



July 2012

Nutrition Newsletter

Information and news for Care Homes
in The Essex And Tendring Area

How the Government are working to improve Nutrition..

Understanding of diet and nutrition in Britain has been revolutionised in the past few decades. From the boardroom to the playground, it has been commonly accepted that a well-balanced and nutritious diet is central to the pursuance of a happy and healthy life – for people of all generations, from those such as my newly-born grandson through to those now living well beyond their 100th birthday.

In no area of life does this hold truer than in the care of the sick and vulnerable. I am a Liberal Democrat MP, and my Party's commitment to raising care standard across the country is longstanding. As such, the Coalition Minister for Care Homes, my good friend and Party colleague Paul Burstow MP, has led the way in confronting poor nutrition. Since October 2010, all providers of regulated activities, including care homes, have been required to register with the Care Quality Commission (CQC) and meet 16 essential standards of safety and quality. Prominent among these standards are commitments to nutrition and dignity, including a commitment that 'food and drink should meet people's individual dietary needs'.

Alarmed by reports of poor patient nutrition in the National Health Service, last year the Government asked the Care Quality Commission (CQC) to launch a series of surprise hospital inspections. The resulting survey, 'Dignity and Nutrition', discovered that almost half of hospitals were failing to feed elderly patients properly and that dignity in care was lacking in 40 per cent of instances.

With a better understanding of the scale and nature of the issue, the Coalition Government is now better placed to effectively confront poor nutrition and target resources. Such has been the use of this survey that the CQC has been further asked to inspect around 500 care homes to check standards are being maintained. The survey is due to report later in the year.

From Sir Bob Russell, Liberal Democrat MP for Colchester



THICKENING FLUIDS

You may have residents in your care home that have been prescribed Thick and Easy to thicken fluids and be mixed with foods. Please make sure that this is used correctly and to the right consistency either Stage 1 or Stage 2. A resident can be at risk of choking or even aspiration.

The Stage of fluid required should be decided by a Speech and Language Therapist or GP.

Thick and Easy can also be mixed with foods which can be put into moulds for presentation.

FREE Training can be arranged for your home through us or by contacting Luisa Harman from Fresenius **07970084015**

chu-ftp.foodfirst@nhs.net Tel: 01206 744552 Fax: 01206 744492



Texture Modified Diets



By Laura Royce, ACE Community Adult Acquired Speech & Language Therapy Team based at the Independent Living Centre, Colchester. We provide assessment and help manage clients with communication and/or swallowing difficulties which are as a result of an acquired condition.

Who is at risk of swallowing difficulties?

If an individual has any of the following they may be at risk of developing swallowing difficulties:

Neurological diseases e.g. Stroke, Parkinson's Disease and Dementia.

Tumours, injury or surgery involving the head/neck/mouth.

Unwell elderly patients

The individual having a **tracheostomy tube** among others...

Why do we use texture modified diets?

Sometimes eating food in its normal consistency can be dangerous for people who have difficulty chewing or swallowing.

Using texture modified diets enables the individual to manage their swallowing difficulty whilst at the same time ensure they get the important nutrients needed for them to stay well and healthy.

Below are the national descriptors which explain the types and textures of foods needed by individuals who have oro-pharyngeal dysphagia (swallowing difficulties) and who are at risk of choking or aspiration (food or liquid going into their lungs).

Dysphagia Diet Food Textures Descriptors

B

Thin Purée Diet

Food has been puréed or has purée texture. It does not require chewing.

It is a **thin** puree

It does not hold its shape on a plate or when scooped but can be poured.

It cannot be eaten with a fork because it slowly drops through.

Example dishes would be **yoghurt, thick soup (with no bits)**



C

Thick Purée Diet

This is similar to texture B, however the food has been puréed to a **thick** consistency.

It does not require any chewing and should be smooth with no 'bits'. It must be moist and have a fine 'textured' quality.

It must not be rubbery, or sticky in the mouth.

Example dishes would be purée porridge, creamed potato.



D

Pre-mashed Diet

Food is soft, tender and moist and requires very little chewing.

Food needs to be mashed up with a fork before serving. It also requires a **very thick smooth sauce** which you cannot pour. An example of this type of sauce would be gravy or custard.

It is important that the food is **non-sticky** and does not contain any tough or chewy pieces. Example dishes would be mashed fish pie with sauce, mashed banana with custard.



E

Fork mashable Diet

This diet is similar to texture D, however in addition to being soft, tender and moist it does require some chewing.

Food can be mashed with a fork and requires a **thick, smooth sauce** e.g. gravy/custard.

Food must not contain any hard, tough, chewy or crumbly bits. An example dish would be either a moist cake (with no fruit pieces) or meat casserole.

Please refer to www.bda.uk.com for information regarding texture modified



WARNING SIGNS OF DYSPHAGIA

- * Chest infections* when eating & drinking*
- *loss of appetite/refusal of food*
- *significant drooling of saliva*
- *Coughing & choking*
- *reduced movement of oral musculature*
- *wet, gurgly voice *



Highlighting Areas of Good Practice

Mamora Residential Home
Clacton – on - Sea

Head Chef Adam Bush talks about his role in transforming the menu's at Mamora Residential Home.

"When I joined Mamora I was asked to re-design the menus and to fortify foods to ensure the residents were receiving a balanced diet. I have done this by using fresh, seasonal ingredients from our local suppliers, this has also been within budget. I aim to ensure that their main meal at lunch time consists of fresh meat or fish with at least two vegetables. We always have fresh fruit available for the residents. We also have homemade soups, pizza's and stuffed jacket potatoes which are not only full of goodness, it also ensures that the residents can have a hot meal in the evening if they wish. I have also replaced their afternoon tea and cakes twice a week with home made smoothies, which are made with fresh fruit and fortified with milk powder and ice-cream.



All cakes and pastries are made on site daily, despite being highly popular with residents these tea time treats also help those who need to gain essential weight. By making as much as possible from scratch and sourcing fresh products I am able to monitor the ingredients closely and ensure that the residents needs are being met."

The Community Dietetic Team have visited Mamora on several occasions over the past few months, we have been particularly impressed with the way in which all the staff work together to ensure that the residents nutritional needs are catered for. The Catering Department provide not only delicious but nutritious meals 3 times a day. These meals are also cleverly fortified for those who are at risk from weight loss and possible malnutrition. High calorie drinks and homemade treats are also available on request.

WELL DONE ALL AT MAMORA!

The Community Dietetics Team.

chu-ftr.foodfirst@nhs.net Tel: 01206 744552 Fax: 01206 744492