

Cross Party Group on Older People and Ageing

13 May 2015, Conference Room 24, Tŷ Hywel

Note of Meeting on nutrition in care settings

Attendees	Apologies
Mike Hedges AM - CHAIR	Iwan Williams, Older People's Commissioners Office
Ryland Doyle Researcher Mike Hedges	Phyllis Preece, National Pensioners Convention
Andi Lyden, Carers Trust	Ruth Crowder, Welsh Reablement Alliance
Andrew Bell, SSIA	Cathrin Manning, Red Cross
Catherine Evans, Older People's Commissioners Office	Marion Lowther, Contact the Elderly
Cerys Furlong, NIACE	Karyn Morris, Royal Voluntary Service
Janet Pinder, DeafBlind	
Jessica Bearman, NHS Wales	
John Davies, National Old Age Pensioners Association of Wales	
John Moore, Age Cymru	
Laura Nott, Age Cymru	
Lisa Turnbull, Royal College of Nursing	
Lorraine Morgan	
Lynda Wallis, Vale 50+ Strategy Forum	
Manel Tippett, RCP	
Mike Hedges AM	
Phil Evans ADSS Cymru	
Raja Adnan Ahmed, RCP	
Robyn Miles, GlaxoSmithKline	
Rosanne Palmer, Age Cymru	
Ryland Doyle AMSS	
Steve Watson, Royal College of Nursing	
Laura Nott, Age Cymru - SECRETARY	

Welcome and introductions

Mike Hedges AM welcomed everyone to the meeting and called out the apologies.

Matters arising from previous meeting

There were no matters arising from previous minutes.

Presentation by Jessica Bearman, NHS Wales

Jessica Bearman introduced herself as a Lead Dietician in the Procurement Service within the NHS in Wales.

There is currently a negative outlook of food in the NHS; we are calling for a 'positive spin' on nutrition to prevent malnutrition. With 20 million people in the EU malnourished and 16-29% of the population of care settings, 1 in 3 over 65s in hospital malnourished, more needs to be done to prevent this. 13 billion needs to be dedicated to combating malnutrition. Even if we can make a small difference we can financially support the NHS, even by 10%.

Mandatory food standards are stipulating how the menu should be supplied with nutrition standards, 'food for good health'. Hospital patients would benefit from a good diet especially people with diabetes. Powder packet soups are still being provided to hospital patients which are simply no good and do not have the nutritional benefits. Freshly made soups and bespoke snacks between meals in hospital and care homes are needed. We also need to take into consideration diverse groups, vegetarians, vegans and people who have suffered a stroke with suitable nutritional food such as a textured modified menu. Everyone should receive the same range and variety, making sure we're serving for the majority and not the minority.

With the care pathway, there needs to be a validated screening tool such as a recorded flow chart to record best practice for a nutritional status. Prescribing nutritional support asking people 'what food would you prefer?'

'Nutrition skills for life' is led by Lisa Williams, community staff up skilled with knowledge about treatment in the community. Public Health Wales and the Older People's Commissioner's Office have a dedicated 'nutrition in care settings' element to their work and we need to make sure we work closely together. 'Menus Counting Care' is a tool where you can develop menus and recipes online using standardised provision. Marketing and awareness campaign 'mind the hunger gap' is joined by Mark Drakeford AM so this is a high priority for politicians.

Presentation by Steve Watson, Royal College of Nursing

Steve spoke about his background and mentioned that he used to be an inspector for the Care and Social Services Inspectorate Wales before working for the Royal College of Nursing.

Nutrition is fundamental to care, it's important for residents and relatives and nutritional care is an essential part of the care plan. Food isn't just about what we eat but where we eat and who with, socialising with family and friends is a key part of this.

The Older People's Commissioner's (OPC) report 'A place to call home' and John Kennedy from the Joseph Rowntree Foundation all look at each area of nutrition differently. The OPC report focuses on eating becoming a 'dining experience' with more flexibility about timings of when to eat in care homes. At the moment, feeding is seen a task to be completed. John Kennedy looks at care across the UK, especially a relationship-centred approach, for example, 'if we want staff to be compassionate, they need to be compassionate'.

Dignified care should be essential to when working towards nutritional needs and care in a care home. A nutritional assessment suggests:

- Fresh drinking water
- Check care plan regularly
- Monitor to record fluid and diet
- Nutritional charts - measure about how much they've eaten and drank

We need to ensure that people know food and drink is available, providing a relaxed, timely eating process within easy reach. There also needs to be choice, a mixture of food is available and looks appetising.

Why should care homes have Michelin star looking food? With good cooks, trained regularly, engaging with people, financial control and local sources, the food can be excellent. 'Menus Count' in Torfaen is an excellent example of this - with the assistance people need at any stage of their life within the home.

Questions

Nancy Davies - does dehydration have the same standards?

Jessica Bearman - yes, hydration is important in all care settings with drinks regularly filled.

Lynda Wallis - meal times are set by staff rotas, with dinner served at 4pm and most afternoon meals being served with mash potato - food needs more imagination and flexibility. Staffing is difficult and the environment has become institutionalised with a friend of mine currently in hospital, she does nothing for herself, even though she can.

Steve Watson - the new Regulation and Inspection Bill requires care homes to provide a good service. Nothing stops people being imaginative if you work with the inspectorate and local authority you can come up with anything.

Lisa Turnbull - I was recently in hospital and the food was fantastic, I was surprised. Staff were annoyed about the crack down on waste to save money as it would reduce quality. With the austerity agenda, excellent work is being done but because of cuts the quality will reduce.

Jessica Bearman - Quality of nutrition is an easy target for cuts. The sustainability of waste needs to be looked into through the order service. Having choice will help cut waste with the person selecting their food for the next 1-2 weeks, concentrating on what's popular and works well. Portion sizes could cut waste too, giving the person the right amount for them.

Lorraine Morgan - in extra care housing complexes, people are still receiving pureed food and waiting till very late in the day to eat. Are the standards going to apply to extra care housing? I've heard that people wait from 8:00am till 7:30pm till their next meal.

Mike Hedges AM - We look after people in their own homes rather than hospitals. There is an efficiency problem with nutrition, not just financial.

Steve Watson - with regards to extra care housing, we need to train people that deliver the domiciliary care service. They are registered with the inspectorate but there needs to be a nutritional plan as part of their work.

Raja Adnan Ahmed - more training is needed for care home staff, especially dementia training as people with dementia sometimes need prompting to eat. Constipation is a big issue and this can be down to a lack of good nutrition.

John Moore - food and drink in care homes means more than eating, it's practical and leisure - we have food when we want it. For example, a neighbour pops in and you have a cup of tea with them. It's a sociable 'dining experience'. There are new My Home Life resources that focus on this 'dining experience' about what this looks like in a care home. A great asset in care homes are the people who live there - for example, a female resident had 50 years of experience of cooking for her family - are we forcing our experience onto them rather than using theirs.

Jessica Bearman – we suggest introducing a pictorial menu as some people struggle to identify meals.

Lisa Turnbull - there are very bad levels of staffing in hospitals with 13 patients per staff. With regards to monitoring, the first thing to go is a nutritional plan, 'has this person eaten?' - this impacts on nutrition. There is the vote soon for the 'safe staff nursing levels' at the National Assembly, we need to do more to raise this. If you have less regulated nurses it impacts on staff who feel pressured to do other things - a whole team is needed.

Mike Hedges AM - there are hostesses to help with meals in ABMU.

Lisa Turnbull - there are people who want to eat and chat but sometimes relatives are seen as a hindrance but they can help.

Jessica Bearman - standards are being rolled out in care settings to protect the catering budget with hospitals.

Recommendations / actions

No recommendations and/or actions were set

Dates of next meeting

14 October 2015 and 10 February 2016