**WHAT DOES GOOD NUTRITIONAL CARE LOOK LIKE?**

### PRIMARY CARE
- **Screening and assessment**
- 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 meal times
- Personalise nutrition care plans
- Food and fluid monitoring charts
- Weight and height recordings and regular reviews documented
- 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.

### SECONDARY CARE
- **Screening and assessment**
- 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.

### EXECUTIVE SUPPORT AND MANAGEMENT STRUCTURES
- 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.

### EDUCATION AND TRAINING
- 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.
  - 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.

### FOOD AND NUTRITIONAL CARE PATHWAYS
- 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.

### PRIMARY CARE
- 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.

### SECONDARY CARE
- Appropriate use of oral nutritional supplements (Managing adult malnutrition in the community consensus panel May 2012)
  
  www.malnutritionpathway.co.uk
- Meets PLACE (patient led assessment of the care environment) criteria for assessment for the Department of Health
- 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

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**Nutrition Steering Committee, Nutrition Support Team.**
- At least one Nutrition Nurse Specialist (NICE 2006).

**Screening and assessment Policies**
- 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.

**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 meal times
- 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

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- Regular reviews for enteral fed patients by a Dietitian.
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