

## Personal Plans for Best Care

### Identifying and managing malnutrition risks in care homes – Dartford

While studies showed that around half of nursing home residents were at risk of malnutrition, only 12% of residents in Dartford, Gravesham and Swanley areas were referred to the community dietetic service.

Dartford PCT (Primary Care Trust) set up a new service in March 2010 to ensure that all nursing home residents at nutritional risk and/or on oral nutritional supplements (ONS) were assessed and reviewed by the dietetic service. Weight and malnutrition risk scores would be monitored monthly.

The primary goal was to provide residents with the best plan possible, to monitor their progress regularly and to equip staff with suitable nutritional education.

### The Project

The Dietetic Team discussed the aim of the new service with GPs and obtained agreement for an open referral to the Dietician for residents found to be at risk nutritionally and/or being prescribed ONS. The team then contacted care home managers with an offer of support to help them manage malnutrition in their residents.

The team collected data on weight, Body-Mass Index (BMI) and MUST scores for all residents and evaluated whether screening was being carried out accurately and what action was taken when someone was found to be at risk.

Audits were undertaken of the meal and snack service within the homes.

It is essential to take time to observe actual practice. Being in the care home for most of the day provided insight into each care home's practices:

- Some residents who were prescribed 2-3 supplements per day only had a few sips of each before a new one was provided.

- One home's care plans were excellent, but in practice, food was locked away by the chef and only tea was offered mid-morning without any food.

The purpose of this exercise was to identify key areas for improvement. A report with recommendations was shared with the home and GPs.

From this, a care pathway was developed which emphasised optimising food and drinks intake via food fortification, snacks and two fortified all-milk drinks per day. BAPEN's MUST 5 step policy was adapted for this purpose ([http://www.bapen.org.uk/pdfs/must/must\\_page1.pdf](http://www.bapen.org.uk/pdfs/must/must_page1.pdf)).

Care staff were trained to use MUST (Malnutrition Universal Screening Tool) and the Food First approach, including the provision of food fortification at meals and two palatable home-made fortified milk drinks per day.

Training, food fortification and two fortified milk drinks per day were put in place. Supplements were then used appropriately and often discontinued or reduced where clinically appropriate.

All residents on the caseload were reviewed at least every six weeks. Patients on supplements are now reviewed on: whether treatment is appropriate, when usage was last reviewed, what their compliance is and whether there are clear goals for nutritional treatment. This ensures that patients get the full benefit of the nutritional supplements as intended.

All new residents were assessed and anyone who subsequently became nutritionally at risk was taken onto the caseload.

Every month, the home is provided with a list of residents requiring fortified drinks. Care staff have to sign when the drinks have been administered.

### **The Benefits**

This new service means that all those who are at risk of malnutrition have a care plan and treatment is implemented at the earliest opportunity.

Resident weight is monitored. Since the introduction of the new service, fewer residents are at risk than before. Introducing food fortification has helped maintain the health of residents who were border-line nutritionally at risk.

Better end of life care. Residents who are identified as being at risk are often at the end of their life. Nursing staff equipped to use the Food First approach without reference to a GP or dietician are in a better position to deal with relatives concerned that a resident is not eating. Dieticians also have a role in supporting staff and relatives at this time.

All residents at nutritional risk in the project care homes have input from the Dietician and the caseload has increased by 2.5 times.

The cost of additional dietetic staff was £27,000 per year but there was an estimated saving of £117,000 per year for two GP practices through more appropriate ONS prescriptions.

**For further information, please contact:**

Muriel Gall, Food First Team Dietitian

Email [murielgall@nhs.net](mailto:murielgall@nhs.net) or Tel: 01322 622132