WHAT DOES GOOD NUTRITIONAL CARE LOOK LIKE?

**SECONDARY CARE**

- Care Quality Commission (CQC) Outcome 5 compliant
- Meets PLACE (patient led assessment of the care environment) criteria for assessment for the Department of Health
- Access to food available outside of routine mealtimes
- Personalise nutrition care plans
- Food and fluid monitoring charts
- Weight and height recordings and regular reviews documented
- Protected mealtimes
- Red tray (or similar)
- Triggers for referral to specialist intervention
- Evidence of goal reviews and evaluation of care
- Access to health care professionals e.g. Dietitians, Speech and Language Therapists, Nurses for all patients whether eating orally or requiring enteral feeding
- Evidence of audit of care

**PRIMARY CARE**

- Commissioned service
- Food provision within care homes, day centres, luncheon clubs, and meals at home services designed to meet the overall nutritional requirements of the target group, modified where necessary meet individual’s specific care plans.
- Protected mealtimes
- Access to qualified health care professionals e.g. Dietitians, Speech and Language Therapists, Nurses for all patients whether eating orally or requiring enteral feeding.
- Access to Home Enteral Feeding Company or reliable supplier of feed and equipment on discharge and on-going.
- Regular reviews for enteral fed patients by a Dietitian.
- Evidence of reviews of goals and evaluation of care by all staff.
- Appropriate use of oral nutritional supplements (Managing adult malnutrition in the community consensus panel May 2012)
  - [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)

**EXECUTIVE SUPPORT AND MANAGEMENT STRUCTURES**

- Evidence of competency training for staff undertaking nasogastric tube insertion, balloon gastrostomy replacement etc.
- Local, commissioned screening and assessment policies developed with dietetic involvement for all care settings.
- Documentation and communication between care settings of screening outcomes and nutritional goals.
- Clear referral pathway for commissioned care of at risk people.

**FOOD AND NUTRITIONAL CARE PATHWAYS**

- Potential risks and benefits, Enteral feeding tube placement and monitoring as appropriate.
- Dysphagia training / feeding people.
- Training on working with patients with learning difficulties.
- Evidence of competency training for staff undertaking nasogastric tube insertion, balloon gastrostomy replacement etc.
- Involved dietetic and / or specialist care in the development of training and relevant materials.

**EDUCATION AND TRAINING**

- Local, commissioned screening and assessment policies developed with dietetic involvement for all care settings.
- Documentation and communication between care settings of screening outcomes and nutritional goals.
- Clear referral pathway for commissioned care of at risk people.

**SCREENING AND ASSESSMENT**

- Potential risks and benefits, Enteral feeding tube placement and monitoring as appropriate.
- Dysphagia training / feeding people.
- Training on working with patients with learning difficulties.
- Enteral tube feeding.
- Evidence of competency training for staff undertaking nasogastric tube insertion, balloon gastrostomy replacement etc.
- Involved dietetic and / or specialist care in the development of training and relevant materials.

**SECONDARY CARE**

- Training needs to be available to a wide range of staff appropriate to their role and staff need to be released to attend training
- Access to training as appropriate
  - Screening, assessment and provision of first line advice including the use of standard 1.5 kcal/ml supplements.
  - Food hygiene training for meal providers.
  - Monitoring nutritional care, intake and hydration and weight gain or loss.
  - Harm free care.
- Ethical and legal obligations, MCA,
- Potential risks and benefits, Enteral feeding tube placement and monitoring as appropriate.
- Dysphagia training / feeding people.
- Training on working with patients with learning difficulties.
- Enteral tube feeding.
- Evidence of competency training for staff undertaking nasogastric tube insertion, balloon gastrostomy replacement etc.
- Involved dietetic and / or specialist care in the development of training and relevant materials.

**PRIMARY CARE**

- Training needs to be available to a wide range of staff appropriate to their role and staff need to be released to attend training
- Access to training as appropriate
  - Screening, assessment, nutritional care and hygiene care
  - Food hygiene training for meal providers.
  - Monitoring nutritional care, intake and hydration and weight gain or loss.
  - Harm free care.
- Ethical and legal obligations, MCA,
- Potential risks and benefits, Enteral feeding tube placement and monitoring as appropriate.
- Dysphagia training / feeding people.
- Training on working with patients with learning difficulties.
- Enteral tube feeding.
- Evidence of competency training for staff undertaking nasogastric tube insertion, balloon gastrostomy replacement etc.
- Involved dietetic and / or specialist care in the development of training and relevant materials.

**SECONDARY CARE**

- Screening and assessment Policies (NICE CG32 compliant)
- Patient screened on admission to hospital and repeated during hospital stay
- Appropriate screening for out-patients (NICE CG32 compliant)
- Referral pathways for dietitians, speech therapy and or Nutrition Nurse Specialist
- Access to Nutrition Support Team in acute hospitals, referral pathways for appropriate referral to specialist care in other secondary care facilities as required
- Clear care pathways for ‘at risk’ patients
- Dysphagia trained healthcare professionals
- Documentation and communication between care settings of screening outcomes, nutritional goals, dysphagia advice and risk management
- Red tray or similar trigger for at risk patients