Purpose Statement

This document is intended to support the primary care pathway in order to reduce the risk of malnutrition and to advise of best practice in implementing food first before a clinical referral.

The recipes in this guide may not be suitable for all residents particularly those who suffer from dysphagia and allergies. If in doubt please seek clinical advice.
What is malnutrition and what are the signs?

Malnutrition is a serious condition resulting from insufficient dietary intake. Malnutrition can affect anyone but is especially prevalent in those people who have conditions that affect their appetite or ability to swallow e.g. neurological conditions, dementia, stroke and cancer. Malnutrition can result in slower wound healing and also increase the risk of falls, illness and infection.

Some common signs of malnutrition are:
- Unplanned weight loss, causing loose clothes, belts, jewellery or dentures
- Tiredness and lethargy
- Changes in mood and interest in food
- Reoccurring illness with a greater recovery time
- Wound healing time extended
- Loss of appetite or strength

Measuring and responding to a risk of malnutrition?

The risk of malnutrition should be assessed using a suitable screening tool e.g. ‘MUST’ (‘Malnutrition Universal Screening Tool’). You can find out more on the official ‘MUST’ site at www.bapen.org.uk.

‘MUST’ assesses malnutrition using Body Mass Index (BMI) and any recent unplanned weight change.

MUST was not validated with people with a learning disability and for some people does not provide an accurate nutritional screen. It has a heavy reliance on BMI which should not be used in the following situations:

- Where someone has an altered body composition, such as those who are non-weight bearing
- Where heights are less than 1.47m (5’4”)
- Where measuring height is difficult e.g. those with physical anomalies. Surrogate measures of height e.g. ulna length, knee height and supine length have all been found to not give accurate results
- Mid upper arm circumference (MUAC) can also be used to calculate BMI

There is currently no validated nutrition screening tool for those with a learning disability. Where MUST isn’t appropriate to be used the following points can give an indication of whether somebody is at nutritional risk:

- Consistent unplanned weight loss. If weight isn’t available this can be identified visually e.g. looser clothes, pads and dentures
- Limited variety of foods consistently eaten
- One or more meals a day consistently missed
- One or more whole food groups consistently missed
- Indication of dysphagia
‘Malnutrition Universal Screening Tool’

**Step 1**  
**BMI score**

<table>
<thead>
<tr>
<th>BMI kg/m²</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;20 (&gt;30 Obese)</td>
<td>= 0</td>
</tr>
<tr>
<td>18.5-20</td>
<td>= 1</td>
</tr>
<tr>
<td>&lt;18.5</td>
<td>= 2</td>
</tr>
</tbody>
</table>

**Step 2**  
**Weight loss score**

<table>
<thead>
<tr>
<th>Unplanned weight loss in the past 3-6 months</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &lt;5</td>
<td>= 0</td>
</tr>
<tr>
<td>5-10</td>
<td>= 1</td>
</tr>
<tr>
<td>&gt;10</td>
<td>= 2</td>
</tr>
</tbody>
</table>

**Step 3**  
**Acute disease effect score**

If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days

Score 2

**Step 4**  
**Overall risk of malnutrition**

Add scores together to calculate overall risk of malnutrition

Score 0 Low Risk  
Score 1 Medium Risk  
Score 2 or more High

**Step 5**  
**Management guidelines**

**0 Low Risk**  
**Routine Clinical Care**
- Repeat screening
- Hospital - weekly
- Care Homes - monthly
- Community - annually*
  *for special groups e.g. >75 yrs

**1 Medium Risk**  
**Observe**
- Document dietary intake for 3 days
- If adequate - little concern and repeat screening
- Hospital - weekly
- Care Home - at least monthly
- Community - at least every 2-3 months
  - If inadequate - clinical concern - follow policy, set goals, improve and increase overall nutritional intake, monitor and review care plan regularly

**2 or more High Risk**  
**Treat**
- Refer to dietitian, Nutritional Support Team or implement local policy
- Set goals, improve and increase overall nutritional intake
- Monitor and review care plan
- Hospital - weekly
- Care Home - at least monthly
- Community - at least monthly
  *Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

**All risk categories:**
- Treat underlying condition and provide help and advise on food choices, eating and drinking when necessary
- Record malnutrition risk category
- Record need for special diets and follow local policy

**Obesity:**
- Record presence of obesity. For those with underlying conditions, there are generally controlled before the treatment of obesity.
0 Low Risk
Routine Clinical Care
• Repeat screening
  Hospital - weekly
  Care Homes - monthly
  Community - annually*
*for special groups e.g. >75 yrs
• Continue with the individuals normal dietary routine
• For an individual being treated with 'Food First', once their BMI rises above 20 fortification should begin to reduce. However, they may need to continue with limited 'Food First' treatment in order to maintain a healthy weight.
• Continue to monitor weight through routine screening
  Hospital - weekly
  Care Home - monthly
  Community - annually

1 Medium Risk
Observe
• Document dietary intake for 3 days
• If adequate - little concern and repeat screening
  Hospital - weekly
  Care Home - at least monthly
  Community - at least every 2-3 months
• If inadequate - clinical concern - follow policy, set goals, improve and increase overall nutritional intake, monitor and review care plan regularly
• Monitor weight loss and measure 'MUST' score regularly. At least every 2-3 months.
• Begin first line malnutrition treatment 'Food First' aiming for approx. an additional 400-600 kilocalories per day.
• Keep a food diary to enable close monitoring of intake.
• Offer high calorie snacks and milky drinks in between and well spaced from main meals.
• Continue to monitor weight through routine screening
  Hospital - weekly
  Care Home - at least monthly
  Community - at least every 2-3 months

2 or more High Risk
Treat*
• Refer to dietitian, Nutritional Support Team or implement local policy
• Set goals, improve and increase overall nutritional intake
• Monitor and review care plan
  Hospital - weekly
  Care Home - at least monthly
  Community - at least monthly
*Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.
• Monitor weight loss and measure 'MUST' score regularly. At least monthly, not more than weekly.
• Begin first line malnutrition treatment 'Food First' aiming for approx. an additional 400-600 kilocalories per day.
• Keep a food diary to enable close monitoring of intake, ensuring at least 3 days are available for clinical review.
• Offer high calorie snacks and milky drinks in between and well spaced from main meals.
• If weight loss continues after 4 weeks consider a referral to healthcare professional.
• Continue to monitor weight through routine screening
  Hospital - weekly
  Care Home - at least monthly
  Community - at least monthly
What is ‘Food First’ for a first line treatment to malnutrition?

‘Food First’ is an approach for treating poor dietary intake and unintentional weight loss using every day nourishing foods and drinks. The fortification of these foods increase energy and protein without increasing the volume of food consumed. The introduction of small frequent meals, snacks and drinks can increase overall nutritional intake.

This approach should take into consideration potential barriers to oral intake:
- Physical (e.g. dentition, illness related loss of appetite)
- Mechanical (e.g. need for modified texture diet/thickened fluids)
- Environmental (e.g. unable to prepare food)

Consider referral to healthcare professionals such as Dietitian, Occupational Therapist, Speech and Language Therapist

An example of the impact ‘Food First’ can have on the a basic days food intake is below:

<table>
<thead>
<tr>
<th>Meal time</th>
<th>Food Consumed</th>
<th>Kilocalories</th>
<th>Fortified Food</th>
<th>Kilocalories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>Porridge made with semi-skimmed milk and water</td>
<td>190</td>
<td>Porridge made whole milk</td>
<td>330</td>
</tr>
<tr>
<td></td>
<td>Oats - 45g</td>
<td></td>
<td>Oats - 45g</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Water - 200ml</td>
<td></td>
<td>Whole milk - 260ml</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Semi Skimmed Milk - 60ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-morning</td>
<td>Cup of coffee semi-skimmed milk - 40ml</td>
<td>20</td>
<td>Cup of coffee whole milk</td>
<td>135</td>
</tr>
<tr>
<td></td>
<td>No sugar</td>
<td></td>
<td>No sugar</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>Fish in parsley sauce - 140g</td>
<td>215</td>
<td>Fish in parsley sauce - 140g</td>
<td>315</td>
</tr>
<tr>
<td></td>
<td>Mashed potato - 120g (low fat)</td>
<td>100</td>
<td>Mashed potato - 120g (whole milk &amp; 10g butter)</td>
<td>170</td>
</tr>
<tr>
<td></td>
<td>Peas - 2 heaped tablespoon</td>
<td></td>
<td>Peas - 2 heaped tablespoon 5g butter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tinned peaches - 200g (half tin)</td>
<td></td>
<td>Tinned peaches - 200g (half tin) &amp; double cream (1 tablespoon)</td>
<td></td>
</tr>
<tr>
<td>Mid-afternoon</td>
<td>Cup of tea semi-skimmed milk - 40ml</td>
<td>20</td>
<td>Cup of tea and digestive biscuit whole milk - 40ml</td>
<td>105</td>
</tr>
<tr>
<td></td>
<td>No sugar</td>
<td></td>
<td>No sugar</td>
<td></td>
</tr>
<tr>
<td>Supper</td>
<td>Half a tin of vegetable soup</td>
<td>265</td>
<td>Half a tin of cream of chicken soup with double cream - 1 tablespoon</td>
<td>350</td>
</tr>
<tr>
<td></td>
<td>Buttered roll (medium with 7g butter)</td>
<td></td>
<td>Buttered roll (medium with 7g butter)</td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td>Cup of tea semi-skimmed milk - 40ml</td>
<td>20</td>
<td>Cup of fortified whole milk - half pint Malted milk biscuit</td>
<td>335</td>
</tr>
<tr>
<td></td>
<td>No sugar</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>830</td>
<td></td>
<td>1740</td>
</tr>
</tbody>
</table>
Fortified Milk

(580 kcal per pint)
- Whole Milk…………………………. 568ml (1 pint)
- Skimmed Milk Powder…………….. 50g (4 heaped tablespoon)

Instructions
Whisk 50g skimmed milk powder into 568ml (1 pint) of whole milk. Store in a fridge to be used as usual milk.

Super Shakes

Chocolate Cooler
(550 kcal 26g protein)
- Fortified Milk……………………….. 300ml (1/2 pint)
- Vanilla Ice Cream…………………… 1 scoop
- Hot Chocolate Powder…………….. 2 tablespoon

Place all ingredients into a liquidiser and blend for 15 seconds. Sprinkle with drinking chocolate and serve. Hint: Add 1-2 drops of peppermint essence for a mint-chocolate cooler.

Berry Delight
(550 kcal 13g protein)
- Fromage Frais Yoghurt …………….. 50g pots x 2
- Cranberry Juice……………………….. 100ml
- Double Cream……………………… 5 tablespoon
- Strawberry Milkshake Powder……. 1 tablespoon

Place all ingredients into a container and mix.

Nice ‘n’ Nutty
(580 kcal 15g protein)
- Whole Milk…………………………… 200ml (1/3 pint)
- Double Cream………………………. 2 tablespoon
- Condensed Milk…………………… 2 tablespoon
- Hazelnut Chocolate Spread……….. 2 tablespoon
- Skimmed Milk Powder…………….. 1 tablespoon

Whisk all ingredients together in a container.

Not suitable for those with a nut allergy.
**Bourbon Cream Dream**

(560 kcal 17g protein)

- Whole Milk ........................................... 200ml (1/3 pint)
- Bourbon Biscuits (crushed) ............ 4 biscuits
- Condensed Milk .................................. 2 tablespoon
- Skimmed Milk Powder ...................... 1 tablespoon

Place all ingredients into a container and mix. Hint: Replace the bourbons with custard creams or gingernuts.

**Peanut & Banana Milkshake**

(460 kcal 17.5g protein)

- Whole Milk ........................................... 200ml (1/3 pint)
- Vanilla Ice Cream ............................... 1 scoop
- Peanut Butter (Smooth) .................... 1 tablespoon
- Banana .............................................. 1 size small

Place all ingredients into a container and mix with a blender. Hint: Replace the banana with 2 tbsp. of strawberry jam.

**Morning refresher**

(200 kcal 13g protein)

- Orange Juice ...................................... 200ml (1/3 pint)
- Greek Yoghurt .................................... 125g
- Sugar or Honey ................................. 1 tablespoon

Whisk all ingredients together into a container. Hint: Top up with lemonade or soda water for a longer drink.
Dairy Free Super Shakes

Virgin Piña Colada
(520 kcal)

- Coconut Milk (tinned) ................. 100ml
- Pineapple Juice ....................... 100ml
- Apricot Jam .......................... 2½ tablespoon
- Icing Sugar ........................... 2½ tablespoon
- Golden Syrup ......................... 1 tablespoon

Combine all ingredients into a container. Serve with ice for authentic Caribbean flavours.

Lemon & Lime Sublime
(500 kcal)

- Lemonade .............................. 100ml
- Lime Cordial ........................... 100ml
- Lemon Curd ............................ 2½ tablespoon
- Icing Sugar ........................... 2½ tablespoon
- Golden Syrup ......................... 1 tablespoon

Whisk all ingredients together in a container. Pour through a strainer to serve.

Eton Mess
(520 kcal)

- Meringue nests .......................... 2 approx. 30g
- Soya Milk ......................... 150ml
- Strawberry Milkshake Powder ...... 2½ tablespoon
- Strawberry Jam ...................... 2½ tablespoon
- Icing Sugar ......................... 1½ tablespoon

Blend all ingredients together in a container.
Super Soups

Carrot & Almond Soup - serves 6
(250 kcal 8g Protein)

◊ Carrots (roughly chopped).............. 500g
◊ Vegetable Stock............................. 1 litre
◊ Onion (sliced)............................... 1 medium
◊ Garlic (crushed)............................ 2 cloves
◊ Almonds (ground)............................ 100g
◊ Double Cream............................... 3 tablespoon
◊ Skimmed Milk Power..................... 4 heaped tablespoon
◊ Olive Oil.................................... 2 tablespoon

Heat the oil in a large pan and soften the onion and garlic. Whisk the milk powder into the hot stock and add to the pan with the carrots. Simmer for 30 minutes or until softened and blend until smooth. Stir in the ground almonds and cream and season to taste.

Pea Soup - serves 2
(293 kcal 12.6g Protein)

◊ Frozen Peas................................. 2 cups
◊ Vegetable Stock............................ 500ml
◊ Single Cream.................................. 240ml

Place the peas and stock in a pan and bring to the boil, simmer for 2-3 minutes. Mix the pea stock and cream together, for a smooth finish blitz with a blender, season to taste.

Butternut Soup - serves 4-6
(422 kcal 16g Protein)

◊ Butternut Squash (peeled & cubed) 2 large
◊ Stock (Chicken or Vegetable)........... 2 litres
◊ Onion (chopped)............................ 2 medium
◊ Garlic (crushed)............................ 3 cloves
◊ Almonds (ground)........................... 100g
◊ Double Cream............................... 120ml
◊ Vegetable Oil or Butter.................. 3 tablespoon

Heat the oil or butter in a large pan and soften the onion and garlic. Add the squash and stock and bring to the boil. Cover and reduce heat to a simmer for 20 minutes. Blend soup until smooth and add the cream and season to taste.
Super Snacks

Cheese Scones - serves 16
(150 kcal 4g Protein)
◊ Self-Raising Flour.......................... 225g
◊ Butter......................................... 55g (plus extra for spreading)
◊ Cheddar Cheese (grated)............... 100g
◊ Skimmed Milk Powder............... 2 tablespoon
◊ Baking Powder......................... 1 teaspoon
◊ Greek Yoghurt............................. 150ml

Rub the butter and flour together, stir in the baking powder, milk powder and cheese. Add the yoghurt and form into a dough. Roll the dough to 1 inch thick and cut into 2 inch rounds. Bake at 200°C for 10-12 minutes. Serve with thickly spread butter.

Cheese Straws - serves 14
(152 kcal per straw)
◊ Rolled Puff Pastry...................... 350g
◊ Cheddar Cheese (grated).......... 100g
◊ Flour for rolling...................... handful

Scatter a few handfuls of grated cheese over the rolled pastry and fold in half. On a lightly floured surface roll the pastry to the thickness of a £1 coin. Cut into 1cm strips and twist the strips 3-4 times, Lay on a baking sheet and bake for 12 minutes, until golden. Leave to cool and store in an airtight container for up to 2 days. Roll the straws in kitchen paper before packing to reduce breakages.
Quiche Lorraine - serves 8
(500 kcal 19g Protein)
- Short Crust Pastry.................... 320g
- Cheddar Cheese (grated)............ 250g
- Bacon (chopped).................... 200g
- Eggs (beaten)......................... 5 medium
- Whole Milk.......................... 100ml
- Double Cream....................... 200ml
- Fresh Thyme......................... 2 sprigs

Blind bake the pastry case, fry the bacon until crisp. Sprinkle the cheese into the base and add the bacon. In a bowl combine the milk, cream and eggs and season well. Pour over the bacon and cheese.

Bake for 30-40 mins, remove and allow to cool and set further. Serve hot or cold.

Red Pepper & Feta Frittata - serves 4
(317 kcal 13g Protein)
- Red Peppers (seeded and sliced).... 3 medium
- Feta Cheese (roughly chopped)..... 200g
- Eggs (lightly beaten)............... 3 large
- Onion (sliced)......................... 3 large
- Black Olives (stoned & chopped).... 50g
- Garlic (crushed).................... 2 cloves
- Olive Oil............................. 2 tablespoon
- Fresh Thyme (or dried)............ 2 sprigs (or ½ teaspoon)

Preheat the oven 190°C and line and grease a sandwich tin approx. 20cm
Cook the onions in a deep heavy-based frying pan with hot oil for 5 minutes and then add the peppers and thyme. Add the garlic and cook for 20 minutes over a medium. Stirring occasionally.

Add the olives and cheese (if using fresh thyme remove the springs) and take the pan off the heat. Stir in the beaten eggs (season prior as required) and mix well. Pour the mixture into the tin and bake for 35 minutes until golden and firm.

Remove from the oven and allow to rest for 3 minutes. Turn out and flip over. Cut into wedges and serve either hot or cold.
Super Dinners

Macaroni Cheese - serves 3

- (665 kcal 16g Protein)
  - Pasta……………………………………… 150g
  - Broccoli or Cauliflower (frozen)……. 150g
  - Crème Fraîche……………………….. 300ml
  - Cheddar Cheese…………………….. 75g

Cook pasta in a large pan of boiling water for 12-14 minutes. Adding the frozen vegetables for the last 5 minutes. Drain the pasta and vegetables, reserving some of the cooking water. Use the same pan to heat the crème fraîche and cheese, adding some of the cooking water to make a sauce. Mix in the sauce and either serve straight away for brown under a grill in a baking dish.

Chicken & Ham Pie - serves 4

- (995 kcal 40g Protein)
  - Chicken Breast……………………….. 500g
  - Mushrooms……………………………. 250g
  - Lean Ham (diced)……………………. 75g
  - Condensed Mushroom Soup………. 295g
  - Cream Cheese (full fat)…………….. 200g
  - Puff Pastry ( ready rolled)…………. 320g
  - Butter…………………………………… 50g
  - Egg (beaten)………………………….. 1 medium
  - Olive Oil……………………………… 1 tablespoon

Preheat the oven to 220°C/Gas Mark 7. Slice the chicken into strips and fry gently with olive oil and butter for 5 minutes until brown. Slice the mushrooms in half and cook for a further 3 minutes. Add the ham, soup and cream cheese and bring to gentle simmer, stirring until the cream cheese has melted. Pour the mixture into a baking dish and brush around the rim with some of the egg. Cover the dish with the pastry and brush with more of the egg. Bake for 30 minutes or until the pastry is golden, flaky and crisp. Hint: Freeze left over portions for a quick meal. Defrost and re-heat thoroughly before serving.
Super Desserts

Mini Chocolate Cheesecakes - serves 8
(435 kcal 5g Protein)

◊ Chocolate Digestives (crushed)….. 150g
◊ Butter (at room temp.)……………… 45g
◊ Caster Sugar……………………… 100g
◊ Double Cream…………………….. 120ml
◊ Dark Chocolate (melted & cooled) 150g
◊ Cocoa Powder……………………… 2 tablespoon (mixed with hot water)
◊ Cream Cheese (full fat)…………… 200g

Mix the biscuits with the melted butter and 1 tablespoon of caster sugar. Press into a muffin tin lined with cling film and refrigerate. Whip cream into soft peaks and add the cooled melted chocolate and mixed cocoa powder. Beat the cream cheese and remaining sugar together in a separate bowl. Fold into the cream mixture and mix thoroughly. Spread over the crushed biscuits and refrigerate until set, at least an hour. Hint: Can frozen and defrosted in the fridge for when needed. Can also add a scoop of ice cream (66g) for an extra 137 kcal and 2.3g protein.

Crème Caramel - serves 4
(550 kcal 11g Protein)

◊ Caster Sugar………………………. 150g
◊ Water…………………………………….. 80ml
◊ Condensed Milk (sweetened)…….. 395g
◊ Whole Milk/am…………………….. 250ml
◊ Eggs (yolks)……………………………. 3 yolks
◊ Vanilla Extract……………………… 1 teaspoon

Preheat the oven to 180°C/160°C fan.

Combine the sugar and water in a saucepan over a low heat. Stir until the sugar is dissolved and bring to the boil without stirring. Once the sugar has turned golden remove from the heat. Pour the mixture (toffee) into the bases of four ovenproof dishes (250ml size) Ensure the toffee covers the base evenly.

Whisk the condensed milk, milk, egg yolks and vanilla extract together and strain the mixture through a sieve.

Divide the mixture among the four dishes and place on a baking tray. Pour boiling water into the baking tray so that it comes halfway up the dishes. Bake for 35-40 minutes or until just set.
Dysphagia

What is dysphagia and what are the signs?

Dysphagia is defined as difficulty eating, drinking and swallowing. It can occur for a variety of reasons, and to people of different ages. Dysphagia can occur in varying degrees, ranging from mild difficulty, to a complete inability to swallow.

Signs of dysphagia include:

- Coughing when eating or drinking.
- Choking on food, drinks or saliva.
- Throat clearing during or after eating or drinking.
- Repeated chest infection.
- Chesty ‘wet/bubbly’ cough.
- Wet/gurgly voice after eating or drinking.
- Breathlessness after swallowing.
- Change in facial colour whilst eating or drinking.
- Food getting stuck in the mouth or throat.
- Effortful/painful swallowing.
- Inability to finish your meals due to fatigue.
- Unplanned weight loss (you may notice your clothing has become loose.
- Increasing difficulty controlling your saliva.

How is dysphagia managed?

Helping someone with swallowing problems to eat and drink safely requires careful management. The first step is to be assessed by a trained specialist Speech & Language Therapist (SLT). The SLT may also work closely with other Health Professionals such as a Doctor, Dietitian, Occupational Therapist and Physiotherapist.

What are texture modified diets and fluid thickener?

Sometimes an SLT will recommend specialist diets and adding thickening agents to drinks to ensure that a person can continue to eat and drink safely, maintain a healthy weight and avoid dehydration. There are four national descriptors for diet:
National descriptors for diet

Textures and Descriptors

**Thin Puree**
- Food has been pureed or has a puree texture
- It may need to be sieved
- It is smooth throughout
- It *can* be poured
- It *cannot* be eaten with a fork as it will slowly drip through prongs
- It is thick enough to stand a light plastic teaspoon in

**Thick Puree**
- Food has been pureed or has a puree texture
- It may need to be sieved
- No chewing is necessary
- Texture is moist and smooth throughout
- Should not be sticky on palate or rubbery
- Holds its shape on a plate when scooped
- It *cannot* be poured
- No ‘loose fluids’ that have separated off

**Pre-Mashed**
- Food is soft, tender and moist
- Needs very little chewing
- Needs mashing with a fork before serving
- Usually needs extra gravy/sauce
- No juicy food where juice separates off
- No mixed textures e.g. thin soup with bits in

**Fork Mashable**
- Food is soft, tender and moist
- Needs some chewing
- Must be able to be mashed with a fork
- Meat must be soft and tender/minced into a thick sauce
- No hard, tough, chewy, stringy or crumbly bits or skins
- No juicy food where juice separates off
- No mixed textures e.g. thin soup with bits in

Consistency

- Thick pouring custard or smooth soup
- Mousse, set yoghurt or cheese sauce
- Mashed potato or cauliflower cheese
- Banana or fish in sauce

Fluid Descriptor

**Stage 1**
- Syrup
- Pours like single cream

**Stage 2**
- Custard
- Easily drops off, not pour, from a teaspoon

**Stage 3**
- Pudding
- Stays on spoon like whipped cream
Soaking Solutions

A soaking solution is a liquid which is made up using a thickener which is then poured over food or food is dipped into; such as biscuits, crackers, bread, cakes and breakfast cereal to alter the consistency without pureeing. Add 1 scoop of thickener to 125ml of liquid. It is important to ensure that the texture is completely smooth and there are no hard pieces or lumps before serving.

Sponge Cake - e.g. Madeira (do not use cakes containing pieces like fruit and nuts)

◊ Cut cake into 1cm thickness
◊ Make up soaking solution using:
  ◦ Fruit juice
  ◦ Coffee
  ◦ Hot chocolate
◊ Pierce cake with a fork
◊ Pour the solution over the cake until covered
◊ Refrigerate for 2 hours

Hint: non-cream filled cakes give the best results

Bread & Sandwiches (white bread only with a puree filling)

◊ Make up soaking solution using:
  ◦ Water
  ◦ Vegetable or Meat stock
◊ Remove all crusts
◊ Dip bread fully into the solution
◊ Refrigerate for 2 hours

Rich Tea Biscuit (other biscuits are not suitable)

◊ Make up soaking solution using:
  ◦ Fruit juice
  ◦ Hot chocolate
◊ Pour the solution over the biscuits until covered
◊ Refrigerate for 2 hours
Pureed to Perfection

All food prepared using these recipes for those with dysphagia should be thickened in line with their diagnosis using various foods or a prescribed thickener.

Breakfast

Porridge with Honey - 1 serving

(290kcal)

◊ Porridge Oats (instant or fine rolled). 20g
◊ Whole Milk............................... 120ml
◊ Double Cream............................ 20ml
◊ Honey (clear)............................. 1 tablespoon

Bring the porridge oats and milk to the boil in a saucepan with a pinch of salt to taste. Simmer for 1 minute while stirring. (can be microwaved on high for 1 minute 30 seconds, stir half way through)

Place mixture in a blender and pour in the cream, blend until smooth. Add the honey when serving.

Scrambled Egg - 1 serving

(325kcal)

◊ Eggs............................................. 2 medium
◊ Whole Milk...................................... 80ml
◊ Cheese (grated)............................. 25g

Combine the eggs and 30ml of the milk in a bowl and season with salt and pepper to taste. Microwave on medium power for 1 to 1 and a half minutes. Stir well and microwave for a further 30 seconds, repeat until desired texture is achieved.

Please mixture in a blender with the remaining milk and blend until smooth and serve.
Salmon & Avocado Salad - 1 serving

(940kcal)

Salmon
- Salmon (tinned)………………….. 75g
- Mayonnaise…………………….. 50g
- Whole Milk………………………. 40ml

Salad
- Avocado Pear (peeled & chopped)... ½ portion
- Mayonnaise……………………….. 30g
- Whole Milk……………………… 50ml
- Cream Cheese…………………… 30g

Blend the salmon, 50g mayonnaise and 40ml milk in a blender until smooth. Serve using a mould or ice cream scoop.

Blend the avocado, cream cheese, 30g mayonnaise and 50ml milk in a blender until smooth. Serve using a mould or ice cream scoop.

Carrot & Coriander Soup - 1 - 2 servings

(157kcal)

- Potato (peeled & chopped)............ 20g
- Carrot (peeled & chopped)............ 120ml
- Vegetable Stock.......................... 20ml
- Onion (chopped).......................... 50g
- Olive Oil.................................... 1 tablespoon
- Coriander (chopped)..................... ½ small bunch

Fry the onion in the oil for 5 minutes to soften. Stir in the potato and coriander and cook for 4 minutes. Add the carrot and stock, then bring to the boil before reducing the heat. Cover the pan and cook for 20 minutes until the carrot has become tender.

Pour the soup into a blender and blend until smooth. Season to taste.

Reheat prior to serving. Hint: Stir in double cream to fortify
Dinner

**Lasagne - 2 servings**

(450kcal)

- Cooked Bolognese (mince & sauce). 100g
- Cooked Pasta (warm). 100g
- Parmesan Cheese (finely grated). 10g

Puree the bolognese sauce to a smooth consistency and pipe on to a plate into a square measuring 6x6cm.

Puree the cooked pasta and pipe on top of the meat. Repeat alternate piping and finish with a sprinkle of finely grated parmesan cheese.

**Fish in Cheese Sauce - 2 servings**

(290kcal)

- Whole Milk. 150ml
- Boneless Fish (white fish i.e. cod). 100g
- Butter. 10g
- Cheddar Cheese (grated). 30g
- Onion (finely chopped). 30g
- Lemon Juice. 2 teaspoons

Add the fish in a saucepan with the milk, butter, onion and lemon juice to a pan of boiling water. Poach until soft (approx. 10 minutes)

Place the mixture into a blender and add the cheese. Blend until smooth.
Accompaniments

Cabbage - 1 serving

(76kcal)

◊ Cabbage (boiled or steamed)……….100g
◊ Vegetable Stock……………………. 50ml
◊ Butter………………………………. 3g
◊ Milk Powder………………………. 1 Teaspoon

Blend the cabbage, butter and milk powder until smooth. Serve using a mould or an ice cream scoop.

Turnips - 1 serving

(57kcal)

◊ Turnips (cooked & soft)…………….60g
◊ Water (use turnip cooking water)….. 60ml
◊ Butter………………………………. 3g
◊ Milk Powder………………………. 1 teaspoon

Blend the turnips, butter and milk powder until smooth. Serve using a mould or an ice cream scoop.

Green Beans - 1 serving

(82kcal)

◊ Green Beans (cooked & soft)………. 60g
◊ Water (use beans cooking water)….. 60ml
◊ Butter………………………………. 3g
◊ Milk Powder………………………. 1 teaspoon

Blend the beans, butter and milk powder until smooth. Serve using a mould or an ice cream scoop.
**Desserts**

### **Tiramisu** - 1 serving
*(76kcal)*
- Cold Coffee…………………………………… 150ml
- Sponge Fingers…………………………… 4 fingers
- Mascarpone Cheese……………………… 20g
- Double Cream (whipped)………………… 100ml
- Cocoa Powder…………………………….. 2 teaspoons
- Dark Rum…………………………………… 2 tablespoon
- Thickener…………………………………… 1 scoop

Pour coffee and 1 tablespoon of rum into a bowl. Whisk in thickener and place the sponge fingers into the solution for 30 seconds.

Whip the cream, remaining rum, cocoa powder and mascarpone together until stiff. Spread half of the cream on to a plate in a square and place the sponge fingers on top.

Spread the remaining cream over the top. Sprinkle more cocoa powder on top and chill in the fridge for an hour.

### **Peach Fruit Fool** - 1 serving
*(76kcal)*

**Fruit**
- Peaches (tinned)……………………………. 60g
- Fruit Juice…………………………………… 50ml
- Double Cream (whipped)……………….. 100ml
- Custard (thick)…………………………….. 100ml
- Thickener…………………………………… 2 scoops

Blend the peaches and fruit juice together in a blender until smooth. Add the thickener and blend for a further 10 seconds. Separately whip the cream until stiff and add in the custard. Combine both mixtures and serve.

Dessert recipes from www.nutilis.com
Hydration

Daily fluid intake target levels

The recommended daily fluid allowance within a care home setting is 1600-2000mls, this is including all drinks and food high in hydration. If this is not achievable then aim for a realistic daily target and add in foods high in fluid content. Some residents will not drink as much as others - things to think about when setting a target are:

- Consider how much the resident drank when fit and well? It would be unreasonable to expect them to drink lots as they have become older if they had low intake before.
- A 3 day diary will help to estimate the resident's current average intake per day.
- Use the colour of urine to gauge hydration levels – see the table below. They should drink enough to "pee clear at least once per day"
- If a resident suddenly stops drinking or is drinking less than the recommended daily allowance, ask your health care professional (HCP) for advice.
- Once you set a daily target fluid level, after 24 hours check colour of urine. If the urine is dark, increase fluid intake until urine lightens in colour.
- Always check target levels with colour of urine if dark set a higher target level, if urine very pale reduce fluid intake.
- Set realistic, achievable individual target levels i.e. if a resident drinks little and pushing fluids is affecting their quality of life, discuss a reasonable target level with a HCP. If the target level is under the recommended guidelines, please document the rationale for the target in the care plan or notes.

<table>
<thead>
<tr>
<th>Hydrated – If urine is this colour enough fluids are being drunk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At Risk – If urine is this colour an increase of fluids are needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dehydrated – If urine is this colour more fluids are needed urgently</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
</tbody>
</table>
Top tips for increasing fluid intake

- Choose fluid rich meals or serve foods with a sauce
- Offer drinks hourly, drinking little and often is more desirable. (Do not wait for tea round)
- Make drinking fun and incorporate into activities.
- Have a pub night and offer alcohol free beer and mocktails

### Sweet Options:

<table>
<thead>
<tr>
<th>Food</th>
<th>Fluid</th>
<th>kcal*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 tablespoons of cream</td>
<td>30ml</td>
<td>58</td>
</tr>
<tr>
<td>Fromage frais (60g)</td>
<td>50ml</td>
<td>53</td>
</tr>
<tr>
<td>2 pineapple rings</td>
<td>70ml</td>
<td>56</td>
</tr>
<tr>
<td>Ice lolly (70g)</td>
<td>70ml</td>
<td>58</td>
</tr>
<tr>
<td>Stewed apple (85g)</td>
<td>75ml</td>
<td>47</td>
</tr>
<tr>
<td>2 scoops of ice cream</td>
<td>75ml</td>
<td>127</td>
</tr>
<tr>
<td>Small bowl of porridge (110g)</td>
<td>80ml</td>
<td>171</td>
</tr>
<tr>
<td>Custard (120g)</td>
<td>90ml</td>
<td>124</td>
</tr>
<tr>
<td>Yoghurt (125g)</td>
<td>95ml</td>
<td>124</td>
</tr>
<tr>
<td>Jelly (120g)</td>
<td>100ml</td>
<td>67</td>
</tr>
<tr>
<td>Tinned fruit cocktail (115g)</td>
<td>100ml</td>
<td>70</td>
</tr>
<tr>
<td>Instant whip (120g)</td>
<td>120ml</td>
<td>144</td>
</tr>
<tr>
<td>Serve cereal with milk (cornflakes)</td>
<td>125ml</td>
<td>193</td>
</tr>
<tr>
<td>1 slice of melon (cantaloupe)</td>
<td>140ml</td>
<td>34</td>
</tr>
<tr>
<td>Rice pudding (200g)</td>
<td>160ml</td>
<td>192</td>
</tr>
</tbody>
</table>

* kcal represents typical values without fortification

### Savoury Options:

<table>
<thead>
<tr>
<th>Food</th>
<th>Fluid</th>
<th>kcal*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houmous dip (50g)</td>
<td>30ml</td>
<td>153</td>
</tr>
<tr>
<td>1 boiled egg</td>
<td>40ml</td>
<td>78</td>
</tr>
<tr>
<td>Serving of gravy</td>
<td>50ml</td>
<td>13</td>
</tr>
<tr>
<td>2 celery sticks</td>
<td>55ml</td>
<td>8</td>
</tr>
<tr>
<td>1 chicken drumstick (90g) (with skin)</td>
<td>55ml</td>
<td>211</td>
</tr>
<tr>
<td>2 tablespoons of cottage cheese</td>
<td>60ml</td>
<td>20</td>
</tr>
<tr>
<td>2 tablespoons of mashed potato</td>
<td>70ml</td>
<td>26</td>
</tr>
<tr>
<td>3 tablespoons of mushy peas</td>
<td>70ml</td>
<td>72</td>
</tr>
<tr>
<td>Cauliflower cheese (90g)</td>
<td>70ml</td>
<td>79</td>
</tr>
<tr>
<td>4 florets of broccoli</td>
<td>75ml</td>
<td>114</td>
</tr>
<tr>
<td>Scrambled eggs with milk (120g)</td>
<td>80ml</td>
<td>177</td>
</tr>
<tr>
<td>1 tomato (85g)</td>
<td>80ml</td>
<td>16</td>
</tr>
<tr>
<td>3 tablespoons of baked beans</td>
<td>90ml</td>
<td>75</td>
</tr>
<tr>
<td>Side salad (100g)</td>
<td>95ml</td>
<td>36</td>
</tr>
<tr>
<td>Small tin of soup (300g) (tomato)</td>
<td>265ml</td>
<td>172</td>
</tr>
</tbody>
</table>
Dementia

Malnutrition in dementia

People with dementia are at high risk of undernutrition, it is progressive and weight loss tends to proceed the onset of dementia. They may not be able to verbally communicate their needs and wishes, they may do this through their behavior.

Some reasons why eating and drinking might become difficult are:

- cognitive degeneration
  - inability to recognize feeling hungry or thirsty
  - altered ability to recognize food
  - loss of ability to know when and how to swallow
- they are uncomfortable with the environment they are in
- the food is not to their taste
- they are feeling rushed
- the people they are with is effecting them
- they are frustrated by the difficulties they are having
  - unable to cut food
  - unable to use cutlery

Oral intake can become progressively problematic as dementia progresses. Indicators that self oral intake management is unsafe are:

- Taking a long time to eat a meal
- Falling asleep at mealtimes
- Reluctance to eat or drink certain textures
- Food falling out of their mouths or food getting stuck in their mouths
- Holding food in their cheeks
- Wet, gurgly voice after swallowing
- Choking or coughing persistently
- Complaining about eating
- Poor fitting dentures or toothache
If a person doesn’t indicate they want food or drink, either by verbal or physical means, don’t assume this means they don’t want any. They may not recognise they are hungry or thirsty or many not be able to carry out the steps in involved in eating for drinking.

Other barriers to oral intake can be manual dexterity whereby the ability to handle cutlery is limited and vision deficiency leading to misinterpretations at mealtimes. Alternative cutlery, plates and cups can help in limiting the impact of such barriers. e.g.

- contrasting colour plates and cups to the food and drink served
- Adapted, colourful and soft grip cutlery

**Finger Food First**

People with dementia can struggle to use cutlery, finger foods can be held easily in the hand and can prolong independence at mealtimes. They are also important for treating a risk of malnutrition between meals.

Finger food should be easy to hold and served at room temperature; this will allow the person to eat at their own pace and in an environment of their choosing. Be mindful of some foods that may impact someone’s ability to swallow.

If drink spillage is likely only fill cups and mugs half way, liquids can be given as frozen i.e. ice lollies and slushies.

Examples of suitable finger foods are:

- Small bread rolls with butter
- Sandwich but into pieces
- Crumpet fingers with butter
- Scones with butter and jam
- Fruit loaf or teacakes with butter
- Mini sausages
- Mini pork pies
- Cheese cubed
- Slices of quiche
- Mini pizzas
- Hard boiled eggs sliced
Reminiscence

Reminiscence involves looking back at past memories and experiences and focusing on ones that bring back good feelings and that help to stimulate the person mentally. For people who live with dementia, it can be a great way of increasing well being, to help them engage in meaningful conversation and social interactions and can help with generating feelings of belonging and connection. Food can play a big part in reminiscence and it is important to listen to the person when they talk about good experiences from their past and also to speak with family and friends to help identify foods that could help to increase their oral intake.

Life Story is an activity which involves reviewing and evaluating an individuals past life events, in developing an individual biography of that person. It is used to help develop an understanding of a persons’ past experiences and how they have coped with changes in their life. Life story work is a shared activity between the person, their family carer(s) and staff as appropriate.

Life Story work can be used to help develop a better understanding of someone needs and wishes so that care can be provided in a person-centred way. It provides a valuable insight into the life of someone especially when they have difficulty in sharing this information themselves. It helps to encourage better communication and relationships between the person, family carers and staff who are providing care.

The full resource can be accessed on the Dementia UK website (www.dementiauk.org)

Sensory stimulation is a big part of reminiscence, this is not limited to the smell and taste of food, vision is an important sense and considering how food looks is just as important as how it tastes. This includes the crockery and cutlery you may offer and the environment and surroundings provided.
Improving the eating environment: tips for carers

- Eat with the person if they enjoy eating with company. This will help make eating a social activity and can also help maintain independence as they may be able to copy you.
- Make the environment as appealing to the senses as possible. Familiar sounds of cooking, smells of the kitchen and food, and familiar sights such as tablecloths with flowers.
- A noisy environment can be distracting. The eating environment should be calm and relaxing. Switch off background noise.
- Consider playing soothing music at mealtimes.
- Be led by the person on when they prefer to eat. A larger meal can be lunch or evening.
- Allow choice, within reason; where they sit, what they eat.
- They may not be able to see the food in front of them. Make sure the food is colourful and the environment is well lit. It may also help to give a verbal description of the food.
- Use colour to support the person - the colours of the food, plate and table should contrast and be plain, avoid patterns (e.g. a green tablecloth, a red plate and mashed potato).
- Don't worry about mess - it's more important for the person to eat than to be tidy. Wipe clean mats and covers may help.
- It's important the person doesn't feel rushed and they are given enough time to eat.

The information above and more support can be accessed on the Alzheimer's Society website ([www.alzheimers.org.uk](http://www.alzheimers.org.uk))

Look at the environment you’re residents eat in and ask yourself...

Would you eat in this Restaurant?
Well Being

Oral Hygiene

Poor oral hygiene can increase the risk of ulcers, bleeding gums and thrush. These can be a contributing factor to the reduction of oral intake as it can make eating difficult, painful and unpleasant. Some indicators that there is poor oral hygiene is that someone might begin to eat alone, they are becoming withdrawn and do not wish to socialise, they are having difficulty swallowing and they seem to be in pain when eating.

Factors influencing oral health, the ability to self care, routine access to, and provision of, oral care include:

- The individual’s level of cognitive impairment and physical disability if any
- Potential lack of personal perception of oral health care problems
- Previous dental history, including oral health care and dental attendance
- Ability to receive oral hygiene care from carers and/or the dental team
- Impact of medication on the oral cavity, especially xerostomia (dry mouth)
- Motivation and behaviour
- Capacity to consent to oral health care
- Knowledge of, and attitudes towards, oral care of health and social care workers and carers
- Lack of information on how to access dental services
- Dental team’s attitudes to, and awareness of, ageing and dementia

Stressors for oral health include:

- Level of hydration
- Mouth breathing
- Medical problems
- Dysphagia
- Tracheotomy
- Challenging behaviour
- Facial weakness
- Facial paralysis
- Cleft lip/palate
- Epilepsy
- Risk of aspiration

2006 The Authors Journal compilation 2006 Blackwell Munksgaard Ltd, Gerodontology 2006;
Mental Health

Depression and Low Mood

Depression is a state of low mood which in some individuals can be moderate and in others severe and prolonged. There appears to be a complex interaction between external events, inner stresses, genetic predisposition and biochemical changes in the brain, which is not fully understood. People of all ages can experience depression. Risk factors include:

- social isolation
- bereavement
- pain and physical illness
- multiple adverse events or change in circumstances
- family history or past episodes of depression
- alcohol abuse

Depression is the most common mental health problem of later life, affecting 10-20 per cent of older people (National Institute for Mental Health in England 2005) and up to 40 per cent of care home residents, yet in older people depression is often under-diagnosed and under-treated. Older people in residential and nursing homes are two to three times more likely to experience depression than older people in the community.

Older people tend not to complain of being depressed, they are more likely to refer to physical symptoms, and some symptoms of physical illness are similar to those of depression. Physical illness is also a common trigger for depression in older people.

The most common symptoms of depression are:

- a pervading feeling of sadness
- a loss of interest in life and inability to take pleasure in things
- tiredness and sleep problems
- loss of appetite
- poor concentration and memory
- anxiety and agitation
- hopelessness
- feelings of guilt and worthlessness
- thoughts of suicide

Depression causes great mental distress and affects a person’s ability to function day to day. When untreated, depression shortens life, exacerbates disability from medical illnesses, increases health care costs and is the leading cause of suicide among older people. When treated, quality of life improves (National Institute for Mental Health in England 2005)
Caring for Carers

When we feel better, we provide better care

Taking good care of residents can be tough at times and it can be hard to find the time to take care of yourself. Finding practical solutions to manage the impacts of caregiving on yourself is vital to the quality of care you can give others. Simple interventions can make a difference:

- Switch off at the end of a shift. Empty your brain to ensure you don’t think about work and change your clothes, this will symbolise the end of your shift.
- Talk to someone about how you are feeling, stress, depression and compassion fatigue whilst common amongst caregivers, it is not an occupational hazard that you must accept and deal with alone.
- Eating and drinking is a major part of wellbeing and is often neglected by caregivers. Eating on the go and grabbing a quick bite to eat or swift cup of tea is not going to ensure you are effective throughout the day. Plan your breaks well and use time with residents who would benefit from social eating and drinking to join them with your own food and drink.
- Understand your own limitations and resilience and the impact these can have on yourself and others.

Useful sources for information:

- www.carersuk.org - Making life better for carers
- www.carersmatternorfolk.org.uk - Putting unpaid carers at the heart
- www.bapen.org.uk - Malnutrition Universal Screening Tool
- www.bda.uk.com - British Dietetic Association
- www.cwt.org.uk - Eating Well For Older People and Older people with Dementia
- www.dementiauk.org - Helping families face dementia
- www.alzheimers.org.uk - United against dementia