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Supplementary Information on Nutrition.		

Supplementary Information on Nutrition	
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Guidelines on Nutrition.

1.0. Guidelines Statement.

Diet plays a vital role in maintaining health for everyone but is especially important for older people. Older people require the same nutrients as all other adults. For various reasons some older people may take a poor diet, which as the body reserves of nutrients are used up may result in malnutrition and the development of dietary deficiencies. This process is speeded up by illness when the body may have a greater demand for nutrients.

□□ Understanding the dietary needs of the older person is essential for anyone involved in caring or catering for older people. The provision of nutrition to older people warrants this special attention since they have many problems in obtaining an adequate balanced diet. Other factors can affect the appetite and food intake of older people, which can lead to poor nutrition. The impact of these factors may vary according to whether the older person is at home or in care.

□□ **Loneliness** – eating is a social occasion and often loses its value when an older person is left alone, especially to anyone who has cooked for or been part of a family for many years.

□□ **Mental disturbances** – dementia can occur and the person can easily forget eating times, or indeed whether they have eaten or not.

□□ **Physical disability** may prevent shopping, food preparation or even eating.

□□ Some **drugs** may affect appetite, cause nausea or loss of body mineral stores.

□□ **Ignorance about food preparation** especially for some men who have never shopped or cooked.

□□ **Changing nutritional requirements** e.g. dietary vitamin D requirement will increase in the housebound.

□□ **Economic position** – food may not be the first priority.

□□ **Access to/availability of food** – shops, shelves in shops, etc.

□□ For **individuals in care**, who are dependent on others in meeting their nutritional needs, specific attention to influencing factors such as meal service and the dining environment, food provision and personal choice is important.

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1.1. Aim of this Guideline

The aim of this guideline is to address issues which commonly arise in this residential care setting, in a questions and answers style format, addressing areas such as:

- **Malnutrition, Nutrition screening & monitoring**
- **Menu development, provision of an adequate diet, food fortification and oral nutritional supplements (ONS)**
- **Team approach to nutrition provision**
- **Training and education needs**

1.2. Purpose.

These guidelines will address some of these difficulties, and provide the necessary information to enable the older people within this Service to receive appropriate nutrition. In addition to information on achieving the dietary recommendations for an adequate diet, included are sections on common health and nutritional problems, alternative and therapeutic diets, food safety and the preparation and service of food to older people.

1.3. Scope.

This Guideline applies to all Managers, Nursing Staff, Care Assistant Staff and Catering staff within this Service.

1.4. What causes poor nutrition in older people?

Reduced nutritional intake can be attributed to factors such as poor dentition, altered taste receptors (change with aging), poor appetite, use of certain medications, changes in physiology of the gut, and constipation. Other factors contributing to malnutrition include malabsorption if a resident's needs change, e.g. due to illness. Those patients with neurological diseases, dementia, arthritis, depression and those living alone are at particular risk.

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1.5. What is malnutrition?

Disease related malnutrition 'is a state of nutrient deficiency which produces a measurable change in body function and is associated with worse out come from illness'.

To keep a person's body healthy, a balanced diet is required – i.e. one which provides adequate energy (kcal) and nutrients (protein, fat, carbohydrates, vitamins, minerals and fluids). Having an inadequate diet can in turn lead to malnutrition, which is associated with delayed wound healing, weight loss, increased risk of infection, increased morbidity and mortality and dehydration.

1.6. How do I identify a poorly nourished resident, or a resident who is at risk of malnutrition?

Identifying a resident who is malnourished, or is at risk of malnutrition as early as possible is vital. We may be aware of some of the signs and symptoms of disease related malnutrition such as:

- Poor appetite/disinterest in food reported
- History of decreased intake/poor appetite, portion sizes changed
- Altered taste/smell
- Change in food preferences avoiding food e.g. meat
- Obvious thin/Wasted appearance

However, the most effective method of identifying disease related malnutrition is to use a nutrition screening tool. Ideally, this should be done when residents are first admitted to this centre, to establish at an early point the residents particular care needs. This also gives information to compare against if their condition changes during their stay. A nutrition screening tool is only effective if the results are linked to a pathway of actions or interventions appropriate for the patients care which can be followed.

1.7. There are so many nutrition screening tools available. How do I know which is best?

The main things to consider when choosing a nutrition screening tool are that it is evidence based, validated, reliable, practical and linked to specified protocols for action e.g. referral

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of those screened and identified as 'at risk' to an expert for more detailed assessment i.e. dietitian.

1.8. Four main principles of screening tools:

1. What is the condition now?
2. Is the condition stable?
3. Will the condition get worse?
4. * Will the disease process accelerate nutritional deterioration?

* Variable 4 is relevant mainly to acute care facilities. (ESPEN 2006).

1.9. What screening tool is appropriate for community based adults?

Malnutrition Universal Screening Tool or MUST was developed for use in both hospital and community settings. It uses factors such as Body Mass Index (BMI), rate of weight loss and presence of acute disease factors to detect disease related malnutrition. See http://www.bapen.org.uk/must_tool.html for more information on MUST.

The assessment tool used within this service is the MUST Tool.

1.10. What screening tool is appropriate for older people in residential care?

MUST can also be used in residential care.

1.11. What equipment might I need to use nutrition screening tools?

To carry out the nutrition screening tools like the MUST, you must have appropriate accurate weighing scales, and a measuring tape.

You will also need to be aware of how to accurately measure weight, height, and BMI, and also how to estimate weight and height using alternative measures, e.g. ulna length to estimate height.

1.12. I have identified a resident with malnutrition, what should I do next?

It is crucial to adopt the pathway of action. This means that alongside nutritional screening, AN ACTION PLAN IS COMMENCED IMMEDIATELY

This includes

1. A plan for three day Food and Nutrition Diary

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2. Weigh the Resident.
3. Inform all staff of plan.
4. Keep strict input and output charts.
5. Assess possible reasons for poor intake.
6. Ascertain preferences and arrange for any foods that the resident likes.
7. Contact Speech and Language and urgent referral to Dietician.
8. Ensure that Nurse Managers are informed.

1.13. What type of diet is typically recommended for a malnourished resident?

Typically when a resident is identified as being malnourished a high calorie diet is recommended (regularly called high protein high energy diet), and is often used in conjunction with food fortification. A high calorie diet is designed to provide a person with a regular intake of foods that are high in both calories and protein. This type of diet can help to: improve appetite and well being, heal wounds, maintain or increase weight and promote growth, thus optimising a person's nutritional status. Foods commonly contained in a high calorie diet are protein sources e.g. meat/fish/eggs, full fat dairy products, oils and sugars, and any foods that can be readily fortified.

1.14. What is food fortification, and who is this for?

If a person is eating smaller amounts than usual due to small appetite, has recently lost weight unintentionally, or has increased energy requirements, adding extra calories to their daily diet will help maximise their nutritional intake. Enriching a diet using calorie rich foods is commonly referred to as 'food fortification'. Food fortification is a useful tool, as it allows for increase of calories without increase of food volume.

Examples include adding skimmed milk powder to cereals, soups and puddings, or adding cream, butter, cheese, gravy to a daily diet where appropriate. It is imperative that food fortification is tailored to a person's needs, likes and dislikes, and best times for eating during the day. Snacks should be provided after evening tea at suppertime or bedtime – such as milky drinks (malted drink, hot chocolate, warm milk), piece of cake, cheese and

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crackers, sandwich, or other snack enjoyed by residents.

Any food fortification/ snack recommendations should be well documented both in nursing notes and at catering level, to ensure continuity of provision.

1.15. Oral nutritional supplements (ONS) are often given to residents who are not eating well. Is this good practice?

ONS are commonly used as a treatment for malnutrition in the residential care setting. However, they should not be used as a sole treatment and should always be given in combination with dietary advice and advice on food fortification. They must not replace meals. The time when ONS are offered to a resident is key. Offering too near a mealtime may displace a person’s natural eating pattern due to feeling satiated from ONS. Conversely, offering ONS too soon after a meal may result in poor compliance, as the resident may be full from their meal.

There are a number of proprietary products (manufactured products used to fortify foods) and ONS available, ranging from conventional sip-feeds to pudding, liquid and powder formulations. **See Policy on Supplements**

1.16. What do monitoring and audit mean?

Regular monitoring and audit should be carried out. Monitoring and documentation of this allows for change to be measured easily. For example, weight loss in a resident whose weight is checked weekly/monthly and documented in a care plan will be more easily identified than a patient with infrequent weight checks, or poor on-site documentation. Audit criteria might include assessment of the menu, snack provision, meal times, feeding practices, availability of therapeutic diets e.g. low fat/sugar, catering practice, food wastage, nutritional screening, use of or compliance with ONS. Audits allow staff to reflect on current practice and identify aspects that require attention by comparing to best practice guidelines.

They also provide useful baseline data to measure any future changes implemented against. Training and tasking staff to monitor residents' food intake more closely can be useful – without a conscious effort to do so it is surprising how easily some residents end

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up eating little or nothing.

1.17. Addressing Nutrition at this Centre

A team approach, with each team member's roles and responsibilities clearly identified is vital to improving nutrition in residential care. Nutritional teams for this service are made up of catering staff, management, nursing, care assistants, residents and or family members, allied health professionals (e.g. , Dietician, Speech & Language Therapy, Occupational Therapy and Physiotherapy).

A sample aim of a nutrition team is to examine menus putting a balanced, adequate 3-week cycle in place, incorporating therapeutic and modified consistency diets, and including resident's likes and dislikes. The latter allows for inclusion of favourite foods, addressing timing of meals, challenges faced at meal times, and the overall dining environment.

Two documents worth referring to when considering menu development are: Caroline Walker Trust - Eating well for Older People 2004, and the UK's National Association of Care Catering guideline "Special Diets in Care Homes" 2006. The latter gives a comprehensive look at catering for special diets, planning nutritionally balanced menus, and also gives examples of menu cycles and a tool to assist in evaluating menu cycles.

Food-based guidelines for provision to older people residential care.

Bread, other cereals and potatoes

Guidance • Starchy foods should make up a third of the daily diet

- Offer a variety of starchy foods with main meals including potatoes, rice, pasta, noodles and other grains
- A variety of breads should be available daily as starters or meal accompaniments
- Offer wholegrain cereals where possible

Why • Foods from this group are a good source of energy and the main source of a range

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of nutrients in the diet. As well as starch, these foods supply fibre, calcium, iron and B vitamins

- Wholegrain cereals are higher in fibre
- Insoluble fibre in wholegrain bread, brown rice, fruit and vegetables etc helps to keep bowels healthy and stops constipation
- Soluble fibre, e.g. in oats and pulses, may help reduce cholesterol

What's included

- All breads including wholemeal and granary bread, chapattis and bagels.
- Potatoes, plantain, yam , sweet potato, squash and cassava
- Breakfast cereals
- Rice, couscous, bulgar wheat, maize, cornmeal
- Noodles, pasta
- Beans and pulses can be eaten as part of this group
- Other grains e.g. oats, millet, barley etc

Tips on choosing foods

- Ask suppliers about the levels of salt, fat and sugars in their products and choose lower salt, fat and sugars options where appropriate – and where possible check the information provided on the packaging label
- Try to choose products that meet the Food Standards Agency's salt targets. These are targets to limit the amount of salt in a wide range of foods, which retailers, manufacturers and some caterers (and catering suppliers) are working voluntarily to achieve by 2010. It might be difficult initially to find products that meet the targets, but over time this should become easier as work progresses
- Look for white bread with added nutrients and fibre if residents don't like brown or wholemeal bread – choose lower salt bread where possible
- Older people may prefer white bread, and higher fibre white bread may also be acceptable
- Choose fortified breakfast cereals but look for those with a lower salt and/or sugar content

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- Choose wholegrain bread, flour, rice and pasta where possible, or consider using a mixture of wholemeal and white if residents are not keen on the wholemeal variety
- Fortified breakfast cereals are a good source of vitamin D, folate, iron and zinc. Some will be good sources of fibre.
- Wholemeal bread/flour can be good sources of folate, iron and provide useful amounts of zinc and fibre.
- Potatoes can be a useful source of folate.
- Beans and pulses such as soya beans, chick peas, lentils and broad beans can be useful sources of iron and fibre.

Bread, other cereals and potatoes (continued)

Tips on cooking and serving foods

- Some older people find it easier to chew brown or wholemeal bread if it is lightly toasted.
- Use thick cut bread for sandwiches
- Use combinations of wholemeal and white bread in sandwiches to encourage consumption of wholemeal varieties
- Boil potatoes in the minimum amount of water and for the shortest amount of time to retain vitamins, but ensure they are cooked until soft.
- Roast potatoes in small amounts of vegetable oil, brush the oil on to potatoes to use smaller amounts
- Try to cut down on the amount of fried foods offered, such as chips.
- Choose thick cut chips or potatoes wedges instead of thin cut chips – they absorb less oil when cooking
- Pre-blanch chips in steamers before frying, this will reduce the amount of oil absorbed
- Use unsaturated oils such as sunflower or rapeseed oils instead saturated fats e.g. lard in cooking
- Make sure the oil used for frying is at the correct temperature – this reduces the amount of fat absorbed
- Drain fried foods before serving
- Use baked products where possible instead of frying as they are likely to contain less fat;

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compare product labels for more information

- Use skimmed or semi-skimmed milk to mash potatoes to smoothness.
- Choose tomato and vegetable based sauces in preference to creamy, buttery sauces where appropriate
- Use more starchy foods e.g. pasta in relation to meat/rich sauces (e.g. in lasagne, potato to meat in cottage pie)
- Serve naan bread and plenty of rice with curries

Other tips • Offer high-fibre cereals only where an older person has a very good appetite.

- Consider the texture of the starchy option being provided, you may wish to consider offering an option that is softer to chew when also offering crisper/firmer foods

Allergy tips

- Be aware of residents who have coeliac disease, also known as gluten intolerance, who need to avoid all cereals containing gluten (wheat, oats, barley or rye). Alternative foods made from maize (i.e. polenta), rice, rice flour, potatoes, potato flour, buckwheat, sago, tapioca, soya and soya flour are available. **Seek expert advice from a dietician where necessary.** Some gluten free foods are available on prescription.

Food safety tips

- Starchy foods and particularly foods such as grains and rice can contain spores of *Bacillus cereus*, a bacteria that can cause food poisoning. When the food is cooked, the spores can survive. Then, if it is left standing at room temperature, the spores will germinate, multiply and may produce toxins (poisons) that cause either vomiting or diarrhoea. Reheating will not get rid of the toxin.
- Low numbers of *Bacillus cereus* won't make someone ill, but if food contains high numbers of the bacteria, or if a toxin has been produced, it could cause food poisoning. The longer that food is left at room temperature, the more likely it is that bacteria, or the toxins they produce, could make food unsafe.

Therefore these types of food should be served directly after cooking, if this is not possible they should be cooled within an hour and kept in the fridge until reheating (for no more than 1 day). Avoid reheating more than once.

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Fruit and vegetables

Guidance • Fruit and vegetables should make up about one third of the daily diet • Offer at least 5 different fruits and vegetables every day • Aim for 1 or 2 portions with each meal and offer fruit as a snack

- A portion of fresh or cooked fruit or vegetables should be about 80g

Why • Fruit and vegetables are good sources of many vitamins, minerals and fibre

- There is increasing evidence that consuming more than 400g of fruit and vegetables every day may reduce the risk of developing chronic diseases such as coronary heart disease and some cancers

What's included

- All types of fresh, frozen, tinned and dried fruit
- All types of fresh, frozen and tinned vegetables
- 100% Fruit and vegetable juices also count but only once a day
- Smoothies can count as more than one portion if they contain all the edible pulped fruit/vegetable. The number of portions depends on how many fruits of vegetables are used and how the smoothie was made
- Beans and pulses are also included but, again, only count as a maximum of one portion per day

Tips on choosing foods

- Ask suppliers about the levels of salt, fat and sugars in their products and choose lower salt, fat and sugars options where appropriate – and where possible check the information provided on the packaging label
- Try to choose products that meet the Food Standards Agency's salt targets. It might be difficult initially to find products that meet the targets, but over time this should become easier as work progresses.
- Buy tinned fruit in natural juice rather than in syrup.
- Buy tinned vegetables and pulses in water, with no added salt or sugar.
- Store fresh vegetables in a cool, dark place
- Most fruit and vegetables are a good source of folate including, spinach, broccoli, peas,

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oranges, green leafy salads and tomatoes, brussel sprouts and chickpeas.

- Fruit and vegetables which are useful sources of iron include dark green leafy vegetables (but not spinach), broccoli, dried apricots and raisins, blackcurrants and broad beans.
- Bananas are a particularly good source of potassium

Tips on cooking and serving foods

- Steaming or cooking vegetables with minimum amounts of water, for as short as time as possible and serving as soon as possible will help retain vitamins
- Use fresh fruit and vegetables as soon as possible, rather than storing them, to avoid vitamin loss. Alternatively, use frozen fruit and vegetables

Fruit and vegetables (continued)

Tips on cooking and serving foods (continued)

- Add vegetables and pulses to stews, casseroles or other dishes and offer a variety of vegetables at main meals
- Offer a variety of dried fruits to add to cereal options and porridge and include dried fruit in cakes and desserts
- Avoid leaving any cut vegetables exposed to air, light, heat or leaving them to soak. Cover and chill them
- Offer colourful and interesting salads (with low fat dressings) and vegetables with main meals
- Always have attractive looking fresh fruit on display
- Try to offer alternative fruit dishes, and incorporate fruit into other desserts and dishes, including cold starters and savoury dishes (e.g. citrus chicken)

Other tips • Offer fruit as a snack. Older people may find it difficult to peel or cut whole fruit, so a plate of sliced ready prepared fruits may be more acceptable.

- Encourage a glass of 100% fruit juice, e.g. with breakfast or with a main meal, But remember fruit juices are high in NMES so if you offer this with breakfast everyday you will need to adjust NMES intake at other eating occasions
- Pureed stewed fruit can be offered with custard or yoghurt or ice cream as dessert.
- Foods and drinks rich in vitamin C, such as citrus fruit, green vegetables, peppers,

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tomatoes and potatoes, may help the body absorb iron.

- For more information on guidelines for fruit and vegetables see the websites at <http://www.eatwell.gov.uk/healthydiet/nutritionessentials/fruitandveg/> or at <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/FiveADay/fs/en> or <http://www.5aday.nhs.uk/WhatCounts/PortionSizes.aspx> for information on portion sizes

Tips on food related customs

- Some people have restrictions on some vegetable foods. Caterers should check with the individual resident about their needs.

Allergy tips

- Some people can be allergic to certain fruits, such as apples, peaches, melon, mango, pineapple and kiwi. Allergy to fruits can be linked to pollen allergy and hay fever.

Food safety tips

- Because most fresh fruits and vegetables are grown outdoors in nonsterile environments, it is possible that they may occasionally harbour potential food poisoning organisms that are present in soil, air and water. The number of potentially harmful micro-organisms on fresh produce intended to be eaten raw can be reduced by using hygienic growing practices and careful washing of fruit and vegetables with potable water before consumption.
- NEVER use household cleaners/ washing up liquid as these products may not be safe for human consumption, and by using them harmful residues may be left on the food.

Milk and dairy products

- Guidance** • Milk and dairy foods should be served every day • Moderate amounts should be offered each day as milk in drinks, cheese, yoghurt or milk-based puddings and sauces
- Reduced fat dairy products are suitable for older people with good appetites

Why • Milk and dairy products are excellent sources of calcium which is needed for optimal bone strength as well as sources of , protein, vitamin A, riboflavin and B12

What's included

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- All types of milk, including dried milk, goat's and sheep's milk.
- Cheeses – e.g. Cheddar, cottage cheese, cheese spreads, Edam, goat's cheese, stilton.
- Yoghurt (fruit or plain, whole milk or low-fat), or fromage frais.
- Milk-based sauces, custard and milk puddings

Tips on choosing foods

- Ask suppliers about the levels of salt, fat and sugars in their products and choose lower salt, fat and sugars options where appropriate – and where possible check the information provided on the packaging label
- Try to choose products that meet the Food Standards Agency's salt targets. These are targets to limit the amount of salt in a wide range of foods, which retailers, manufacturers and some caterers (and catering suppliers) are working voluntarily to achieve by 2010. It might be difficult initially to find products that meet the targets, but over time this should become easier as work progresses.
- Consider switching to semi-skimmed or skimmed milk

Tips on cooking and serving foods

- Include fruit and vegetables wherever possible
- Use fromage frais, quark or plain yogurt in dishes in place of some of the cream (but be careful not to alter the taste or appearance of the dish)
- Offer frozen yoghurts as an alternative to ice cream, to reduce fat content.
- Use milk in sweet and savoury sauces, custard and puddings
- Use reduced calorie mayonnaise in dressings or dilute with lower fat yogurt
- Use béchamel, instead of cheese, sauce for dishes covered in cheese (e.g. lasagne)
- Use reduced fat cheese in sandwiches or on cheese boards, or use smaller amounts of full fat cheeses
- Use smaller amounts of stronger tasting cheese to provide flavour, this helps lower salt and fat content of dishes
- Grate cheese for use in salads, sandwiches and fillings; you will tend to use less
- Milk and milk products are good sources of riboflavin

Other tips • Older people with small appetites who may need to gain weight, or who are of

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low weight, should be encouraged to have full-fat milk and yoghurt.

- Add extra calories, protein and nutrients to dishes by adding extra milk, cheese or dried milk powder in cooking
- Offer milky drinks as snacks and before bed. Milkshakes may be an acceptable alternative, particularly in hot weather.

Milk and dairy products (continued)

Other tips (continued)

- Offer smooth yoghurt and fromage frais as a snack particularly for residents who have difficulty eating
- Hard cheeses tend to be higher in saturated fat than softer cheese.
- Use plain yoghurt and fromage frais instead of cream, soured cream or crème fraîche.
- Tips on food related customs
- People of certain religions, such as Hindus, Sikhs and Muslims may not eat milk products, and Jewish people may require kosher milk products
- Strict Jews who eat kosher foods do not eat milk products at the same time as, or immediately before or after foods/meals containing meat.
- Most vegans, including some Rastafarians, will not eat milk products.
- Caterers should check with the individual resident about their needs.

Allergy tips

- Some people are allergic to milk and will need to avoid all milk products, including yoghurts and cheese.
- Other people may be intolerant to lactose, the sugar found in milk.

Such people may be able to tolerate small amounts of milk in their diets but people's sensitivities can vary. Lactose intolerance is found in about 5% of the adult population in the UK but is more common in certain ethnic communities where milk is not traditionally part of the adult diet. For example, in South America, Africa and Asia, more than 50% of the population are intolerant to lactose, rising to nearly 100% in some parts of Asia.

- There are a number of alternative products such as soya milk or rice milk and these should be fortified with calcium.

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Food safety tips

- Unpasteurised (raw) milk should be avoided as it may contain microorganisms harmful to health.
- Milk and dairy products should always be refrigerated and stored at temperatures below 8oC (ideally at temperatures between 0oC & 4oC)
- In order to avoid the risk of listeriosis, vulnerable groups are advised to avoid eating ripened soft cheeses of the Brie, Camembert and blue veined types, whether pasteurised or unpasteurised. This is because ripened soft cheeses are less stable than hard cheeses (they are less acidic and contain more moisture) and are therefore more inclined to allow growth of undesirable bacteria such as *Listeria*.

Meat, fish and meat alternatives

Guidance • A meat or meat alternative should be offered at all main meals

- Fish should be offered at least twice a week, one of which should be oily
- Meat alternatives for vegetarians should be varied and use a variety of foods from this group

Why • Meat and fish are good source of protein and of vitamins and minerals such as iron, zinc and B12.

- Oily fish provide long chain omega-3 fatty acids which may help to prevent heart disease. Such foods are also a source of vitamins A and D and iron.
- Beans and pulses are sources of protein, fibre, iron and zinc.
- Eggs are a good source of protein, vitamins A, vitamin D, B12 and iodine
- Nuts provide a source of protein, iron, fibre, calcium and essential fatty acids.

What's included

- Meat, poultry, offal, fish, eggs, nuts, beans, pulses and meat alternatives.
- Meat includes all cuts of beef, lamb and pork and meat and meat products such as ham, corned beef and sausages.
- Fish includes fresh, frozen and tinned fish, such as tuna, sardines, pilchards and mackerel, and fish products such as fish cakes and fish fingers.
- Oily fish, such as salmon, sardines and fresh tuna. Canned tuna is not considered an oily

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fish as the long chain omega-3 fatty acids are lost in the canning process for tuna. Other canned oily fish are not affected in the same way.

- Beans and pulses – e.g. baked beans, butter beans, kidney beans and lentils are in this group and provide a good source of protein for vegetarians.
- Other textured protein products suitable for vegetarians, such as tofu, and textured protein products such as soya and quorn(R)

Tips on choosing foods

- Ask suppliers about the levels of salt, fat and sugars in their products and choose lower salt, fat and sugars options where appropriate – and where possible check the information provided on the packaging label
- Try to choose products that meet the Food Standards Agency's salt targets. It might be difficult initially to find products that meet the targets, but over time this should become easier as work progresses
- Look for canned beans and pulses with no added salt and sugar.
- Look for meat products with higher meat content, look at the label for more information
- Choose lean meats where possible
- Chose tinned fish in spring water rather than brine or oil
- Choose smoked meats and fish less often as they can be high in salt
- Oily fish, such as herring, mackerel, pilchards, salmon, sardines, trout or roe and egg yolks are rich in vitamin D

Meat, fish and meat alternatives (continued)

Tips on cooking and serving foods

- Remove visible fat from meat and skin from poultry
- Serve oily fish as pâtés and spreads on bread and toast.
- Boil, bake, grill or poach rather than frying or roasting where possible as this will lower the fat content
- Stand poultry and joints on racks when cooking to allow the fat to flow away
- Add pulses to meat dishes to increase the fibre content, reduce the overall fat content

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and add extra protein

- Serve slightly less meat with extra vegetables or starchy foods
- Serve foods with tomato or vegetable based sauces rather than creamy, buttery sauces where appropriate to lower the fat content.
- If frying, make sure the temperature is correct and change fat./oil regularly and drain well to reduce fat content
- Larger pieces of meat will absorb less fat than smaller pieces
- When baking fish, brush with unsaturated vegetable oil rather than butter
- If a dish must be finished with butter, try lightly brushing with melted butter before serving
- When serving foods with gravy opt for lower salt versions
- Gradually lower the salt content of food you cook yourself to allow residents taste buds to adapt and try using alternative herbs and spices to flavour foods
- Season food sparingly with salt or seasonings containing salt, a chef's palette may be less sensitive to salt than many of the residents

Other tips • For older people who have difficulty chewing, offer soft lean meat and fish or meat and fish dishes where the meat has been minced or served in a sauce.

- Liver pâté is a useful source of nutrients for older people but liver and liver products should not be served more than once a week.

Tips on food related customs

- People of certain religions, such as Hindus and Sikhs, as well as vegetarians and vegans including some Rastafarians, may not eat eggs, meat or fish.
- Some Jewish people will require kosher meat and Muslims will require Halal meat. Pork and pork products are not appropriate.
- Strict Jews who eat kosher foods do not eat meat products at the same time as, or immediately before or after foods/meals containing meat. They may only eat fish with fins and scales and do not eat shellfish. Eggs should not contain blood spots.
- Hindus who eat fish may only eat fish with fins and scales and may also not eat shellfish
- Caterers should check with the individual resident about their needs Allergy tips
- Some people are allergic to nuts, peanuts, fish, shellfish and eggs.

The labelling of bought-in products will need to be checked carefully to see if these

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allergenic foods are used as ingredients.

Meat, fish and meat alternatives (continued)

Food safety tips

- Always store meat and fish in the fridge, ideally at temperatures between 0oC and 4oC.
- Always ensure that uncooked meat and ready to eat foods are stored apart. Ideally raw meat & fish should be covered and stored on the bottom shelf where they can not drip onto other foods. Cooked meat and fish should be covered and stored above raw in the fridge.
- Eggs are a useful source of nutrients but when served to elderly people they should always be well cooked, until both the yolk and white are solid. This is to avoid the risk of Salmonella, which causes a type of food poisoning.
- At risk groups should avoid all types of pâté, including vegetable. This is because pâté can sometimes contain Listeria.
- Always ensure that meat is well cooked. This is especially important with poultry and products made from minced meat, such as sausages and burgers. Make sure these are cooked until they are piping hot all the way through any juices run clear and no pink meat is left.
- Vulnerable groups should avoid raw shellfish. This is because raw shellfish can sometimes contain harmful bacteria and viruses that could cause food poisoning. It is far safer to eat shellfish as part of a hot meal, such as in a curry.

Foods containing fat and foods and drinks containing sugar

Guidance • Use foods containing fat sparingly. Look out for lower fat alternatives or eat these foods in smaller amounts. Where possible replace saturated fat with unsaturated fat

- Snacking on sugary foods and drinks throughout the day is discouraged as this can cause tooth decay. Older people may enjoy some sweet foods as snacks. These should be provided less often or in small amounts

Why • The main nutrients provided by such foods are fat and sugars. Some can also be high in salt. These nutrients are consumed in greater amounts than required and are associated with disease progression and/or dental caries.

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- As for the rest of the population, foods from this group can contribute to excess energy intakes if they are eaten in large amounts.
- Often foods high in calories offer few other nutrients. If appetites are poor, it is important that these foods do not displace more nutrient rich foods.

What's included

- Foods containing fat include: butter, margarine, other spreading fats and low-fat spreads, cooking oils, oil-based salad dressings, mayonnaise, cream, chocolate, crisps, biscuits, pastries, cakes, puddings, ice cream, rich sauces, and gravies.
- Foods containing sugar include: soft drinks, sweets, jams and sugar, as well as foods such as cakes, puddings, biscuits, pastries and ice cream.

Tips on choosing foods

- Ask suppliers about the levels of salt, fat and sugars in their products and choose lower salt, fat and sugars options where appropriate – and where possible check the information provided on the packaging label
- Try to choose products that meet the Food Standards Agency's salt targets.

Tips on cooking and serving foods

- Use mono- and poly- unsaturated fats wherever possible for cooking, spreading and in dressings.
- Choose soya, rapeseed and olive oils for cooking and salad dressings
- Choose sunflower oil, soya oil or olive oil fat spreads
- Choose tomato and vegetable based sauces rather than cream based ones
- Offer fewer fried foods
- Serve salad dressings and desert toppings separately so that residents can decide how much they want
- Don't automatically garnish potatoes and vegetables with butter prior to service
- Ensure correct temperatures when frying so that foods absorb less fat
- Reduce the amount of sugar used in dishes where practical and acceptable
- Use dried or fresh fruit to sweeten dishes

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Foods containing fat and foods and drinks containing sugar (continued)

Other tips

- Foods high in fat and sugars help make meals palatable, these can be included in the diet but should be consumed sparingly or in small amounts
- It is difficult for most older adults to obtain the full daily requirement of vitamin D from the diet alone. Government advice is that older adults who do not have adequate exposure to sunlight should take consider taking a 10mcg daily vitamin D supplement.

Tips on food related customs

- Many religious celebrations may include traditional foods that are high in fat or sugars. Providing these foods occasionally as part of a celebration or festival is important for many residents.

Allergy tips

- Many foods high in fat or sugar, such as cakes and biscuits, can contain eggs, milk or nuts and are not suitable for people allergic to these foods.

Food safety tips

- Eggs are a useful source of nutrients but when served to elderly people they should always be well cooked, until both the yolk and white are solid. This is to avoid the risk of Salmonella, which causes a type of food poisoning.

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<i>(V)- Vegetarian Option</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early Morning	Tea or Coffee Water	Tea or Coffee Water	Tea or Coffee Water	Tea or Coffee Water	Tea or Coffee Water	Tea or Coffee Water	Tea or Coffee Water
Breakfast	Prunes Cereals / Porridge Boiled Egg Toast with butter / spread Preserves Tea or Coffee Water	Grapefruit Segments Cereals / Porridge Toast with butter / spread Preserves Tea or Coffee Water	Fresh banana Cereals / Porridge Sausage and Tomato Toast with butter / spread Preserves Tea or Coffee Water	Orange Juice Cereals / Porridge Toast with butter / spread Preserves Tea or Coffee Water	Fresh Melon Cereals / Porridge Scrambled Eggs Toast with butter / spread Preserves Tea or Coffee Water	Fresh banana Cereals / Porridge , Toast with butter / spread Preserves Tea or Coffee Water	Orange Juice Cereals / Porridge Bacon and Mushrooms Toast with butter / spread Preserves Tea or Coffee Water
Mid Morning Snack	Tea or Coffee + Water Biscuits	Tea or Coffee + Water Biscuits	Tea or Coffee + Water Biscuits	Tea or Coffee + Water Biscuits	Tea or Coffee+ Water Biscuits	Tea or Coffee + Water Biscuits	Tea or Coffee + Water Biscuits
Lunch	Lancashire Hot Pot Grilled Plaice & Parsley Sauce Vegetable Pakora (V) Boiled Potatoes Cauliflower / Peas Banana Custard Fresh Apple Tea or Coffee Water	Spaghetti Bolognaise Tuna Pasta Bake Vegetarian Lasagne (V) Side Salad Rhubarb Crumble & Custard Fresh Pear Tea or Coffee water	Poached Salmon Roast Chicken Vegetable Chilli & Rice (V) Roast / Mashed Potatoes Cabbage / Green Beans Plum Sponge & Custard Fresh Orange Tea or Coffee Water	Cottage Pie Chicken Chasseur Vege Shepherd's Pie (V) Boiled Potatoes Broccoli / Leeks Rice Pudding & Apricots Fresh Banana Tea or Coffee Water	Fried Cod Gammon & Pineapple Vegetable Flan (V) Chips / /Mashed Potatoes Peas / Sweet com Tinned Pears & Custard Fresh Grapes Tea or Coffee Water	Chicken Curry & Rice Beef Grill Steak & Rice Vegetable Curry & Rice (V) Mixed Vegetables Crème Caramel Fresh Banana Tea or Coffee Water	Roast Beef Fish Pie Cauliflower Cheese (V) Roast / Mashed Potatoes Carrots / Sprouts Apple Pie & Custard Fresh Melon Tea or Coffee Water
Afternoon Tea	Tea or Coffee + Water Scone & Jam Soft Cheese Sandwich Biscuits Fresh Orange	Tea or Coffee + Water Malt Loaf Biscuits Fresh Pear	Tea or Coffee + Water Ring Doughnut Soft Cheese Sandwich Biscuits Fresh Grapes	Tea or Coffee + Water Currant Bun Biscuits Fresh Plums	Tea or Coffee + Water Chocolate Éclair Soft Cheese Sandwich Biscuits Fresh Apple	Tea or Coffee + Water Custard Tart Biscuits Fresh Orange	Tea or Coffee + Water Sponge Cake & Cream Soft Cheese Sandwich Biscuits Fresh Pear
Evening Meal	Pea Soup & Bread Roll Macaroni Cheese Sandwiches - Ham / Salmon Side Salad Fresh Fruit Salad & Ice-Cream Tea or Coffee Water	Tomato Rice Soup & Bread Roll Jacket Potato & Baked Beans Sandwiches – Turkey / Egg Side Salad Stewed Apple Yoghurt Tea or Coffee Water	Carrot & Coriander Soup & Bread Roll Cheese And Tomato Pizza Sandwiches – Beef Salad / Tuna Side Salad Melon Chocolate Mousse Tea or Coffee Water	Cream Of Mushroom Soup & Bread Roll Sardines & Tomato on Toast Sandwiches - Egg / Turkey Side Salad Canned Peaches/ Fruit Salad Ice-Cream Tea or Coffee Water	Potato & Leek Soup & Bread Roll Sausage Tomato & Bread Sandwiches – Cheese And Pickle / Salmon Side Salad Fresh Fruit Salad Yoghurt Tea or Coffee Water	Butter Bean & Tomato Soup & Bread Roll Jacket Potato, Cheese & Coleslaw Sandwiches – Beef Salad / Tuna Side Salad Fresh Fruit Salad Cheesecake Tea or Coffee + Water	Vegetable Soup & Bread Roll Prawn Salad & Bread Sandwiches – Egg / Turkey Side Salad Trifle Fresh Grapes Tea or Coffee Water
Nightime Snack	Hot Drink Biscuits Water	Hot Drink Jam Sandwich / Biscuit Water	Hot Drink Biscuits Water	Hot Drink Jam Sandwich /Biscuits Water	Hot Drink Biscuits Water	Hot Drink Jam sandwich /Biscuits Water	Hot Drink Biscuits Water

2.0. General Advice for Older

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Some individuals may be following a low fat, low sugar diet in line with the general recommendations for the general adult population. If the individual's weight is stable and their appetite is good it is not necessary to change their eating habits. These recommendations are however, inappropriate for those with a reduced appetite where nutritional status may be compromised.

2. The Five Food Groups

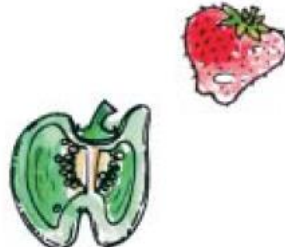
Introduction

Foods can be categorised into five different groups. In order to meet nutritional requirements, a minimum intake from each group is suggested.



i) Fruit and vegetables

Foods in group	Recommended servings per day	Serving sizes	Other information
Vegetables e.g. fresh or frozen, salad Fruit e.g. fresh, stewed, dried or tinned Fruit juice Vegetable juice	Aim for a minimum of five portions per day which should include a mixture of fruit and vegetables.	2tbsp cooked vegetables (50-75g; 2-3oz) 2tbsp raw vegetables (50-75g; 2-3oz) 1 side portion of salad 1 apple, orange, banana 1 small bowl of stewed or tinned (50-75g; 2-3oz) 1tbsp dried fruit (25g; 1 oz) 100 mls fresh fruit juice or fortified fruit juice	These add non starch polysaccharide (NSP also known as fibre), vitamins and some minerals to the diet. Include green leafy vegetables or salad at least three times per week.



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ii) Bread, other cereals and potatoes

Food Group	Recommended servings per day	Serving sizes	Other information
Bread Breakfast cereal Pasta Rice Potatoes Chappati Yam Sweet Potato	Minimum of 1 or more portions from this group at each main meal, minimum 5 portions per day.	½ roll (25g; 1oz) 1 slice bread (25g; 1oz) 1 bowl breakfast cereal (3 tbsp) 2 tsp cooked rice, pasta, noodles (75g-100g; 3-4oz) 2 egg sized potatoes (75-100g; 3-4oz) 1 (50g, 2oz) scone, slice tea bread	Try and encourage higher NSP varieties e.g. wholemeal bread, whole-wheat flakes, branflakes, porridge and weetabix.



iii) Milk and dairy foods

Food Group	Recommended servings per day	Serving sizes	Other information
Milk and dairy products, e.g. Cheese, yoghurt, fromage frais, custard, milk puddings, hot milky drinks	3 portions per day. Individual could have ½ pint milk a day in drinks, plus two food servings from this group.	Large glass of whole milk (300 ml; ½ pint) 2 slices cheese (25 – 50g, 1-2 oz) 1 bowl milk pudding (100-150g, 4-6 oz) 1 carton yoghurt (100-150g, 4-6 oz)	Whole milk should be used (not low fat milks) and the milk should not be watered down. Milk can also be used with cereals and in drinks.

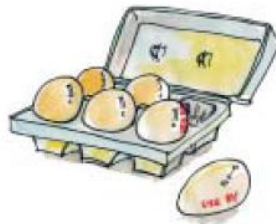


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iv) Meat, fish and alternatives

Food Group	Recommended servings per day	Serving sizes	Other information
Meat Fish Eggs Nuts Pulse vegetables e.g. beans, peas and lentils Quorn, tofu	2 portions from this group per day.	2 slices meat (50-75g; 2-3oz) 1 large fish fillet (75g-125g; 3-5oz) 1 chicken breast (50-75g; 2-3oz) 2 eggs 3 tbsp baked beans or other tinned or soaked pulse vegetables (100-125g; 4-5 oz) 2tbsp peanut butter (50g; 2oz)	Red meats and offal are good sources of iron. Oily fish (e.g. mackerel, sardines) are good sources of vitamin D Pulses are a good alternative to meat and can be used in soups and casseroles.



v) Fatty and sugary foods

Food Group	Recommended servings per day	Serving sizes	Other information
Fatty Foods	Use in moderation	1tsp butter or margarine (15g; ½oz)	Only decrease fatty foods if weight reducing diet required.
Sugary Foods	Use in moderation	1tsp preserve (10g; 1/3oz)	Only decrease sugary food if weight reducing or diabetic diet required.



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vi) Drinks

At least 1500mls daily	8 x 200ml cups of water, tea, coffee, milk, fruit juice, squashes, fizzy drinks	<p>Use full fat milk and drinks high in vitamin C.</p> <p>Only use low fat milk and low calorie drinks if person on weight reduction diet.</p> <p>Sugar-free drinks may also be provided for diabetics.</p>
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To achieve appropriate intakes, some individuals (for example those with poor appetites) may require additional quantities of the above. When individuals are found to be having difficulties through regular nutrition screening, initial steps should involve appropriate dietary modification/food fortification. This will require appropriate provision from catering services and staff training on this area of care. Catering services should also be able to provide some nourishing drinks such as Complan or Build-Up for individuals with short term or intermittent problems with poor appetites/intakes.

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