

Nutrition and Hydration Policy

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Contents

Introduction.....	2
Aim.....	2
Food Safety.....	2
Food Allergens.....	3
Nutrition.....	5
Eat Well Guide.....	5
Nutritional Screening.....	6
Monitoring.....	7
Related Policies and Procedures.....	8
Legislation and Guidance.....	8

Nutrition and Hydration Policy

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Introduction

Banquo believes that the provision of a healthy, nutritious and balanced diet for its Service Users is of vital importance.

Banquo also believes that, with respect to food provided within the service or brought into the service, there is a duty to ensure that all staff and Service Users should be kept as safe as possible from food poisoning, and food-related illness, by the adoption of high standards of food hygiene and food preparation. This includes help with the cooking, storing, preparing or serving food.

Aim

This policy is intended to:

- Ensure that service users benefit from being prepared food that is of high quality, well-presented and prepared, and which is nutritionally sound
- Ensure that those with special dietary needs are supported
- Protect staff and service users from food-related illness

Food Safety

Banquo believes that the effective management of food safety relies heavily on having effective operational policies for the safe preparation, storage and handling of food. Therefore, Banquo operates the following procedures:

- All food should be prepared, cooked, stored and presented in accordance with the high standards required by the Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995, the Food Safety (Temperature Control) Regulations 1995, and the Food Hygiene Regulations 2006.
- Staff must keep all food preparation areas, storage areas and serving areas clean while in use.
- All tools and equipment such as knives, utensils and chopping boards must be cleaned regularly during the cooking process.
- Adequate sanitary and hand-washing facilities should be available within the kitchen, including a supply of soap and paper towels for hand drying.
- All staff are required to wash their hands;
 - o Before starting work
 - o Before putting on single service gloves

- o After touching raw, fresh or frozen beef, poultry, fish or meat;
- o After mopping, sweeping, removing garbage or using the telephone
- o After using the bathroom
- o After smoking, eating, sneezing or drinking
- Everyone in a food handling area must maintain a high level of personal cleanliness and food handlers must wear suitable, clean and where appropriate protective clothing.
- Staff preparing food should take all reasonable, practical steps to avoid the risk of contamination of food or ingredients
- Food storage areas should protect food against external sources of contamination such as pests.
- Food handlers must receive adequate supervision, instruction and training in food hygiene.
- When serving food, appropriate hygiene standards should be scrupulously observed by all staff.
- Suspected outbreaks of food-related illness should be reported immediately to the service user's GP.
- Any member of staff who becomes ill whilst handling food should stop work at once and report to their line manager/supervisor; such staff should contact their GP and should only return to work when their GP states that they are safe to do so.

In addition, staff should:

- Always wash their hands after visiting the lavatory
- Ensure that all food stored in the refrigerator is covered and adequately chilled
- Ensure the thorough cooking and re-heating of all meat, especially poultry
- Ensure that deep frozen food is thawed before cooking (especially important when using a microwave oven)
- Be aware of the risk of Salmonella infection associated with foods containing uncooked eggs such as mayonnaise and certain puddings
- Wash hands after handling raw meat or eggs, particularly before handling other foods
- Never re-use utensils with which raw eggs or meat have been prepared without first washing them with hot water and detergent
- Never allow juices from raw meat to come into contact with other foods (cooked food and uncooked food should not be stored together)
- Avoid serving raw eggs (or uncooked foods made from them) to vulnerable people such as the elderly and the sick (all eggs should be cooked until they are hard — both yoke and white)

Food Allergens

In 2014 Regulations regarding food allergens were introduced and information regarding the 14 allergens identified below must be declared by businesses which provide food pre-packed, loose, or prepared in a restaurant or canteen etc Food ingredients that must be declared as allergens in the EU

1. Cereals containing gluten, namely: wheat (such as spelt and khorasan wheat), rye, barley, oats or their hybridised strains, and products thereof, except: (a) Wheat based glucose syrups including dextrose (b) (b) Wheat based maltodextrins (c) Glucose syrups based on barley (d) Cereals used for making alcoholic distillates including ethyl alcohol of agricultural origin
2. Crustaceans and products thereof
3. Eggs and products thereof
4. Fish and products thereof, except: (a) fish gelatine used as carrier for vitamin or carotenoid preparations (b) fish gelatine or Isinglass used as fining agent in beer and wine
5. Peanuts and products thereof
6. Soybeans and products thereof, except: (a) fully refined soybean oil and fat (b) natural mixed tocopherols (E306), natural D-alpha tocopherol, natural D-alpha tocopherol acetate, and natural D-alpha tocopherol succinate from soybean sources (c) vegetable oils derived phytosterols and phytosterol esters from soybean sources (d) plant stanol ester produced from vegetable oil sterols from soybean sources
7. Milk and products thereof (including lactose), except: (a) whey used for making alcoholic distillates including ethyl alcohol of agricultural origin (b) lactitol
8. Nuts, namely: almonds (*Amygdalus communis* L.), hazelnuts (*Corylus avellana*), walnuts (*Juglans regia*), cashews (*Anacardium occidentale*), pecan nuts (*Carya illinoensis* (Wangenh.) K. Koch), Brazil nuts (*Bertholletia excelsa*), pistachio nuts (*Pistacia vera*), macadamia or Queensland nuts (*Macadamia ternifolia*), and products thereof, except for nuts used for making alcoholic distillates including ethyl alcohol of agricultural origin
9. Celery and products thereof
10. Mustard and products thereof
11. Sesame seeds and products thereof
12. Sulphur dioxide and sulphites at concentrations of more than 10 mg/kg or 10 mg/litre in terms of the total SO₂ which are to be calculated for products as proposed ready for consumption or as reconstituted according to the instructions of the manufacturers
13. Lupin and products thereof
14. Molluscs and products thereof

Whilst this may not be relevant within domiciliary care, it is important that these allergens are part of the assessment of need process and incorporated into care plans as an identified risk.

The care plan will then detail how any identified allergens risks will be mitigated and managed by the provider. Food allergens can be life threatening and Banquo will work with the service user to ensure all food allergens are recorded in the care plan and staff are aware and when preparing food check that there are no foods in the preparation of meals to which the service user is allergic.

We also make our staff and service users aware of and ensure they know how to respond to any allergic reaction.

The most common symptoms of an allergic reaction include:

Body part affected

Physical reaction

Eyes Sore, red and/or itchy

Nose Runny and/or blocked

Lips Swelling of the lips

Throat Coughing, dry, itchy and swollen throat

Chest Coughing, wheezing and shortness of breath

Gut Nausea and feeling bloated, diarrhoea and/or vomiting Skin Itchy and/or a rash Any reaction can be life threatening and medical assistance will be sought immediately and all emergency procedures followed for that service user

Nutrition

Banquo believes that every service user has the right to choose from a varied and nutritious diet that provides for all their dietary needs, and which offers health, choice and pleasure.

To accomplish this, individual service users will be supported to identify their individual food preferences as well as their cultural, religious or health needs. Individuals or their family will always be involved when planning menus and meal alternatives.

Pictorial menus are available to help communicate food choices where required.

Eat Well Guide

The nutritional model will be based around the Food Standard Agency Eat Well Guide.

The model has eight key principles, which are as follows:

- Food should be enjoyed
- A variety of different foods should be eaten
- The right amount should be eaten to maintain a healthy weight
- Plenty of foods rich in starch and fibre should be included in the diet
- Foods that contain a lot of fat should be avoided, and sugary foods and drinks should not be eaten or drunk too often
- Vitamins and minerals in food are critical
- Alcohol consumption should be within sensible limits
- Menus should take into account any ethnic or cultural dietary needs of service users and should be sensitive to religious and cultural beliefs surrounding food.

For providers this is an area where motivation and encouragement of the service user is central to the service delivery. Where it is identified that the service user is making unhealthy choices service users will be encouraged to eat healthily by providing up to date information and support.

Methods of cooking will be agreed upon by the Service User and the care organisation. Each Service User will be encouraged and supported to eat three full meals each day, at least one of which will be cooked. However, if the Service User prefers smaller, more frequent snacks this will be catered for in the service provided.

When Service Users are unable to prepare their own drinks both hot and cold drinks will be made and left for the Service User to access throughout their day and during mealtimes.

Religious, personal or cultural special needs will be recorded in the care plan and will be fully catered for as required by the Service User.

Menus will be created by staff with Service Users and their family, if appropriate, so that the required shopping can be purchased.

In agreement with the Service User, menus may be changed regularly to stimulate appetite and discussion.

Special therapeutic diets will be recorded in the care plan and provided when these are advised and discussed by healthcare or dietetic staff with the Service User.

In a domiciliary setting it is important not to rush the mealtimes, but instead to create a relaxed atmosphere in which Service Users are given plenty of time to eat and enjoy their food.

Food will be presented in a manner that is attractive and appealing. If a Service User neither wants to nor eats their meal then an alternative or a meal replacement may be offered, if appropriate; these changes should be recorded in the care plan.

Staff will help all Service Users to be as independent in feeding themselves as possible and will work to ensure their dignity while they are doing so.

Eating difficulties will be identified within each Service User's care plan and a plan of assistance agreed, both with the Service User and with their carers. Banquo will make whatever reasonable arrangements are necessary for a Service User to be able to feed themselves with dignity and ease, including the provision of special eating aids and special food preparation; assistance with feeding will be offered in a sensitive and dignified manner. Provision of finger foods.

Nutritional Screening

Nutritional Screening is undertaken by Banquo to identify those at risk of malnutrition, or to identify obesity. Screening is undertaken by a member of staff trained to understand the process, who liaises closely with other professionals such as dieticians, speech & language therapists or specialist nurses.

Nutritional screening happens for all service users on admission and at any time there is a concern in their physical or mental wellbeing, to identify those at risk of malnutrition and to identify obesity; it is undertaken by a staff member trained to understand the process, and who liaises closely with other healthcare professionals such as dieticians, speech and language therapists, or a specialist nurse.

The early identification and treatment of individuals who are malnourished or at a risk of malnutrition is vital to prevent pressure ulcer development and promote wound healing when pressure ulcers occur. Nutrition assessment and screening is an integral part of pressure ulcer risk assessment and screening.

An assessment for signs of dehydration is included and any concerns will lead to fluid balance being monitored. In the screening it is also important to assess individual's ability to eat and drink independently and to assess the likelihood of poor nutrition because of any of the following:

- The individual is on a restricted or modified diet and/or fluids
- Have ascites or oedema making body weight difficult to measure accurately

- Obese (body mass index is >30) The five-step Malnutrition Universal Screening Tool (MUST) is used. Records are kept in the service user's plan of care. International Dysphagia Diet Standard Initiative (IDDSI) Framework Texture modified foods and thickened liquids.

To eliminate the use of the imprecise term "Soft Diet" and assist providers with the safe transition to the International Dysphagia Diet Standard Initiative (IDDSI) Framework, standard terminology with a colour and numerical index to describe texture modification for food and drink has been developed.

The implementation of IDDSI means that the numerical and colour descriptor for the recommended fluid thickness for service users have changed.

Scoop sizes have also changed, and the number of scoops required to reach their recommended thickness is different.

Banquo's staff receive training, on these changes, all information is clearly recorded in the service users plan and reviewed regularly.

Enhanced care services carry out the basic assessment and then make a direct referral to the Speech and Language team or dieticians for the Service user.

The IDDSI have produced a range of resources including posters which we will use to help inform staff of the changes.

Banquo recognises the importance of service users or their carers understanding the changed instructions on their tins of thickener and that they know how to contact their speech and language therapist if they have any concerns. Observation of Weight and Associated Issues.

On a day-to-day basis staff are best placed to observe the wellbeing of the service user in relation to any issues regarding nutrition and hydration. Where weight gain or loss is observed staff must ensure that a proper recording of such a situation takes place appropriate guidance should be sought which includes the views of the service user and how they could improve the situation. This is particularly important in a situation where there is a health issue e.g. diabetes. It is therefore important that staff involved in visits where food is part of the service that they check that food has indeed been eaten.

While any service user receiving our service could be considered to be at risk of undernutrition, certain other groups also pose a definite risk.

These include:

- People with existing acute and long-term conditions such as chronic obstructive pulmonary disease
- People with long-term, progressive conditions such as dementia and cancer
- People who have been discharged from hospital recently
- Older people in general as part of the initial nutritional and hydration assessment/screening the service user's consent is gained to measure and record their weight. if it is not possible to weigh the service user then the following information concerning their weight is documented

The service user will be asked about their latest recorded weight and if they have noticed any weight gain or loss. Relatives/service user representatives will ask about the service users' weight.

A visual assessment is carried out to determine if the service user looks thin e.g. loose rings on fingers If the service user is under the care of a health professional for weight loss or obesity, then the health professional will identify the frequency for the need to weigh the service user.

Monitoring

To ensure this policy remains both practical and current, regular auditing processes will take place. Individual incidents will be monitored via the incident reporting system and themes and trends reported to the Management Team.

Any adverse issues or poor service user outcomes related to this policy will be investigated and immediate change implemented where required.

Related Policies and Procedures

Safeguarding Policies

Training and Development Policy

Care Planning Policy

Legislation and Guidance

The Food Safety Act 1990

The Food Safety (General Food Hygiene) Regulations 1995

The Food Safety (Temperature Control) Regulations 1995

The Food Hygiene Regulations 2006

Food Allergens In 2014 Regulations

NICE guidelines [CG32]: Nutrition support in adults: Oral nutrition support, enteral tube feeding and parenteral nutrition (Published February 2006 updated August 2017).
<https://www.nice.org.uk/guidance/cg32>

NICE Quality Statement [QS24] Nutrition Support in Adults (Published 2012)
<https://www.nice.org.uk/guidance/qs24>

Commissioning excellent nutrition and hydration NHS England Guidance [Guidance – Commissioning Excellent Nutrition and Hydration 2015 – 2018 \(england.nhs.uk\)](#)

The Eatwell Guide [The Eatwell Guide and Resources | Food Standards Agency](#)

Food Standards Agency [Homepage | Food Standards Agency](#)

International Dysphagia Diet Standardisation Initiative <https://iddsi.org>