Eating & Drinking

Having a meal together with friends, taking a snack or a drink when we feel like it, these are pleasures most of us take for granted. It is the role of every care home to give their residents the best opportunities and all the help they need to enjoy good food and drink, essential for their health and wellbeing.

Getting it right

The Care Plan holds details of a person’s food and drink needs, likes and dislikes, any allergies, the timing of medication to be given before or after meals, risk of choking and special aids, like easy-to-hold cutlery and any religious or cultural dietary requirements. The plan must be updated, including risk assessments, as health needs change.

Weight-watching  The British Geriatrics Society has shown that being underweight presents more of a health problem to older people than being overweight. It is so important to give people the help they need to eat and drink, whether they have swallowing difficulties, arthritis or memory problems. Where a person is at risk of dehydration or malnutrition it is vital to encourage and monitor them correctly.

Watch out for changes in eating behaviour. Maybe their teeth or dentures hurt and they need to see a dentist. Maybe it is a change of medication, making them salivate more or less, or maybe an illness is progressing and they need to see their GP, specialist consultant or therapist to help with swallowing.

Fluid and food charts must be filled in accurately and promptly to prevent someone becoming seriously ill. If you are not sure how to fill in these charts or how to enable a person to eat or drink, make sure you ask for help.

Enjoy your meal

Most of us enjoy our mealtimes but we might feel differently if we didn’t know the people we were eating with, or were embarrassed by a continence accident or found eating difficult. It is important to plan ways to support people to keep their dignity and independence and enjoy a sociable meal if they wish. Some ways to do this are:

- care staff eating with residents, getting to know one another and creating a more homely environment;

MEETING NUTRITIONAL NEEDS IS A LEGAL REQUIREMENT

Care homes must ensure that they meet residents' nutritional and hydration preferences and needs, including cultural or religious needs. *The Health & Social Care Act 2008 (Regulated Activities) Regulations 2014*: No 9 Person centred care, No 12 Safe care and treatment, No 13 Safeguarding service users from abuse and improper treatment, No 14 Meeting nutritional and hydration needs

DEHYDRATION DANGER

Becoming dehydrated can be dangerous. It can lead to physical problems, such as confusion, dizziness, delirium, falls, urinary infections and incontinence, heart and respiratory disease, pressure ulcers and skin problems.

GOOD PRACTICE

Staff found that eating with residents and making it a social event enabled them to better support individuals and take note of their likes and dislikes. As a result the five residents who were previously losing weight, no longer did so. *(Shropshire LINk report - 'Putting the Butterfly Approach to Work' 2012).*
Opening up mealtimes to families, friends and volunteers

- Arranging to have more than one session, giving staff more time to support residents who need help
- Involving residents in meal preparation – perhaps they can also share and make favourite recipes and help set tables
- Presenting food that looks and smells tempting
- Making sure liquidised food is tasty and good to eat
- Asking a person with continence problems if they would like to use the toilet before mealtimes or would prefer to wear a pad to give them confidence to sit at the table
- Reminding people, or helping them to wash their hands
- Noticing people who are finding it harder to eat or swallow and discussing in private what might be the cause.

**Choices**

*Making choices* Ensure people are aware of what is on the menu and what alternatives are available. Large print menus and photographs support people to make choices.

Report to senior staff when meals are popular or disliked; it will help people have the meals they prefer.

*Private space* Residents may prefer to take their meals in private in their own rooms. Although it is good to encourage them out of isolation and try to address any reasons why they are reluctant to eat with others, this is their choice and they must not be forced or coerced to change their behaviour.

*Tastes change* Don’t forget, although we all have our preferences, sometimes we like a change or want to try something different, so don’t assume you know the answer.

*Time for a snack* Residents should feel free to ask for a snack and a drink whenever they want it and know what is available.