
* Food will be presented in a manner that is attractive and appealing.
* If a service user neither wants to nor eats their meal, an alternative or a meal replacement may be offered, if appropriate; these changes should be recorded in the care plan.
* Staff will help all service users to be as independent in feeding themselves as possible and will work to ensure their dignity while they are doing so.
* Eating difficulties will be identified within each service user’s care plan and a plan of the assistance agreed, both with the service user and with their carers.
* The service will make whatever reasonable arrangements are necessary for a service user to be able to feed themselves with dignity and ease, including the provision of special eating aids and special food preparation.
* Assistance with feeding will be offered in a sensitive and dignified manner.
* Provision of finger foods.

Nutritional Screening

Nutritional screening is undertaken by this organisation to identify those at risk of malnutrition or to identify obesity. Screening is undertaken by a member of staff trained to understand the process, who liaises closely with other professionals such as dieticians, speech & language therapists or the healthy living nurse.

Nutritional screening happens for all service users on admission and at any time there is a concern in their physical or mental wellbeing, to identify those at risk of malnutrition and to identify obesity; it is undertaken by a staff member trained to understand the process, and who liaises closely with other healthcare professionals such as dieticians, speech and language therapists, or the healthy living nurse.

The early identification and treatment of individuals who are malnourished or at risk of malnutrition is vital to prevent pressure ulcer development and promote wound healing when pressure ulcers occur.

Nutrition assessment and screening is an integral part of pressure ulcer risk assessment and screening.

An assessment for signs of dehydration is included and any concerns will lead to fluid balance being monitored.

In the screening it is also important to assess an individual’s ability to eat and drink independently and to assess the likelihood of poor nutrition because of any of the following:

* The individual is on a restricted or modified diet and/or fluids.
* Have ascites or oedema making bodyweight difficult to measure accurately.
* Obese (body mass index is >30).

The five-step Malnutrition Universal Screening Tool (MUST) is used. Records are kept in the service user’s plan of care.

International Dysphagia Diet Standard Initiative Framework

Texture Modified Foods and Thickened Liquids

To eliminate the use of the imprecise term ‘soft diet’ and assist providers with the safe transition to the International Dysphagia Diet Standard Initiative (IDDSI) Framework, standard terminology with colour and numerical index to describe texture modification for food and drink has been developed.

The implementation of IDDSI means that the numerical and colour descriptor for the recommended fluid thickness for service users have changed. Scoop sizes have also changed, and the number of scoops required to reach their recommended thickness is different.

Our staff receive training, on these changes, all information is clearly recorded in the service users plan and reviewed regularly.

Enhanced care services carry out the basic assessment and then make a direct referral to the Speech and Language team or dieticians for the service user.

The IDDSI have produced a range of resources including posters which we will use to help inform staff of the changes.

We recognise the importance of service users or their carers understanding the changed instructions on their tins of thickener and that they know how to contact their speech and language therapist if they have any concerns.

Observation of Weight and Associated Issues

On a day to day basis, care staff are best placed to observe the wellbeing of the service user concerning any issues regarding nutrition and hydration. Where weight gain or loss is observed staff must ensure that a proper recording of such a situation takes place, appropriate guidance should be sought which includes the views of the service user and how they could improve the situation. This is particularly important where there is a health issue e.g. diabetes. It is therefore important that staff involved in visits where food is part of the service, check that food has been eaten.

While any service user receiving our service could be considered to be at risk of undernutrition, certain other groups also pose a definite risk. These include:

* People with existing acute and long-term conditions such as chronic obstructive pulmonary disease.
* People with long-term, progressive conditions such as dementia and cancer.
* People who have been discharged from the hospital recently.
* Older people in general.

As part of the initial nutritional and hydration assessment/screening, the service user’s consent is gained to measure and record their weight. if it is not possible to weigh the service user then the following information concerning their weight is documented.

* The service user is asked about their latest recorded weight.
* If they have noticed any weight gain or loss.
* Relatives are asked about the service users’ weight.
* A visual assessment is carried out to determine if the service user looks thin e.g. loose rings on fingers.

If the service user is under the care of a health professional for weight loss or obesity, then the health professional will identify the frequency for the need to weigh the service user.

**Eating In/Eating Out**

Some of the people we support require staff to support them to go out for a meal or attend social activities. Staff will have a reasonable portion of these expenses paid for and will only pay for their own expenses when they choose to purchase items over an agreed amount.

Eating and drinking are much more than food and fluid. Most people’s food choices are influenced by a variety of personal factors such as enjoyment, habit, associations, ethnic heritage and tradition, values, social pressure, taste preferences, image, availability, convenience, and economy.

Creating the dining experience is also a great way to encourage people to eat and drink because eating and drinking is a great social activity that brings people together.

The individual support plan identifies any support required by the service user in the purchasing, preparing, and eating of food.

The choices and preferences of the service user are recorded in their support plan at the beginning of the service and reviewed regularly by the staff and service user.

Staff respect and promote the service users’ individual choices. Staff should not influence service users’ decisions unless this is identified within a support document where best interest has been deemed.

Support staff should ensure that meal costs are factored into service users budget plan, so they can support the individual to make informed choices when planning activities or meals out.

When activities are planned over staff mealtimes, staff should take their meals out with them and enjoy the meal with the service user. Any affected rest break would be rearranged for the staff member.

**Support when purchasing food**

Service users often find as much enjoyment in choosing and purchasing food as they do eating the food.

Staff need to be aware that some of the service users they support may have limited income and spending large amounts on food may impact on being able to perform other planned activities.

Staff must also be mindful of any dietary requirements and where necessary advise service users in the purchase of healthy foods or suitable foods for any medical needs.

Menus are planned with the service user and purchases made to enable these meals to be prepared and cooked throughout the week.

Eating in choices are as important as eating out and the food, the environment and the company are all important aspects to be considered with the service user. The service user may invite a staff member to eat their food with them over mealtimes. Staff should not consume service user’s food unless this has been agreed with the service user or responsible person.

**Takeaways**

Enjoying a takeaway together can be a very enjoyable and social event with service users and staff. Support may be required by the service user in making a choice and in ordering the chosen takeaway.

Support staff may purchase their own takeaway with their own money. However, they must seek permission from the service user if supporting them in their own home and it must not adversely affect the service users support needs i.e. the service users is on a restricted diet. Staff must not eat takeaways that the service user has purchased in addition to their own items ordered.

Any exceptions to staff only having takeaways at the same time as a person we support must be agreed with the Service Manager / delegated manager.

**Eating Out**

These social events can be very enjoyable for service users and staff. Service user’s choice of venue and menu should be supported and enabled whenever possible as per the support plan.

Staff should not influence service users’ decisions unless this is identified within a support document where best interest has been deemed.

Staff must also be aware that some of the service users they support may have limited income and spending large amounts on food may impact on being able to perform other planned activities.

The support plan will identify any necessary travel arrangements and dietary requirements that need to be planned between staff and the service user when arranging trips to eat out.

It is strictly prohibited for any staff member to consume alcoholic beverages during any working time, including when supporting an individual.

**Contributions to expenses incurred during support**

The people we support will contribute a maximum of (£5) to the cost of staff meals in a restaurant. Where the staff member chooses a meal, which costs more than this amount, the additional cost will be paid by the member of staff. There may, however, be exceptional circumstances such as birthdays or other situations where the person supported wishes to contribute a greater amount. Any such exceptions by people who are not entirely responsible for their own financial affairs should be managed in line with Supporting People to manage their own finances policy and agreement from the service manager. Invoices must be obtained and records completed.

Situations involving people who are entirely responsible for their own financial affairs should always be notified to the Service Manager before taking place. A record should be kept on a contact sheet in the Finance section of the Person-Centred Support plan.

Staff must retain receipts to evidence these purchases in line with our Supporting People with their Finances Policy. A separate handwritten receipt must also be completed to show the cost of the staff member’s meal and how any amount repaid was calculated.

Where someone we support chooses to go out for coffee/snacks, staff members will typically pay for their own, apart from in exceptional circumstances as defined above.

If these special occasions include trips to the cinema or theatre, the staff member’s ticket will be paid for by the person supported.

Related Policies

Adult Safeguarding

Assessment of Need and Eligibility

Care and Support Planning

Consent

Dignity and Respect

Equality and Diversity

Meeting Needs

Prevention of Pressure Ulcers

Related Guidance

NICE Guidelines [CG32]: Nutrition Support in Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition, February 2006, updated August 2017: [https://www.nice.org.uk/guidance/cg32](about:blank)

NICE Quality Statement [QS24] Nutrition Support in Adults, 2012: [https://www.nice.org.uk/guidance/qs24](about:blank)

NHS England Guidance: Commissioning Excellent Nutrition and Hydration: [https://www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guid.pdf](about:blank)

The Eatwell Guide:

[https://www.gov.uk/government/publications/the-eatwell-guide](about:blank)

Food Standards Agency:

[https://www.food.gov.uk/](about:blank)

Food Allergy and Intolerance:

[https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance](about:blank)

Food Standards Agency Hygiene Requirements:

[https://www.food.gov.uk/business-guidance/hygiene-requirements-for-your-business](about:blank)

Dignity in Care: Eating and Nutritional Care:

[https://www.scie.org.uk/](about:blank)

International Dysphagia Diet Standardisation Initiative:

[https://iddsi.org/](about:blank)

Training Statement

All staff, during induction, are made aware of the organisation’s policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one to one, online, workbook, group meetings, and individual supervisions.

Date Reviewed: May 2023

Person responsible for updating this policy: **IFEYINWA ODOEMENAM**

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