Nutrition and Hydration Policy

Supportive Bridge Ltd | Community Support and Healthcare Staffing | Bradford, England

POLICY AT A GLANCE

- **Why it matters:** people we support must get enough to eat and drink, in a way that suits their tastes, culture, religion and health (CQC Regulation 14).
- **Know the person:** every support plan records food and drink preferences, allergies, swallowing needs, cultural or religious needs and exactly what help is needed.
- **Choice first:** we offer choices, respect decisions and never force food or drink. If someone keeps refusing, we record it and report it.
- **Never leave without a drink:** at the end of every shift, a drink (and a snack if wanted) is left within easy reach.
- **Allergies and choking are emergencies:** follow the support plan exactly, follow speech and language therapist advice for texture-modified diets, and call 999 if someone is choking or having a severe allergic reaction.
- **Spot and report:** eating or drinking less, signs of dehydration, weight loss, difficulty swallowing or a sore mouth are reported to the office the same day.
- **Safe food:** staff are trained in food hygiene and check dates, storage and cooking temperatures.

SERVICE DETAILS (fill in before issuing)

Registered Manager	
Nominated Individual	
Office phone	
Out-of-hours / on-call number	
Date issued	
Next review date	

This summary is a quick guide only. All staff must read and follow the full policy on the following pages.

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1. PURPOSE

1.1 This policy explains how Supportive Bridge Ltd ("Supportive Bridge", "we", "us") supports people in their own homes to eat and drink well, safely and in the way they choose.

1.2 It reflects Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, together with Regulation 9 (Person-centred care), Regulation 11 (Need for consent) and Regulation 12 (Safe care and treatment).

1.3 Poor nutrition and dehydration can lead to falls, infections, confusion, pressure ulcers and hospital admission. Because our workers are often the people who see someone most regularly, they play an important part in noticing changes early and getting the right help.

2. SCOPE

2.1 Supportive Bridge Ltd operates two arms, and this policy applies to both: our **healthcare staffing service**, supplying care and support workers to care homes, hospitals and other providers; and our **community support service**, where our own support workers visit adults and older people in their own homes, including council housing, on morning and evening shifts, to support them with daily living.

2.2 Supportive Bridge does **not** provide personal care. Personal care is a regulated activity under the Health and Social Care Act 2008 and we will provide it only if and when we are registered with the Care Quality Commission. Our support workers provide non-personal support such as companionship, meal preparation, shopping, domestic help, prompting, and support to get out and about. This policy is written to meet both local authority provider assurance requirements and the standards we will be assessed against at CQC registration.

2.3 It covers the support we give with food and drink, which may include shopping, preparing and cooking meals and snacks, reheating meals, making drinks, prompting and encouraging people to eat and drink, and keeping food and fluid records where the support plan asks for them.

2.4 Supportive Bridge does not employ nurses or dietitians. Our staff **do not** carry out tube feeding (for example PEG feeds), weigh people as a routine task, or give nutritional advice beyond general healthy eating information. Where a person needs specialist nutritional care, this is provided or overseen by their GP, district nurse, dietitian or speech and language therapist, and our role is set out in their support plan.

2.5 Failure to follow this policy may lead to action under our Disciplinary Policy.

3. OUR COMMITMENTS

3.1 We will:

- find out, before support starts, what each person likes to eat and drink, when they like to eat, and what help they need;
- respect people's cultural and religious needs, such as halal, kosher, vegetarian or vegan diets, and times of fasting such as Ramadan or Lent;
- support people to stay as independent as possible, for example by helping them prepare their own meals where they can, or using adapted cups, plates and cutlery;
- make sure mealtimes are unhurried and that shift times are planned so meals are spaced sensibly through the day;
- keep people safe from allergies, choking and unsafe food;

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- notice and report signs that someone is not eating or drinking enough, and involve the right professionals quickly;
- work with families and health professionals, and keep clear records.

4. DEFINITIONS

Term	Meaning in this policy
Malnutrition	When a person is not getting enough energy, protein, vitamins or minerals to stay healthy. It is common in older people and often goes unnoticed.
Dehydration	When the body loses more fluid than it takes in. Older people may not feel thirsty, so they are at higher risk.
Dysphagia	Difficulty swallowing food, drink or medicines, which can cause choking or chest infections.
Texture-modified diet (IDDSI)	Food or drink changed to a safer texture (for example minced, pureed or thickened) as advised by a speech and language therapist, following the International Dysphagia Diet Standardisation Initiative framework.
Oral nutritional supplements	Prescribed high-energy drinks or foods. These are treated as prescribed items and recorded as the support plan says.
Food and fluid record	A chart used to record what a person has been offered and actually eaten and drunk, when the support plan requires it (Appendix A).

5. ROLES AND RESPONSIBILITIES

Role	Responsibilities
Nominated Individual	Makes sure the company has the resources, training and systems to meet people's nutrition and hydration needs. Reviews related incidents, concerns and audits at least quarterly.
Registered Manager	Makes sure nutrition and hydration needs are assessed, planned and reviewed; that shift times and lengths allow meals and drinks to be given properly; that staff are trained; and that concerns are passed to GPs, district nurses or other professionals without delay. Audits records.
Field Supervisor / Care Coordinator	Carries out initial and review assessments, updates support plans, checks food and fluid records and food safety during spot checks, and reports concerns to the Registered Manager.
Support workers	Follow the support plan, offer choice, prepare food safely, encourage and help people to eat and drink, leave drinks within reach, keep accurate records, and report any concerns to the office the same day.

6. ASSESSMENT AND SUPPORT PLANNING

6.1 Before support starts, the person's nutrition and hydration needs are assessed as part of our initial assessment, with the person and, with their consent, their family and any health professionals involved. The assessment records:

- food and drink likes, dislikes and usual routines, including favourite drinks and snacks;

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- allergies and intolerances, and what happens if the person has a reaction;
- cultural, religious or ethical needs, and any times of fasting;
- any swallowing difficulty, texture-modified diet or thickened drinks, with a copy of the speech and language therapist's recommendations;
- health conditions that affect eating and drinking, such as diabetes, or a fluid restriction set by a doctor;
- any prescribed supplements;
- signs of risk, such as recent weight loss, loose clothes or dentures, poor appetite, living alone, or memory problems;
- who does the shopping, who pays, and what equipment helps (for example adapted cutlery or a two-handled cup);
- exactly what support our workers will give at each shift.

6.2 This information is written into the support plan and risk assessments, and shared with every worker who supports the person. It is reviewed at least every six months, and sooner if the person's needs change, after a hospital stay, or if a concern is raised.

6.3 Where there are signs a person may be at risk of malnutrition, we ask their GP or district nurse to carry out a screening (such as the Malnutrition Universal Screening Tool, "MUST") and follow any plan they give us.

6.4 If a person may lack capacity to make decisions about eating and drinking, we follow the Mental Capacity Act 2005 and our Consent and Mental Capacity Policy.

7. SUPPORTING PEOPLE TO EAT AND DRINK

Choice and dignity

7.1 Staff offer real choices from the food available in the home, show items where this helps the person decide, and prepare food the way the person likes it. Food is presented so it looks appetising.

7.2 People are supported to eat in the place and position they prefer, sitting upright where possible. Staff go at the person's pace and protect their dignity, for example by using clothing protectors only with the person's agreement.

7.3 People have the right to make their own choices about food and drink, including choices others may think unwise. Staff give information in a respectful way, record the choice, and tell the office if they are worried about the person's health.

Drinks

7.4 Drinks are offered at every shift. Staff encourage people to drink regularly through the day, using drinks the person enjoys (tea, squash, milk, soup, jelly and fruit all count). As a general guide, most adults need about 6 to 8 cups of fluid a day, unless their doctor has set a different amount.

7.5 **Before leaving every shift**, the worker makes sure a fresh drink (and a snack if the person wants one) is left within easy reach, in a cup or beaker the person can manage.

7.6 During hot weather, extra drinks are offered and people are helped to keep cool, following any heatwave advice from the UK Health Security Agency.

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Shift times

7.7 The Registered Manager plans shift times so that meals are spaced sensibly (for example, breakfast is not served late in the morning with lunch soon after), and so that shifts involving meals are long enough for the person to eat without being rushed. Staff report to the office if shift times are making this difficult.

8. ALLERGIES AND SPECIAL DIETS

8.1 Allergies and intolerances are clearly recorded at the front of the support plan. Staff must check the ingredients of any food they prepare against the person's allergies, paying attention to the 14 main allergens identified by the Food Standards Agency (such as peanuts, tree nuts, milk, eggs, fish, shellfish, gluten and sesame).

8.2 If a person shows signs of a severe allergic reaction (anaphylaxis), such as swelling of the lips, tongue or throat, difficulty breathing, or collapse, the worker must **call 999 immediately**. If the person has a prescribed adrenaline auto-injector and the worker is trained to use it, they help the person to use it as instructed.

8.3 Special diets recommended by a health professional (for example for diabetes, coeliac disease or a fluid restriction) are followed as written in the support plan. Staff support people with diabetes to have regular meals, and report any concerns.

9. SWALLOWING DIFFICULTIES AND CHOKING

9.1 If a person has been assessed by a speech and language therapist, staff follow the recommendations exactly, including the IDDSI texture level of food and drinks, the amount of thickener, the person's position, the pace of eating and any other guidance. A copy of the recommendations is kept with the support plan.

9.2 Thickening powder is prescribed and must be stored safely out of reach, as swallowing the dry powder can be dangerous.

9.3 Staff report to the office the same day if they notice any new signs of swallowing difficulty, such as coughing or choking when eating or drinking, a wet or gurgly voice, food held in the mouth, or chest infections. The office will ask the person's GP to refer them to speech and language therapy.

9.4 If a person is choking, the worker follows their first aid training (encourage coughing, back blows, then abdominal thrusts) and **calls 999** if the blockage does not clear, or if the person becomes unresponsive.

10. RECOGNISING AND REPORTING CONCERNS

10.1 Staff must report to the office **the same day** if they notice any of the following:

- the person is eating or drinking noticeably less, or leaving meals or drinks untouched for more than a day;
- signs of dehydration, such as dark or strong-smelling urine, passing little urine, dry mouth or lips, headaches, dizziness, new confusion or tiredness;
- signs of weight loss, such as clothes, rings or dentures becoming loose;
- a sore mouth, dental pain, problems with dentures, or difficulty chewing;
- any new swallowing difficulty;
- not enough food in the home, food that is out of date or spoiled, or no way of getting shopping;
- vomiting, diarrhoea or other illness affecting eating and drinking.

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10.2 The office records the concern and decides the next step, which may include increasing support, starting a food and fluid record, contacting the person's family, and contacting their GP, district nurse or NHS 111. If a person seems very unwell, confused, very drowsy or unable to keep fluids down, the worker should call 999 or NHS 111 straight away, then tell the office.

10.3 If there are concerns that a person is being neglected, is neglecting themselves, or is not being given access to food or money for food, the Registered Manager follows our Safeguarding Adults Policy and contacts Durham County Council's Social Care Direct on 03000 267 979.

11. FOOD SAFETY IN PEOPLE'S HOMES

11.1 All staff who handle food complete food hygiene training at induction. When preparing food they:

- wash their hands before handling food and wear clean disposable aprons (and gloves where needed);
- check use-by dates and do not serve food that is past its use-by date or looks or smells spoiled;
- keep raw and ready-to-eat foods apart, and use clean surfaces and utensils;
- cook and reheat food until it is steaming hot all the way through, and reheat food only once;
- cover, label and date leftovers and put them in the fridge promptly;
- check the fridge is working and keeping food cold (ideally below 5°C) and report problems to the office.

11.2 The food in a person's home belongs to them. If a worker finds out-of-date or unsafe food, they explain the risk to the person and ask permission before throwing it away. If the person refuses, the worker does not serve it, records what happened, and tells the office.

12. SHOPPING AND MONEY

12.1 Where shopping is part of the support plan, staff help the person make a shopping list that reflects their choices and needs. Any money handled is recorded, with receipts, in line with our Handling Service Users' Money and Property Policy.

13. ORAL HEALTH

13.1 Good oral health helps people to eat well. Staff support people with mouth care and dentures as set out in the support plan, and report any mouth pain, sores, loose teeth or ill-fitting dentures to the office so that a dental appointment can be arranged.

14. RECORDS

14.1 Staff record in the daily notes what food and drink was offered and taken at each shift, and anything unusual. When a support plan requires a food and fluid record (Appendix A), they record the actual amounts eaten and drunk (for example "half a bowl of soup" or "150 ml tea"), not just "ate well", along with anything refused.

14.2 The support plan says why a food and fluid record is in place, who reviews it, and when it can stop. Records are checked by the office at least weekly while in use, and any concerns are acted on.

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15. TRAINING

15.1 All staff complete training in nutrition and hydration, food hygiene, recognising dehydration and malnutrition, and basic first aid including choking, during induction (linked to the Care Certificate). This is refreshed regularly.

15.2 Staff supporting a person with a swallowing difficulty, texture-modified diet or other specialist need receive specific instruction before they support that person, from the relevant health professional or a trained member of our team.

15.3 Competence is checked during spot checks and supervision, and training records are kept on each staff file.

16. MONITORING AND REVIEW

16.1 The Registered Manager checks support records, food and fluid records and food safety during spot checks and monthly record audits, and reviews any incidents, concerns or complaints relating to nutrition and hydration.

16.2 The Nominated Individual reviews a summary at least quarterly as part of our governance and quality assurance.

16.3 This policy is reviewed every year, or sooner if the law or guidance changes, or if an incident or complaint shows it needs to change.

17. LEGISLATION AND GUIDANCE

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, especially Regulation 9, Regulation 11, Regulation 12 and Regulation 14 (meeting nutritional and hydration needs)
- Care Act 2014
- Mental Capacity Act 2005
- Equality Act 2010
- Food Safety Act 1990 and Food Standards Agency guidance on allergens and food hygiene
- NICE guideline NG21: Home care
- NICE guideline CG32: Nutrition support for adults
- BAPEN: Malnutrition Universal Screening Tool (MUST)
- International Dysphagia Diet Standardisation Initiative (IDDSI) framework
- NHS Eatwell Guide
- UK Health Security Agency: Heatwave and hot weather guidance

18. RELATED POLICIES AND FORMS

Related policies: Support Planning and Risk Assessment; Consent and Mental Capacity; Medication; Medical Devices and Health Monitoring Equipment; Infection Prevention and Control; Safeguarding Adults; Handling Service Users' Money and Property; Oral Health; Equality, Diversity, Dignity and Respect; Incident and Accident Reporting; Complaints, Concerns and Compliments.

Forms: Initial Assessment (nutrition and hydration section); Support Plan; Food and Fluid Record (Appendix A); Daily Notes.

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19. DOCUMENT CONTROL

Version	Date	Approved by	Role	Reason
1.0			Nominated Individual	New policy for local authority assurance and CQC registration

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APPENDIX A: FOOD AND FLUID RECORD

Use only when the support plan asks for it. Write what was actually eaten and drunk, including anything refused.

Name: _____ Date: _____ Fluid goal (support plan): _____ ml

Time	Food offered	Amount eaten (none / ¼ / ½ / ¾ / all)	Drink offered	Amount drunk (ml)	Worker initials

Total fluid today: _____ ml Checked by (office): _____ Date: _____

Guide: a standard mug holds about 250 ml, a cup about 150 ml, a glass about 200 ml. If the person has drunk much less than their goal, or eaten very little, tell the office before you leave.

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