



Promoting nutrition in care homes for older people

“The chef comes round once a week
and asks me if I enjoyed my lunch”



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Summary

What this report's about

Making sure older people have nutritious food and drinks is fundamental to good care. This report evaluates a programme aimed at improving nutrition in Scotland's care homes for older people.

Programme partners were the Scottish Government, the Care Commission and the Care Homes for Older People Dietitians Network. They, with expert help, designed and delivered the programme and evaluated its impact.

How the programme worked

The programme partners recruited 112 people who worked in care homes across Scotland, including chefs, care workers and managers. They were asked to become nutrition champions and take part in a six-month programme that would:

- help them learn more about nutrition for older people
- give them expert and practical advice from dietitians
- develop individual projects to improve some aspects of nutrition in the care home that each worked in
- give them the skills they need to make changes in their own care homes
- learn from each other and share their experiences in meetings, and online.

Everyone involved in the programme gave their feedback, at every stage. This included projects that the nutrition champions put in place in their care homes.

What we found: our conclusions and recommendations

Overall the programme was highly valued by the participants. The nutrition champions felt the programme gave them:

- an excellent grounding in nutrition, which allowed them to make a change in their care home
- essential support from other nutrition champions, including the chance to share their experiences and resolve problems together
- knowledge and new skills and confidence in all aspects of practice, including managing change, involving people, gathering and using evidence, providing support and feedback, and project planning

- the chance to challenge and change current care practice in their care homes, including staff attitudes, and raising staff awareness of ways of improving nutrition
- the opportunity to implement basic changes to the choice, availability and accessibility of food, juices and water for residents
- the opportunity to flourish and raise the profile of nutrition and residents needs in their care home.

The programme did have a high-drop out rate, which may be due to the length of commitment required, a lack of understanding at the start about the commitment, and the level of support in the care home.

This report also finds that keeping dietitians involved throughout the programme, not just on the training courses, would have further helped nutrition champions to make the changes they needed.

The report sets out eight recommendations for action that would benefit any similar programme in future.

section 1

the background
to this report

One of the Scottish Government's objectives is to improve the nutritional care of older people in care homes. Nutritional care means determining a person's individual preferences and cultural needs, defining his or her physical requirements and then providing the person with the food they need. Good nutritional care will involve training for staff, residents and their relatives, and access to information.

Partners in this programme were the Scottish Government, the Care Homes for Older People Dietitians Network and ourselves, the Care Commission. The programme partners developed a work programme that aimed to improve nutritional care, and that care homes throughout Scotland could implement.

This report explains and evaluates how the programme worked and suggests actions that would help a similar future project.

This part of the report considers:

- **Issues of nutrition in care homes**
- **What the National Care Standards say about food in care homes for older people**

Issues of nutrition in care homes

Making sure residents in care homes have nutritious food and drinks is essential to good care. Food is fundamental to quality of life and, for many older people in particular, can be critical to their health and well-being. Unplanned or unexplained weight loss can make older people vulnerable to disease and may be fatal.

People's appetites also reduce with age, so keeping older people interested in food is a challenge.

Malnutrition and dehydration are serious and common problems among older people in care homes (Copeman 2000). Age Concern reported problems of malnourishment with older people in hospital, they reported that six out of 10 older people were malnourished. (Age Concern 2006)

In 2000 the Clinical Resource and Audit Group (CRAG) began a three-year audit of the nutrition of older people and nutritional aspects of their care in long-term settings, such as care homes. The audit identified substantial and statistically significant improvements, but under-nutrition remained high and they found that people were eating significantly less than the minimum they should be eating. (CRAG 2000)

The audit report sought changes to culture and practice rather than more legislation and guidance. Indeed there is already plenty to guide care staff in this area, including:

- the National Care Standards (Scottish Government)
- Best Practice Statements on nutrition for physically frail older people (NHS Quality Improvement Scotland (QIS) (2002)).
- the Caroline Walker Trust (2004).

Although there are examples of good practice throughout the country we know that not every care home implements it.

The BAPEN (British Association of Parenteral and Enteral Nutrition) report summarised the UK's largest nutritional screening survey in hospitals, care homes and mental health units. Nutritional screening is a rapid general evaluation undertaken by care staff to detect significant risk of under nutrition. (Russell et al 2007)

The survey found that, of 1,610 residents screened in 173 care homes, 30% were malnourished (20% high risk and 10% medium risk). At least 82% of care homes had a nutritional screening policy in place and almost all residents were weighed on admission and regularly throughout their stay. The report's authors recommended further investigation in all care settings of the extent to which the results of screening and weighing are linked into appropriate care.

What the National Care Standards say about food in care homes for older people

We inspect care homes to ensure that they comply with the Regulation of Care (Scotland) Act 2001. In doing so, we take into account the National Care Standards. In care homes, these set out the standards of care that people can expect to get. One of the standards (Standard 13 Eating Well) states that:

“Your meals are varied and nutritious. They reflect your food preferences and any special dietary needs. They are prepared and cooked and attractively presented.”

Standard 13 lists the following 10 aspects of food, fluids and nutrition:

- 13.1 Catering and care staff get to know your food choices and preferences, including ethnic, cultural and faith ones. Any special diet (for example, vegetarian, low fat or high protein) is recorded in your personal plan.

- 13.2 You are offered a daily menu that reflects your preferences. The menu varies regularly according to your comments and will always contain fresh fruit and vegetables.
- 13.3 You have a choice of cooked breakfast and choices in courses in your midday and evening meals.
- 13.4 Meals are nutritionally balanced for your dietary needs, for example, if you are diabetic or have poor kidney function.
- 13.5 You can have snacks and hot and cold drinks whenever you like.
- 13.6 If you are unable to say if you are getting enough to eat or drink, staff will keep an eye on this for you. If there are concerns, staff will explain them to you or your representative. With your agreement, staff will take any action needed, such as seeking advice from a dietitian or your GP.
- 13.7 Your meals are well prepared and presented. All food handling follows good food hygiene practices.
- 13.8 You are free to eat your meals wherever you like, for example in your own room or in the dining room. You can eat them in your own time.
- 13.9 You must be able to eat and enjoy your food. If you need any help to do so (for example, a liquidised diet, adapted cutlery or crockery, or help from a staff member), staff will arrange this for you.
- 13.10 Staff will regularly review anything that may affect your ability to eat or drink, such as your dental health. They will arrange for you to get advice.

National Care Standard 14.6 (“Keeping Well – Healthcare”) states:

“You will be confident that the provider is aware of your nutritional state and will with your agreement arrange for this to be regularly assessed and reviewed. The assessment will take into account any changes in your health.”

section 2

the programme to
improve nutrition
in care homes

This section of the report considers the following:

- How the programme partners designed the programme
- What the programme aimed to achieve
- The nutrition champions and their role
- How the programme worked
- Projects completed by the nutrition champions

How the programme partners designed the programme

The partners designed a programme in response to the complexity of care at mealtimes. This complexity reflects organisational commitment and skills such as practical know-how, problem-solving, interpersonal skills and flexibility. Staff need to be able to explore the emotional, social, practical and physical factors that support or hinder good nutrition and eating well.

The programme was led by the Care Commission's Nurse Consultant for Care Homes for Older People.

The programme took into account areas of development in eating well that we had identified through our inspection and complaints activity. It also took account of the following issues:

- Nutrition and food and eating generally are important issues for older people in care homes. Evidence also suggests that responsibilities for food, mealtimes and nutrition are complex and ill-defined (Manthorpe and Watson 2003).
- Training in nutrition in long-term care is lacking (Fitzpatrick 2005).
- Education, toolkits, and standards and guidance about nutrition are not enough to change practice.
- Good practice guidelines are available, but the challenge lies in getting people to use them to influence and develop how they work.
- Existing educational materials need to be adapted to meet the needs of the care home sector.
- Changes that are likely to last must include those most closely involved, such as dietitians, nurses, chefs and older people themselves. (Dewar & Sharp 2006)

What the programme aimed to achieve

The overall aim was to improve nutrition, and food and eating practices within the care home sector, through education and opportunities to learn from experts and from each other.

The objectives were:

1. To develop, deliver and evaluate a programme, led by experts in the field, of nutrition education to staff in care homes.
2. To help staff change their care home's practice on nutrition, food and eating.
3. To help staff find ways of changing practices in nutrition, food and eating.
4. To develop a community of practice, linked to the Care Home Learning Network, on nutrition in care homes to share practice and ideas and encourage partnership working (www.carecommission.com)
5. To provide evidence about the practical impact of this programme in care homes.

The nutrition champions and their role

This part of the report considers the programme partners' motives for seeking to recruit nutrition champions. Section 3 of the report considers how this aspect of the programme worked.

The programme partners invited staff from care homes across Scotland to be nutrition champions in developing practice in their own care homes by planning, implementing and evaluating their own small project.

The partners chose this approach because they wanted to make sure that the programme had the backing and input of staff working in care homes, people visiting care home residents, and residents themselves. This was important because it:

- acknowledges that the way services develop depends on the commitment and motivation of those who provide the services; and
- reflects the emphasis that policy makers place on involving both those who use and those who provide services, in how services develop.

The programme partners invited all care homes in Scotland to put forward a nutrition champion from their home. The champions would be responsible for:

- being a point of contact for colleagues who have questions about nutrition
- sharing knowledge with colleagues about the importance of nutrition to residents' health and well-being;
- ensuring that nutrition is a priority for care homes;
- taking the lead in involving colleagues, residents, family and community members in the care home's work in nutrition; and
- taking the lead in a project to develop the care home's practice in nutrition.

As well as seeking to involve care home staff, the programme stressed its facilitated approach – that is, using experts to help people to learn, and encouraging people to learn from each other.

This was in recognition that care staff would have to develop skills to enable them to change practice. Giving them knowledge and ideas; for example by sending them on a nutrition course alone would have been important. But they also needed expert backing to plan a project and support for the challenge they would face when implementing the project.

The programme element that covered culture change was designed to prepare them for this by exploring the cultural, organisational and interpersonal factors that would influence the success of their project.



How the programme worked

The programme had four phases:

- Phase 1: Develop educational materials on nutrition, hydration (intake of water and other drinks) and eating in care homes for older people.
- Phase 2: Implement and evaluate a three-day nutrition course for staff in care homes.
- Phase 3: Implement and evaluate a two-day culture change course on changing practice in nutrition in care homes for older people.

Phase 4: Organise and evaluate meetings (called Support for Learning meetings), where nutrition champions could share information and learn from each other.

Phase 1: Developing educational materials

Educational materials already exist to guide care staff in promoting nutrition for older people. Queen Margaret University worked with the Care Homes for Older People Dietitians Network to examine and adapt these to care homes. The university had already worked in this area by producing the PACE (Partnership in Active Continuous Education) pack on nutrition, aimed at people who care for older people.

The new materials were introduced to community dietitians, who were to play an important role as facilitators, educating the nutrition champions throughout Scotland. The facilitators gathered for a day to discuss the materials and the programme.

Phase 2: Implementing and evaluating the nutrition course

The nutrition champions undertook the three-day course during April and May 2007. The days were not consecutive, so that the champions could work in their own time between course days.

The course objectives were to:

- provide an overview of what the Regulation of Care (Scotland) Act 2001 and National Care Standards say about eating, drinking, food and nutrition;
- explore the concept of food groups and investigate the component parts of the food that we eat;
- explain the physical changes that happen when people age, and how these affect nutritional needs and requirements;
- examine physical, social and psychological factors that influence individuals' ability to eat and drink;
- highlight nutritional problems that can affect older people and the impact of these on physical and mental well-being;
- highlight signs and symptoms of swallowing problems and familiarise learners with modified food and fluid textures, and how to use these;
- discuss how dementia can affect food intake and consider practical ways of managing eating and drinking for people with dementia;
- examine other special diets, for example for older people with diabetes and weight problems;
- provide systems for planning menus and providing food and drinks in care homes;

- provide opportunities to network with other staff from care homes throughout Scotland;
- provide opportunities to share best practice; and
- improve the standard of nutritional care of care home residents in Scotland.

Phase 3: Implementing and evaluating the culture change course

This was based on a 2007 training pack, 'Moving Upstream Together: working in partnership to bring about change'. The pack was designed for nurses, senior care workers and managers to use with care staff, older people and relatives to plan and implement changes to practice.

The pack is available on the Care Home Learning Network through our website: www.carecommission.com

It was developed, implemented and redesigned by Dr Esther Walker (Forum Interactive), Ria Tocher (NHS Lothian) Mairi Johnston (NHS Lothian) and Belinda Dewar (Nurse Consultant, Care Commission) in a project called Partners in Practice and funded by the Burdett Trust for Nursing.

The pack has six modules:

1. Setting the scene
2. Exploring values, attitudes and working practice
3. Clarifying the target practice issue for development
4. Supporting learning and practice development
5. Creating a communication plan
6. Giving and receiving feedback

This course was to build on the nutrition course by raising staff awareness and understanding how practices develop and the implications of culture change. It would prepare them for the challenges ahead and enable them to develop project plans that would take account of important success factors.

The course objectives were to:

- equip each nutrition champion with the knowledge and understanding they needed to plan a small project to improve nutrition in their care home;
- equip each nutrition champion with the skills and confidence they needed to implement and evaluate their project;
- enable nutrition champions to identify ways of supporting one another over the six months the project would be implemented.

The nutrition champions were asked to bring with them evidence from their local area about the effectiveness of their nutritional practice. This included the most recent Care Commission inspection report. During the course, the champions were encouraged to identify a project based on their evidence.

Phase 4: Delivering and evaluating Support for Learning meetings

The nutrition champions began implementing their projects. Attending monthly meetings enabled them to share experiences and ideas and generally to learn from one another. Meetings took place in groups that broadly reflected health board areas.

The project's six facilitators were learning and development professionals with experience of using action learning (a technique based on individuals meeting in groups and learning from each other). Two of them (Esther Walker and Ria Tocher) had expertise in practice development in care settings. One (Ria Tocher) was a health care professional.

Projects completed by the nutrition champions

The programme was designed to enable nutrition champions to plan and implement a project in their care homes that would promote nutrition. We can summarise the projects of those who completed the programme in the following seven categories:

Project category

Improving the dining (room) experience (including introducing protected mealtimes when all non-urgent activity stops allowing the resident to eat without being interrupted and staff are available to help)

Introducing the Malnutrition Universal Screening Tool (MUST). This is a way of assessing a person's nutritional needs and was developed by a nutritional group

Improving menus (according to nutritional value, choice, likes and dislikes)

Sharing knowledge with staff on issues to do with nutrition and health, and residents' well-being

Making food more attractive and accessible

Developing a recording system (for example, an audit tool) to enable standards in nutrition to be raised and maintained

Improving levels of intake of water and other drinks

The nutrition champions implemented their projects the six months following the culture change course. The Support for Learning meetings gave them an opportunity to come together regularly and share experience and ideas of how to meet the challenges they met.

At the end of the programme they were asked to submit a brief project report (up to two sides of A4) that answered some simple questions. Forty-seven projects were submitted.

The nutrition champions were free to use methods other than writing to report on their projects (for example, using photographs and statements from others in their care home). Most, however, chose to submit a written report and to supplement it with material they had produced for the project. Examples of these included:

- minutes of meetings
- information sheet on residents' likes and dislikes
- before and after photographs
- a questionnaire used to gauge views on the dining (room) experience.

The programme partners did not select nutrition champions on the basis of their experience or ability in planning, implementing and evidencing research. Their reports vary widely in the extent to which they describe the work they have done and the learning they have achieved, and the quality of the evidence they have provided.

We intend, with permission from those involved, posting a summary of the projects and contact details on the Care Home Learning Network at www.carecommission.com

section 3

the nutrition
champions, their
role and attendance

This section has the following parts:

- How the nutrition champions were chosen
- Why people dropped out between the nutrition course and the culture change course
- Why people dropped out between the culture change course and the Support for Learning meetings

How the nutrition champions were chosen

In response to the invitation letter sent to care homes, 140 people expressed an interest in getting involved. Given the programme's funding, the programme partners decided to offer 120 places.

In the event, the programme began with 112 nutrition champions from across Scotland. Many were from around the central belt. There was a good mix between large, corporate care services and small, independent care homes.

The invitation letter did not stipulate a staff grade that would be suited as a nutrition champion; it did request that the champion should be in a position to bring about change in the organisation. As table 2 shows, a range of staff took part.

Table 2 - Roles of nutrition champions within their care homes

Manager	39
Qualified nurse	28
Cook/chef	27
Senior care staff	14
Care staff	4

Table 3 – Attendance figures at each stage of the programme

Area	Nutrition course	Culture change course	Started support for learning	Completed programme
Ayrshire & Arran	9	5	5	5
Dumfries & Galloway	6	3	3	2
Highland	8	8	5	6
Grampian	5	4	4	4
Lothian 1	22	11	5	7
Lothian 2	(see below)*	15	6	5
Lanarkshire	14	11	4	5
Forth Valley	11	6	4	3
Fife	7	17	2	3
Tayside	7 (see below)*		5	3
Glasgow	15	7	7	4
Paisley	8	8	7	7
TOTAL	112	95	57	54

*Lothian had two groups for the culture change course and Support for Learning but these were brought together for the nutrition course. The Lothian groups include nutrition champions from Borders.

Tayside and Fife had two groups for the nutrition course and Support for Learning, and these were brought together for the culture change course.

As table 3 suggests and table 4 shows, a significant number of the initial group of nutrition champions dropped out of the programme.

Table 4 – percentage drop-out rate

From initial recruitment to nutrition course	7%
From nutrition course to culture change course	15%
From culture change course to first Support for Learning meeting	35%
From first Support for Learning meeting to completion	11%
Total drop-out from start to finish	50%

Why people dropped out between the nutrition course and the culture change course

As table 3 above shows, in areas such as Lothian and Tayside/Fife, more people attended the culture change course than the nutrition course. But in many other areas, attendance fell.

Feedback has indicated the following issues:

- Participants underestimated the amount of time they would have to commit to the programme when they read the invitation letter
- Given the level of commitment the programme required, it seems likely that participants did not realise at the beginning exactly what it would involve.

Why people dropped out between the culture change course and Support for Learning meetings

This drop-out rate is marked. Of those who did not attend when Support for Learning meetings began, 34 were contacted to find out why. Sixteen replied; their responses are in Table 5.

Table 5: Reasons for non-attendance

Champion moved to another job	6
Champion on long-term sick	3
New manager unsupportive of programme	1
Change to role in care home	1
Inability to get childcare cover	1
Unexplained	4

It is interesting to note that moving job was one of the main reasons. This reflects the nature of the workforce and presents a challenge to education, practice development and maintaining skills in the care home sector.

If we look at drop-out rates on the basis of role (table 6 below), we find it is evenly spread (apart from the care staff, who all dropped out):

Table 6: Percentage drop-out according to role

Role	Number at beginning	Number completing	% drop-out
Manager	39	19	49%
Qualified nurse	28	14	50%
Cook/chef	27	11	41%
Senior care staff	14	7	50%
Care staff	4	0	100%

Although the drop in attendance is partly due to external factors (such as moving jobs or illness) and to communication factors (such as nutrition champions not being fully informed about the level of commitment entailed) evidence suggests that two important variables influenced attendance:

- How able is the nutrition champion to understand the content of the culture change course?
- How much support does the champion receive from their care home?

Some nutrition champions reported (through comments at the culture change course and at the Support for Learning meetings) that:

- individuals had to attend, at least on some occasions, in their own time; this included holidays, days off or after completing a shift on duty;
- when individuals failed to attend Support for Learning meetings it was because they had to meet staffing levels in the care home; and
- it was important for nutrition champions to have backing both from their manager (if they were not a manager themselves) and their work colleagues.

There was no correlation between a care home's organisational structure and the extent to which a nutrition champion felt they had its backing. It made no difference whether the home was local authority or privately owned, whether it had one owner or was part of a group. What made the difference was the manager.

This confirms evidence found in wider literature on organisational management. This shows that, regardless of size and type of organisation, the quality of the individual's relationship with their line manager is the significant variable in employee satisfaction and experience of support (Buckingham & Coffman 2001).

section 4

how well did the
programme work?

This section of the report considers:

- a) How the project partners evaluated the programme
- b) How well the programme met its objectives
- c) Unanticipated changes to practice
- d) The programme's impact on residents' health and well-being
- e) What dietitians thought about the nutrition course

a) How the project partners evaluated the programme

The partners collected data from four elements of the programme, as follows:

Nutrition course:

- The answers to evaluation questions given to nutrition champions at the end of the course. Queen Margaret University used these to revise the nutrition course.
- The answers to evaluation questions given to nutrition champions at the beginning of the culture change course
- Dietitians' feedback from the nutrition course.

Culture change course:

- The answers to evaluation questions given to nutrition champions at the end of the course.
- The answers to evaluation questions given to nutrition champions during the Support for Learning meetings.
- Comments by Dr Esther Walker and Belinda Dewar, who delivered the course.

Support for Learning meetings:

- Notes taken by facilitators after each meeting (covering key challenges, learning, action points and facilitator's comments).
- The extent to which the nutrition champions were able to implement and complete a project.
- A poem or drawing created at the final session to describe the groups' experience of their journey through the programme.

Overall programme:

- Project reports.
- Questionnaires were given to all nutritional champions as they progressed through the programme to gather their views.

b) How well the programme met its objectives

Objective 1: (To develop, deliver and evaluate a programme, led by experts in the field, of nutrition education to staff in care homes)

Nutrition champions were asked to give feedback after each day of the three-day nutrition course. Each also filled in a written evaluation form. Important points from feedback were as follows:

- Seventy-four per cent said their reasons for attending the programme were either to improve nutritional knowledge because they had an interest in nutrition – or because their manager had sent them.
- Just over half had done a nutrition course before.
- Eighty-six per cent rated the course as very good or excellent.
- Over half said they could identify improvements in their knowledge and skills following the course.

Several participants commented on the value of having a mixed group of managers and cooks and chefs. They recognised that communication across this staff group in the care home was not always ideal. One participant, a cook, said:

“I’m more confident now to speak to the carers in the home about menus and the needs of residents – I can go and have a conversation about this.”

The nutrition champions were asked to identify ways in which practice or thinking had changed as a result of the course. Points they identified included:

- Being aware of how to make meals more nutritious, including options for widening choice and food fortification (adding nutrients such as vitamins).
- Being more knowledgeable about how to assess residents’ nutritional needs.
- Being more knowledgeable about how to provide a textured diet (food and fluid that has been altered to enable a person to chew and swallow safely without choking).
- Understanding how to look at the nutritional value of food served (the quality rather than quantity).
- Being more aware of residents’ nutritional needs and the need to observe their intake of food and fluids. One commented: “I’m going to fortify foods more and photograph meals.”

The participants’ comments on what they learned from the course included:

- “It’s given us the knowledge we need to strengthen our arguments with people”
- “Information, ideas and sharing information/ideas/techniques”

- “It refreshed my knowledge”
- “It made me think about how the presentation of food can stimulate or motivate residents to eat (that is, making eating a more enjoyable experience)”
- “It helped me to see the link between nutrition, health and well-being of residents and the degree of their dependency on staff”.

At the beginning of the culture change course, nutrition champions were asked what they had learned from the nutrition course and what changes they had already put in place as a result of it. Examples include:

- “During mealtimes, giving more time to those who need assistance”
- “Putting flowers on the table”
- “Laminating the sheets from the nutrition course that relate to textured food and putting them up in the dining room to inform other staff”
- “Held a meeting with a family to make up a portfolio of the dietary needs of an individual resident and put this in the resident’s room and also in the file in the office”
- “Planning a meeting with the cook to identify how the kitchen can access information about the dietary needs of residents”
- “Thinking about presentation of food and portions and the environment”
- “Spoken to carers and nurses about the need to involve residents in decisions about what they want to eat/drink”.

As these comments show, the nutrition champions found the nutrition course very useful both in refreshing or updating their knowledge about nutrition and in generating ideas they could try out. Many had already put changes in place or had plans to do so.

Objective 2: (To help nutrition champions change their care home’s practice on nutrition, food and eating)

All nutrition champions found they needed to share knowledge with their colleagues in their care homes on the nutritional changes they wanted to make. The Support for Learning meetings helped them discuss the challenges they faced in doing this and find ways of overcoming them.

Some of the strategies that worked for them included:

- running formal training sessions to share knowledge with their colleagues
- making and displaying posters
- involving colleagues in their projects.

They learned that if they wanted practice to change they had to involve colleagues so they could discover the benefits of change for themselves.

The motive for introducing nutrition champions was to raise the profile of nutrition in care homes. In some cases they found it difficult to get recognition for their role from within the care home. However in many cases the role developed along with the person who was doing it. This meant that nutritional care became an integral part of the care home's culture.

These quotes show how two nutrition champions worked in their care homes:

“A staff nurse established a dedicated nutrition committee. Once a month she meets with her manager, two chefs, carer, charge nurse and one resident. She has found this group invaluable in helping to take her project forward. It ensures that nutrition is treated seriously and problems can be aired and solutions identified.

“The nurse also arranged for the chefs to get training with a company, so they have a better understanding of what nutrition is about and have started to use moulds to prepare and present foods attractively for residents who have swallowing difficulties.”

Dietitians were involved with the programme only as far as the nutrition course. After that it was up to individual care homes to decide on whether to involve their community dietitian.

It is clear that the nutrition course provided care homes with an excellent foundation on which to build. But it would have been better if the nutrition champions continued to receive advice and practical help from a dietitian throughout the programme. The facilitators at the Support for Learning meetings could not give them advice on nutritional matters; they could only recommend people ask their community dietitian.

Objective 3: (To help nutrition champions find ways of changing practices in nutrition, food and eating)

This programme was unique because it:

- provided nutrition champions with the knowledge they need
- helped them consider how to deal with the complex challenges of putting new practice into place at their care home.

It did this through the culture change course and Support for Learning meetings. But did it change practice in nutrition, food and eating in care homes?

Nutrition champions reported that the culture change course helped them to understand that if they wanted to improve the nutrition, they needed first of all to engage with the culture, attitudes and behaviour of the care home staff.

To achieve their goals was a challenge and required new skills, for example skills in influencing, in gathering and using evidence, in identifying and getting access to help and advice, in giving feedback, in project planning and in ways to maintain its momentum.

The following quotes illustrate the range of skills, understanding and knowledge that nutrition champions developed:

“It’s important to praise people for the effort they are making. This makes a big difference to how they engage and how motivated they are.”

“The key to success is to include others in the decision-making process. It’s important to know your people and anticipate the resistance to your arguments and have your answers prepared.”

“These nutrition projects are not really about extra paperwork, they’re actually about changing staff attitudes and culture.”

“It’s important to write down the goal in order to make it clear and understandable what you’re trying to achieve and to plan the steps you need to take to achieve it.”

“It’s important to get staff on your side but use management to address any conflict that arises.”

“In training sessions we’ve got staff to assist one another to eat so that they can appreciate the experience for themselves.”

“One change leads to the next change. You have to find a way of keeping the momentum going.”

The culture change course was designed to prepare nutrition champions for the challenges ahead. An important discovery was that, in fact, people could only appreciate the relevance of its content once they met these challenges for themselves through their projects.

Hearing or reading stories about someone else’s experience is useful for people to learn effectively, but they had to experience situations themselves.

This may have been one of the reasons that people found it more difficult to get fully involved with the culture change course, and dropped out of the programme.

Many nutrition champions struggled to change the practice in their care homes. Those nutrition champions who were managers perhaps struggled less as they had the authority and responsibility to make things happen. Even so, they did encounter personal barriers, for example their own attitudes and behaviour, which they needed help and advice to overcome.



It may have seemed a relatively straightforward task to ask nutrition champions to carry out projects to improve nutrition in their care homes. However when people started thinking about what they would actually have to do to achieve their goal, the full scale of the challenge became clear to them.

In most cases, nutrition champions completed their projects proud of what they had managed to achieve. They had developed skills which they could share with other people or take with them if they moved job and, many said that they would be continuing to improve nutritional practice in their care homes.

Objective 4: (To develop a community of practice, linked to the Care Home Learning Network, on nutrition in care homes to share practice and ideas and encourage partnership working)

A community of practice is a forum where people can meet to exchange ideas and experiences. In this programme, every local area set up a forum where nutrition champions could exchange ideas and generate new ones. These were called Support for Learning Groups.

Most of these groups created a safe, supportive environment in which members could talk about difficulties and share their excitement about the work they were doing.

Nutrition champions have certainly developed a community of practice within their own local group. Members often met in each other's care homes, shared materials and contacted one another outside the group meetings. Most of the groups plan to continue to meet together.

The meetings gave them the chance to share the opinions and experiences of people working in other care homes. They learned a huge amount from one another. For many, this was their first experience of giving and receiving this kind of work-related support.

The following example illustrates one way nutrition champions were able to learn from and challenge one another:

“One member of a group said that ‘people with dementia cannot make choices’. Another member – Jane – told a story to illustrate that certainly people with dementia can make choices. Jane had asked the daughter of a new resident what she liked for breakfast. Her daughter replied that she liked tea, toast and cereal. However, the resident never ate the toast. Jane went back to the daughter and the daughter said: ‘oh she always eats honey on her toast, perhaps that’s why she isn’t eating it’. Jane did this and still the toast remained uneaten. Again she went to the daughter. This time the daughter said: ‘well she always used to eat heather honey!’ Jane provided heather honey and the resident now eats her toast.”

The following comments show the benefit people felt from meeting up:

“This could have been a very stressful time for me, but attending the follow up group meetings, and hearing the other members talk about their problems (of which there were plenty) usually left me feeling I had little to complain about and I would return to work full of enthusiasm, that I could, and would make a difference.”

“It was really useful to hear everyone else’s challenges and how they are trying to overcome them.”

“The meetings helped me to realise that it’s not always down to me to find the answers, other people have ideas and suggestions they are only too willing to share.”

“I have really enjoyed sharing ideas and experiences with my fellow group members. They have been great to work with. The facilitator has pointed us in the right direction, been pleased with our results and has given us positive feedback. Doing the course has also given us friendship and closeness. We now know each other and ask things without feeling awkward. I feel lucky from doing this course.”

One of the programme’s aims was that nutrition champions would be able to share their views, and what they had learned, online through the Care Home Learning Network.

The facilitators of the Support for Learning meetings strongly encouraged people to sign up and explore this online network. Some individuals and groups did this, while a larger number used it to get access to information. (In the final evaluation questionnaires 14 respondents, out of 39 returns, said that they had managed to get online and had downloaded information.)

Some people did not use the online network or find it useful. Some of the reasons for this include:

- no access to a computer
- lack of IT skills
- difficulties gaining access to the Care Home Learning Network website
- difficulties navigating it once they were there.

Our evidence suggests people did not continue using the online network. In general, they were busy and did not have time to persist if they found a website difficult to navigate.

From their comments above, it is clear the nutrition champions enjoyed meeting up and are likely to continue to find opportunities to network with others. In this way the programme has prepared the ground for a larger community of practice to develop among care home staff, and perhaps beyond, centred on nutrition.

Objective 5: (To provide evidence about the practical impact of this programme in care homes)

Evidence from project reports and from discussions at Support for Learning meetings shows this programme has changed practice in care homes.

The examples below illustrate some of these changes:

- Improving the dining (room) experience (including introducing protected mealtimes)

A group manager introduced protected mealtimes. This means the care home wished to make mealtimes a positive and enjoyable experience for residents, by asking GPs, physiotherapists and others to call outwith mealtimes allowing residents to eat without being interrupted. The care home did not discourage family and friends; indeed they are often encouraged to maintain relationships and provide social time for the resident. A relative may also wish to help the resident to eat, if required. A care home adopting a policy like this would have to make sure they explained it fully to their staff.

- Introducing the Malnutrition Universal Screening Tool (MUST)

A senior nurse, whose project involves educating staff to consider the nutritional needs of individual residents (alongside the introduction of the MUST), discovered that two senior carers were questioning the extra accompanying paperwork. She explained to them, again, why the care home had introduced the screening tool. She successfully influenced them and they supported the MUST and understood why it was important in the care home.

- Sharing knowledge with staff on issues to do with nutrition and health and well-being of residents

A staff nurse was sharing knowledge with staff so they could learn from her knowledge and skills to help ensure they met the nutritional needs of residents who ate in their rooms. As she did so, she realised:

- Staff would have to move from a task-based approach (for example, serving the same meal to everyone regardless of portion size or likes and dislikes) to a person-centred one (for example, providing a smaller portion with no carrots to a resident in line with their personal preference).
 - Her project was not limited to nutrition but had an impact on the residents' personal care routines and their social and emotional care. As a result, physical tasks such as serving a meal could not be seen as an end in themselves: the care home would have to consider individuals' needs when preparing for the day or for a specific meal; and care home staff would need to be flexible to allow this to happen.
- Making food more attractive and accessible

As part of her project, a senior nurse worked with the catering staff to introduce more attractive meals for residents on a pureed diet. She did this by using moulds to prepare and then present food.

- Improving menus (according to nutritional value, choice, likes and dislikes)

A care worker changed the menus to include more fish and fruit. Residents are now offered two hot choices at lunchtime and a smaller meal in the evening. The care home now uses differently sized plates to reflect portion size and improve how meals are presented. Glasses of fruit juice are now available in the morning and the care assistants ask the residents what they would like.

- Developing a recording system to enable standards in nutrition to be raised and maintained

A chef found that in her care home some staff (whose English was not very good) were unable to read information about the dietary needs of residents. To make sure there was no risk to residents, the chef:

- interviewed all of the families and residents
- talked with staff
- created a picture book in which symbols were used to inform staff about the dietary requirements of each resident.

All staff in the dining room are now using this book. It allows staff to get access to vital information and makes sure residents get the right food.

- Improving levels of hydration (intake of water and other drinks)

A head chef gathered evidence of how residents were not drinking enough. The chef then:

- presented this information at a team meeting
- won support from the senior sister
- worked with the senior sister to introduce new ways to encourage residents to drink more.

c) Unanticipated changes to practice

Many of the changes made by nutrition champions were not as simple as first anticipated. As one person said:

“You think your project is straightforward but you never know where it will lead you!”

In one care home, a cook started her project by considering how she could improve the dining room experience for residents. Then when a care assistant’s job was going to be advertised, she thought that money would be better spent employing a kitchen assistant. She prepared her arguments, made her case to the manager and persuaded the manager to use the money to employ a kitchen assistant for a six-month trial period. After a few weeks the kitchen assistant post was made full-time.

As a result of this change, the kitchen assistant, rather than the care staff, plated the meals, which meant the care staff could spend more time helping residents at mealtimes. This change also means that her status has risen because for the first time in nine years she has management responsibility. The cook’s project led her to influencing how the care home recruited and organised staff.

d) The programme’s impact on residents’ health and well-being

It is less easy to find evidence on the impact these projects had on the health and well-being of residents.

From the reported experience of nutrition champions, it is evident that their work has had a positive impact on residents. For example, we can assume changes like these listed below will have a positive impact on residents in care homes:

- setting up a nutrition committee
- more communication between catering and care staff
- staff recognising the benefits of involving relatives
- protecting mealtimes so residents can enjoy an uninterrupted meal
- staff being more aware of how their own attitudes impact on the care they give.

However the projects do not contain much direct evidence on such impact, for example residents' views, changes in weight or a reduction in nutrition-related illness. The reason for this is because gathering evidence and evaluation, despite our focus on doing these, involve complex and sophisticated skills. These are skills which most nutrition champions did not have and could not possibly develop during the time of the programme.

e) What dietitians thought about the nutrition course

What worked well

In general, dietitians who were involved in the training courses (the dietetic trainers) felt that the nutrition course was enjoyable to deliver and that nutrition champions played an active role in it.

The materials that Queen Margaret University produced worked well and were well-presented.

Some of the following exercises were popular with the trainers and the nutrition champions:

- The A to Z checklist, produced as part of The Royal Institute of Public Health's advisory guidance for eating well in care homes, was very useful. It helped champions to evaluate good practice within their own care homes and enabled them to make improvements (Royal Institute of Public Health (2007)).
- The DVD, "Oh Good, Lunch is Coming" (Dementia Services Development Trust) was well received. It provided a good audio and visual overview of the eating and drinking aspects care homes need to consider when they are caring for residents with dementia. The trainers used this DVD to discuss with nutrition champions what they needed to change in their care homes.

- The practical demonstrations using real food or food models were well received by the nutrition champions who reported these sessions to be “enjoyable and fun to learn”.
- Homework exercises set before and between different days of the course helped to keep nutrition champions interested and motivated during the breaks in the course.

Everyone found the open discussion sessions about practice in care homes helpful. During these sessions, which were led by a dietitian, nutrition champions could discuss what happened in their care homes. These structured sessions also meant dietitians could discuss the experiences with the nutrition champions and tell them about good practice.

How the experts would change the course next time

The dietetic trainers highlighted some areas they think would improve any future courses. These include:

- giving nutrition champions clearer information before the course starts about what will be expected of them, for example in terms of time and designing and completing their project
- placing more emphasis on the hydration (intake of water and other drinks) and fluids that care home residents need
- including the Malnutrition Universal Screening Tool in the education pack
- including a session on food fortification (adding nutrients such as vitamins) and how to use nutritional supplements appropriately
- adding a good nutritional care plan to help nutrition champions
- evaluating in more depth what Care Commission inspection reports say about nutrition in individual care homes.

The dietetic trainers felt it would have been helpful if they could have spent time with the nutrition champions to give them specific help and advice on their projects. This would also help local dietitians as it would give them a more detailed understanding about the care homes they work with in their area.

section 5

our conclusions and
recommendations

Conclusions

1. The nutrition course was highly valued by the nutrition champions. Although it was not designed to train the nutrition champions to be trainers themselves, it provided an excellent grounding in nutrition which they were able to pass on to colleagues as part of their projects to improve nutrition in their care home.
2. The Support for Learning meetings played an essential role in enabling nutrition champions to resolve problems and complete their projects. Many struggled to make changes, which illustrates that knowledge (for example, from training courses) does not automatically lead to improvements in practice.
3. Nutrition champions discovered the benefit of supporting others (for example, by sharing experiences) and being supported by them. The programme has prepared the ground for developing, among care home staff in Scotland, a community of practice on nutrition (a forum where people can share practice and ideas).
4. Nutrition champions gained knowledge and developed skills and confidence in all aspects of practice, including managing change, involving people, gathering and using evidence, providing support and feedback, and project planning. They will use all they have learned to continue the work they have begun.
5. The nutrition champions' projects involved challenging current care practice, including staff attitudes, and raising staff awareness of ways of improving nutrition. Many reported that, as a result, staff were generating new ideas about how to improve nutrition for residents. This kind of cultural change strengthens the philosophy in care homes of focusing on individuals, which benefits residents.
6. In most of their care homes, nutrition champions reported basic changes to the choice, availability and accessibility of food, juices and water for residents. These changes improved residents' nutrition and their intake of water and other drinks. A next step would be to find ways to measure such improvements.
7. The nutrition champions' projects were wide-ranging in their scope and impact.
8. No selection criteria (for example, staff grade or role) applied to nutrition champions. One consequence of this is that the quality of their reports varied enormously. Few projects included hard evidence of improvements to residents' health and well-being.

9. Many nutrition champions flourished during the programme. Particularly notable was the way that some of the cooks and chefs, some of whom have limited and negative experience of education and learning, benefited personally from being involved.
10. The programme succeeded in raising the profile of nutrition in the care homes involved.
11. The drop-out level was high, which may be due to the length of commitment required, the lack of understanding about the commitment and the level of backing in the care home.
12. Keeping dietitians involved in the programme would have further helped nutrition champions to make the changes they needed.

Recommendations

The project partners recommend that this model could be used again, provided the following changes are made.

1. The preparatory period must include more opportunity to involve care homes by discussing with care home managers:
 - how the care home might benefit from getting involved
 - who would be best placed to be a nutrition champion
 - what back-up that person would need to help them succeed
2. Both care home managers and nutrition champions must understand the commitment the programme requires.
3. The nutrition course needs to include an element of preparing for the project that nutrition champions must implement as part of the programme.
4. The whole programme must not take longer than six months. Many nutrition champions said the length of time it took contributed to the drop-out rate.
5. A mechanism is needed to ensure the Support for Learning Groups can continue to meet.
6. It is worth considering the implications of involving dietitians in delivering the programme in local health board areas.

7. It may be worth considering integrating the nutrition course and the culture change course. This would demonstrate more clearly how they are linked and streamline the time that nutrition champions need to commit.
8. The dissemination of best practice identified in the projects can be found on the Care Home Learning Network.

section 6

references &
acknowledgements

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