**North Derbyshire Nutrition and Hydration Award**

**Nursing or Care Home Name and Address:**

**Nursing or Care Home Contact:**

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| **Name:****Designation:****Email:** |

**Date Application Sent:**

**Name of Nutrition Champion(s):**

**Please read supporting information overleaf before completing form**

**Supporting Information**

The Nutrition and Hydration Award has been developed to identify and reward good nutrition and hydration practice across our North Derbyshire care homes. In turn, it is anticipated that this award will help to raise standards to the same high level across all providers. All submissions will be assessed by a Registered Dietitian who will be looking for the following in all of your answers:

* **Evidence:** To increase your chances of achieving the Nutrition and Hydration Award, please include **as much detail as possible** in your answers. We understand that completing the award takes time and we want to avoid sending the award back to you due to a lack of information or detail.
* **Supplementary Information:** You may enclose supplementary information to support your answers; however this information alone will not be accepted as evidence for meeting a standard. You must provide a written example too. Supplementary information could include, but is not limited to: anonymised food record and fluid charts, menu cycles, information detailing the nutritional composition of meals provided, anonymised completed malnutrition screening documents, and relevant pathways. Anonymised clinical case or practice examples can also be included to support your answer.
* **Assumptions:** Please do not assume that the assessor is familiar with your nursing or residential home. Please avoid jargon and abbreviations, and give us as much detail as possible.
* **Question 8 – Service Improvements:** From completing this award, have you identified areas which could be improved? Do you need support or training, to achieve this? Implementing action plans from this section could be fundamental in raising nutritional standards.

Please be aware that nursing and residential homes may be audited throughout the duration of their Nutrition and Hydration Award certificate.

**Assessment Ratings**

Submissions will be assessed on a monthly basis, and each standard criterion will be rated as 1) achieving excellence, 2) achieving the award standard or 3) providing insufficient evidence. All criteria must be met at award level to achieve the award. Feedback will be provided for providers who have not fully demonstrated how they have achieved the standard. When this feedback has been acted upon and incorporated into the answer, the application can be resubmitted within 3 months of the original submission.

* **Nutrition and Hydration Award –** the submission demonstrates that nutrition and hydration standards are being achieved to a high level.
* **Nutrition and Hydration Excellence –** the submission demonstrates that nutrition and hydration standards are being achieved to an exceptionally high level.

**A certificate will be provided to all care homes that meet the requirements of the award and this will be will be valid for two year.**

**Contacts:**

Please contact us to discuss any aspect of the award on 01246 512173 Alternatively, you can contact us via email:

Kelly Robinson: kellyrobinson3@nhs.net Jenna Truscott: jtruscott1@nhs.net Sally Renke: sally.renke@nhs.net

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| **STANDARD** | **EVIDENCE REQUIRED** |
| 1. **Have staff who are trained in completing nutritional screening**
 |
| 1.1 | How many managerial, nursing, and care staff have received training on the Malnutrition Universal Screening Tool (MUST)? Please also specify the total number of staff employed in each of these roles by the home, to enable us to calculate the percentage of staff trained. |  |
| 1.2 | How many staff have received training on using seated, wheelchair and hoist weighing scales? Please also specify the total number of staff employed by the home that would use these scales, to enable us to calculate the percentage of staff trained. |  |
| 1. **Screen all residents for malnutrition**
 |
| 2.1 | When a resident is admitted to your home, what nutritional and dietary information do you collect and where is this information documented? |  |
| 2.2 | What nutritional screening do you complete within 48 hours of admission, and where is this information documented? |  |
| 2.3 | Does each resident have a personalised nutritional care plan in their notes? If so, how often is this updated? |  |
| 2.4 | How often are the resident’s weights, BMI and MUST scores updated? What units do you document weight and height in? E.g. stones or kilograms and centimeters, meters or feet. |  |
| 2.5 | Do you provide the residents’ general practice with an up-to-date weight for them? If so, how often? |  |
| 2.6 | Do you have seated scales, wheelchair and/or hoist weighing scales available? Please include the model make and number, and last calibration date for each set of scales.  |  |
| 2.7 | How often are your scales calibrated? Please document this for each set of scales (seated, wheelchair or hoist). |  |
| 3 **Meal Preparation for Residents** |
| 3.1 | If residents have their natural teeth, are these brushed twice daily? |  |
| 3.2  | If residents have dentures, are these cleaned daily? |  |
| 3.3 | Are residents prepared for their meals? If so, how. Please give as much detail as possible |  |
| **4 Offer all residents at risk of malnutrition a fortified diet (using food fortification principles)** |
| 4.1 | Are higher calorie and protein meals available every day (or are standard menu meals fortified), for patients identified to be at moderate and high risk of malnutrition? Please give three examples that would meet these criteria and explain how they have been fortified. |  |
| 4.2 | Do you offer residents high calorie snacks between meals (at least twice per day)? Please give examples including information on portion sizing where appropriate. |  |
| 4.3 | Are nourishing, high calorie drinks available for residents twice per day? Please give examples including information on quantities (e.g. volume of milk, quantity of added cream). |  |
| 4.4 | Are cooked breakfast foods available every day? Please give specific examples. |  |
| 4.5 | What milk is used for residents at risk of malnutrition throughout the day? If you use enriched milk, please specify how it is used (e.g. in which foods and/or drinks) and how is it made (include quantities). |  |
| 4.6 | Do catering staff have copies of fortification recipes including nourishing milkshakes, nourishing puddings, fortified custards and information on 100 calorie boosters? Please specify which recipes you have and where this information is kept. |  |
| 4.7 | Are residents provided equipment/assistance with eating and drinking if they have difficulty with self-feeding? Please specify what type of equipment/assistance is provided and how this is communicated to all staff members. |  |
| 4.8 | When are food record charts completed for residents? Please specify what information is documented and enclose an anonymised example of a completed food record chart. |  |
| 1. **Offer all residents with a healthy, balanced diet**
 |
| 5.1 | How many portions of carbohydrates, fruit, vegetables, dairy and protein are offered to residents throughout the day in meals and snacks?  |  |
| 5.2 | How many portions of white fish and oily fish are offered to residents throughout the week? Please give examples of the type of fish that are served. |  |
| 5.3 | Are high fibre foods included in meals every day? Please specify which high fibre foods are included.  |  |
| 5.4 | Are iron rich foods included in the weekly menu? Please specify which iron rich foods are served and how frequently. |  |
| 5.5 | Are Vitamin D rich foods included in the weekly menu? Please specify which foods are served and how frequently. |  |
| 5.6 | Are snacks available for residents during the day? Please specify what snacks are offered and at what times. |  |
| 5.7 | What type of milks are used as standard for residents? Do you have other milks available for residents who do not consume dairy? |  |
| 1. **Aim to meet the nutritional requirements of residents who require texture modified diets**
 |
| 6.1 | Which staff members are informed of your resident’s texture modified diet requirements, and how do you communicate this to them? |  |
| 6.2 | Thickened Fluids: How are drinks thickened for each of the different stages? Please specify what type of thickener you use, the quantity used and which types of drinks are thickened.   |  |
| 6.3 | Do catering staff have access to information on producing the correct texture diets? Where are these kept? |  |
| 6.4 | Do you offer texture modified diets to your residents? If so please give details of what texture modified diets you offer and include an example of a menu cycle |  |
| 1. **Promote adequate hydration in all residents**
 |
| 7.1 | What is the minimum number of drinks offered to each resident per day? Please specify the types of drinks offered throughout the day and some information on quantity (e.g. cup, mug, glass and/or beaker). |  |
| 7.2 | Are fluid record charts kept for all residents? If so what information is documented? |  |
| 7.3 | Does each resident (who does not require thickened fluids) have a fresh jug of water on their table each day, placed within their reach? |  |

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| 1. **Improvements Going Forward?**
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| From the process of completing this submission, have you identified any areas for improvement in your current nutrition and hydration care provision? Please specify these areas in addition to how you plan to address identified issues, including an approximate time-frame and any barriers that you might face in the process |  |

Please document any policies, procedures and pathways that you have in relation to nutritional screening, healthy eating, malnutrition support and hydration.

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| Policies / Procedure / Pathway | Last review date | Managers Signature | Next review date |
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