NHS

Essence of Care 2010

Benchmarks for Food and Drink

DH Department of Health

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Description	Essence of Care 2010 includes all the benchmarks developed since it was first launched in 2001, including the latest on the Prevention and Management of Pain. All the benchmarks have been reviewed to reflect the current views of people requiring care, carers and staff	
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BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE

Benchmarks for Food and Drink

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Contents

Best Practice – General Indicators

The factors and indicators for each set of benchmarks focus on the specific needs, wants and preferences of *people* and carers. However, there are a number of general issues[1] that must be considered with every factor. These are:

People's experience

- *People* feel that care is delivered at all times with compassion and empathy in a respectful and non-judgemental way
- The best interests of *people* are maintained throughout the assessment, planning, implementation, evaluation and revision of care and development of services
- A system for continuous improvement of quality of care is in place

Diversity and individual needs

- Ethnicity, religion, belief, culture, language, age, gender, physical, sensory, sexual orientation, developmental, mental health, social and environmental needs are taken into account when diagnosing a health or social condition, assessing, planning, implementing, evaluating and revising care and providing equality of access to services

Effectiveness

- The effectiveness of practice and care is continuously monitored and improved as appropriate
- Practice and care are evidence-based, underpinned by research and supported by practice development

Consent and confidentiality

- Explicit or expressed valid consent is obtained and recorded prior to sharing information or providing treatment or care

1 Also see Department of Health (2010) NHS Constitution The NHS belongs to us all. Department of Health: London accessed 07 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf

- *People*'s best interests are maintained where they lack the capacity to make particular decisions.[2]
- Confidentiality is maintained by all staff members

People, carer and community members' participation

- *People*, carers' and community members' views and choices underpin the development, planning implementation, evaluation and revision of personalised care and services and their input is acted upon
- Strategies are used to involve *people* and carers from isolated or hard to reach communities

Leadership

- Effective leadership is in place throughout the organisation

Education and training

- Staff are competent to assess, plan, implement, evaluate and revise care according to all *people*'s and carers' individual needs
- Education and training are available and accessed to develop the required competencies of all those delivering care
- *People* and carers are provided with the knowledge, skills and support to best manage care

Documentation

- Care records are clear, maintained according to relevant guidance and subject to appropriate scrutiny
- Evidence-based policies, procedures, protocols and guidelines for care are up-to-date, clear and utilised

Service delivery

- Co-ordinated, consistent and accessible services exist between health and social care organisations that work in partnership with other relevant agencies

2 Mental Capacity Act 2005 accessed 25 November 2008 at http://www.legislation.gov.uk/ukpga/2005/9/contents

- Care is integrated with clear and effective communication between organisations, agencies, staff, *people* and carers
- Resources required to deliver care are available

Safety

- Safety and security of *people*, carers and staff is maintained at all times

Safeguarding

- Robust, integrated systems are in place to identify and respond to abuse, harm and neglect[3]
- All agencies working with babies, children and young *people* and their families take all reasonable measures to ensure that the risks of harm to babies, children's and young *people*'s welfare are minimised.[4]

3 Department of Health (2010) Clinical Governance and Adult Safeguarding – An Integrated Approach Department of Health: London accessed 30 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112341.pdf

4 Department of Health (2006) Safeguarding Children. A Summary of the Joint Chief Inspector's Report on Arrangements to Safeguard Children Department of Health: London accessed 30 May 2010 at http//www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103428

Benchmarks for Food and Drink

Agreed person-focused outcome

People are enabled to consume food and drink (orally) which meets their needs and preferences

Definitions

For simplicity, ***people requiring care*** is shortened to *people (in italics)* or omitted from most of the body of the text. ***People*** includes babies, children, young people under the age of 18 years and adults. ***Carers*** (for example, members of families and friends) are included as appropriate.

The term ***carers*** refers to those who 'look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid' (adapted from Carers UK, 2008). Please note, within these benchmarks it is acknowledged that the term 'carer' can include children and young *People* aged under 18 years.

The term ***staff*** refers to any employee, or paid and unpaid worker (for example, a volunteer), who has an agreement to work in that setting and is involved in promoting well-being.

The ***care environment*** is defined as an area where care takes place. For example, this could be a building or a vehicle.

The ***personal environment*** is defined as the immediate area in which a person receives care. For example, this can be in a person's home, a consulting room, hospital bed space, prison, or any treatment/clinic area.

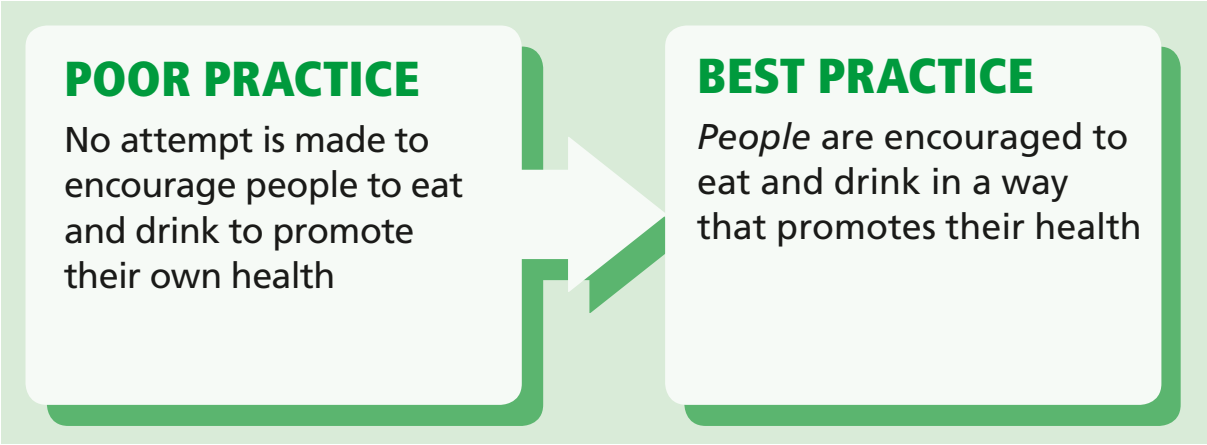
Agreed person-focused outcome

People are enabled to consume food and drink (orally) which meets their needs and preferences

Factor	Benchmark of best practice
1. Promoting health	*People* are encouraged to eat and drink in a way that promotes health
2. Information	*People* and carers have sufficient information to enable them to obtain their food and drink
3. Availability	*People* can access food and drink at any time according to their needs and preferences
4. Provision	*People* are provided with food and drink that meets their individual needs and preferences
5. Presentation	*People's* food and drink is presented in a way that is appealing to them
6. Environment	*People* feel the environment is conducive to eating and drinking
7. Screening and assessment	*People* who are screened on initial contact and identified at risk receive a full nutritional assessment
8. Planning, implementation, evaluation and revision of care	*People's* care is planned, implemented, continuously evaluated and revised to meet individual needs and preferences for food and drink
9. Assistance	*People* receive the care and assistance they require with eating and drinking
10. Monitoring	*People's* food and drink intake is monitored and recorded

Factor 1
Promoting health

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 1

The following indicators support best practice for eating and drinking needs and preferences:

a. *general indicators (see page 4) are considered in relation to this factor*

b. opportunities are created or used to advise *people* on eating and drinking to promote their own health, for example, discussion, displays and handouts

c. staff in different areas work together to support *people* to eat and drink in a way that promotes health including, where necessary, to prevent inappropriate weight loss or gain

d. education is available for staff in the promotion of healthy eating

e. *add your local indicators here*

Factor 2
Information

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 2

The following indicators support best practice for eating and drinking needs and preferences:

a. general indicators (see page 4) are considered in relation to this factor

b. a range of information is available in a user-friendly format to meet *people's* nutritional needs and this is shared with *people*, carers and staff

c. those assisting with the completion of menus or the obtaining of food have had training to ensure their competency in selecting meals to meet needs

d. the timing for placing food and drink orders with a centralised kitchen supports *people's* choice

e. *add your local indicators here*

Factor 3
Availability

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

POOR PRACTICE

People cannot access food and drink

BEST PRACTICE

People can access food and drink at any time according to their needs and preferences

Indicators of best practice for factor 3

The following indicators support best practice for eating and drinking needs and preferences:

a. *general indicators (see page 4) are considered in relation to this factor*

b. a variety of hot and cold meals and drinks are available that meet *people's* needs and preferences

c. hot and cold food and drink are available and provided outside meal times

d. snacks are available

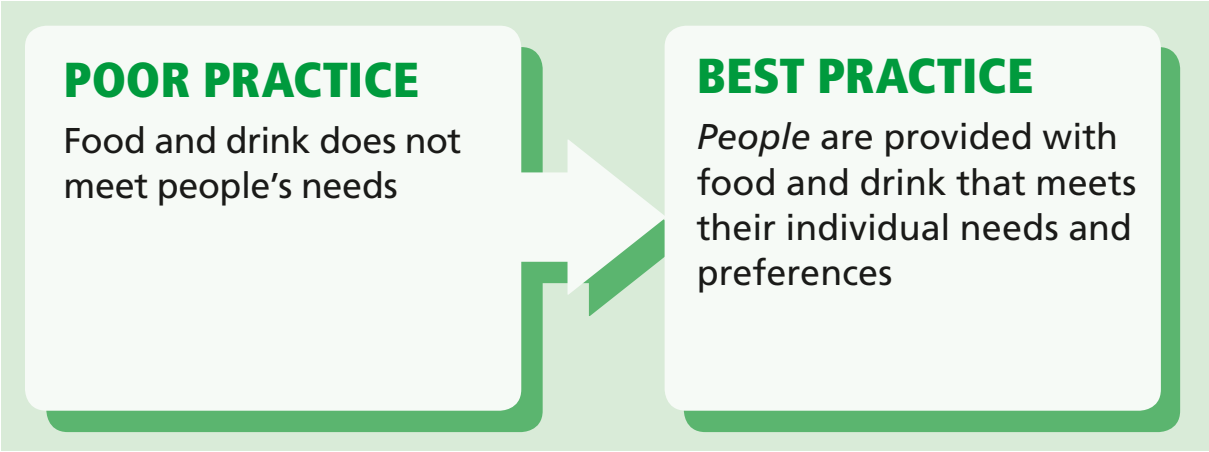
e. food storage and preparation facilities that meet the requirements of national guidance are available

f. facilities are available to store food brought in, for example, by carers and friends

g. *add your local indicators here*

Factor 4
Provision

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 4

The following indicators support best practice for eating and drinking needs and preferences:

a. *general indicators (see page 4) are considered in relation to this factor*

b. there is a choice of food and drink that ensures that *people's* needs and preferences are met. This includes provision of nutritional food and drink for those at risk of malnourishment at home or in the community

c. there are arrangements for ensuring therapeutic and special formulated diets are provided, including food and drink of the appropriate texture and consistency

d. *people* are provided with the food they ordered in the appropriate portion size

e. quality of nutrition care is supported by close working of catering staff and care providers

f. catering and care providers work together to ensure *people's* individual needs and preferences are met

g. *add your local indicators here*

Factor 5
Presentation

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 5

The following indicators support best practice for eating and drinking needs and preferences:

a. *general indicators (see page 4) are considered in relation to this factor*

b. the serving method used meets *people's* needs and preferences, for example, whether on a plate or in a container

c. food and drink packaging is removed at the appropriate time

d. food is served at a temperature to ensure safety and to meet *people's* preferences

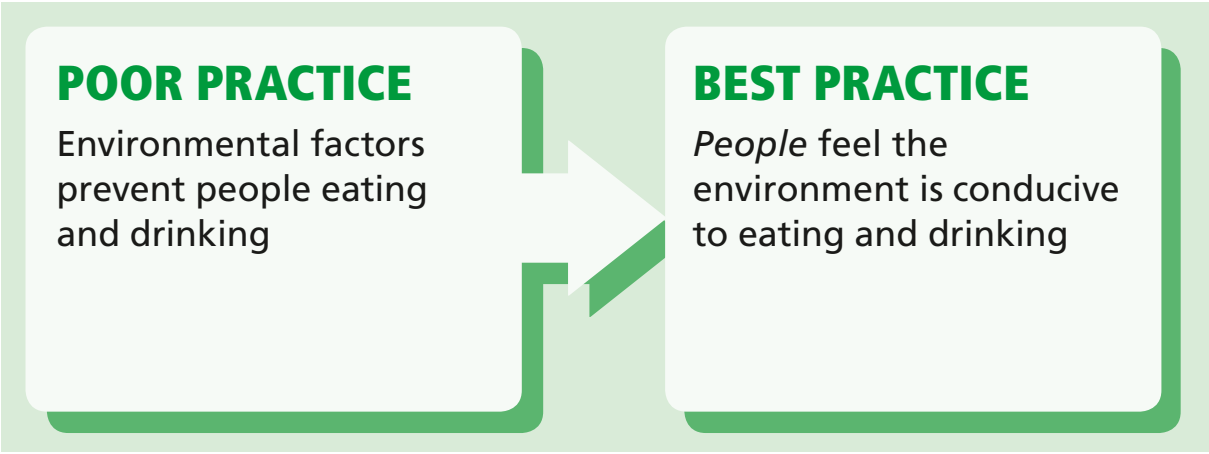
e. serving and presentation are the responsibility of a specific member of staff to ensure food and drink are appealing

f. a suitable range of crockery and utensils is available

g. *add your local indicators here*

Factor 6
Environment

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 6

The following indicators support best practice for eating and drinking needs and preferences:

a. *general indicators (see page 4) are considered in relation to this factor*

b. measures are taken to ensure that the environment is conducive to *people's* needs. This includes consideration of dining areas, tables and seating

c. assistance with using toilet facilities and hand washing is offered prior to eating and drinking

d. inappropriate activity at meal times, such as cleaning and routine activities, are curtailed, for example, as in the 'protected meal times' initiative

e. *add your local indicators here*

Factor 7
Screening and assessment

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 7

The following indicators support best practice for eating and drinking needs and preferences:

a. *general indicators (see page 4) are considered in relation to this factor*

b. screening takes place on admission to hospital and care homes, on registration at GP surgeries, at their first clinic appointment or on a first visit to *People*'s homes. Screening is repeated for *people* when there is clinical concern, or a risk of malnutrition or morbid obesity and/or repeated weekly for *people* in hospital

c. screening should be undertaken using a validated evidence-based tool such as the Malnutrition Universal Screening Tool (MUST). Screening should include body mass index (BMI), percentage unintentional weight loss or gain, time over which nutrient intake has been unintentionally reduced or increased, and/or the likelihood of future impaired or increased nutrient intake

d. a full assessment using a validated evidence-based tool and appropriate referral is undertaken for *people* who are identified initially as at risk of malnutrition or as morbidly obese

e. screening and assessment is undertaken in partnership with *people* (where possible)

f. nutritional support should be considered for those *people* who are identified initially as at risk of malnutrition or who are malnourished

g. *add your local indicators here*

Factor 8

Planning, implementation, evaluation and revision of care

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 8

The following indicators support best practice for eating and drinking needs and preferences:

a. *general indicators (see page 4) are considered in relation to this factor*

b. planning, implementing, evaluating and revising care involves *people* and their carers, as well as all relevant members of staff

c. care plans or care pathways designed to meet *people's* nutritional needs are used and outcomes measured. The results are used to improve care

d. evaluation leads to changes designed to meet nutritional requirements

e. user-friendly information concerning nutrition management is available for *people*, carers and staff

f. audit is undertaken and the results disseminated and used to inform practice development

g. *add your local indicators here*

Factor 9
Assistance

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 9

The following indicators support best practice for eating and drinking needs and preferences:

a. *general indicators (see page 4) are considered in relation to this factor*

b. a system is in place to ensure those *people* requiring assistance to eat and drink receive it

c. the level of assistance required is assessed on every occasion that food and drink is served

d. assistance to eat and drink is provided according to *people's* needs. This may include the positioning of *people* requiring care, providing appropriate utensils, feeding *people* or supporting them to buy and make their own meals at home or in the community

e. carers are involved in assisting *people* to eat and drink (where appropriate)

f. education programmes are in place to teach *people* with specific needs to feed themselves

g. independence to eat and drink is promoted. Food and drink are placed in easy reach of *people* to facilitate this.

h. *people's* dignity is maintained while eating and drinking

i. relevant staff are involved in providing advise and/or assistance, for example, dieticians, nutritionists, catering staff, speech and language therapists, occupational therapists and physiotherapists

j. *add your local indicators here*

Factor 10
Monitoring

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 10

The following indicators support best practice for eating and drinking needs and preferences:

a. *general indicators (see page 4) are considered in relation to this factor*

b. a system is in place to use information on food and drink intake to identify those at risk of malnutrition or morbid obesity and to amend care to meet *people's* needs

c. food and drink intake is monitored and documented by *people*, carers and staff (as appropriate)

d. *people* who are vulnerable and/or are designated temporarily 'nil by mouth' are monitored to identify those at risk of malnutrition and/or dehydration

e. food is served, and food containers are collected, by a person who is able to accurately report *people's* food and drink intake to the relevant person

f. *add your local indicators here*

Notes

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