

Nutrition & Hydration in SWL Care Homes

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Supporting the EHCH Transformation Programme

Why is Nutrition & Hydration Important?

New CQC guidance on nutrition and hydration is being updated due to be published for 2021. The draft document highlights that:

Compared with people without malnutrition, people who are malnourished have:

- 65% more GP visits (Martyn et al 1998; Elia et al 2005)
- 82% more hospital admissions (Elia et al 2005)
- 30% longer hospital stays (Stratton et al 2006)
- Significantly increased dependency (Martyn et al 1998; Elia et al 2005).

Clinical consequences of malnutrition include: impaired immune response, reduced muscle strength, impaired wound healing and increased falls. Malnourished individuals have more hospital admissions/readmissions, longer length of hospital stay and greater primary care healthcare needs, therefore identification and management is key.

Clinical Consequence of Dehydration: Increased mortality, Increased risk of emergency admission to hospital or of repeated admissions, Constipation, Impaired cognitive function, Increased risk of falls, Orthostatic hypotension, Salivary dysfunction, Poor hyperglycaemic control in diabetes, Hyperthermia, UTI's.

Objective

- To discuss and share information on how to implement a Nutrition and hydration strategy across SWL Care Homes.

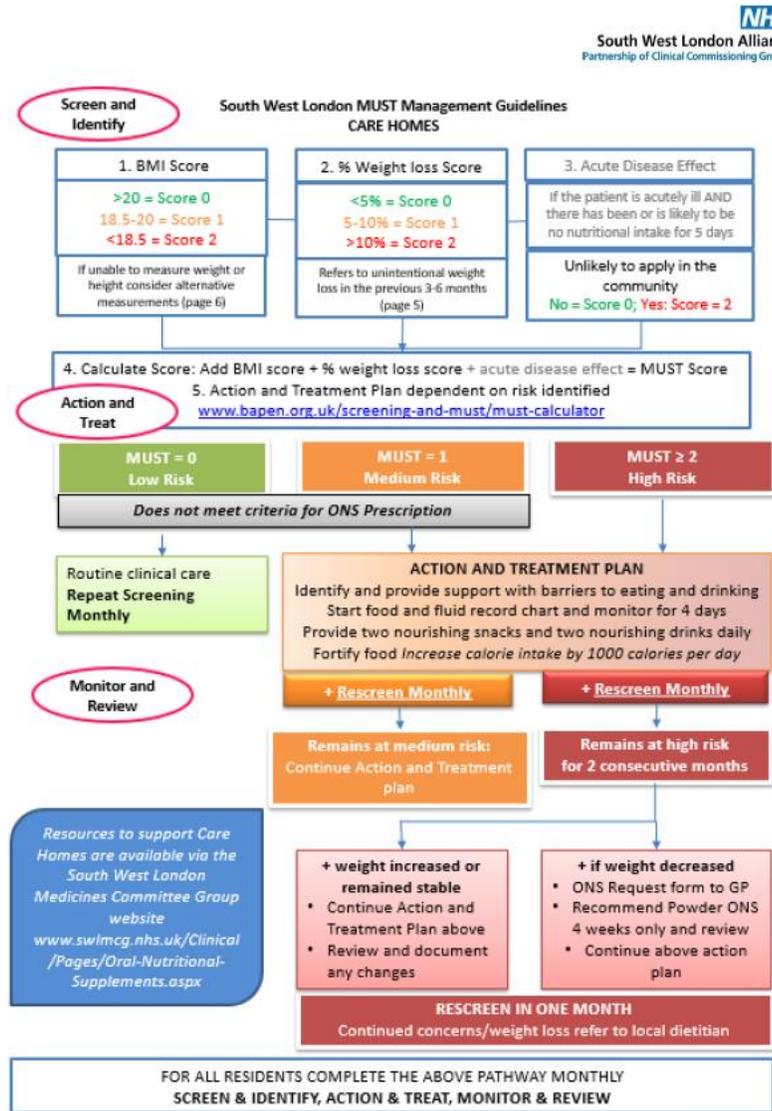
What does the CQC ask of all Care Homes?

Health and Social Care Act 2012: Regulation 14: Meeting nutritional and hydration needs

This is a Legal requirement that Applies to All Nursing Homes and Residential Care Homes.

- Service users must be provided with suitable appetising, nutritious food and hydration adequate to sustain life.
- Nutrition and hydration must be accessible
- Allow people to make choices about their diet
- Review, monitor and assess nutritional needs following nationally recognised guidance

SWL Care Home Quick Reference Guidelines



- MUST Screening Tool – Gold standard criteria for All Community Dietetic referrals .
- The MUST Tool is recommended as a best practice malnutrition screening tool by professionals
- Malnutrition without action and treatment IS a safeguarding concern
- First line Interventions including Fortified meals and Home-made Milkshakes/Nourishing drinks supports your action to treat as well as appropriate ONS prescribing
- It is your responsibility to prevent and treat malnutrition in the first instance
- Oral nutritional Supplements are only to be considered as a second line intervention and should be prescribed as per SWL prescribing formulary and criteria with a clear End Goal.

<http://www.swlmcg.nhs.uk/Clinical/Oral%20Nutritional%20Supplements/Care%20Home%20Quick%20Reference%20Guidelines%20SWL%20Alliance%20Adult%20ONS.pdf>

Hydration Tool: RoC (reliance on a carer) to Drink'

Created by Naomi Campbell RGN Hydration Care Nurse Specialist

RoC provides a systematic approach in identifying what support an individual needs for safe swallowing, holding a cup, and encouragement to maintain and where needed increase their daily fluid intake.

Evidence of Effectiveness:

Two reviews of RoC to Drink have been undertaken.

89 care homes took part, including 38 randomly allocated to the ROC care home group. As part of this 266 'Hydrate Champions' were identified, half of whom were given an hour of additional training to support RoC implementation and roll out.

Significant differences in hospital admission rates from the previous year between ROC allocated homes compared with those that weren't:

- An 85% greater reduction in urinary tract infection (UTI) admissions;
- A 22% greater reduction in fall-related admissions, in particular a 9% greater reduction in fractured neck of femur related admissions;
- The standardisation of assessment for dehydration contributes to better assessment of a patients needs whilst providing a timely staff prompt to ensure patients at risk of dehydration were adequately supported.
- 72% of Care Home residents felt they were drinking more than in the previous 3-6 months, with more staff encouragement the key factor.



'Reliance On a Carer' - To Drink

A free one-page guide to help everyone identify the correct level of :

Assistance & Encouragement

A person needs to drink in order to prevent avoidable dehydration

Highlighting the vital importance of offering 'Extra Sips to the Lips' throughout the day & if awake at night in order to help vulnerable & poorly people stay as well hydrated or as comfortable as possible

ROC - Highlights the invaluable and vital role of 'carers' in preventing Avoidable Dehydration

Free to download and use as a wall poster or patient leaflet

www.hydrationscareconsultancy.co.uk

Created by Naomi Campbell RGN – Hydration Care Nurse Specialist
Chair National Hydration Network (2016 – to date)

© V1.1 2020 Naomi.Campbell@hydrationscareconsultancy.co.uk – Independent Hydration Care Nurse Specialist



ROC 'Reliance On a Carer' - To Drink

- Use this simple guide to identify the different levels of care a person needs from a 'carer' to drink in order to remain as well hydrated as possible
- Remember the levels of care can change very quickly due to illness or injury
- Most people receiving care should routinely be offered 6-8 daily drinks of their choice (approx 1.5 litres)

To use the ROC guide – refer to all of the ROC sections below & select the colour that best describes how much support a person needs from a 'carer' to remain as well hydrated as possible. Whichever of the descriptions has the highest colour rating will automatically identify; highest level of support needed to drink; potential risk of dehydration; colour of a visual prompt.

	Low	Medium	High	Advanced
ROC Swallow	Normal Swallow (No swallow problems)	Some swallow problems e.g. needs thickener added to drinks	High risk choking &/or Aspiration	Makes no response to swallow
ROC Assistance from carer to hold drink	Independent Spontaneously & safely picks up a cup left within reach	Needs Some support from a carer to pick up a drink or to help get started	Needs FULL assistance from a carer to hold cup	Needs a carer to wet lips & mouth to support comfort & wellbeing
ROC How much is the person drinking?	Finishes 6-8 drinks per day Without any prompting from carer	Often chooses not to finish drink. Or some days drinks very well but other days very little	Takes a few sips then usually declines anymore at that point in time	Does not take any sips (oral fluids) even if offered on a teaspoon
	Approx. daily Fluid intake 1.5 litres	Approx. daily Fluid intake 800mls	Approx. daily Fluid intake 400mls	No fluid intake
	LOW risk dehydration	Medium risk dehydration	High risk dehydration	Very high risk dehydration
ROC To Encourage Daily fluid intake	<p>Action by carer Regularly check to see if person is still drinking as well as expected</p> <p>If starts to drink less than expected Reassess & increase the level of support</p> <p>Escalate any concerns</p>	<p>Action by carer Give regular gentle encouragement & assistance to have extra sips</p> <ul style="list-style-type: none"> • For all routine daily drinks go back 2-4 times to try & prompt extra sips • If drinking less than expected escalate concerns 	<p>Action by carer Needs 1:1 full support from carer</p> <ul style="list-style-type: none"> • Give 'Little & Often' gentle encouragement to have extra sips <p>Escalate any concerns</p>	<p>Action by carer Wet mouth & lips approx. every hour Continue to offer sips to lips – to ensure the opportunity to drink</p> <p>Escalate concerns according to individual's best interest</p>

The best 'Tip' for supporting hydration is to focus on encouraging extra 'Sips' as part of hydration care & all other daily care; while always respecting persons wishes

ROC To 'go & get' A drink	<p>If 'Yes' to all of the above green ROC assessments and is able to safely go and get own drink</p> <p>They will have a very low risk of dehydration</p> <p>Action by carer Minimal support needed for maintaining a good fluid intake However, still give Reminders about the importance of keeping well hydrated & to report any concerns</p>	<p>If 'No' Unable to 'go and get' own drink. But physically and cognitively able to pour from a jug or bottle left by their side</p> <p>Action by carer Always leave extra drinks within arms reach if appropriate provide a 'hands-free' drinking aid</p> <p>People living on their own will have a greater risk of dehydration</p>	<p>Carers Personal Hydration Needs Looking after your own hydration needs is essential For your health & wellbeing</p> <p>Aim to have at least 6-8 drinks per day (1.5 – 2 litres)</p> <p>Always have a drink during your breaks</p> <p>Take every opportunity to have extra sips during your shift</p> <p>Remind and support your colleagues to drink plenty.</p>
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Nutrition & Hydration Strategy: SWL Care homes

Proposal to Change:

- Standard Nutrition & hydration Policy for SWL Adult care homes (*can be adapted locally*)
- ONS prescription form (*This will be piloted in Sutton Care Homes*)
- Training: Standardised MUST/food first training inline SWL malnutrition guidelines, Chef training, Nutrition Champions, Hydration Champion -- Digital Training (Forefront Discover) and potential for some face to face if agreed locally by respective Borough's Dietetic Teams.
- Hydration Tool i.e. RoC

Discussion and Questions:

Each SWL Care Home is integral to promoting good nutrition and hydration for all residents which will support them to Live and Age Well. Therefore, your opinion is absolutely integral as we work together to achieve the best health outcomes for your Residents.

Some thoughts:

- *What training/resources on nutrition and hydration will benefit your Care Homes?*
- *What are your thoughts on Digital training?*
- *Are there any constraints/Concerns – What works well for you and what doesn't?*
- *How can we work collaboratively to achieve the best health outcomes for your residents?*