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Foreword



The number of people living to an older age is increasing in the western world. This presents real opportunities as well as challenges in supporting people who are experiencing care to live longer and healthier lives. In Scotland, we know a lot of older people are living well in their own homes but we also know that some require the help and assistance of registered care services. No matter where care is given, food and fluids play a vital part in maintaining and/or improving someone's health and wellbeing.

It is important for people experiencing care to have access to good food and fluids that meet their needs. It is widely recognised that effective care practice in food and fluids is much more than just eating and drinking. Most people's food choices are influenced by a variety of personal factors such as enjoyment, ethnic heritage and tradition, values, taste preferences, image, availability, convenience and economy. As people grow older their dietary requirements change. However, maintaining a good diet and keeping active can help prevent potential health problems and play a key part in living and ageing well.

[The Health and Social Care Standards](#) (2017) highlight how important it is for people experiencing care to have access to food and fluids that they want to consume and that meet their needs. The standards suggest that whenever possible people experiencing care can be supported to grow, make and cook their own food if they want to. Our aim is that the information in this document will help you meet the relevant aspects of the Health and Social Care Standards.

The document promotes the importance of a food first approach, which is an approach to treating poor dietary intake and unintentional weight loss using every day nourishing foods and drinks. It also promotes the importance of being creative when encouraging people experiencing care to eat and drink. The guidance can be used in conjunction with the range of food and fluid good practice resources on The Hub. These resources include examples of the creative ways that services have made eating and drinking fun and engaging. They also share ideas on how to involve people experiencing care in improving the dining experience and how to develop menus that are based on what people want to eat and drink.

We strongly believe that involving people in decisions about their own care is of fundamental importance. We expect care to be planned, delivered and reviewed in partnership between the person experiencing care and the person or people providing it.

Gordon Weir
Interim Chief Executive

Introduction

A healthy diet is based on a variety of foods and fluids in the proportions required to provide the correct amount of energy (calories) and nutrients (protein, fats, carbohydrates, fibre, vitamins and minerals). This ensures there is adequate nutrition every day to maintain body processes and protect from ill health. Food and fluids are not only necessary for life, but also a source of great pleasure, with important social, cultural and religious functions. Some people experiencing care will also have specific health needs that may impact on their nutrition. We expect that care providers adopt a food first approach and provide food and fluids that meet the person's needs and choices.

This guidance resource has been primarily written for use in caring for an older person but the principles could be applied to a wider adult age group.

Aims of this guidance

The aims of this guidance are to:

- provide information on older people's dietary needs and related food and fluid requirements
- encourage and support the provision of a balanced diet for people living in and experiencing care services
- highlight the importance of identifying and addressing malnutrition
- provide practical guidance around menu planning, and modifying food and fluids
- guide care and catering staff practice to help meet the needs of people experiencing care
- support the implementation of the eating and drinking section of the Health and Social Care Standards (2017) in care services.

Things to consider

- The care and support needs of older people who experience care have changed over recent years. This has included an increase in people who present with/develop complex food and fluid care needs.
- Providers of care services need to ensure they can meet individual food and fluid requirements, which can vary among the people experiencing their care services.

1. The Eatwell Guide

“I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.” Standard 1.33

“My meals and snacks meet my cultural and dietary needs, beliefs and preferences.” Standard 1.37

The information within this section will help care staff to meet the above standards as well as explore the care and support needs of some people experiencing care.

Firstly, it is important to understand the principle of healthy eating. Eating and drinking the right food and fluid to keep healthy and well is important throughout life, especially as we get older. It is also important to eat and drink a good variety of food and fluid as well as the right proportions. [The Eatwell Guide](#) published by food standards and public health experts gives more details about achieving a healthy balance.

We should all aim to eat a variety of foods from the five food groups in the proportions shown on the Eatwell Guide. This will provide the wide range of nutrients the body needs to remain healthy and function properly. It is not essential to achieve the balance shown at every meal. It can also be achieved over a longer period, for example over a few days.

The Eatwell Guide:

- is an illustration that helps us to understand what healthy eating means and it applies to children aged over five years, adolescents and adults, including older people in good health
- is not appropriate for babies, children aged under five years, frail older people, or people who are ill, as they may have more specific dietary requirements
- can be used in your general menu planning.

The Eatwell Guide applies to most people regardless of weight, dietary restrictions/personal preference or ethnic origin. However, please remember this guide may not be appropriate for those who are nutritionally at risk or following a specific therapeutic diet. A therapeutic diet refers to people experiencing care who have a diet that is modified from what may be considered a ‘standard diet’ and is prescribed to meet a medical or specific nutritional need.

If you are in doubt, always seek advice from the relevant healthcare professional who knows the person’s care requirements. For example, this could be the person’s GP, an advanced nurse practitioner or a dietitian.

Eatwell Guide

Check the label on packaged foods

Each serving (150g) contains				
Energy	Fat	Saturated	Sugars	Salt
1046kJ 250kcal	3.0g	1.3g	34g	0.9g
13%	LOW	LOW	HIGH	MED
	4%	7%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Eat at least 5 portions of a variety of fruit and vegetables every day

Fruit and vegetables



Eat less often and in small amounts

Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Potatoes, bread, rice, pasta and other starchy carbohydrates

Beans, pulses, fish, eggs, meat and other proteins

Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat

Dairy and alternatives

Choose lower fat and lower sugar options

Choose unsaturated oils and use in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

2. The five food groups

The five food groups are:

1. Bread, rice, potatoes, pasta and other starchy foods
2. Fruit and vegetables
3. Milk and dairy foods
4. Meat, fish, eggs, beans and other non-dairy sources of protein
5. Foods and drinks high in fat and/or sugar

Please note that food and drink from the fifth food group add extra choice and enjoyment, but should not be eaten in large amounts. These are included in the overall balance of the diet. Eating healthily is not about giving up all the foods that are enjoyed, but more about getting the right choice and balance of foods to meet requirements for nutrients and energy. Snacks, as well as meals, count towards this healthy balance.

[The Eatwell Guide booklet](#) developed by Food Standards Scotland has useful information, handy tips and advice that looks at the five food groups in detail.

[Healthy Diet and Lifestyle for ethnic minority older people \(2015\)](#) is a resource that aims to help people from ethnic minority backgrounds with their diet and lifestyle as they grow older. It reflects many aspects of the Eatwell Guide and although it can be applied widely, it has been designed for people over 60 years old.

3. Food and fluid: things to consider

"If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected." Standard 1.34

"If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible." Standard 1.38

The Health and Social Care Standards make it clear that people experiencing care should be involved in all aspects of their food and fluid care, and where assistance is required this should be done discreetly and in a dignified way and personal preferences should be respected.

It is generally accepted that people experiencing care should be encouraged to eat regularly throughout the day. This includes having breakfast, lunch and an evening meal along with two or three snacks between meals. It is important to include a wide variety of food and fluid in the diet to ensure the requirements for energy and other nutrients are met. It is also important to consider the person's wakened day to ensure enough food and fluid is taken during this time as it will be different for each person. Wakened day refers to the time the person experiencing care gets up to start their day and ends when they retire to bed. This is the window of opportunity when staff must ensure that the person gets enough to eat and drink that meets their needs.

"Residents really look forward to mealtimes and eating the food they have chosen."

Extract from inspection report

In addition to using the Eatwell Guide and a general menu checklist as a basis for meal planning and menu choice, the following factors should be considered. A menu checklist is a tool that will help to ensure that all the food groups are reflected in the required quantities when planning a menu cycle. A sample planning tool is available within the [Spotlight on Food and fluid section](#) of The Care Inspectorate's Hub.

Energy

Activity levels generally tend to decrease with age, therefore an older person may require less energy. Their requirements for other nutrients will not have decreased, but may actually have increased. Therefore, their diet needs to be high in quality rather than quantity. Smaller portions served more often may be more appropriate in order to maintain a good intake of food and fluid throughout the person's wakened day. Where there is an increased energy requirement for some people, for example those with an underlying condition such as chronic obstructive pulmonary disease (COPD), Parkinson's or dementia, staff should take appropriate steps to ensure that their food and fluid needs are being met. Advice and guidance is available from your [local NHS dietetic service](#) and their contact details can be found on the individual board's website.

Obesity can also impact on activity levels as well as increasing the risk of developing conditions such as coronary heart disease, type 2 diabetes, high blood pressure, osteoarthritis, joint pain and obesity-related cancers, as well as issues with skin integrity. If activity levels are low, it may be helpful to discuss reducing portion sizes and cutting down on foods and drinks which are high in fat and/or sugar in order to avoid a person gaining excess weight. This needs to be balanced with personal choice and preferences and should be discussed with the person experiencing care, their loved ones and/or their representative.

The Care Inspectorate's [Care About Physical Activity \(CAPA\)](#) resource can be used to support people to increase their level of physical activity and move more each day in line with current recommendations. Please note that adequate protein intake is also important for preserving muscle mass which is needed to keep active. For more information on meat, fish, eggs, beans and other sources of protein visit the [Eatwell Guide website](#).

Fibre

Constipation is a common problem for older people due to:

- reduced intake of foods that are rich in fibre, for example wholemeal and wholegrain bread and cereals
- reduced fluid intake
- decreased physical activity
- decreased physiological function, for example reduction in peristalsis of the bowel
- certain medications such as opiates.

People who present and/or develop constipation should be offered more food and fluids that support healthy bowel function. This should include increasing daily fluid intake as well as foods that are naturally rich in fibre including fruit, vegetables, wholegrain breads and high-fibre breakfast cereals. A food and fluid first approach should always be considered before resorting to the use of medications to manage constipation.

"We have people eating vegetables now who did not before because they grow them themselves."

Care provider

It is important to:

- increase dietary fibre slowly, as bowel discomfort, flatulence and distension may occur if fibre is taken in large quantities initially
- note that wholegrain foods may also have a protective effect against heart disease, type 2 diabetes and some cancers
- look at the type of fluids people are drinking as some may have a dehydrating effect on bowel function, for example drinks that contain caffeine
- increase fluid intake along with an increased fibre intake.

Please note that Baker's Bran is not recommended in the diet as it contains phytates, which can bind with minerals such as calcium, zinc, iron and copper, and prevent them from being absorbed by the body. High-fibre breakfast cereals such as All Bran, Bran Flakes or Weetabix will not affect absorption and are suitable to encourage.

The Hub has advice and support around promoting [bowel and bladder health](#) which includes encouraging people to move more as this helps reduce constipation. The [Care About Physical Activity \(CAPA\)](#) resource will support you with this aspect of care.

Iron

Iron is essential for health as it helps carry oxygen around in the blood. A lack of iron in the diet can result in anaemia and symptoms include pale skin, tiredness and dizziness.

The best sources of iron are animal sources such as red meat – for example beef, pork, lamb, liver, kidney and some canned fish. There are challenges for vegetarian and vegan diets. However other good sources of iron are green leafy vegetables, pulses, beans, nuts, wholemeal bread and fortified breakfast cereals. Please see [The Hub](#) for ideas and suggestions on meeting the needs of a person who is a vegetarian/vegan and go to the [Vegetarian for Life](#) or [Vegan Society](#) websites for more information on recipes and ideas.

Iron from plant sources is not absorbed by the body as well as iron from animal sources. However, eating foods rich in vitamin C along with iron-containing plant foods improves the absorption. Sources of vitamin C include citrus fruits such as oranges, lemons and grapefruit (and their juices), pineapples, kiwis, peppers, potatoes and tomatoes. An example of this is drinking unsweetened fruit juice such as orange, cranberry or grapefruit juice (unless contraindicated) with meals.

Zinc

Zinc is an important mineral for healing wounds. A balanced diet should provide enough zinc to remove the need for a supplement. Good food sources of zinc include green vegetables, cereals, dairy foods, beef and pork.

Calcium

Osteoporosis, or brittle bone disease, is a major problem affecting older people, especially women. It occurs when bone mass is reduced, which increases the risk of fracture.

Adequate calcium intake and regular weight-bearing activity such as walking, dancing or climbing stairs throughout life can help maintain bone density and prevent the development of osteoporosis. Milk and other dairy products are the best sources of calcium and three portions should be taken daily. In the absence of osteoporosis, a calcium supplement should not be required if adequate calcium and vitamin D are taken, as they work together to optimise bone health.

People suffering from osteoporosis, osteoarthritis or both may be prescribed calcium and vitamin D supplements. They should be encouraged to take these supplements and still aim for three portions of calcium-rich food per day. Eating a balanced diet, rich in calcium, reduces the risk of falls and fractures, especially as we get older. For more information go to The Hub's [Falls and Fractures resource](#).

Vitamin D

"If I live in a care home, I can use a private garden." Standard 5.23

Vitamin D is vital to help the body absorb calcium and it also helps muscles to work effectively. The best source of vitamin D is sunlight. Older people can become deficient of vitamin D, especially if they do not go outdoors very often. It is important that older people are encouraged and supported to spend time outside, especially during the months of May to September. However, skin should not be exposed to bright sunshine for more than 20 minutes without protection as it increases the risk of skin damage.

Good sources of vitamin D include oily fish such as mackerel, pilchards or salmon, butter, eggs, margarines, spreads, skimmed milk powder and whole milk (full fat) as well as breakfast cereals fortified with vitamin D. All UK health departments recommend that people aged 65 years and over, and people who are not exposed to adequate sun, should take a daily supplement containing 10 micrograms of vitamin D per day. For more information please refer to the Scottish Government [vitamin D recommendations](#) and The Hub's [Falls and Fractures resource](#). The Care Inspectorate [building guidance](#) has more information on outdoor facilities.

"Being able to potter in the garden is so important to my mum. She always loved being outside and I am so pleased that she can still go out whenever she wants."

Relative

"Even on the third floor, I can get access to sun because of the lovely roof terrace."

Person experiencing care

Omega-3 fatty acids

Omega-3 fatty acids have been proven to reduce blood clot formation and therefore help prevent the onset of coronary heart disease or stroke.

It is recommended that we eat two portions of fish per week, one of which should be oily. Mackerel, salmon, pilchards and herring are especially good sources of omega-3 oils and can be eaten either tinned or fresh. People who don't like oily fish can be offered a fish liver oil supplement but it is better to eat the fish rather than take a fish liver oil supplement. The person's GP should be informed of any over-the-counter supplements being taken.

Other fats

People experiencing care should be encouraged to use polyunsaturated fats such as sunflower or corn oil, and mono-unsaturated fats such as rapeseed and olive oil, rather than butter, lard and suet, as these contain more saturated fat which may increase the risk of heart disease. All fats should be used in moderation.

Salt

Too much salt can cause high blood pressure (hypertension), which increases the risk of stroke and heart disease. So, it is important to limit the intake of salt.

At least 75% of the salt in our diet is already added to our foods by manufacturers during processing. Foods such as bacon, ham, cheese, meat pies, ready-made meals and frozen pizza are all high in salt, so should only be eaten occasionally.

Sea salt and rock salt contain the same amount of sodium as table salt and are therefore of no added benefit. Lower salt and sodium substitutes such as LoSalt, Herbamare, Ruthmol, Selora or other reduced salt varieties are also not recommended as these may encourage the desire for salty foods and can be high in other minerals.

Older people have a reduced sense of taste so it is important to use other flavourings, such as pepper, herbs, mustard, spices or vinegar, to avoid food tasting bland. Tastes change over time, so don't assume that an older person won't like spicy or different foods that they may not have eaten previously.

Fluids

"I can drink fresh water at all times." Standard 1.39

"If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected." Standard 1.34

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty." Standard 3.18

"My care and support is consistent and stable because people work together well." Standard 3.19

Drinking water is important as our bodies constantly lose water when we breathe, sweat, and go to the bathroom — so we need to replace it. We also lose body fluid when it's warm or when we are exercising therefore during these times it's important to drink extra water.

It is also important to ensure that people experiencing care have plenty of fluids each day including fresh water as this helps them to digest food, absorb nutrients, and then get rid of the unused waste.

Care staff should ensure that:

- fresh hot and cold fluids are offered with and between meals
- cups are not overfilled
- appropriate cups or mugs are used, for example adaptive, coloured and insulated crockery may be helpful
- milk and sugar is offered/added according to personal preference
- small tables are available in rooms or sitting areas for people to put their drinks on, and these should be within reach of where people are sitting

- cups are placed in the hands of those people who cannot reach for their drink and/or do not know that their drink is available
- the consistency of fluids is in keeping with any speech and language therapist guidance as stated within the person's care plan
- any concerns about a person's risk of dehydration should be documented in their care plan, with clear instructions on how to prevent it or reduce the risk.

Keeping hydrated can help regulate body temperature and assist in reducing, preventing or treating:

- headaches
- urinary tract infections
- constipation
- dizziness – this can lead to falls
- confusion
- kidney stones
- poor oral health
- pressure ulcers/skin conditions
- mental confusion
- irritability.

How much fluid should a person who is experiencing care drink?

There is a range of guidance available that will assist in determining how much fluid a person should be encouraged to take on a daily basis. Online resources include:

- [Water for Health Hydration Tool Kit](#)
- [BDA fluid fact sheet](#)
- [Food In Hospitals National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland \(March 2016\)](#)
- [Standards for Food, Fluid and nutritional care \(October 2014\)](#)
- [Five tips to boost good nutrition and hydration in older age.](#)

Some guidance suggests working on the basis of 30mls x the person's weight in kg = minimum daily fluid intake. Other guidance suggests that adults including older people should drink 1600 mls (women) to 2000mls (men) of fluids per day to reduce the risk of dehydration. Personal choice and preferences will also need to be considered but it is generally accepted that people should aim for at least six to eight standard cups or mugs per day (a minimum of 1.5L-1.6L for women and 2L for men where there are no clinical contra-indications). It would be helpful to give care staff clear guidance on how many mls are contained within the glasses, cups mugs and ladles etc. used within the service. This will help in the accuracy of recording fluid intake as well as keeping everyone on track with achieving individual daily fluid intake goals.

Further guidance has been developed by the Scottish UTI Network (SUTIN) linking the benefits of drinking more with reducing the risk of acquiring a urinary tract infection as well as improving the health and wellbeing of people. More information can be found on the [SUTIN website](#).

What counts towards daily fluid intake?

All non-alcoholic drinks such as milk, tea, coffee, soup, fruit juices and jelly count towards daily fluid intake. However, water, milk and unsweetened fruit juices are the healthiest choices. Unsweetened fruit juices are a good source of vitamin C but are better if taken at meal times as they are high in natural sugars and also support the body's uptake of iron.

Please note that tea, coffee and some carbonated drinks contain caffeine which, if taken in large quantities, can contribute to dehydration. You should try to alternate these types of drinks with a glass of water or juice.

What can impact on a person's ability to stay hydrated?

A person's ability to stay hydrated can be affected by many things, so it is important for care staff to remain vigilant to the signs and symptoms of dehydration and take appropriate action as required.

Some signs and symptoms of dehydration include:

- drinking less than usual
- feeling thirsty (although not everyone feels thirsty)
- reduced urine output compared to the person's usual output
- dark coloured or small amounts of urine
- headaches
- tiredness/lethargy
- dry mouth, lips or eyes
- lack of concentration
- new or increased confusion that is different to the person's normal behaviour
- agitation
- constipation
- new or recurrent urinary tract infections
- delirium.

Care staff should be aware of the things that may require a person to increase their daily fluid intake such as:

- warmer weather
- increased physical activity
- episodes of vomiting and/or diarrhoea
- pyrexia (high temperature)
- large stoma output
- wound exudate
- general malaise and illness.

Care staff should note the following points about fluid intake.

- Some older people have a decreased sense of thirst and can go without fluids for a long time while others are concerned about needing to use the toilet more often, so consciously drink less. Getting enough fluids is essential, so if people are concerned about needing to use the toilet during the night, consider encouraging foods which have a higher fluid content such as soup, milk puddings and jelly.
- Oral nutritional supplements (ONS) that have less than 80% water content cannot be counted in as part of fluid intake although they have some fluid content. These ONS are classed as food supplements and will not normally be given at the same time as meals. Please speak to your dietitian for more information how these should be recorded on a food and fluid chart.
- Fluid intake may need to be restricted for some people living with conditions such as heart failure, renal disease or liver disease. Specific instructions must be reflected within the person's care plan following discussion with the relevant healthcare professional.

For people with dysphagia and swallowing problems, the speech and language therapist may recommend modifying fluid consistencies, using prescribed thickening agents. Follow their advice carefully to reduce the risk and/or likelihood of choking and/or extensive aspiration. This may require care staff to provide extra support and encouragement to the person to take drinks.

Alcohol

Although many people enjoy alcohol socially, it is important to remember that alcohol in large quantities can be a significant source of calories (which may result in weight gain). Alcohol can also impair judgement, which can increase the risk of falls. Many older people also take prescription or over-the-counter medication and should be advised to check if this will be affected by drinking alcohol.

People are advised to have no more than two or three units of alcohol per day, and no more than 14 units over a week.

A unit equals approximately:

- ½ pint (approximately 284ml) of standard beer, lager or cider
- 25ml measure of spirit
- 80ml wine (this is based on 12% volume).

People should be encouraged to drink within or below these limits due to the increased risk of health problems, as well as the increased risk of falls. The Scottish Government website has more information about [alcohol guidelines](#).

Alternatives to alcohol-based drinks

Creating alcohol-free drinks with party appeal is easy. It might be worth exploring non-alcoholic alternatives such as mocktails and smoothies that not only can be fun to make but taste good too. Drink Aware has a range of [mocktail recipes](#).

Food allergies and intolerances

“I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing that I may be unhappy or may be at risk of harm.” Standard 3.21

“My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.” Standard 4.14

It is important for care and catering staff to understand any allergies or intolerances among the people they care for and support. Staff should be confident about how people’s allergies and intolerances present, and how best to avoid their food containing or being contaminated by allergens. Staff should also be confident in how to respond to the symptoms of allergies or intolerance, including in an emergency.

There are 14 specified allergens that must be identified in supplied foods:

- cereals containing gluten (wheat, rye, barley, oats)
- crustaceans (prawns, scampi, crabs, lobsters, shrimp paste which is prevalent in Thai cooking)
- eggs (mayonnaise, cakes, mousses, pasta, sauces, food brushed or glazed in egg)
- fish (anchovies in Worcester sauce, salad dressing, relish, stock cubes)
- peanuts
- soya (tofu, miso paste, desserts, ice cream, veggie burgers)
- milk
- tree nuts (almonds, hazelnuts, walnuts, cashews, pecans, brazil, macadamia, pistachios)
- mustard (plant, seeds, powder, oil, flour and table)
- sesame seeds (bread, breadsticks, sesame paste, tahini and hummus)
- sulphur dioxide (SO₂ to retain colour/preservative used in dried fruit, wine, beer, soft drinks)
- celery (seeds, stalks, leaves and roots)
- lupin (flour and seeds for pizza bases, bread, pastries and pasta)
- molluscs (oysters, squid, octopus, cockles, mussels, scallops and snails).

Further information about allergens

- The Food Standards Scotland offers free [online training on food allergies and intolerances advice](#) and an online tool to [analyse recipes for calories and allergies](#).
- British Dietetic Association – [Allergies and Intolerances food facts](#).

4. Summary of the main food and fluid considerations for older people

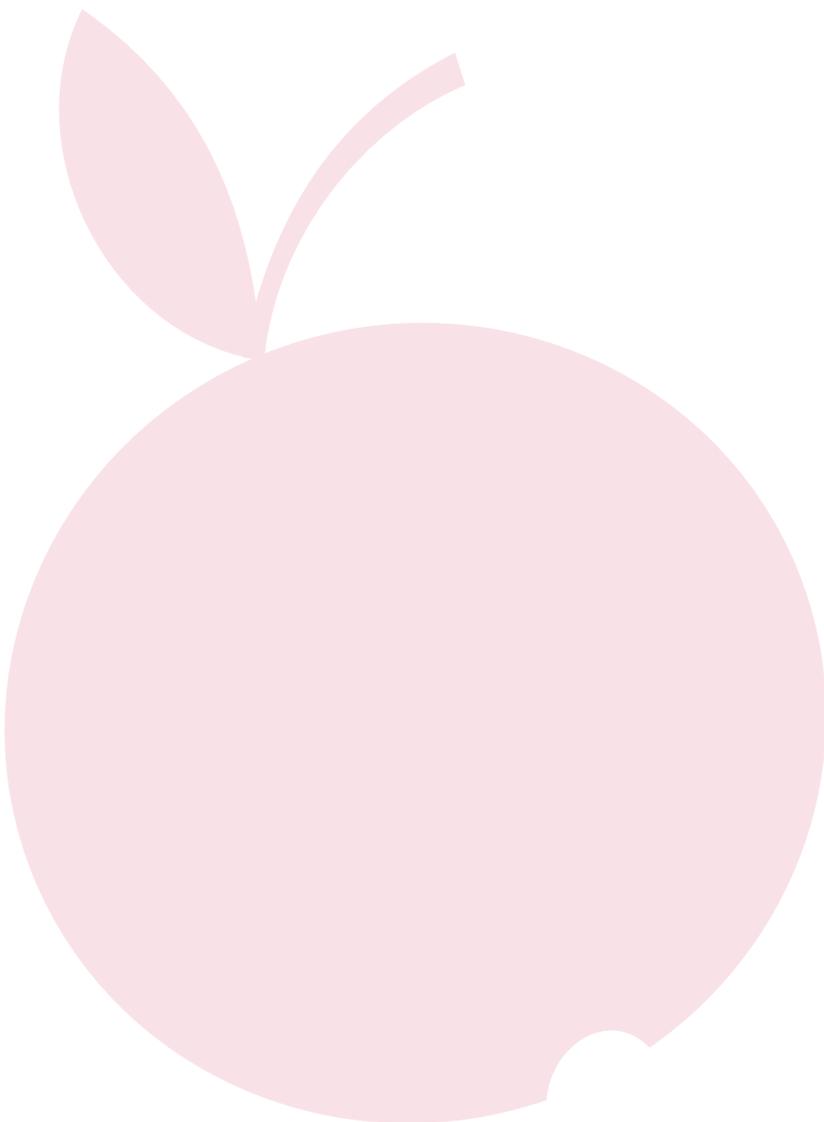
People experiencing care should be supported to drink regularly throughout the day and to eat three meals each day – breakfast, lunch and an evening meal.

It is suggested that main meals during the day should be served no fewer than four hours and no more than five hours apart. The interval between the last snack of the day and breakfast the next morning should be no more than 12 hours. Personal choice and individual eating and drinking patterns need to be considered but care staff must ensure that a good food and fluid intake that meets the person's care requirements is maintained during their wakened day.

Some key points to remember:

- Always aim for a food and fluid first approach.
- Small portions should be offered more often where the person has a smaller appetite. Making two or three nutritious snacks or drinks available between meals each day can help improve/maintain a person's food and fluid intake.
- In each meal, include at least one portion from the food group of bread, rice, potatoes, pasta and other starchy foods.
- The person should be offered at least two foods from the meat, fish, eggs, beans and other non-dairy sources of protein group daily.
- Aim to provide three portions of calcium-rich foods each day, for example yoghurt, cheese, milk or milk-based puddings.
- The person should be offered the opportunity to eat a minimum of five portions of fruit and vegetables each day.
- A person experiencing care should be encouraged and supported to drink a variety of fluids each day, including water, milk, fruit juice, squash and tea or coffee.
- Knowing how many mls are contained within the glasses, cups and mugs used within the care service will help in the accuracy of recording fluid intake as well as keeping everyone on track with achieving the person's daily fluid intake.
- It is important to be aware of when the person gets up and when they go to bed as this is the time to make sure that he/she gets enough to eat and drink to maintain and/or improve their daily intake.
- It is important to be aware of any key time when the person likes to eat and drink more as this could be an opportunity to ensure the person eats and drinks well.

- Specific food and fluid advice may be required for people who are living with long-term conditions such as dementia, diabetes, coeliac disease or malnutrition.
- Advice may also be required when caring for someone with eating, drinking and swallowing issues. Specific care requirements must be recorded within the person's care plan and be reviewed in line with legislative requirements as well as when the person's food and fluid care needs to change.
- Any food and fluid changes should be communicated to all staff including the care and catering staff. The service must have a process in place for sharing the appropriate information in a timely manner to reduce any risk to the person experiencing care.
- Sometimes it may be better to focus on the enjoyment of eating and drinking and the wider aspects of the dining experience rather than the need to maintain a healthy diet. Eating and drinking something is better than nothing so compromises may need to be made in some circumstances.



5. Creating the right environment to eat and drink

"I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." Standard 1.33

"If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected." Standard 1.34

"I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible." Standard 1.35

"If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate." Standard 1.36

"My needs are met by the right number of people." Standard 3.15

"My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells." Standard 5.18

It is recognised that mealtimes aren't just about the food and fluid we eat and drink, it's also about who we share our meal with, where we sit, being comfortable and having a nice environment to sit and have a meal.

The way food and fluid is presented, how and where it is served and the choices that are given to people also make a real difference to the experience as eating and drinking is a big part of everyone's day.

There are a range of good practice resources available on [The Hub](#) including examples from people living/working in care services sharing their ideas and learning around what a [good dining experience](#) might look like. It's important to remember that sometimes the smallest things have the biggest impact.

"We could see that staff had taken time to have dining tables attractively set, provided an appropriate level of support to each resident, offered choice (including visual choice) and encouraged good intakes of food and fluid. Residents appeared settled and we received positive comments in relation to food options offered."

Extract from inspection report

Menu planning, mealtime availability and choices

"The biggest surprise was how popular spicy dishes were."

Care home catering manager

The following are important points to consider when planning menus and [creating the right environment](#) that encourages people to eat and drink.

- Discuss the person's [food preferences](#) or any dietary requirements on admission in a planned structured way and at regular intervals during the length of their stay as preferences can change over time.
- When a therapeutic diet is required as part of someone's medical treatment, the advice of a dietitian may be required (please refer to your local NHS board referral criteria).
- Involve the person who is experiencing care in planning menus, including those who require therapeutic diets. This will give them the opportunity to shape the choice of food and drinks which are available. In some instances, photographs or pictures may be useful to help people make informed decisions.
- Regularly review and change menus to ensure they take account of personal preferences, as well as seasonal and local availability of food and drink.
- Write menus in a familiar language and display them in a clear format and location so that people experiencing care are aware of what is being offered at each mealtime. A 'show and tell approach' is encouraged at each mealtime to allow people to make choices at the point of service as they may change their mind or not remember what they had ordered.
- In all cases consider the person's choice of when and where to have their meals. A flexible approach to mealtimes should be offered to those people who choose to have their meals at times other than at the standard mealtime routine.
- Make quick-to-prepare 'short order' foods available such as soups, bread for toast and sandwiches, beans and pastas which care staff could prepare to order. This helps when a person requests to eat outwith the standard mealtime routine or for those who wish a light meal.
- Serve meals and snacks (and extra servings if requested) every day at regular intervals while at the same time considering the person's assessed need.
- Offer bedtime drinks made with milk in addition to a range of refreshments and snacks to support the identified dietary and nutritional needs across the care service.
- At each mealtime have available at least two choices for each course for everyone, including those people who require a therapeutic diet and/or alternative diet choice. Personal choice and preferences must be considered as well as taking account of what the person's previous eating and drinking pattern was.
- If someone requires a particular diet, record the reason for this in their care plan.
- Where the person is placed on a food diary and/or a fluid chart record, the reason for their use must be reflected within their care plan along with clear instructions on what is to be recorded on them. For example, record of the actual food and fluid taken, including the portion size. This information can be used to assess whether the person is eating and drinking enough and whether this is sufficient to

maintain their health. Care plans should be developed to resolve any concerns early and to reduce the risk of malnutrition.

Appearance, aroma, temperature and texture of food

"Why shouldn't people who are experiencing care have fun and exciting foods that everyone else has the opportunity to enjoy? It's important that we create the food and drink that people want to eat."

Care home catering manager

People eat with all of their senses. So, it is important to remember the following points.

- A variety of cooking methods, colours, flavours and textures should be offered, and food should be served away from unpleasant smells.
- Catering and care staff should ensure that food looks and smells attractive and that it is appealing to the person.
- Catering and care staff must ensure that food is served at the correct temperature, even for those people who eat slowly.
- People who eat slowly may benefit from smaller portion sizes with the option of a second helping. This will help to ensure the food is kept fresh and warm.
- Occupational therapists can advise on adaptive crockery/cutlery and other equipment to help the person remain independent.
- Portion sizes should be adjusted in line with individual circumstances and should be increased or decreased depending on the person's personal preferences and appetite.

Mealtime preparation

"Mealtimes were well managed, sociable occasions. Staff had a good understanding of the importance of supporting people to enjoy their meals to promote wellbeing and health. We saw that staff supported people appropriately to eat and drink. Residents enjoyed a good range of drinks and snacks between meals."

Extract from inspection report

Some services may have a mealtime co-ordinator who will ensure that all staff participating in the mealtime experience have received a handover which identifies and accurately reflects the needs of people experiencing care. Whether or not a mealtime co-ordinator is available, all those participating in the mealtime experience must know who:

- are nil by mouth (NBM)/fasting
- require a particular diet, including texture modified and/or fortified diet
- require support, assistance, supervision and/or monitoring during mealtime
- require encouragement or assistance to prepare for mealtimes by reviewing comfort, including position,

- seating and location for mealtime, access to bathroom/hand wash facilities and access to fresh water or alternative to accompany their meal
- have chosen to eat in their own rooms or have chosen to sit with others/friends
 - require the use of adapted cutlery/crockery/aids at mealtimes and are being assisted by care staff or family, ensuring their personal care needs are explicit, including any requirement for recording information
 - have new/changing needs with their food, fluid and nutritional intake.

Assistance with meals

People should be enabled to eat and drink with minimal assistance, encouraging independence wherever possible. Where this is not possible, care staff should have the skills and knowledge to assist and support them. Staff should understand the person's likes and dislikes, special dietary requirements, allergies and whether they need adapted cutlery and crockery. Assistance should be discreet, sensitive and tailored to the person's need.

When the person requires assistance, care staff should:

- sit at eye level or slightly below, making good eye contact with them
- focus on the person they are helping
- assist gently, but never force
- use verbal prompts to enhance the dining experience such as talking clearly about the food you are offering (especially if texture is modified or if the person has a visual impairment)
- stay with the person they are assisting throughout their meal
- discourage the person from talking with food in their mouth as this might increase the risk of choking
- offer sips of fluid between mouthfuls
- look for cues when the person is ready to eat some more.

For people who do not wish to sit during mealtimes, care staff must use alternative strategies to ensure that these people receive their food and fluid while on the move (see pages 39–43).

Here are some other ideas that providers may want to consider in order to assist people to eat and drink well at mealtimes.

- Staff can share a meal with the person experiencing care. This is a good way of providing assistance discreetly as well as creating an opportunity for care staff to encourage others to eat and drink well.
- Involving family/friends in sharing a meal with the person experiencing care is also a good way of creating the social element of eating and drinking which can have a positive impact on the person's food and fluid intake.
- To reduce the risk of malnutrition offer extra snacks between meals and/or explore fortifying foods.
- Identify people with a reduced and/or decreasing appetite, sore mouth, lost dentures or no/few teeth as they may prefer to eat a softer consistency diet. Care staff should make a variety of texture modified meals, snacks and drinks available that can meet person's needs. The details should be recorded within the care plan.

- Offering a range of food and fluid choices for people who require a specific dietary requirement can also encourage people to eat and drink more.

Caring for someone with an identified eating, drinking and/or swallowing issue

"I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services." Standard 1.28

Care and catering staff should be aware of the current national modified texture descriptors which were issued in 2012. On 1 April 2018 the roll out of [International Dysphagia Diet Standardisation Initiative \(IDDSI\)](#) food and fluid descriptors began. They give details on the types and textures of food and fluid people experiencing care who have an eating, drinking and/or swallowing difficulty may be advised to follow. You may need to cross reference to both documents until IDDSI is fully implemented.

If there are any concerns about a person's ability to swallow, a referral can be made to the local speech and language therapy service to assess his/her eating, drinking and swallowing function. Linking in with other health and social care professionals may also be helpful to get advice about issues such as positioning and environmental factors that can support people to eat and drink safely. Advice can also be given on adapted crockery, cutlery, and other aids/adaptations that might be useful. Please follow local policy to access specialist support that the person needs.

Reducing mealtime interruptions

It is important that non-essential interruptions at mealtimes, for example visits by a healthcare professional, are kept to a minimum. By removing essential staff from supporting people during mealtimes there is the potential that they may not receive assistance with eating and drinking, meals may not be served in a timely manner and observational assistance may be lacking in the care of those people who require it. Disrupting mealtimes can impact on the social aspects of mealtimes, distract the person from eating and drinking, and can lead to meals becoming cold and/or abandoned.

Consideration should be given to offering people the chance to access the toilet before the meal begins to make sure they are comfortable and reduce the need for them to go to the toilet during the meal, therefore reducing distraction and disruption. This approach can also reduce the incidence of incontinence. For more information, see the [Bowel and Bladder section](#) of The Hub.

Family and friends should always be encouraged to join in at mealtimes as this may support and encourage the person to eat and drink well in a more social environment.

"The home's cafe area provided a central point for residents and their visitors to meet and people told us that they used it all the time. Private dining facilities were also available which residents and their families had used to celebrate special occasions."

Extract from inspection report

Providing a high quality food and fluid service

“I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.” Standard 4.19

Catering considerations

- Quality assurance of the overall provision of food and fluids should be monitored to ensure that it meets the food and fluid needs of the people who experience the service. This could include monitoring satisfaction around the available food and fluid choices, the quality and presentation of the food and fluid provided and the overall dining experience. This will require the service to be creative in how it captures the views of the people experiencing the service.
- High standards of food hygiene must be in place. Staff who prepare and serve food should be trained to an appropriate level relevant to their role. [The Royal Environmental Health Institute of Scotland](#) has information around accessing education and training for the care sector.

Practical tips to help make the most of mealtimes

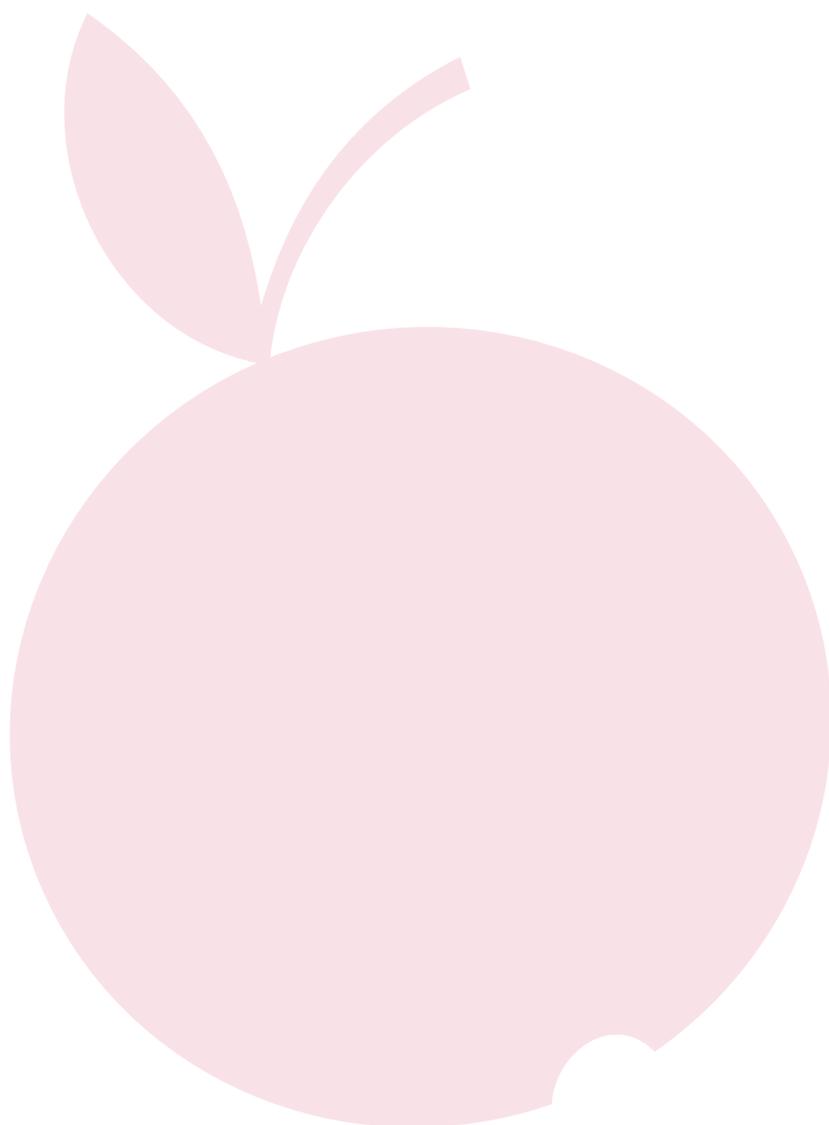
To make the most of mealtimes, care staff should ensure that the person experiencing care:

- receives the meal they chose that meets their food and fluid needs and preferences – a ‘show and tell’ approach can be used at point of service
- has their food and drink within easy reach
- has access to drinks during their meal and sips are offered between mouthfuls when assistance is required (if appropriate)
- is wearing (if appropriate) the correct glasses, dentures and hearing aid as this will help enhance their dining experience
- is sitting in a comfortable upright position with any support required in place
- has non-essential interruptions kept to a minimum
- has assistance provided where required (open packets, cut-up food, drinks poured etc.)
- has support available to eat and drink where required, for example adaptive cutlery/crockery
- is eating and drinking in an environment with appropriate lighting, that is also calm, relaxed with noise and non-essential interruptions kept to a minimum
- is sitting at a well-presented table with appropriate crockery, cutlery (adapted as necessary) and condiments available
- is positively encouraged to eat and drink throughout their wakened day and doesn’t feel rushed especially if they are being supported to eat
- has access to staff in appropriate numbers during mealtimes to help the meal service run smoothly.

Where there is a food and fluid chart in use, it is important that after every meal/snack that all food and fluid record charts are completed to record accurately what the person actually ate and drank. This will assist in collating an accurate 24-hour intake for the person and help care staff make informed judgements and decisions around care.

The following statements have been adapted from [NHS Dumfries and Galloway’s communication and mealtime toolkit](#) (2012). They may help when thinking through what should be considered when planning and creating the mealtime experience.

- Make sure the person is comfortable, in a good position, not in pain and has been to the toilet.
- Eating and drinking is a big part of everyone's day, so let's make sure it's enjoyable.
- Appetising smells and good presentation may help people enjoy their meals more.
- Likes and dislikes - find out what matters to the person that will help them to eat and drink well.
- Tell the person what they are eating and drinking, go at their pace, allow time to chew and swallow, offer small sips of fluid between mouthfuls.
- Independence - let the person eat and drink without assistance when possible, but offer help as needed
- Modify food and fluid consistencies to meet the person's eating, drinking and swallowing needs.
- Environment - create a calm and relaxed space that keeps noise and interruptions to a minimum as well as promoting the social aspects of eating and drinking
- Social aspects of eating and drinking play an important role in the overall health and wellbeing of the person. Special occasions should be recognised, and family and friends should be encouraged to share a meal with the person. When possible, staff should also sit and share a meal with the person.



6. Malnutrition and nutritional screening

Malnutrition

Malnutrition is a serious condition that occurs when a person's diet doesn't contain the right amount of nutrients. It means poor nutrition and can refer to:

- under nutrition – not getting enough nutrients
- over nutrition – getting more nutrients than you need (see page 36).

Malnutrition is both a cause and a consequence of ill health. Malnutrition is frequently undetected and if left untreated can result in a wide range of consequences including:

- increased risk of infection/complications
- increased risk of hospital admission and longer stays in hospital
- impaired or delayed wound healing
- reduced fat and lean body mass, increasing the risk of developing a pressure ulcer
- reduced respiratory muscle function, resulting in increased risk of developing breathing difficulties, chest infection and respiratory failure
- reduced muscle strength and fatigue which can lead to a reduction in mobility/activity and increase the risk of falls and altered drug metabolism, which can increase side effects such as dry mouth, loss of taste, constipation, diarrhoea, drowsiness
- increased risk of depression, confusion, irritability and apathy
- reduced quality of life.

Causes of malnutrition

There are numerous causes of malnutrition. Some of the main reasons it can occur are listed below.

a. Reduced energy intake due to:

- anorexia
- pain, side effects of analgesia or refusal of medications
- depression
- physical inability to get food into the mouth, for example due to stroke or neurological conditions such as motor neurone disease (MND) and multiple sclerosis (MS)
- the need for assistance to eat and drink
- the inability to chew, which could be attributed to poor dentition, ill-fitting dentures, mouth infections or ulcers
- dysphagia (swallowing problems)
- taste alterations/food aversions
- constipation.

b. Nutrients may not be adequately used due to:

- poor absorption
- periods of diarrhoea or vomiting
- impaired metabolism, inability to breakdown and/or absorb nutrients.

c. Increased demand on the body due to:

- surgery
- sepsis
- general illness/infection
- disease
- pressure ulcers/skin break down.

Identification of malnutrition

“My future care and support needs are anticipated as part of my assessment.” Standard 1.14

It is expected that people living in a social care setting will have a personalised food and fluid care assessment. This should be completed on admission using a validated nutritional screening tool (Malnutrition Universal Screening Tool), and repeated at least monthly thereafter to help identify and support anyone who presents as at risk of malnutrition.

Other social care service types should liaise with the relevant healthcare professional when a concern is identified that may increase the risk and/or likelihood of the person experiencing care developing symptoms of malnutrition. Any agreed actions should be recorded within the care plan where appropriate.

Common signs and symptoms of malnutrition include:

- [unintentional weight loss](#) – losing 5-10% or more of weight over three to six months is one of the main signs of malnutrition
- a low body weight – people with a [body mass index \(BMI\)](#) under 18.5 are at risk of being malnourished (use the [BMI calculator](#) to this work out)
- lack of interest in eating and drinking
- feeling tired all the time
- feeling weaker
- getting ill often and taking a long time to recover
- in children, not growing at the expected rate or not putting on weight as would normally be expected.

BAPEN (the British Association of Parenteral and Enteral Nutrition) has developed an [online Malnutrition Universal Screening Tool \(MUST\) calculator](#).

For those older people who require enteral tube feeding, care staff should refer to local dietetic services for guidance or support. Healthcare Improvement Scotland has also developed a standards document, [Complex Nutritional Care Standards](#), to support care delivery for those people who present with complex nutritional care needs.

The Mental Welfare Commission (MWC) has a range of [publications](#) including guidance around Nutrition by Artificial Means.

Nutritional screening

“My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.” Standard 1.15

Nutritional screening should be carried out on everyone admitted to a care home, then monthly or more often according to the person’s nutritional status. Everyone at risk of malnutrition should have a written care plan in place and appropriate means to implement and deliver [individualised nutritional care](#). Referrals should be made to the local dietetic department according to local policy.

BAPEN has developed guidance and resources to support the use of the Malnutrition Universal Screening Tool (MUST) across a range of settings. If the person experiencing care cannot be weighed conventionally then use alternative methods to estimate their weight.

Body mass index (BMI) and weight loss charts are from BAPEN. For more information visit the [BAPEN website](#).

Measuring weight

The following points should be considered to ensure an accurate weight is recorded for people experiencing care.

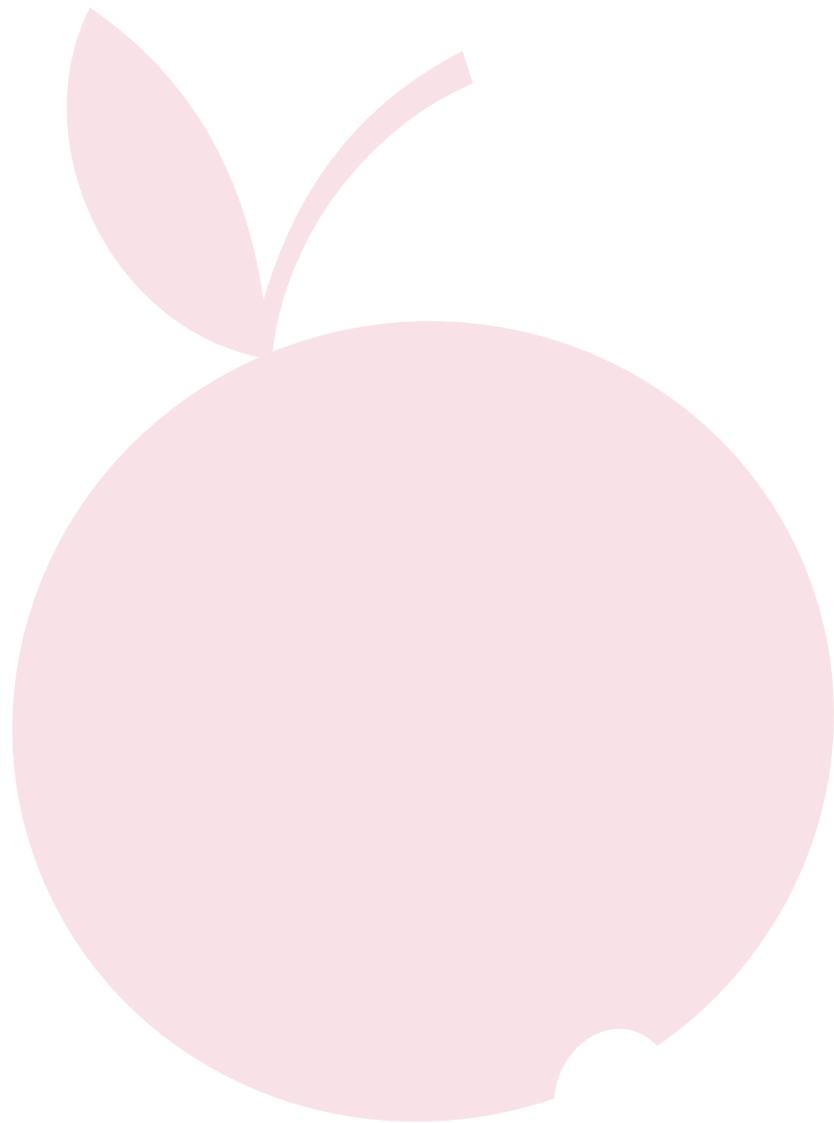
- People living in and/or using the care service should be weighed at least monthly, ideally in light clothes without shoes, on the same set of scales if possible, and at a similar time of day.
- The person’s weight should be recorded on the weight record chart.
- Scales must be accurate, in a good state of repair and should be calibrated at least annually or as per manufacturers’ instructions.
- Hoist scales and individual slings will be required for anyone who cannot stand or sit unaided.
- Fluid retention (oedema/ascites which is fluid in the abdomen) should be taken into consideration and noted, to establish a dry weight, as well as any fluid in catheter or stoma bags.
- Amputations and plaster casts need to be taken into account and noted.
- Weight needs to be adjusted to reflect as accurately possible actual weight.
- For people who are new admissions, a weight history should be established if possible from the person, their family or their representative, GP notes or discharge notes from hospital/home.

Measuring height

The following points should be considered to ensure an accurate weight is recorded for people experiencing care.

- Use a height stick (stadiometer) where possible.
- Measure a person’s height when they are standing upright without their shoes, feet flat together and heels touching the stadiometer.
- If height cannot be measured, use recently documented or self-reported height (if reliable and realistic). If this appears inaccurate, estimated height can be used.

- Alternative measurements such as ulna, knee height or demispan measurements are described in Malnutrition Universal Screening Tool (MUST) guidelines.
- Staff should record whether the height is actual, reported, or if an alternative measurement has been used to estimate it.



7. Ideas to help people with a reduced appetite and/or weight loss

"The food is always well balanced with good variety, well presented and tailored to individual needs."

Extract from inspection report

It is important that people experiencing care are asked what they like to eat and drink and chefs prepare food and fluid that people want to eat based on this information. It is also important that people experiencing care who have a reduced/decreasing appetite are encouraged to have five or six small, frequent meals and snacks per day. This should include breakfast, lunch, evening meal and snacks for mid-morning, mid-afternoon and bedtime.

Care/catering staff should consider the following strategies to increase nutritional content.

- Offer high protein/energy options such as meat, fish, chicken, whole milk (full fat) and milk products, eggs, pulses and add extra butter or margarine to foods. For example, spread butter or margarine thickly on bread or crackers, mash into potatoes and vegetables, and add to hot pasta served with a meat or cheese sauce.
- Offer roast potatoes, wedges, dauphinoise potatoes and chips as they are higher in calories.
- Add mayonnaise, salad cream and dressings to sandwiches etc.
- Add jam, honey or syrup to breakfast cereals, porridge, cakes, scones, toast and puddings. Peanut butter is also good source of calories.
- Offer each person at least 600ml (approximately one pint) of whole milk (full fat) per day if they like it. This can be given as part of puddings, sauces, breakfast cereal, and porridge.
- Encourage the person to have more milk-based drinks such as hot chocolate, milky coffee and malted milk drinks rather than squash, smoothies, water or tea.
- Offer two puddings per day such as thick and creamy yoghurt, milk pudding, ice cream, milk jelly, trifle, fruit pie, sponge pudding, mousse-style desserts.
- Offer a variety of choices and flavours in the food and drinks menu that make meals more interesting and prevent 'menu fatigue'.
- Offer small portions and make second helpings available.
- Offer food on a smaller plate as this may also help support people with small appetites.
- Offer a glass of unsweetened fruit juice with meals as it can help with iron absorption from some foods.
- Discourage people from filling up on drinks before or during mealtimes but encourage fluids after meals or small sips between mouthfuls.
- Offer a cooked breakfast choice every day.

Food and fluid fortification

Fortification involves the addition of nutrients to foods irrespective of whether or not the nutrients were originally present in the food. Fortification can also be a means of adding high energy foods to meals to increase the calories. This can be an easy way to increase the calories of a meal and promote weight gain.

The following section highlights some ideas around food fortification. Appendix 2 and 3 highlight some ideas around high-protein and high-energy meals. Sample seasonal menu plans and supporting recipes that can be adapted to a person’s needs and preference can also be found on [The Hub](#).

[Individual care plans](#) should reflect the specific detail around actions to be taken by care staff to reduce/ minimise weight loss over time. This can include fortifying foods and fluids. Different cultures may use different breads, butters etc. so explore this with your local NHS dietetic service as they may be able to help.

Food fortification ideas for catering and care staff

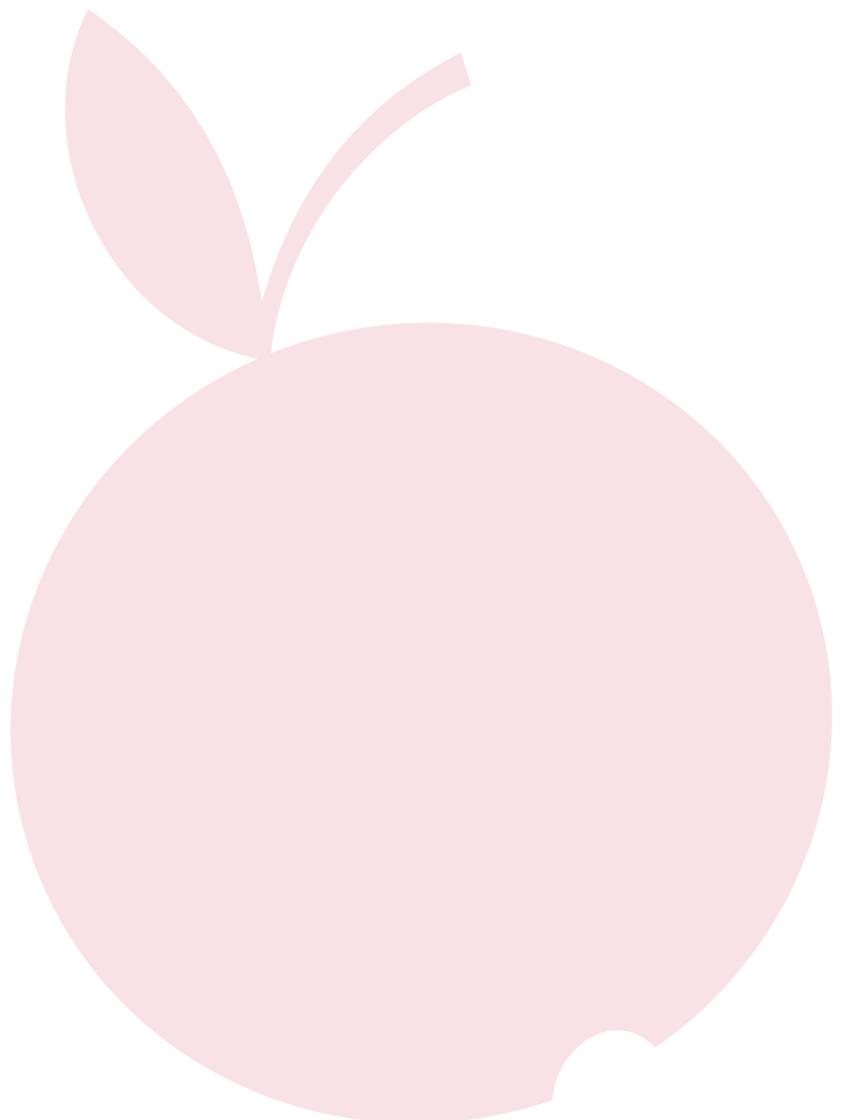
Food type	Maximising calories
Potatoes	Add extra butter, full-fat margarine, double cream or grated cheese. Potatoes can be roasted with extra oil, butter or full-fat margarine, or deep fat fried to increase calories.
Bread, crackers, biscuits, scones, pancakes, crumpets, croissants, brioche or fruit loaf	Add extra butter or full-fat margarine (not low-fat spread). Thickly spread jam, honey, syrup, lemon curd, peanut butter, chocolate spread, cheese spread or cheese.
Cereal or porridge	Use whole milk (full fat) or fortified milk, and add sugar, honey, jam, syrup, cream, dried fruit or nuts, or mix with granola or crunchy cereals.
Pasta, rice or noodles	Drizzle with oil, butter or full-fat margarine during cooking or prior to serving. Serve with cream, cheese, pesto or sauces.
Eggs	Add cheese, butter, full-fat margarine or cream. Fry or cook in oil, butter or full-fat margarine.
Baked beans	Add butter, full-fat margarine or cheese.
Vegetables	Add butter, full-fat margarine, cheese or creamy sauces, or add oil and roast.
Fruit	Add sugar, syrup, honey, full-fat yoghurt, ice cream, milky puddings or cream, or serve chopped/ sliced fruit with cheeses.
Coffee, milky drinks or smoothies	Use whole milk (full fat), fortified milk, cream, sugar or honey. Thick and creamy yoghurt could be added to smoothies and milkshakes.
Meat, chicken or fish	Fry where possible, or add oil, butter, full fat margarine, creamy sauces, pastry, batter, breadcrumbs etc.
Jacket potatoes, sandwiches, rolls, wraps, paninis, pitta bread or toasties	Use extra butter, full-fat margarine, mayonnaise, salad cream, coleslaw or cheese, along with a protein filling, for example chicken, fish, meat, eggs, beans etc.
Soups, casseroles or stews	Add beans, lentils, cream and/or whole milk (full fat). Serve with bread and butter, full fat margarine, potato, pasta or rice.
Snacks	Cakes, buns, cheese and crackers, tray bakes, crisps, chocolate, pastries, scones, pancakes, muffins, toasted crumpets, malt loaf, barnbrack, bread sticks with dips etc.

Fortified milk

You can fortify milk by adding skimmed milk powder such as Marvel, supermarkets' own brands or catering varieties of skimmed milk powder to whole milk (full fat). This increases the protein, calorie and vitamin D content. For example, whisk two to four heaped tablespoons (25–50g/1–2oz) of skimmed milk powder into one pint (568ml) of whole milk (full fat). Keep this cool in a labelled or coloured jug in the fridge and ensure that it is used within 48 hours.

This milk can then be used to make/add to:

- milky drinks such as hot chocolate and coffee, or malted drinks such as Ovaltine, Horlicks and cocoa
- porridge or cereal (poured over the cereal)
- sauces, for example white or cheese sauce
- milkshakes or smoothies (try adding fresh fruit and ice cream for a 'thick shake')
- desserts, for examples custard, semolina or rice pudding.



8. Lifestyle choices, cultural, faith and religious requirements

“My meals and snacks meet my cultural and dietary needs, beliefs and preferences.” Standard 1.37

For many people eating and drinking is an important aspect of their identity. Care staff should ensure this is enjoyed by people while keeping with their values, cultural and dietary needs, beliefs and preferences. Additional alternative choices should be available to all at every mealtime.

It is also worth thinking about fasting as a form of religious observance and/or the consumption of different foods on different days. For example, some religions require that people are vegetarian on certain but not all days of the week, such as Catholic tradition of eating fish on a Friday. It's best to ask rather than make assumptions.

A vegetarian or vegan diet should be available for people who wish to avoid eating meat, fish and other animal products. Here are some important points to remember about vegetarian and vegan diets and more information can be found in Appendix 4 and on the [Hub](#).

Vegetarians

It is important not to leave meat off the plate and think this is sufficient. It should be replaced with an alternative source of protein so that the diet remains balanced. For more information, see Appendix 2 for high protein meal ideas to incorporate into your menu.

There are many meat protein alternatives such as:

- canned or dried beans, peas or lentils
- nuts – for example almond, brazil, cashew, hazelnut, peanuts or peanut butter
- seeds – such as sesame, sunflower, pumpkin or tahini
- soya products such as tofu or TVP (textured vegetable protein)
- quorn products (not suitable if eggs are excluded)
- eggs and dairy products.

Dairy alternatives include soya milk, yoghurt and cream. More information can be found at the [Vegetarian for Life website](#).

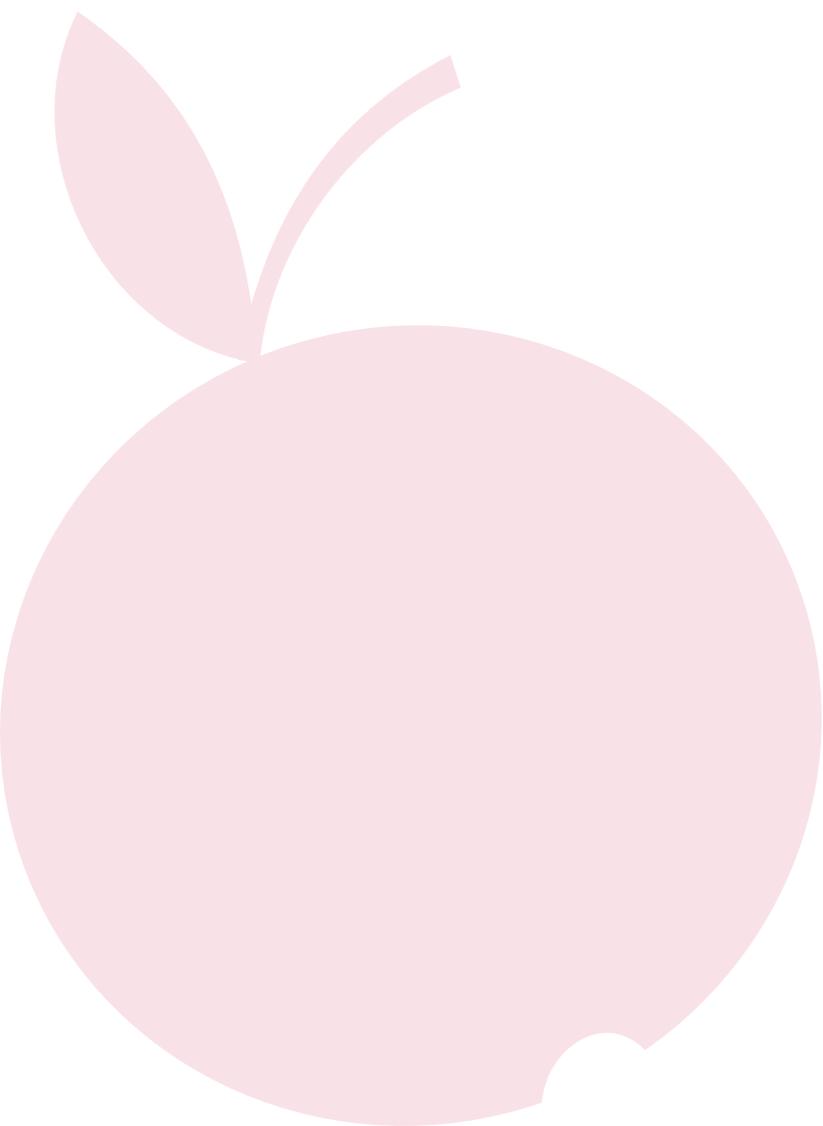
Vegans

Vitamin B12 deficiency can occur in vegans as good sources of this vitamin are found in meat and dairy foods. The only reliable vegan sources of B12 are foods fortified with B12 (including some plant milks, some soy products and some breakfast cereals) as well as B12 supplements. It is important to include fortified soya milk and breakfast cereal into the daily diet of vegans.

More information can be found at the [Vegan Society](#) website.

Equality Scotland also has a guide Healthy diet and lifestyle for ethnic minority older people.

The Food and Fluid in Care Short Life Working Group developed a ready reckoner that highlights some of the specific dietary requirements based on values, beliefs, cultural, faith and religion. This is not an exhaustive list and we would welcome further ideas and information. (See Appendix 4)



9. Specific conditions that can affect food and fluid intake

This section looks at some common special dietary requirements for specific conditions that can affect food and fluid intake such as diabetes, weight reduction, coeliac disease, eating, drinking and swallowing difficulties and modified textured diets. It is important that people with these dietary requirements are given adequate choice and variety in the same way as people who choose from 'standard' menus.

Diabetes

When caring and meal planning for people with diabetes providers should take into consideration the [Diabetes UK practice guidelines](#) and evidence-based nutrition guidelines for the prevention and management of diabetes. However, it is important to note that the dietary recommendations may not be appropriate for all people with diabetes as other co-morbidities need to be considered. For example, the person may be malnourished, or have dementia, poor cognition or a disability that affects their oral intake.

Practical dietary guidance for people living with diabetes includes the following points.

- Aim to have three regular meals daily of breakfast, lunch and evening meal spaced over the day to help control blood glucose levels.
- At each meal, include starchy carbohydrate foods such as bread, rice, potatoes, pasta, breakfast cereals and porridge.
- Higher fibre choices should be encouraged – refer to Appendix 1 for guidance on portion sizes, or alternatively a dietitian can provide more information specific to individual needs.
- Limit sugar and sugary foods as people with diabetes do not need to eat a sugar-free diet, but can use the sugar in foods and baking as part of a healthy diet (as per the Eatwell Guide).

Items that should be on the menu include:

- suitable snacks such as fruit, plain scones, pancakes, plain biscuits, occasional plain cakes or buns
- suitable desserts such as tinned fruit in natural or fruit juice, fresh fruit, stewed fruit without sugar, diet yoghurt or fromage frais, milk puddings or sugar-free jelly
- suitable drinks such as sugar-free fizzy drinks and squashes, tea or coffee without sugar (use an artificial sweetener if necessary) and pure unsweetened fruit juice (150ml), however this can raise blood glucose levels, so it is best taken with meals.

Other things to be aware of include:

- 'diabetic' foods and drinks are not recommended as they offer no benefit to people with diabetes
- regular reviews and new information can be provided by a dietitian as part of ongoing care and management; the administration and timing of diabetes medications, including insulin, need to take into account the timing of meals and snacks
- people experiencing care who receive mixed insulin must have a supper snack to prevent overnight hypoglycaemia (high blood sugar)
- people with consistently low or high blood glucose should be referred to the diabetes specialist nurse and dietitian for assessment and advice as per local policy and their GP should be informed

- people with a poor appetite and/or continued weight loss should be referred to a dietitian for assessment and advice as per the Malnutrition Universal Screening Tool (MUST) screening tool or local screening tool
- people experiencing care who need oral nutritional supplements (ONS) may require closer monitoring of their blood glucose due to the hyperglycaemic effect of some supplements and these should be prescribed under the guidance of a dietitian, GP and/or diabetes nurse specialist
- do not withhold supplements if someone has high blood glucose results; instead ask their GP/diabetes nurse specialist to review their dose of diabetes medication/insulin
- weight management is key in the treatment of type 2 diabetes and specific goals should be agreed upon as part of the plan of care for those people who would benefit from weight reduction.

Obesity

“I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.” Standard 1.25

Obesity increases the risk of a range of conditions such as diabetes, [pressure ulcers](#) and heart disease. So, where possible, people experiencing care should be encouraged and assisted to increase their physical activity levels and move more each day. For more information, visit the Care Inspectorate’s [Care About Physical Activity \(CAPA\)](#) resource and follow the healthy eating guidelines of the Eatwell Guide.

Where someone has been identified as obese or at risk of becoming obese, carers should consider developing a weight loss care plan with the person and/or their family. A food diary could be helpful in identifying areas to support them.

Practical advice for reducing calorie intake

Here are some practical ways that care staff can support someone experiencing care to reduce their calorie intake if they choose. It is important to discuss these practical ways with the person experiencing care, and reflect their informed wishes and choices.

Care staff should consider:

- using low-fat spreads and use sparingly
- avoiding high-fat sauces and dressings and use low-fat varieties/use sparingly instead
- offering lower fat snacks between meals, for example fruit (including tinned fruit in natural juices).

Some changes to cooking methods can help.

- Steam, boil, roast, poach, grill or microwave food rather than frying.
- Remove the fat from meat or skin from poultry before cooking.
- Skim the fat off mince, stews and casseroles, and use leaner varieties.
- Avoid using additional fat or oil when cooking and instead grill, bake, boil, poach, steam, dry fry or stir fry (with a minimal amount of oil).

Other useful tips to help reduce calorie intake

- Lower-fat dairy products can be useful, for example skimmed or semi-skimmed milk, low fat/diet yoghurts or cheese, including low fat cheese spread and soft cheeses such as cottage cheese. These are still rich sources of calcium.
- Choose foods high in fibre, such as wholegrain breads and breakfast cereals, as these can be more filling and improve bowel health.
- Limit the amount of sugary drinks by choosing water, 'no added sugar' squashes and diet fizzy drinks.
- Avoid adding sugar to hot drinks, such as tea and coffee, or breakfast cereals such as porridge. Try to reduce sugar gradually or use an artificial sweetener instead.
- Discuss with the person experiencing care the reasons why they may wish to not have Discourage extra portions and second helpings. Offer additional vegetables or salad at mealtimes and fruit between or after meals. Water and sugar-free fluids should also be encouraged.

How can friends and relatives help people experiencing care to reduce their calorie intake?

It could be useful to have a discussion with the person's family and friends about providing more suitable snacks, fluids or gifts other than sweets or chocolate. These can reflect the person's past, current and potential future interests. Some examples include:

- books, magazines or newspapers
- flowers or plants
- jigsaw puzzles, crosswords or word searches
- CDs, DVDs or audiobooks
- knitting needles, wool knitting patterns, sewing or cross-stitch sets
- clothes, for example socks, slippers, pyjamas
- toiletries.

[The Scottish Government](#) has also developed a range of information around the management of childhood and adult obesity.

There is also specific guidance on the clinical management of obesity in Scotland in the form of the Scottish Intercollegiate Guideline Network (SIGN) [Guideline No.115](#). The National Institute for Health and Care Excellence (NICE) has also published several reports and guidance on the prevention and management of obesity.

Coeliac disease

If the person has coeliac disease they should be referred to a dietitian. This should be done at diagnosis and re-referred if symptomatic or if further dietetic input is indicated due to poor compliance to a gluten-free diet, ongoing or recurring symptoms such as diarrhoea, abdominal pain or constipation.

Care staff should be aware of:

- the benefits of a gluten-free diet for controlling symptoms and improving wellbeing, such as reduced risk of diarrhoea, constipation, persistent unexplained gastrointestinal symptoms such as nausea, vomiting, recurrent abdominal pain, cramping, bloating, anaemia, osteoporosis and possibly certain cancers

- foods permitted, foods to avoid and the risk of cross-contamination
- ways to achieve an adequate diet when avoiding gluten, with special consideration for calcium, iron and fibre
- how to obtain prescribed products and current prescription guidelines
- updated gluten-free products and literature.

Gluten-free diets

Gluten-free diets are used in the treatment of coeliac disease. Gluten is a protein found in wheat, barley, rye and oats. It is important that all sources of gluten are excluded from the diet. When preparing gluten-free meals and snacks it is important to be aware of possible cross-contamination of foods from flour on cooking utensils, breadcrumbs in butter or jam, crumbs from a toaster, serving spoons etc.

It is important to check the labels of foods as many additives and fillers contain gluten. [Coeliac UK](#) has a useful website and a directory of suitable foods that can be eaten.

The following terms indicate that gluten is present:

- barley, modified starch, semolina
- bran, oats, starch
- cereal filler, rusk, wheat flour
- malt, rye.

Foods that contain gluten, unless otherwise stated, include:

- wheat flour – plain, self-raising and wholemeal flours
- all breads, cakes, biscuits, scones and pancakes, pasta, pastry
- wheat-based breakfast cereals such as Weetabix and Branflakes.
- oat-based products such as muesli, oatcakes and porridge
- meat pies, haggis, breaded, battered or crumbed foods such as fish or rissoles
- sauces and gravies thickened with wheat flour
- puddings such as sponge, crumble or tarts or semolina.

Cooks/chefs can access additional information from Coeliac UK and local dietitians who may be able to provide additional information. Some gluten-free recipes are available on [The Hub](#).

Dementia

“My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.” Standard 2.11

People living with dementia can experience many difficulties with food and drinks, resulting in reduced appetite and weight loss. They may eat less food or may not be able to eat, and can have greater nutritional requirements due to increased activity such as increased agitation, restless when sitting, or moving around and pacing. They are also at risk of becoming dehydrated due to drinking less.

As well as living with dementia there are other factors that may affect the person’s ability to eat and drink that then prevents an increase in calorific intake. These factors may include:

- underlying long-term conditions such as Parkinson’s disease, which result in poor coordination and tremor/dexterity issues
- difficulties with swallowing and chewing
- poor oral health and dental problems
- inability to eat and drink independently
- confusion, memory loss or being unable to recognise food and/or crockery/cutlery, which result in forgetting to eat or a tendency to eat with their hands
- depression and paranoia, which result in loss of interest in food or suspicion of food
- effects of medication, for example drowsiness may lead to missed meals and snacks, taste and smell changes and/or dry mouth
- reduced ability to recognise thirst, which results in a person declining drinks when offered
- presenting as stressed and distressed.

What can help people living with dementia to eat and drink well?

There are many things that care staff can do to encourage and enable people living with dementia to eat and drink more. Care staff could:

- plan the mealtime service to reduce disruptions and aim for uninterrupted mealtimes
- consider offering the person access to the toilet before the meal begins
- ensure that the person has their glasses on, hearing aid in, dentures in place in preparation for eating and drinking – helps to create a positive dining experience
- consider environmental changes that may help such as smaller homely style seating plans, mealtime co-ordinators to direct the movements of staff in the dining area and most importantly choice
- consider stimulation of senses for example smell of coffee, home baking and the use of appropriate ambient music has been shown to reduce agitation around mealtimes, contrasting colour and adequate lighting to enable food to be seen and clearly identified
- modify the person’s diet to meet their needs, for example finger foods or progressively smoother diet where required – see the next section on finger foods
- ensure choice is offered at all times, for those requiring assistance this should be undertaken with care and one person should support during the mealtime service and build a rapport with the person experiencing care in an unhurried manner.

Finger foods

Providing a finger food menu can be hugely beneficial for people with dementia. Finger foods can be served hot or cold and are generally easier to prepare. However, such a menu needs to be creative and varied, as people can quickly tire of a repetition of small sandwiches and sausage rolls. It is worth bearing in mind that some people may take a while to adjust to eating with their hands and may initially reject the meal or seem uncertain what to do. Care staff should take time to describe the food on the plate, show the person what to do so that they copy the action and allow the person time to look at food and explore it.

People living with dementia may have fluctuating capabilities from one mealtime to the next and may respond better to finger foods at certain mealtimes and prefer them rather than using a knife and fork. Consideration of food texture is also important - if a person prefers soft foods, then raw vegetables are not going to be popular, however cheese spread on finger slices of bread may be perfect.

The benefits of finger foods include:

- enabling people to eat by themselves, thus maintaining independence at mealtimes
- helping to preserve eating and drinking skills
- renewing interest in food and stimulating appetite
- improving food and fluid intake
- boosting confidence and self-esteem at mealtimes
- allowing greater choice at mealtimes and freedom to eat as desired
- making it easier to eat as they are given in small pieces.

Finger food options for people with dementia

When devising finger food menus, consult menu planning guidelines to ensure meals are balanced and varied for all which includes value based, culture, faith and religious diets. All food groups need to be represented in appropriate quantities to ensure good variety and nutritional balance.

Some options for finger foods have been listed below under the relevant food groups but this is not an exhaustive list and we would welcome other ideas for value based, cultural, faith and religious diets.

Bread, cereals and potatoes

Try a variety of breads for interest including wholemeal and white. Keep sandwiches small so they are easier to manage.

Options include:

- toast/bread fingers with a range of toppings
- small bread rolls with a range of fillings
- small sandwiches
- crumpets or muffins with a range of toppings and fillings
- bite size crackers with butter or soft cheese or topping of their choice
- scones, malt loaf, fruit loaf, teacakes or hot cross buns
- waffles
- slices or mini naan bread pieces

- slices or finger pitta bread pieces
- potato wedges and chunky chips (try sweet potatoes)
- small roast potatoes
- small boiled potatoes or cut into half.

Meat, fish, eggs and cheese

Meat that is dry may be difficult to eat so keep it moist. Slice meat and cut into pieces or cubes.

Options include:

- tender meat such as beef, pork or lamb
- chicken or turkey breast (moist)
- small meatballs, sausages and chipolatas
- pieces of meatloaf
- gammon pieces with pineapple cubes
- pieces of fish fillet (boned)
- small fishcakes and fish fingers
- vegetable burgers or sausages cut into pieces
- hard-boiled egg, quartered
- chicken nuggets or scampi pieces
- mini quiche
- meat/fish pieces, kebab style
- cheese, cubed or sliced.

Vegetables

Vegetables can be steamed, boiled or served raw, depending upon what the person prefers and can manage to eat. Options include:

- carrot, swede or parsnip cut into sticks or cubes
- broccoli spears
- cauliflower florets
- Brussels sprouts
- whole green beans or mangetout
- celery sticks (fill with cream cheese) or pieces
- cherry tomatoes
- salad tomatoes cut into wedges
- sliced peppers
- baby mushrooms.

Fruit

Options include:

- fruit can be peeled if preferred
- banana – mini, whole, chunks or slices
- melon chunks
- pineapple chunks
- orange segments
- slices of kiwi fruit
- apple or pear, chunks or slices
- strawberries, raspberries and blueberries

- apricots (stone removed) and halved
- nectarines or peaches (stone removed) cut into halves
- seedless grapes
- ready-to-eat dried apricots, pears, apple rings, stoned prunes or figs.

Miscellaneous sweet and savoury finger foods

Options include:

- slices of cake
- mini sweet muffins or doughnut rings
- mini cookies
- biscuits
- pieces of flapjack
- sponge pudding cut into chunks, offer custard to dip into
- cereal and fruit and nut bars
- finger slices of toast and bread with peanut butter, jam, lemon curd, honey or chocolate spread
- slices of pork pie
- mini sausage rolls
- pizza, mini pieces or sliced
- finger slices of grilled cheese on toast
- finger slices of toast or bread with cheese, pate, tuna mayonnaise or fish paste
- bhajis and mini samosas.

"The chef is always keen to involve people and sees his role as cooking food that people want to eat."

Person experiencing care

Summary of key points to consider when providing finger foods

- Menus need to be creative and varied.
- Finger foods are useful for people who are not following their usual eating pattern of regular meals, or for those who like to leave the table and walk about at mealtimes.
- These foods need to be prepared so they are easy to pick up and be eaten with the person's hands. They are ideal for people who have difficulty recognising and/or using cutlery.
- Finger foods enable people to eat independently and to choose the food they want to eat. Finger foods can be suitable as main meals or snacks. An insulated cup with a lid can also be used for drinks to avoid spillage and maintaining temperature.
- Use of snack boxes with the person's favourite foods inside allows them to keep it with them and to eat when they want. It is important that staff keep a close eye on people using snack boxes to ensure that they are eating and drinking the contents and that it gets replenished.
- Finger foods may not be suitable for people who require modified textured foods however seek advice and guidance about the range of alternatives from the dietitian and/or speech and language therapist.
- Using a food and fluid record chart to monitor oral intake helps to assess the person's intake over time where there are concerns and helps plan future actions.

There is a range of good practice resources available online that offer practical hints and tips to help support people living with dementia to eat and drink well. Some practical tips around eating and drinking information can be found on the following websites.

- [Alzheimer Scotland](#)
- [Alzheimer's Society](#)
- [Caroline Walker Trust](#)
- [The Hub's Spotlight on Dementia](#)
- [The Hub's Spotlight on Food and Fluid in Care](#)
- [Social Care Institute for Excellence \(SCIE\): The eating environment for people living with dementia](#)

Palliative care

"I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively." Standard 1.7

"I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me." Standard 3.9

Palliative care is the provision of comfort and symptom relief to people who have a life-limiting disease and/or condition that cannot be cured. The nutritional care required will depend on the stage of their illness as well as taking into consideration the person's views and wishes.

Early palliative care

In this situation a person may have months or even years of life remaining, and quality of life may be good. The aim of food and fluid care is to achieve a good nutritional status, to help maintain a good quality of health and wellbeing that ultimately helps the person to live well as their condition progresses. It is therefore important to identify those who are malnourished, or at risk of malnutrition, by nutritional screening using Malnutrition Universal Screening Tool (MUST) as proactive food and fluid care management can reduce or reverse the risk of malnutrition.

Encourage a high calorie, high protein diet if appropriate. Please refer to the Malnutrition and nutritional screening section 6.

Palliative care as the condition progresses

In this situation, a person will experience a general deterioration in their condition. Their appetite may decrease and they may become more fatigued. The aim of food and fluid care at this stage is to support the person's enjoyment of food and to minimise the risk of food and fluid related discomfort.

People experiencing care and their carers should be reassured that this is a normal response to their illness. Reversible symptoms such as nausea, diarrhoea, constipation and dry mouth should be treated. At this time the focus should be on the enjoyment of eating and drinking and the wider dining experience rather than the need to maintain a normal diet.

Nutritional screening will not be appropriate at this stage. Referral to a dietitian will also probably not be appropriate at this stage. However, care staff can liaise with other care professionals to maintain the comfort of the person during this stage of their illness. It also may be appropriate to relax unnecessary dietary restrictions at this stage.

End of life care

The person is likely to be cared for in bed and be very weak and drowsy, with little interest in food or drinks. Evidence suggests that when people are close to death, they seldom want food and/or drink and that providing them may in fact increase discomfort.

The aim of care at this stage is to provide comfort and if desired offer small amounts of fluid. Good mouth care, rather than attempting to encourage someone to eat, may become the more appropriate and a more comforting thing to do.

For more information please see [Scottish Palliative Care guidelines](#).

Eating, drinking and swallowing difficulties (dysphagia)

Dysphagia (swallowing difficulties) can be common as a result of stroke, dementia, head and neck cancer, and neurological conditions such as Parkinson's disease, motor neurone disease or multiple sclerosis. It is acknowledged that people with swallowing difficulties are more likely to be malnourished and/or dehydrated.

Lack of coordination when chewing and swallowing can result in choking. If the person has difficulty swallowing, the texture of their food and/or drinks may need to be changed and/or certain foods may need to be avoided. If a person experiencing care has any symptoms of difficulties in swallowing, it is important to refer him/her to the speech and language therapist, who will advise on a course of action that may include recommending changes to the texture of foods and fluids to minimise the risk of an eating, drinking and/or swallowing incident.

The signs and symptoms of eating, drinking and swallowing difficulties include:

- new onset of coughing and/or throat clearing before, during or after eating and drinking
- sounds of respiratory difficulties/recurrent chest infection, or general decline/worsening of symptoms suggestive of aspiration, including changes in colour of face and/or lips with oral intake
- changes in voice during or after eating or drinking such as 'wet voice' (gurgling when the person speaks)
- new or increased inability to control food and drinks in the mouth, or inability to clear food from the mouth after swallowing, for example holding food in the mouth, lack of clearing swallow, or residue in the mouth or throat
- increased effort/difficulty and/or painful chewing and/or swallowing, or inability to chew/feeling of obstruction in the throat
- a significant change in eating and/or drinking pattern such as eating more slowly or avoiding certain foods or meals, not managing usual oral intake, or refusal to eat
- fatigue/reduced alertness; eyes watering.

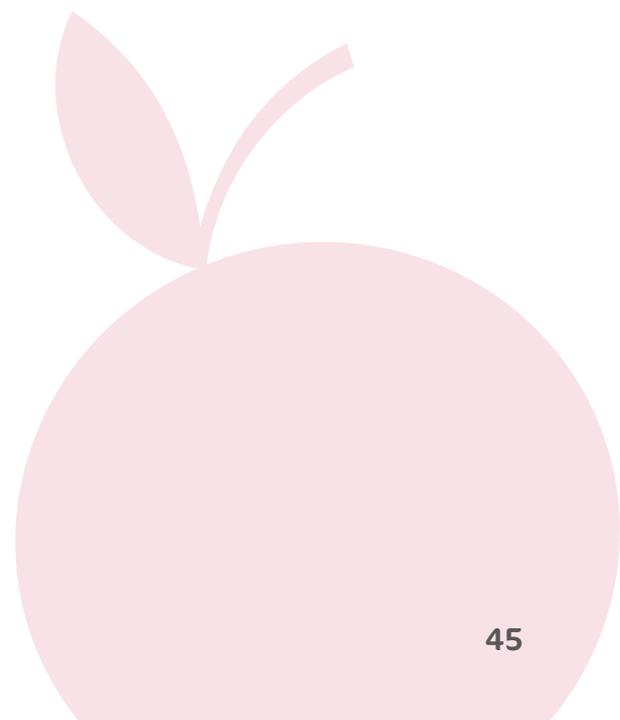
“I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.” Standard 3.14

Staff skills and knowledge play a key role in reducing the risk of an eating, drinking and/or swallowing incident occurring. It is important that care staff:

- receive education and training relevant to their role in caring for someone who presents with an eating, drinking and swallowing issue and this should include the care and management as well as actions to be taken during and after a choking incident.
- need to make themselves aware of the national dysphagia diet food texture descriptors 2012 however, as of the 1 April 2018 the roll out of the International Dysphagia Diet Standardisation Initiative (IDDSI) standards began. You may need to cross reference to both documents until IDDSI is fully implemented
- ensure food and drink choices meet the recommendations advised by the speech and language therapist and if there are any weight loss concerns refer to a dietitian according to local protocol.

For more information, please see

- [International Dysphagia Diet Standardisation Initiative website](#)
- NHS Education Scotland’s [dysphagia resource](#)
- The Royal College of Speech and Language Therapy’s (RCSLT) good practice guidance, [fact sheets](#) and [resource manual for commissioning and planning services for speech language and communication needs \(SLCN\)](#).



10. Food and fluid: wider implications for health and wellbeing

Bowel and bladder

There is lots of research to suggest that what we eat and drink can have a positive/negative effect on bowel and bladder function. For example, not drinking enough fluids can lead to a higher risk of constipation as well as leading to a higher risk of a urinary tract infection (UTI). Taking fibre can help with regulating bowel activity but again it's about getting the balance right between promoting a healthy bowel motion and not over stimulating the bowel which can lead to diarrhoea.

Caffeine is a known stimulant and it can affect both the physical and psychological aspects of a person's health and wellbeing. These effects can include:

- a person's mood and activity level as well as impacting on bowel and bladder health
- a person's ability to remain continent, as caffeine can be an irritant to the bladder
- a person's bowel function by over/under stimulating bowel activity.

A balance needs to be reached between promoting fluids, where the fluids taken are high in caffeine, and the impact on the person's quality of life. The focus should always be on what matters to the person but if they are willing to reduce their caffeine intake without compromising their fluid intake then this should be explored and alternatives tried.

Specific food and fluids will affect each person's bladder and bowel function differently whether or not there is an underlying condition. What we need to be aware of is that there is food and fluid that can impact on bowel and bladder function and some may contribute to or exacerbate a bowel and bladder issue.

More information about bowel and bladder health can be found on the following websites:

- [The Hub's Spotlight on Bowel and Bladder](#)
- [The Bowel & Bladder Community](#)
- [NHS Inform Scotland](#)

Falls and fractures

Eating a balanced diet, rich in calcium, reduces the risk of fractures following a fall, especially as we get older. Food gives us energy for life and all the things we want to do. If we eat well and have a wide variety of food and fluids we are likely to feel healthier and stay active for longer.

For more information go to The Hub's [Falls and Fractures resource](#).

Medication

Many medications can affect taste, smell, or salivation, and lead to changes in what people eat and drink. Even minor things, such as changes in taste or smell, can lead to people taking in fewer calories, resulting in nutritional deficiencies and weight loss. Other medications might lead to weight gain or reduced fluid intake. It is important that care staff are mindful of any changes to medication and/or polypharmacy that can impact on someone maintaining their daily food and fluid intake.

Mental health

There is evidence that indicates that food and fluid can play an important role in the care, management and prevention of specific mental health problems such as depression, schizophrenia, attention deficit hyperactivity disorder and Alzheimer's disease. You can find more information on diet from the [Mental Health Foundation](#).

The Mental Welfare Commission has a range of [publications](#) including guidance around Nutrition by Artificial Means.

Oral health

Good oral health brings significant benefits for general health and nutrition, dignity and self-esteem as well as social integration. It is important for a person's sense of wellbeing and quality of life. Poor oral hygiene can lead to pain and tooth loss and its impact can be profound, affecting self-esteem and the ability to eat, laugh and smile.

An increasing number of older people are retaining their natural teeth. Healthy teeth and gums allow people experiencing care to chew food and maintain a balanced diet throughout life. In contrast, poor oral hygiene and other issues relating to teeth, gums and dentures such as dry mouth, drinking and swallowing problems can affect not only oral health but also the nutrition and hydration of an older person.

People experiencing care services may suffer from nutrition and oral health issues such as:

- tooth decay, particularly around the root of the tooth as a result of high sugar intake from food, syrupy medications and oral nutritional supplements
- dry mouth possibly linked to the greater use of multiple prescribed medicines and Candida infections, and many sufferers will try to alleviate by sucking sweets or taking frequent cups of tea or coffee, which may contain sugar and this increases the risk of tooth decay.

Dentures and the soft tissues in the mouth need to be cleaned to remove any food residue and plaque in the same way as natural teeth. An oral health risk assessment should be completed for all people who live in a care home and preferably as close to the time of their admission and thereafter as per local guidelines. Care home staff should attend core training delivered by local oral health improvement teams.

[The Caring for Smiles Guide for Care Homes national guidance](#) suggests that mouth care should be enhanced if an older person needs or prefers a higher intake of food or drinks containing sugar.

Physical activity

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." Standard 1.25

There are serious health and economic consequences associated with obesity and poor diet and physical inactivity are identified as major contributors.

Combining physical activity with a modest reduction in calorie intake can help control and manage obesity in older people. Avoiding further weight gain and keeping weight stable may be more achievable goals for some people, even if activity levels are low.

Recent reports recommend physical activity for adults (including adults aged 65 years and over). For more information go to The Hub's [Care About Physical Activity \(CAPA\) resource](#).

Key points for consideration

- Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive functions.
- Over a week, physical activity should include at least 150 minutes (two and a half hours) of moderate intensity activity in bouts of 10 minutes or more. So that is 30 minutes a day, at least five days a week. Examples of physical activity include brisk walking, ballroom dancing and line dancing.
- Adults should take part in muscle strengthening physical activity at least two days a week, for example lifting heavy loads, gardening, climbing stairs, dancing, Yoga or Pilates.
- Older adults at risk of falls should take part in physical activity that improves balance and coordination at least two days a week, for example Yoga, Tai Chi or dancing.
- It is acknowledged that doing some exercise and moving more is better than doing nothing.
- All adults should minimise the amount of time spent sitting for extended periods of time.
- It is recommended that you stand up once in every 20 minutes or at least once per hour for two minutes.

Tissue viability

Nutrition plays a vital role in the prevention and treatment of wounds and pressure ulcers. Good food and fluid can help the body repair and malnutrition can impair the ability to heal. Healthcare Improvement Scotland has [good practice guidance](#) that links the prevention of pressure ulcers and good nutrition and tissue viability.

Appendix 1: Portion sizes

The following are examples of standard portion size.

Bread, rice, potatoes, pasta and other starchy foods

Aim for six or more portions per day with at least one portion to be served at each meal.

- 1 slice of bread, 1/2 bagel, 1 slice of wheaten, 1 crumpet, 1 potato bread
- 1 medium-sized potato or 2-3 egg sized potatoes
- 60g (3 tablespoons) of cooked pasta or rice
- 60g (3 tablespoons) of breakfast cereal.

Fruit and vegetables

Aim for five or more portions per day. One portion = 80g.

- 1 medium piece of fruit, for example an apple, small banana, pear, orange or similar sized fruit
- 2 small fruits, for example 2 plums, 2 apricots, 2 kiwis
- 80g (3 heaped tablespoons) of cooked fruit or vegetables
- half a grapefruit or avocado
- 1 slice of large fruit, for example melon or pineapple
- 80g (3 tablespoons) of fruit salad
- dessert bowl of mixed salad
- 1 cupful of grapes, cherries or berries
- 150ml (1/4 pint/medium glass) of pure, unsweetened fruit juice (will not contain as much fibre as fresh fruit)
- 20g (1 tablespoon) of dried fruit.

Milk and dairy products

Aim for three portions per day of:

- 200ml (1/3 pint) of milk
- 30g (1oz) of cheese
- 150g (medium pot) of yoghurt
- 200g (large pot/half a can) of milky pudding, for example custard, rice pudding, semolina or tapioca.

Meat, fish, eggs, beans and other non-dairy sources of protein

Aim for two portions per day of:

- red meat and poultry: 60–90g (2–3oz) of cooked meat
- fish: 120–150g (4–5oz) of cooked fish. Aim for 2 portions of oily fish per week.
- eggs: 2 eggs (size 3)/120g
- pulses, baked beans, dhal or other beans: 90–120g (3–4oz)
- lentils: 60g (2oz) raw
- nuts: 60g (2oz) of unsalted nuts or 30g (1oz) of peanut butter.

Appendix 2: High protein/energy meal ideas

Breakfast

- Porridge or cereal, for example Weetabix, Ready Brek, Cornflakes or Rice Krispies with whole milk (full fat) and sugar.
- Scrambled, fried, boiled or poached egg on bread or toast.
- Bread or toast with butter/margarine and jam, peanut butter, marmite, marmalade, cheese or cheese spread.
- Baked beans or spaghetti on bread or toast.
- Fruit juice, whole milk (full fat) or home-made milkshake.

Tip: Fortify milk by adding two to four heaped tablespoons of dried milk powder to one pint (568ml) of whole milk (full fat), or adding one tablespoon of double cream or evaporated milk to a serving of cereal or porridge.

Tip: Thickly spread margarine, butter, jam, honey, peanut butter or marmalade on bread.

Main meal

Include one food from each food group on the Eatwell Guide:

- tender roast meat, minced meat, casseroled meat, mince or chicken pie, shepherd's pie, cottage pie, quiche, chilli con carne with beans, ocean pie, poached fish
- vegetarian options such as quiche, bean chilli, Quorn, lentil soup, omelette, cheese bake etc.

Serve the main meal options with vegetables or salad and bread, rice, potatoes, pasta and other starchy foods.

Serve with:

- gravy or sauce; for example cauliflower cheese, Bolognese sauce or white sauce.
- a glass of whole milk (full fat) or fortified milk.

Tip: Add any of the following to potatoes or vegetables: butter, margarine, cream, grated cheese, olive oil, mayonnaise or fortified milk.

Light meal

Sandwich made with soft bread and margarine or soft butter; cheese spread, hummus, mayonnaise and filling such as:

- tinned fish
- cold meat
- cheese
- prawns
- boiled egg.

Serve the sandwich with salad, relish or pickles.

Other suggestions for light meals include:

- scrambled, fried, boiled or poached egg, or omelette, with bread or toast
- pasta with sauce, for example macaroni cheese, ravioli or Bolognese
- soup with extra cheese, cream, pulses or minced meat
- jacket potato with butter or margarine and cheese and baked beans, tuna and mayonnaise or a creamy mushroom sauce
- cauliflower cheese with potatoes or wheaten bread
- quiche and garlic bread
- toast with baked beans, tinned spaghetti, sardines or grilled cheese.
- sausage rolls, pasties, Scotch egg or meat pie with baked beans, bread or chips.

Tip: Fortify milk by adding two to four heaped tablespoons of dried milk powder to one pint (568ml) of whole milk (full fat) when preparing scrambled egg mixture, or add one tablespoon of cream or extra butter/margarine per serving.

Tip: Thickly spread margarine, butter, jam, honey, peanut butter or marmalade on bread.

Tip: Add extra grated cheese to hot meals.

Snacks and desserts

Suggestions for snacks and desserts include:

- thick and creamy yoghurt with fruit
- milky desserts; for example, milk pudding, stewed fruit and custard, sponge and custard, fruit fool, fromage frais, semolina, egg custard, mousse, milk jelly, ice cream, rice pudding, custard, trifle or thick and creamy yoghurt, Greek style yoghurt
- soft fruit or canned fruit with cream or ice cream
- tray bakes, buns and pastries, for example chocolate éclairs, doughnuts, croissants etc
- biscuits such as chocolate covered digestives, shortbread, flapjacks or cookies
- toasted crumpets, oatcakes crackers or malt loaf with spread and cheese
- crisps
- breakfast cereal or porridge made with whole milk (full fat)
- bread sticks with dips such as mayonnaise, sour cream, hummus etc.

Tip: Fortify milk by adding two to four heaped tablespoons of dried milk powder to one pint (568ml) of whole milk (full fat), or adding one tablespoon of double cream or evaporated milk to a serving of milky pudding.

Tip: Extra cream, sugar, honey, jam, condensed milk or evaporated milk etc. can be added to these foods.

Tip: If adding fruit, you can use tinned fruit in syrup, or dried fruit, and add cream, evaporated milk, ice cream or a milky pudding.

Nourishing drinks

- Whole milk (full fat) or fortified milk.
- Instant soup made with hot milk.
- Milky drinks, for example coffee, hot chocolate, Ovaltine, Horlicks or cocoa made with fortified milk rather than water.
- Milkshakes, for example Nesquik, Crusha, supermarkets' equivalent brands, Complan or Build up made with whole milk (full fat) or fortified milk rather than water.

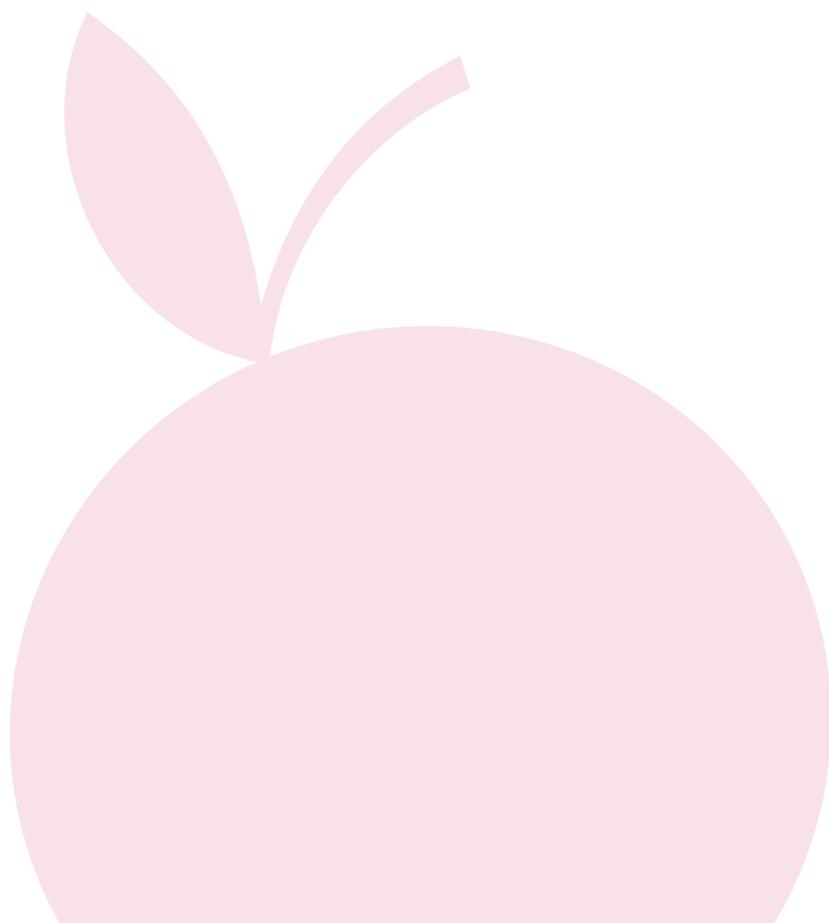
Tip: Fortify milk by adding two to four heaped tablespoons of dried milk powder to one pint (568ml) of whole milk (full fat), or adding one tablespoon of double cream or evaporated milk to a serving.

Tip: Add cream or sugar to hot drinks.

Tip: Add ice cream to cold milky drinks.

Special considerations

Some of the suggestions listed may not be suitable for people experiencing care who require therapeutic diets, for example those with diabetes, renal disease or liver disease as well as for anyone who has lost weight or have poor appetites. In such cases, please refer to a dietitian as per local protocol.



Appendix 3: High protein/energy shopping ideas

The following are examples of food and drink that may help catering staff/care staff provide higher protein/energy meals, snacks and drinks. This is not an exhaustive list and should be used with these guidelines to improve nutritional intake for people experiencing care with a poor appetite and/or weight loss. Try to avoid low fat, no added sugar, diet or light varieties of products.

Drinks

- Whole/full fat milk (blue top)
- Skimmed milk powder
- Milkshakes or milkshake flavourings,
- Hot chocolate or drinking chocolate powder
- Malt drinks, for example Horlicks, Ovaltine etc.
- Unsweetened fruit juice
- Regular fizzy drinks (not diet, light or zero varieties)

Biscuits

- Flapjacks
- Plain or chocolate coated digestives, Hobnobs or shortbread
- Cereal bars, breakfast bars or biscuits
- Cookies
- Crackers

Puddings and yoghurts

- Creamed pudding or rice pudding
- Semolina or tapioca
- Custard (powdered, ready to eat or homemade)
- Sticky toffee pudding
- Tinned puddings (boiled or steamed)
- Cheesecakes
- Chocolate brownies
- Ice cream, ice lollies, trifle or jellies
- Thick and creamy yoghurt, crunch or fruit corners
- Mousses, instant whip or Angel Delight

Cakes, buns and pastries

- Cake bars
- Apple pies or fruit pies
- Muffins
- Fresh cream doughnuts or éclairs
- Danish pastries

- Turnovers
- Fairy cakes
- Tray bakes
- Iced fingers

Sweet breads

- Croissants, brioche or pain au chocolate
- Crumpets or pancakes
- Barmbrack or hot cross buns
- Scones or waffles

Snacks

- Chocolate, fudge or toffee
- Jelly or boiled sweets
- Chocolate or yoghurt-coated dried fruits and nuts
- Crisps or nuts

Savoury freezer ideas

- Pizza
- Beef burgers
- Macaroni cheese
- Hash browns
- Frozen ready prepared meals, for example lasagne, cottage pies, pasta bakes or pies
- Oven chips (thick cut or crinkle cut)
- Roast potatoes or baking potatoes
- Potato waffles
- Fish fingers or breaded/battered fish fillets
- Breaded chicken fillets, goujons, nuggets or chicken kiev
- Crispy pancakes
- Garlic bread
- Mixed vegetables
- Battered onion rings

Sweet freezer ideas

- Ice cream, ice cream bars or ice lollies
- Desserts, for example arctic roll, cheesecake, crumble or gateau
- Frozen yoghurt

Savoury refrigerator ideas

- Sausage rolls, Scotch eggs or pork pies
- Potatoes (mashed, champ or baking)

- Meat pasties or spring rolls
- Butter, full fat margarine, cheese or cheese spread
- Garlic bread
- Eggs
- Sausages, bacon, gammon, pork chops or lamb chops
- Cheese or mayonnaise based dips

Store cupboard ideas

- Canned fish in oil
- Baked beans
- Canned spaghetti
- Jars of creamy pasta sauce
- Canned soup (creamy variety)
- Canned chicken in a creamy sauce
- Canned corned beef
- Canned vegetables
- Canned fruit in syrup
- Stewed fruit, for example pureed apple
- Rice, pasta, noodles or risotto
- Breakfast cereals or porridge/instant porridge
- Part-baked bread
- Flour
- Sugar
- Mayonnaise, salad cream or dressings
- Peanut butter
- Chocolate spread
- Bread sticks
- Honey, syrup, jam or marmalade
- Olive oil or vegetable oil

Milk and dairy foods

- Milk, milkshakes or thick shakes in cartons (with straws or in cups with lids)
- Yoghurt or fromage frais drinks or pouches
- Cheese slices, cubes or triangles

Snacks

- Jelly cubes
- Ice cream in cones
- Soft muesli bars, cakes, buns or tray bakes
- Savoury snacks, for example Quavers, Skips or Wotsits

Vegetarian and vegan ideas and options for all of the above can be found at the **Vegetarian for Life** and **Vegan Society** websites.

Appendix 4: Lifestyle, value-based, religious and cultural dietary ready reckoner

As a care service provider it is important that you understand and are able to meet the food and drink requirements for people experiencing care whether it be for therapeutic and/or value-based and/or faith and/or cultural reasons and importantly for personal choice.

Getting the food and drink right for people experiencing care is very important.

When welcoming someone into your care service who requires a specific approach to meet their food and drink needs, the following should be considered.

- Have you found out the exact nature of the care need or request being made?
- What do the kitchen/catering staff need to know and understand? For example, what are the key points around preparing, storing and serving the food and drink that the person needs that care and catering staff need to be aware of?
- Do staff understand what is being asked of them and are they able to provide the right care at the right time for the person? For example, is there a gap in the staff knowledge around caring for someone who requires a specialist diet? Is there a need for additional skills and information for your staff? Where will you get the information that staff need?
- How will you record and communicate the specific detail around what is required to meet the food and fluid need of the person?

The key question you need to answer is: can you meet all the food and fluid needs of the person after getting to know the person and after considering everything that you have been told about the person?

During discussion with the person and/or their family and/or their representative, be open and honest clear and, concise about the food and drink requirements you can meet and those which you will find challenging or simply cannot meet. Record a summary of the discussion and what has been agreed for future reference.

If you agree that you can meet the person's food and drink needs, you must confirm and record clearly the detail discussed with the person and/or their family. Ensure the care plan reflects the detail of what has been agreed and ensure all care, kitchen and catering staff are aware of this. Involve the person, the person's family in the care planning process whenever possible and as appropriate.

Food observances of different faiths and religions

This table was taken from The National Health Service Recipe Book.

KEY A = Accepted F = Forbidden F* = Some Buddhists are not vegetarian

FOOD	7th Day Adventist	Rastafarian	Roman Catholic	Mormon	Jewish	Sikh	Muslim	Hindu	Buddhist
Eggs	Most	A	A	A	No blood spots	Most	No blood spots	Most	Some
Milk/									
Yoghurt	Most	A		A	Not with meat	A	Not with rennet	Not with rennet	A
Cheese	Most	A	A	A	Not with meat	Most/some vegetarian	Vegetarian	Most/some vegetarian	A
Chicken	Some	Some	Some do	A	Kosher	Most	Halal	Most	F*
Mutton/Lamb	Some	Some	not par-	A	Kosher	Most	Halal	Most	F*
Beef	Some	Some	ticular	A	Kosher	F	Halal	F	F*
Pork	F	F	during Lent or	A	F	Some	F	Some	F*
			fridays						
Fish	Some	With scales	A	A	With scales fins/backbone	Most	With fins and scales	With fins and scales	some
Shellfish	F	F	A	A	F	Some	Halal	Some*	F*
Cocoa/Tea/Coffee	F	A	A	F	A	A	A	A	A
Nuts	A	A	A	A	A	A	A	A	A
Pulses	A	A	A	A	A	A	A	A	A
Fruit	A	A	A	A	A	A	A	A	A
Vegetables	A	A	A	A	A	A	A	A	A
Alcohol	F	F	A	F	A*	A	F	Most	F
FASTING	Own choice	Own choice	Some fast before communion	24 hours, once monthly	Yom Kippur	Own choice	Ramadan	Own choice	Own choice

*This information is for guidance only as within some faiths people may practice in different ways. Some people may adhere to a particular religious rule; others may be less observant. Best advice is to ask people what matters to them and not make assumptions about how they practice their faith.

Vegetarian (including other variations of the diet)

In 2012, the Office for National Statistics indicated that 2 per cent of adults and children are vegetarian (not eating meat or fish), this amounts to over 1.2 million people in the UK.

The Vegetarian Society defines a vegetarian as: "Someone who lives on a diet of grains, pulses, nuts, seeds, vegetables and fruits with, or without, the use of dairy products and eggs. A vegetarian does not eat any meat, poultry, game, fish, shellfish or by-products of slaughter."

As well as someone who would define themselves as a vegetarian there are also a number of variations of the vegetarian diet.

Lacto-ovo-vegetarians eat both dairy products and eggs; this is the most common type of vegetarian diet. Lacto-vegetarians eat dairy products but avoid eggs. Ovo-vegetarians eat eggs but not dairy products. Vegans do not eat dairy products, eggs, or any other products which are derived from animals.

There are also other diets which include fruitarian where a person's diet is predominantly fruit. As a standard, suggest using 75+ per cent fruit as the marker for using the term fruitarian. Here 'fruit' usually conforms to the common usage of the term - the reproductive product of trees, vines, bushes, rather than the botanical definition. Some fruitarians do eat small amounts of sprouts, and many fruitarians (but not all) do eat leafy greens.

A [flexitarian](#) is a term to describe those who eat a mostly vegetarian diet, but occasionally eat meat. Many people who call themselves flexitarian or semi-vegetarian may have given up red meat for health reasons while others may only eat free-range or organic animals and animal products for environmental reasons.

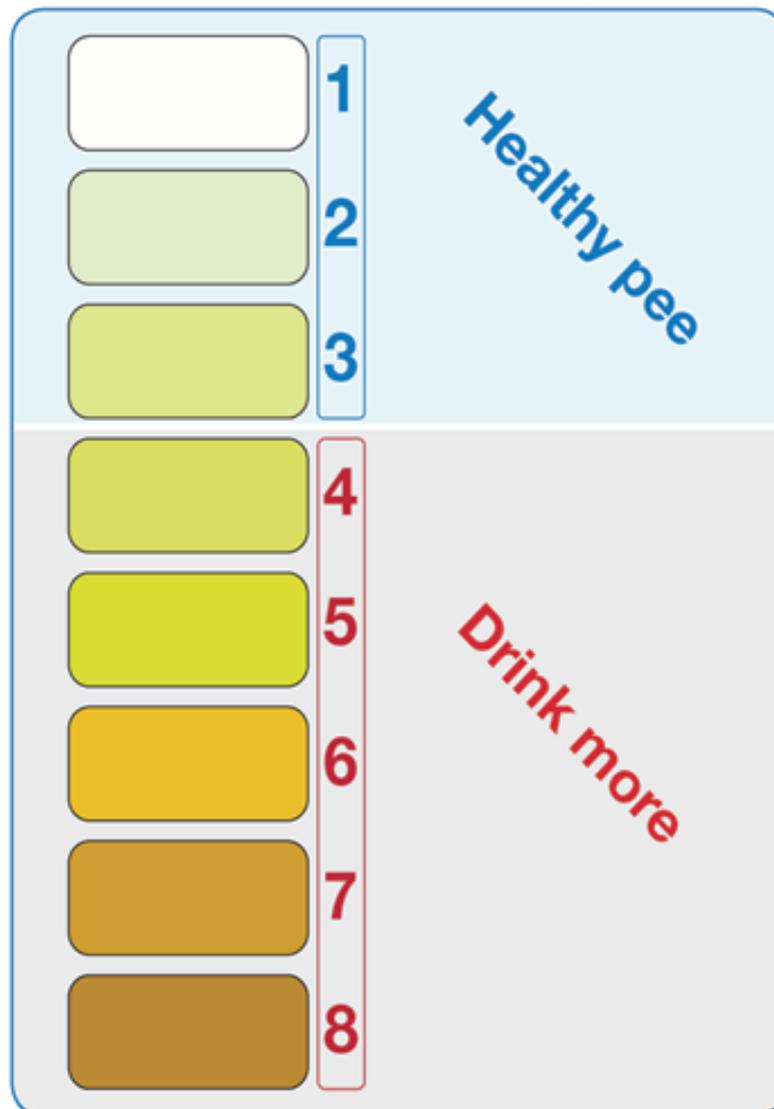
A [pescatarian](#) is a word sometimes used to describe those who abstain from eating all meat and animal flesh with the exception of fish. In other words, a pescatarian maintains a [vegetarian diet](#) with the addition of fish and other sea foods.

A [plant-based](#) diet is a diet that focuses around plant foods: fruits, vegetables, legumes, grains, nuts and seeds, and zero animal products. In this diet there is no meat, fish, butter, milk, eggs, cheese, gelatine or other animal by-products.

Appendix 5: Urine colour chart to check signs of dehydration

Healthy pee is **1 to 3** ...
4 to 8 Must hydrate*

Use this urine colour chart to check for signs of dehydration



Signs that you are not drinking enough:

- Dry mouth
- Thirst
- Headache
- Loose skin
- Dark or strong smelling urine
- Constipation

You should aim to drink **6-8** mugs of fluid per day

* Some medicines may affect urine colour. If you are unsure, please ask your pharmacist.

Appendix 6: Useful contacts

- [Alzheimer Scotland](#)
- [Alzheimer's Association](#)
- [British Association of Parental and Enteral Nutrition](#)
- [British Dietetic Association](#)
- [British Nutrition Foundation](#)
- [Care Inspectorate](#)
- [Carers UK](#)
- [Caroline Walker Trust](#)
- [Coeliac UK](#)
- [Department of Health](#)
- [Diabetes UK](#)
- [Food for life Scotland](#)
- [Food Standards Scotland](#)
- [Healthcare Improvement Scotland](#)
- [The Improvement Hub](#)
- [National Association of Care Catering](#)
- [National Patient Safety Agency](#)
- [NHS Inform Scotland](#)
- [NHS Education Scotland](#)
- [Palliative care guidelines](#)
- [Royal College of Speech and Language Therapists](#)
- [Royal College of Nursing](#)
- [Royal Environmental Health Institute of Scotland \(REHIS\)](#)
- [Vegetarian for life](#)
- [Vegan Society](#)

Please note local NHS dietetic service contact details can be found on the local Health Board website. Some specific Health Board guidance can be found on the Care Inspectorate's **Hub under the Spotlight on food and fluid in care**.

Appendix 7: Acknowledgements

We would like to thank the Public Health Agency of Northern Ireland for sharing their national nutritional guidance with us and for giving us permission to adapt the information within the document to reflect the Scottish perspective.

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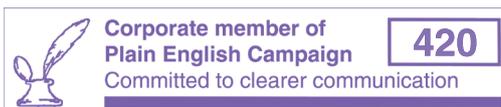
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