

# Health, Social Care and Housing Committee

10 am, Tuesday 21 April 2015

## Nutritional Policy for Social Care Staff

Item number 7.9

Report number

Executive/routine

Wards

### Executive summary

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The Committee is requested to approve a policy in respect of nutrition of people who receive social care services. The proposed policy is attached at Appendix 1.

The purpose of the policy is to ensure that the National Care Standards are met by any staff member engaged in providing any form of nutrition to service users. As good nutrition and hydration can dramatically improve health and wellbeing, it is essential that frontline staff have an awareness of basic nutritional needs, including the importance of meals and the mealtime experience in care services.

This policy and the associated procedure contain information for managers, staff, carers and service users about the provision of healthy balanced meals.

### Links

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Coalition pledges P.43

Council outcomes CO10;  
CO11; CO13;

Single Outcome Agreement  
SO2

## Nutrition Policy for Social Care Staff

### Recommendations

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1. Health, Social Care and Housing Committee is requested to approve a policy in respect of nutrition of people who receive social care services. The proposed policy is attached at Appendix 1.

### Background

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2. A great deal of research has been published on the importance of a healthy, balanced diet and lifestyle to the health and wellbeing of individuals and communities. Standards of nutritional care for many vulnerable adults are the main defining factor in the overall quality of the social care service they receive. It is vital, therefore, that Health and Social Care Services raise awareness and promote best practice by establishing policy in the area of nutrition.
3. A healthy diet reduces the risk of heart disease, stroke, diabetes, obesity and a range of other medical disorders. It can also have benefits for an individual's social and psychological functioning. Food allergies and other medical conditions can also be assisted by the provision of appropriate, nutritionally specific meals.
4. Preventative support for service users in the community is also very important. Health and Social Care staff, working with people in their own home, have an important role to play in the early detection and prevention of malnutrition, dehydration and of health promotion, to prevent unnecessary admission to hospital and promote independent living and quality of life.
5. Services registered with the Care Inspectorate are required to deliver care to the standards of practice and safety laid out in the National Care Standards.
6. The policy supports the Council's Strategy of Promoting Health and Wellbeing in communities and partnership working.

### Main report

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7. The policy sets out the Council's expectations of staff and others involved with service users' care, in relation to food, fluid and nutritional care.
8. The policy applies to all services in which managers and care workers are involved in the provision of food. It is aimed at promoting a healthy lifestyle for adults in residential care, day care, home care and support services, and Intermediate Care.

9. The objectives of the policy are to:
- define the principles of good practice that are to be applied to the provision of food and fluids
  - establish safe working practices for managers, care staff and caterers
  - provide clear guidance and procedures to managers and staff on the management of nutrition
  - promote the health and wellbeing of service users and to prevent harm
  - promote consistency of practice across services, ensuring the safety and protection of service users and staff
10. The policy has been developed with staff and managers from both Council and NHS Lothian, including specialist staff.

### **Measures of success**

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11. Registered services are regulated by the Care Inspectorate. Care Inspectors will inspect the safety and the quality of the food delivery system and the quality of the food provided to service users. Nutrition is reflected in the grade awarded for care homes, in particular, and may be taken into account in other services.

### **Financial impact**

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12. There are no financial implications as a result of this policy.

### **Risk, policy, compliance and governance impact**

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13. The policy on nutrition meets the Council's requirement for having up to date policies describing agreed courses of action or sets of standards for this service area.
14. Quality assurance audits are in place to ensure all City of Edinburgh Council establishments providing food to service users meet legislative requirements in terms of food hygiene legislation. The Environmental Health Service inspects all food premises annually.
15. The Health and Social Care dietician assesses the nutritional standard of menus of Council care establishments that provide food directly to service users. Training is delivered to all staff involved in food handling and production of meals.
16. Registered Managers are responsible for the safety and quality of all meals delivered, the welfare of service users and customer satisfaction, and there are mechanisms in place to monitor those areas.

### **Equalities impact**

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17. There is no anticipated negative Equalities impact for this policy. The ERIA form is attached as Appendix 2.

## **Sustainability impact**

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18. In line with the Council's Carbon Reduction Policy, many services are procuring food supplies from local producers.

## **Consultation and engagement**

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19. This policy was prepared using best practice guidance and in conjunction with staff, managers and Dietetic specialists.

## **Background reading/external references**

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### **20. Legislative Context**

There is a wide range of legislation and regulation covering the provision of meals. The key pieces of legislation are:

[Regulation of Care Act](#)

[Food Safety Act 1990](#)

[Food Hygiene \(Scotland\) Regulations 1996](#)

[Adult Support and Protection \(Scotland\) Act 2007](#)

[Adults with Incapacity Act 2000](#)

### **21. Associated Documents**

Policy on Care Planning (*awaiting publication*)

Continence Policy (*awaiting publication*)

[Continence Procedure](#)

[Risk Assessment Policy and Procedures](#)

[National Care Standards](#)

[Manual Handling Policy](#)

[Infection Control Policy and Procedures](#)

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[NHS Lothian – Management of Under nutrition in the Community](#)

[The Royal Institute of Public Health \(2006\) Eating for Health in Care Homes – A practical nutritional handbook](#)

[Care Inspectorate - Best Practice Guide on Food and Nutrition](#)

Peter Gabbitas

Director of Health and Social Care

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## Links

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<b>Coalition pledges</b>	P.43
<b>Council outcomes</b>	CO10; CO11; CO13
<b>Single Outcome Agreement</b>	SO2
<b>Appendices</b>	

## Control schedule

<b>Approved by</b>	
<b>Approval date</b>	
<b>Senior Responsible Officer</b>	Monica Boyle, Head of Older People and Disability Services
<b>Author</b>	Marion Randall, Service Manager – Older People
<b>Scheduled for review</b>	

## Version control

Version	Date	Author	Comment
0.1		Marion Randall	

## Committee decisions affecting this policy

Date	Committee	Link to report	Link to minute
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## Policy statement

1. For many adults, standards of nutritional care are the main defining factor in the overall quality of the social care service they receive.

This policy and its associated procedure contain information for managers, staff, carers and service users about the provision of healthy balanced meals.

The overall aim of the policy is to establish standards of work, which enhance the well-being of service users and provide guidelines and safeguards for staff.

The main purpose of the policy is to ensure that the standards laid out in the National Care Standards are met by any staff member engaged in providing any form of nutrition to service users.

## Scope

2. This policy applies to all services in which managers and care workers are involved in the provision of food. It is aimed at promoting a healthy life style for adults in residential care, day care and home care and other support services.

The policy sets out the Council's expectations of staff and others involved in a service user's care in relation to food, fluid and nutritional care.

The policy and associated procedure take into account the range of social care services. Although aimed primarily at staff within care homes, this policy also has relevance for staff supporting service users in other settings, including their own home.

It is the duty of every service provider, manager and care worker to comply with this policy and associated procedure.

## Definitions

3. **Personal Plans:** A plan, which sets out in writing how the service will provide for the person's health and wellbeing.

**Nutrition:** The food and drink people take to sustain them.

**Under-nutrition:** When a person does not get enough calories in their diet. It can cause unplanned weight loss. When an individual does not eat or absorb enough nutrients to cover their needs for energy, growth and repair.

**Malnutrition:** This can refer to both under-nutrition and over-nutrition. In this policy, it is used to refer to under-nutrition – a condition that results from a diet in which certain nutrients are lacking, are in excess or in the wrong proportions.

**Hydration:** The act of giving a person fluid so they do not become dehydrated (see below). The act of consuming fluids, particularly water. An average person's weight is made up of two thirds water.

**Dehydration:** Loss of, or lack of fluid from the body, for example, through illness or from not drinking enough fluids. Dehydration can have serious consequences for the health and well-being, especially of older adults. It can contribute to problems such as increased confusion, constipation, pressure ulcers, urine infections and falling.

**Nutritional Screening Tool:** An assessment aid to assess people at risk of under-nutrition.

**M.U.S.T.:** Malnutrition Universal Screening Tool.

**Food and Fluid Charts:** A written record of the amount of food and drink an individual is offered and amounts consumed in every 24 hours.

**Special Diets:** Food (meals) developed to meet the particular requirements of an individual due to illness or infirmity, e.g. low fat, soft or puréed texture.

**Fortified Diets:** Meals and snacks made more nourishing by the addition of extra calories, without adding extra volume, e.g. extra sugar, butter, cream or cheese.

**Dietitian:** A person specially trained in the nutritional needs of people.

## Policy content

- 4.1 Health and Social Care is committed to providing services in which people's rights and independence are promoted and where their health and welfare needs are met in a safe, dignified and confidential manner. This commitment extends to providing safe and healthy working practices for all employees.

The service adheres fully to the principles and standards contained in the National Care Standards.

The service, as provider and manager of care, undertakes to work in close partnership with NHS Lothian to ensure a safe and reliable nutritional care service is offered to service users and that care staff and managers are supported.

Special diets will be catered for; staff will seek specialist nutritional advice when significant medical conditions are present, including end of life care.

The service will respect any cultural or religious requirements there may be with regard to the provision of a nutritional care service.



Care workers and caterers must have training appropriate to their role in the delivery of a nutritional care service. All staff should have an awareness of the risk of malnutrition and the importance of providing good nutritional care for all service users.

Routine nutritional screening must be carried out on admission to day or residential care. Service users in the community should be referred to their GP where there are concerns.

The dietary needs and preferences of service users and any assistance required must be assessed and recorded in service users' Personal Plans.

Service users must be consulted on their food preferences. Assumptions should not be made about personal preferences, based on cultural background.

Food should be cooked and served attractively.

Commissioners and providers of services should ensure that home care staff have sufficient time and skills to prepare a meal of choice for service users.

Specialist assessment from NHS Lothian staff should be sought / considered, where a person has cognitive and communication difficulties.

Health and Social Care recognises that food is a source of enjoyment and social function, as well as a necessity for a healthy life. Staff will promote this through the care planning process by keeping eating environments clean and well maintained and ensuring access to food and fluids at all times.

All staff should ensure that service users have an ample supply of fresh water available at all times.

#### **4.2 Policy Objectives**

- To define the principles of good practice that are to be applied to the provision of food and fluids.
- To establish safe working practices for managers, care staff and caterers.
- To provide clear guidance and procedures to managers and staff on the management of nutrition.
- To promote the health and well-being of service users and to prevent harm.
- To promote consistency of practice across services, ensuring the safety and protection of service users and staff.

#### **4.3 Principles of Good Practice**

- Dignity and care – respect for people receiving care, ensuring that meals are nutritious, appetising and appropriate
- Choice – ensuring people's preferences are taken into account when providing food

- Screening – nutritional screening on admission to health and social care services, and improving intake where necessary, should be a key part of assessment and care planning
- Prioritising mealtimes – ensuring that mealtimes are respected and not interrupted by other routine activities, sufficient assistance is offered and the environment is conducive to eating
- Training – staff should receive training to ensure that they have a nutritional knowledge base appropriate to their role; the training should also equip those working with people with communication and cognitive difficulties with the skills to communicate appropriately
- Accountability – ensuring everyone takes responsibility for good nutritional care from assessor to commissioner to front-line worker

Support for people using care services and carers – awareness of nutrition may, for many reasons, be low with some service users and their carers. Information and support should be provided.

## Implementation

- 5.1 This policy will be reviewed and monitored by internal and external management audits.

## Roles and responsibilities

- 6.1 The City of Edinburgh Council is responsible for ensuring all food premises comply with Food Hygiene (Scotland) Regulations 1996 and Food Safety Act 1990.
- 6.2 The Director of Health and Social Care is responsible, under food safety legislation, for ensuring all food premises within the service are maintained to a standard that allows the safe and hygienic production of meals and other food services.
- 6.3 The Senior Management Team has responsibility for ensuring this policy operates in conjunction with other service policies, and that systems are in place to facilitate compliance with food hygiene legislation and good nutritional care practices. This will ensure the safe production of food and meals services to service users.
- 6.4 Service managers are responsible for ensuring that managers of services, who are effectively proprietors of "food business", comply with the requirements of food safety legislation and the principles of good practice laid out in this policy and associated procedures.

- 6.5 The Catering and Dietetic Manager is responsible for providing advice, guidance and assistance on all aspects of food and meals services to a range of managers and senior officers in Health and Social Care. They will ensure compliance of food safety by monitoring responses to Environmental Health reports. S/he will monitor food safety assurance systems and be responsible for the implementation of appropriate Food Hygiene Training for all staff involved in preparing, handling and serving of food and/or meals services. They will also be responsible for maintaining, updating and sharing, as appropriate, a Food Hygiene Training Register as required by law. They will be responsible for or the postholder for ensuring that menus provided to service users are nutritionally assessed and appropriate to their needs.
- 6.6 Managers of services are responsible for ensuring compliance with the Food Safety Act 1990 and Food Hygiene Regulations within their area of responsibility. They are responsible for ensuring the National Care Standards for Eating Well are met.
- 6.7 Senior cooks in all care services are responsible for completing and maintaining the food safety assurance system, 'CookSafe'. They are responsible for ensuring menus are planned to meet the nutritional needs of service users.
- 6.8 Named / key workers are responsible for the screening and assessment of dietary needs through the care planning process. They are also responsible for ensuring adequate consumption of food and fluids by service users.

Staff (including agency staff) on duty are responsible for recording data on the appropriate documentation.

## Related documents

### 7.1 Legislative Context

- 1.1 There is a wide range of legislation and regulation covering the provision of meals. The key pieces of legislation are:

[Regulation of Care Act](#)

[Food Safety Act 1990](#)

[Food Hygiene \(Scotland\) Regulations 1996](#)

[Adult Support and Protection \(Scotland\) Act 2007](#)

[Adults with Incapacity Act 2000](#)

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[The Royal Institute of Public Health \(2006\) Eating for Health in Care Homes – A practical nutritional handbook](#)

[Care Inspectorate - Best Practice Guide on Food and Nutrition](#)

## **Equalities and impact assessment**

8. An equalities impact assessment has been carried out, with no negative impact identified.

## **Strategic environmental assessment**

9. N/A

## **Risk assessment**

- 10.1 [Risk of breaching the Scottish Commission for the Regulation of Care National Standards.](#)
- 10.2 Risk of harm to vulnerable individuals.

## **Review**

11.1 This policy will be reviewed on an annual basis.



## City of Edinburgh Council Record of Equality and Rights Impact Assessment

### Part 1: Background and Information

#### (a) Background Details

Please list ERIA background details:

ERIA Title and Summary Description: **Nutritional policy**

Service Area	Division	Head of Service	Service Area Reference No.
Health and Social Care	All divisions	Monica Boyle	

#### (b) What is being impact assessed?

Describe the different policies or services (i.e. decisions, projects, programmes, policies, services, reviews, plans, functions or practices that relate to the Corporate ERIA Title):

Policies and Services	Date ERIA commenced
Nutritional Policy	28/01/2015

(c) When is it due to be reviewed? (insert furthest away date if question relates to a number of review dates)

#### (d) ERIA Team

Please list all ERIA Team Members:

Name	Organisation / Service Area
Marion Randall	Service Manager Older People Service Health and Social Care
Elaine Rogers	Dietetics and Catering Manager

## Part 2: Evidence and Impact Assessment

### (a) Evidence Base

Please record the evidence used to support the ERIA. Any identified evidence gaps can be recorded at [part 3a](#). Please allocate an abbreviation for each piece of evidence.

Evidence	Abbreviation
External Care Inspectorate requirement and reports in line with Regulations and Standards.	
Legislation - various, including Health and Safety, Vulnerable Adults and those listed at 7.1 and 7.2 of Policy	
Care Plan recording	

### (b) Rights Impact Assessment – Summary

Please describe all the identified enhancements and infringements of rights against the following ten areas of rights. Please also consider issues of poverty and health inequality within each area of rights:

- Life
- Health
- Physical security
- Legal security
- Education and learning
- Standard of living
- Productive and valued activities
- Individual, family and social life
- Identity, expression and respect
- Participation, influence and voice

Please indicate alongside each identified enhancement or infringement the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Summary of Enhancements of Rights
<p>The overall aim of the Policy is to establish standards of work which protect the safety and wellbeing of service users and provide safeguards for staff. A clear nutritional policy, therefore, protects the right of service users and staff in the following areas:</p> <p>Life: Access to appropriate nutritional care and advice is necessary to sustain life, health and wellbeing.</p> <p>Health: Access to appropriate nutritional care and advice, which meets individual needs, is essential to the health and wellbeing of service users.</p> <p>Physical Security: The Policy is based on the principle that every service user has a right to have meals produced in an environment that is safe and meets Environmental Health Standards. The Policy aims to ensure safe working practices throughout the process of meal production.</p> <p>Legal Security: The Policy promotes all relevant legislation and guidelines published by the</p>

Commission for the Regulation of Care, Environmental Health and Health and Safety bodies. The Policy also covers special diets and cultural and religious requirements.

Education and Learning: The Policy requires that staff involved in production and delivery of meals are appropriately trained. The Policy also promotes offering advice and education on good nutrition, to service users.

Standard of Living: The Policy actively promotes good nutrition as a way of ensuring a good standard of living, independence, choice and activity in the home and outdoors.

Individual, family and social life: The Policy states that people should be consulted about their food preferences having regard to allergies. The Policy also states that meals should be cooked and served attractively in an environment which is well maintained, by staff who are skilled and have enough time to support the needs of individuals. It also recognises that food is a source of enjoyment, a social function as well as a necessity for a healthy life. The Policy also promotes dignity and respect for the choices people make.

Participation, influence and voice: The Policy clearly states that service users must be consulted regarding their food preferences and that staff should not make assumptions about personal preference, based on a person's cultural background.

### Summary of Infringement of Rights

Can these infringements be justified? Are they proportional?

The Policy aims to enhance rights and no infringement of rights is anticipated.

### (c) Equality Impact Assessment – Summary

Please consider all the protected characteristics when answering questions 1, 2 and 3 below. Please also consider the issues of poverty and health inequality within each protected characteristic:

- Age
- Disability
- Gender identity
- Marriage / civil partnership
- Pregnancy / maternity
- Race
- Religion / belief
- Sex
- Sexual orientation

1. Please describe all the positive and negative impacts on the duty to eliminate unlawful discrimination, harassment or victimisation. Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

#### Positive Impacts

Age and Disabilities: The Policy safeguards the rights of people who are not able to prepare meals for themselves. Without the Policy they may not receive the standard of nutrition and care required to sustain health and wellbeing.

Religion: The Policy takes cognisance of different cultural and religious dietary requirements.



Social and economic disadvantage: Access to specialist assessment and advice is promoted in the Policy. Where people have complex health conditions and cognitive and communication difficulties service users are supported to achieve positive dietary outcomes.

**Negative Impacts**

None identified.

2. Please describe all the positive and negative impacts on the duty to advance equality of opportunity (i.e. by removing or minimising disadvantage, meeting the needs of particular groups that are different from the needs of others and encouraging participation in public life)? Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

**Positive Impacts**

Access to appropriate medication can increase health and wellbeing, reduce disadvantages experienced by individuals and enable them to participate in public life.

**Negative Impacts**

None Identified.

3. Please describe all the positive and negative impacts on the duty to foster good relations (i.e. by tackling prejudice and promoting understanding)? Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

**Positive Impacts**

The Policy indicates an understanding of the different needs of individuals and promotes a person centred approach.

**Negative Impacts**

None identified.

### Part 3: Evidence Gaps, Recommendations, Justifications and Sign Off

#### (a) Evidence Gaps

Please list all relevant evidence gaps and action to address identified gaps.

Evidence Gaps	Action to address gaps

#### (b) Recommendations

Please record SMART recommendations which may include actions to

- (i) eliminate unlawful practice or infringements of absolute rights;
- (ii) justify identified infringements of rights; or
- (iii) mitigate identified negative equality impacts
- (iv) further advance equality and rights, and promote good relations.

Recommendation	Responsibility of (name)	Timescale

#### (c) Sign Off

I, the undersigned, am content that:

- (i) the ERIA record represents a thorough and proportionate ERIA analysis based on a sound evidence base;
- (ii) the ERIA analysis gives no indication of unlawful practice or violation of absolute rights;
- (iii) the ERIA recommendations are proportionate and will be delivered;
- (iv) the results of the ERIA process have informed officer or member decision making;
- (v) that the record of ERIA has been published on the Council's website / intranet, or
- (vi) that the ERIA record has been reviewed and re-published.

Date	Sign Off (print name and position)	Reason for Sign Off (please indicate which reason/s from list (i) to (vi) above)
10/03/2015	Monica Boyle	