

# The impact of the 'Food First' approach in a residential care home: Warrington and Halton NHS Foundation Trust

January 2018

## The issue

An 80-year-old woman living in a local residential home was referred to community dietetics in April 2016 through her GP because she had lost weight.

Her weight was 51.7kg, with body mass index (BMI) 20.7kg/m<sup>2</sup>. Her percentage weight loss over 3 to 6 months was less than 3% and she scored zero on the Malnutrition Universal Screening Tool (MUST).

She had had a chronic pressure sore (grade 3 on the sacrum) for over 12 months. All other pressure areas were intact but her heels were vulnerable. Local district nursing service had been dressing the wound every two days.

She was bedbound but could eat and drink independently, although staff gave her a pureed diet because she could be drowsy at times and it was easier to eat.

Staff in the home requested nutritional supplements from the GP, who declined until there had been dietetic assessment as the patient did not meet the referral criteria (she had a healthy BMI and no significant weight loss). However the referral was rejected and a rejection letter sent to the GP and residential home.

In September 2016 the district nursing service referred her to community dietetics, reporting weight loss and a longstanding grade 3 pressure ulcer to sacrum.

At this point her weight was 54.1kg and her BMI: 21.6kg/m<sup>2</sup>. She again scored zero on MUST but because of the pressure ulcer was triaged as urgent and assessed within 10 days.

The delay in getting her assessed happened because:

- care staff screened patients using MUST and as she was at low risk of malnutrition they did not consider referring her to dietetics
- the referral in April 2016 was incomplete and rejected

- the community district nursing service and care home staff each believed the other had referred her to dietetics
- the patient was eating and drinking full portions and had a low risk MUST score so her food was not fortified.

## The solution

The care staff implemented a 'Food First' approach. They offered:

- 200ml of fortified full cream milk with breakfast lunch and dinner every day
- fortified meals and extra high calorie/high protein puddings
- two to three snacks daily (such as yogurts, custard, rice pudding, ice cream)
- high protein, homemade milkshake as an alternative snack
- a supper every night (such as porridge or wholegrain wheat cereal made with fortified full cream milk and sugar)
- total daily hydration needs, around 1700ml.

She had a telephone review two weeks later which established that she was accepting all the extra snacks and drinks and having milky hot chocolate at supper time rather than the milkshake.

Six weeks later they reviewed her case again. Her weight was variable – between 54 and 56kg – and her wound was smaller. District nurses were attending every four to five days to change dressing.

Another six weeks later the telephone review showed that her weight had increased to 58kg and her wound was superficial, grade1. District nurses attend once a week to monitor it.

The plan was then to continue with the fortified diet, introduce more 'normal texture' snacks between meals, such as cheese and biscuits, and offer total hydration needs, about 1700ml daily.

## Impact

The care staff raised their concerns with management and the catering team. Now all patients on modified texture (pureed) diets are having a fortified diet and the management has created a care plan guide:

- grades 1 and 2: 'Food First' approach
- grades 3 and 4: urgent referral to dietetics and 'Food First' approach

District nurses have commented on the impact of basic dietary intervention compared to nutritional sip feeds and discussed it at their team brief.

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For patients this approach has meant:

- improved wound healing
- reduced pain
- increased alertness
- being able to eat and enjoy normal textures
- reduced number of nursing visits/dressing/intervention
- improved quality of life.

## Enablers and challenges

### Challenges

Staff did not recognise the importance of nutrition and hydration to optimise wound healing, which meant the referral did not include the relevant information.

They also did not realise the nutritional depletion with a pureed diet. Because the patient was eating full meal portions no concerns were raised.

The low risk MUST score meant staff did not consider referral to dietetics.

There was poor communication between care home and district nurses about who was responsible for referring.

### Enablers

Once the plan was agreed staff supported all the actions and were consistent about implementing the dietetic care plan.

District nurses reiterated and monitored the plan, and monitored to update the dietetic service if they noted any deterioration.

Community dietetics offered training sessions on nutritional screening and the 'food first' approach to optimise nutritional status and empower staff to implement appropriate care plans.

## Next steps and sustainability

Nutritional training with a focus on pressure sores should be offered to care homes and community nursing service.

Community dietetics has submitted a business case to make the training available to all care home settings on a regular basis, to improve quality.

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## Want to know more?

For more information about this case study: contact Helen Brennan, Advanced Community Dietitian, on 01925662459.

This work is part of our [Stop the Pressure programme](#) and relates specifically to the nutritional element of the SSKIN bundle.

To see the other case studies in this series, visit our [Improvement Hub](#).

For more information on our nutrition and hydration work, email [nhsi.nutritionandhydration@nhs.net](mailto:nhsi.nutritionandhydration@nhs.net)

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