

FOOD & & NUTRITION

in Care Homes for Older People

Section 2

Food and Nutrition:
standards, guidelines and menu planning

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Food and Nutrition: standards, guidance and menu planning

A complete guide to providing a nutritious balanced diet to meet the range of needs of residents in your care.

Contents

Food and Nutrients, balancing requirements, the Eatwell Guide	1
Balancing requirements throughout the day	2
The Eatwell Guide for older people in your care	
Overall energy and protein requirements	4
Meeting dietary needs	4
Menu planning	6
Planning the day and weeks food and drink	6
Food groups and food standards	8
Fruit and vegetables	8
Potatoes, bread, rice, pasta and other starchy carbohydrate	11
Beans, pulses, fish, eggs, meat and other proteins	13
Dairy and alternatives	15
Oils and spreads	15
Meal planning and standards	16
Breakfast	16
Main meal	17
Lighter meal	18
Vegetarian diets	19
More information on specific nutrients and their importance for older people	20
Food labelling and buying healthier products	24
Sustainable food in care home settings	29
Food Service best practice	30
Catering for the range of needs and special dietary requirements	31

Additional separate sections will cover the following:

2A Eating and drinking well using 'food first' approaches

2B Eating and drinking well with dementia

2C Eating and drinking well using texture modification and IDDSI

Food and nutrients, balancing requirements, the Eatwell Guide

It is crucial to ensure that food and drink provided to older people in care homes is enjoyable, nutritious and accessible, to benefit their health and wellbeing.

Appetising food and drink that meets residents individual needs and provided in a positive and caring environment is a key aspect of delivering high quality care.

This section provides all you need to know about the food and drink you provide to ensure it meets the dietary recommendations for older people in your care. This will help to ensure residents are well nourished, hydrated and maintain a healthy weight.

What are nutrients?

The body needs energy, nutrients and water to provide essential nourishment:

Macro nutrients are: protein, carbohydrate, fats	Micro nutrients are: vitamins and minerals e.g. Vitamins A, C & D, Minerals – iron, calcium
	

- **Food standards** outline the types of food that older adults should be offered at each meal e.g. breakfast, main meal or a snack, or overall in a day to meet the recommendations for nutrient intake.

A separate volume of example menus and recipes that meet the food standards is provided. *

For more information on the recommended amount of nutrients for an average day for older adults see Appendix 2.

* A set of menus and recipes that meet the food standards will be produced as part of the final guidance.

Balancing requirements throughout the day

What is the ideal healthy balanced diet?

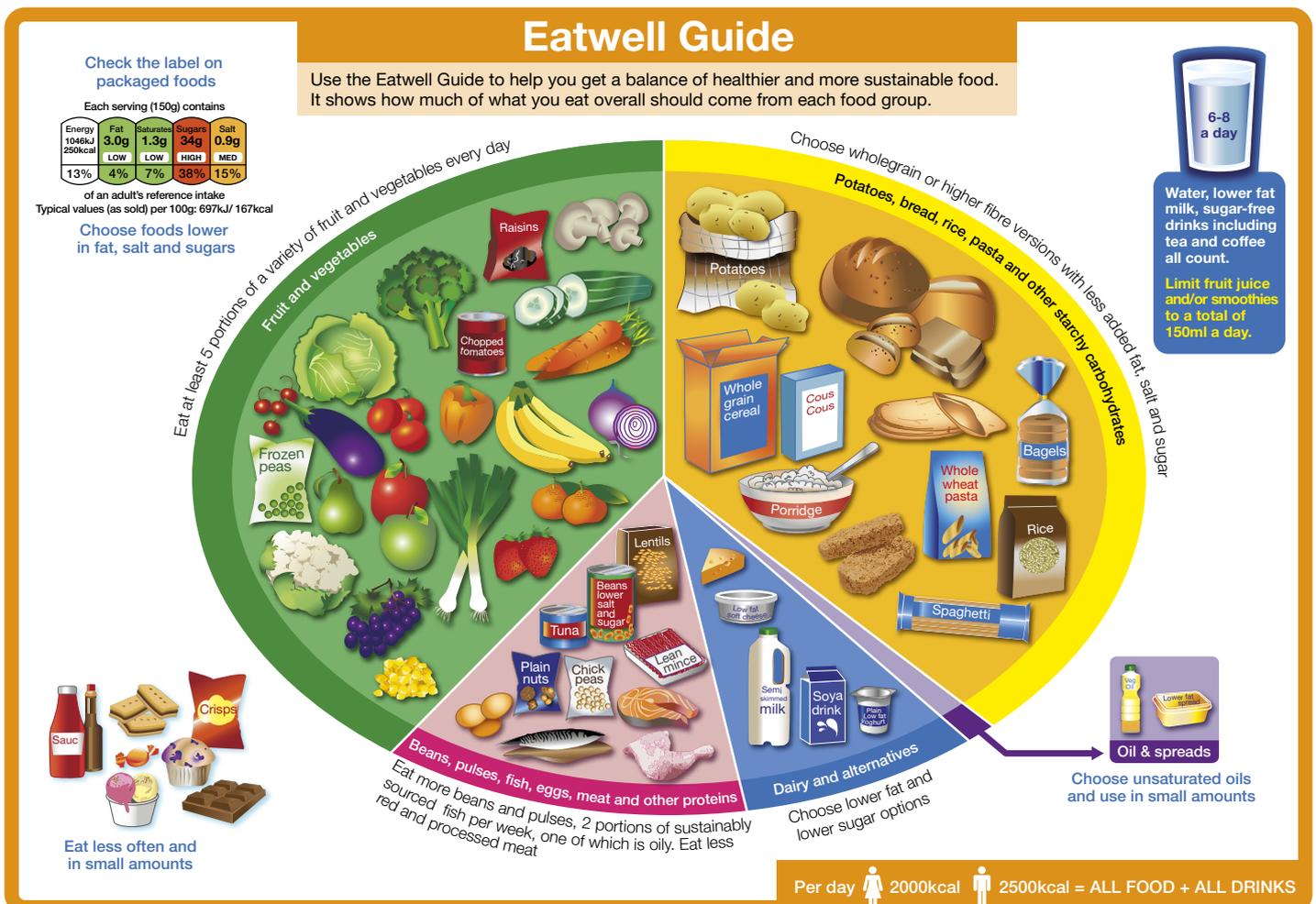
Eating well and having a healthy lifestyle can help us all feel our best and make a big difference to our immediate and long term health. The Eatwell Guide is used across the UK to help everyone understand what the ideal balance of foods is for a healthy diet and is aimed at children over the age of 5, adolescents, adults and older people in good health. It promotes a healthy balanced diet with lots of fruit and vegetables, high fibre cereals and grains, lower fat, sugar and salt in order to help prevent many conditions that are linked to a poor diet.

How much and what types of food to have during the day

The Eatwell Guide encourages us to choose a variety of foods from the 5 food groups to help us get the wide range of nutrients our bodies need to stay healthy.

The five food groups are:

- Potatoes, bread, rice, pasta and other starchy foods
- Fruit and vegetables
- Beans, pulses, fish, eggs, meat and other proteins
- Dairy and alternatives
- Oils and spreads



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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The Eatwell Guide shows how much of what we eat overall should come from each food group:

- Eat at least 5 portions of fruits and vegetables every day.
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible.
- Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options.
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily).
- Choose unsaturated oils and spreads and eat in small amounts.
- Drink 6-8 cups/glasses of fluid a day.
- If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

It does not apply directly to those with special dietary requirements or medical needs, which should have advice from a registered dietitian.

The Eatwell Guide for older people in your care – what’s important and how does it differ

Being older doesn’t mean making big changes to your diet, the recommendations for ensuring a varied and balanced diet are the same as the general population.

However, ill health and the ageing processes have an impact on nutritional status and can result in needing to meet a persons dietary needs in a variety of ways.

“What do I need to know about older adults and nutrition and how do I achieve a good diet and the best health for my residents?”

Your residents will have a range of needs and appetites and it will be necessary to have a flexible, person centred care approach to meet their different food and drink needs. This may mean that the majority of residents may have breakfast, lunch and evening meal with snacks in between and others may need more frequent, smaller, nutritious snacks and meals or require a fortified diet.

Note:

- Initial and ongoing screening and monitoring of residents are essential components to the nutritional care of your residents
- Staff training in food and nutrition care of older people can maximise impact
- Good nutrition is essential to keeping healthy and being able to recover from illness
- The malnourished older person will have greater risk of mortality, reduced rate of healing and a poorer quality of life.

Appetising and nutritious food is key, however other aspects of nutritional care are also important to support residents to eat and enjoy food which meets their needs. These include nutritional screening, oral health care, providing assistance to eat, a positive eating environment and protected meal times, which are all covered in the relevant sections of this guidance.

Overall energy and protein requirements

Estimated average requirements for Energy of well adults¹

	Male Energy kcals per day	Female Energy kcals per day
55-64 years	2581	2079
65-74 years	2342	1912
75 + years	2294	1840

A range of **1900 – 2600 Kcal energy per day** will cover the needs of the majority of your residents:

Nutritionally well – residents with normal appetites and requirements and

Nutritionally vulnerable – residents with poor appetites and not able to eat usual quantities of food at mealtimes or with increased needs.

¹ Dietary Reference Values for energy, SACN 2011

Protein requirements

For well adults a minimum 55 g protein per day.

A range of 55-90 g protein per day will cover the majority of residents requirements².

The majority of your residents will be of older age and potentially be at risk of malnutrition. If they have higher support needs they are more likely to have poorer appetites. Their meals may be less in quantity but they need to have the same level of protein and important nutrients. This is called a nutrient dense diet.

² Dietary reference values for food energy and nutrients for the United Kingdom, HMSO 1991

If residents are in bed most of the time their energy requirements will be lower and it is important to meet their dietary needs through small quantities of nutritious food and drink. Some residents may not appear to walk far however the effort required can demand more energy than you might expect.

Note: energy requirements will change for an individual depending on illness and mobility changes.

Meeting dietary needs

The diagrams below show some different ways that a daily intake of 2,200 kcals and 70g protein and the range of vitamins and minerals, can be achieved.

Example 1

3 main meals



600 kcal and
39g protein



580 kcal and
18g protein



575 kcal and
25g protein



135 kcal and
6g protein



include a total of 6-8 drinks
(200-300 kcal)

Example 2

3 small meals and 2-3 larger snacks and nutritious drinks



290 kcal and
9g protein



580 kcal and
18g protein



415 kcal and
35g protein



135 kcal and
6g protein



340 kcal and
12g protein



325 kcal and
7g protein



340 kcal and
12g protein



6-8 drinks (200-300 kcal)

Example 3

5 snacks and 3 nourishing drinks



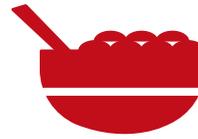
320 kcal and
9g protein



180 kcal and
4g protein



185 kcal and
3g protein



310 kcal and
8g protein



135 kcal and
6g protein



220 kcal and
7g protein



340 kcal and
14g protein



135 kcal and
6g protein



6-8 drinks (200-300 kcal)

Fluid – there should be 6-8 drink periods throughout the day offering both hot and cold drinks. This will provide approximately 1600mls fluid. The drinks at lunch and evening meal should be served immediately after the meal has been completed.

Drinks and the importance of residents keeping hydrated are covered fully in the section on Hydration.

Menu planning

Menu planning is essential to achieve a well-balanced and healthy diet for the older people in your care. It will help you to meet the standards of care expected and the nutritional and health needs of your residents. It will also help you to demonstrate excellent practice in the quality of the food you provide.

Menu planning should be undertaken by a member of staff with the relevant knowledge and skills and an understanding of resident's nutritional needs, with input from staff, residents, relatives and managers.

Consider the different needs and choices of residents and how you can best accommodate them. For example providing a choice of main or light meals at both mid day and evening meal will accommodate those who like a larger breakfast and are then not ready for a main meal at mid day.

Planning menus in advance for your setting can:

- Ensure the right variety and balance to meet the food standards and guidance.
- Ensure variety to meet residents' needs and reduce menu fatigue.

- Reduce overall cost of food.
- Reduce and minimise waste.
- Help with staff cover, as all staff will know what food is provided.
- Inform residents and relatives on the choices available.

Aim for **at least** a 3 week menu cycle – to ensure a good variety and balance of different meals and to avoid too much repetition.

Use the food standards, meal standards, practice points, top tips, and the example menus and recipes to help plan your food provision.

Produce a menu that meets the needs of the majority of your residents with the right balance of energy and nutrients and then adapting this for individual needs. Include all food and drink provided on the menu.

For people with poor appetites always aim for a 'food first' approach initially with a variety of suitable drinks. 'Food first' is a dietary strategy for treating poor dietary intake and unintentional weight loss using every day nourishing food and drinks. See section 2A for 'food first'.



Top tips for menu planning



A menu structure should include:

- breakfast, lunch and evening meal
- snacks between meals
- regular hot and cold drinks throughout the day to offer 6-8 drinks a day a day and access to water 24 hours
- flexibility to accommodate a range of meal patterns e.g. smaller frequent meals and more nutritious snacks

1

2 Talk to residents and relatives when planning menus – this helps you to cater for everyone's needs.

3

Plan menus for all the meals and snacks you provide for a 3 week cycle – this will help to ensure there is variety and balance from the each of the main food groups and helps planning for shopping and preparation.

4

Plan each meal and snack menu to meet the food and drink standards provided – this will help to ensure that older people in your care receive the correct amount of nutrients and balance of food at each meal.

5

Plan menus to include a variety of colours, tastes and textures to make meals more interesting and appetising, and alternating hot and cold to add variety.

6

Plan for preparation and cooking time – Take into account the preparation and cooking time – look at what you are cooking each day, and avoid having a main course and dessert which will take a lot of time to prepare. Divide the food preparation so that it is equally spread throughout the day. You may find that you are limited by what you can fit in the oven and on the hob.

7

Home-made dishes will generally be healthier than ready meals because you can select your ingredients carefully and the salt content is likely to be lower, they can also be more easily adapted if fortifying meals for some residents.

8

Make sure menus cater for all cultural, religious and dietary needs and try adapting usual recipes for some diets, and if necessary have individual meals.

9

Introduce new menu cycles at least twice a year, this will help to introduce new recipes and ensure seasonality. Using special occasions or themed meal times can also help to add variety and interest.

10

Minimising waste/use of left overs – planning menus and ingredients lists can minimise food waste and maximise use of all food e.g. left overs in recipes. Remember to follow the rules about storing and keeping food.

www.wrap.org.uk/sites/files/wrap/labelling-guidance.pdf

Food groups and standards

The following sections outline the overall food standards to aim for:

For each food group, there is information to explain:

- the **types of food and drink** included in the food group
- **why the food group is important**
- **food safety information**
- **guidelines** for planning menus
- **typical portion size information**

Food standards describe **how often, how much, and which different types** of food and drink to provide each day and at each meal.

Fruit and Vegetables

Why is this food group important?

Fruit and vegetables are an important source of vitamins A & C & E, folic acid, minerals such as zinc and iron and fibre.

Food Standard	Best Practice to include these healthy choices	Preparation do's and dont's
<p>Fruit and vegetables should make up about a third of the daily diet</p> <p>Aim for each full day's menu to offer '5 a day' including a variety of vegetables, salads and fruit</p> <p>Include with breakfast, main meals, and as snacks</p> <p>Provide correct portion sizes 80g is one portion or see table</p> <p>Fruit based desserts can be offered as one of 5 a day if one portion of fruit included</p> <p>A glass of 100% unsweetened fruit juice should be offered at one meal time to help meet the Vitamin C intakes</p> <p>Always have fresh fruit available and ready to eat for those who require it e.g. fresh fruit salad in containers</p>	<p>Vegetables and salad</p> <p>All types of fresh, frozen and tinned vegetables – for example, fresh broccoli, frozen peas, tinned sweetcorn, courgettes, pak choi, okra</p> <p>Salad vegetables – for example, lettuce, watercress, cucumber, tomato, raw carrot, raw pepper, radish and beetroot</p> <p>Remember: potatoes are a starchy food and not included as a vegetable and do not contribute to one of your 5 a day, however sweet potatoes, parsnips, swedes and turnips do</p>	<p>Do not overcook fresh vegetables or cut them up a long time before cooking and leave them in water</p> <p>Do not cook vegetables early and re-heat before serving. (these practices all reduce the vitamin content)</p> <p>Do choose fresh vegetables when in season</p> <p>Do include frozen or tinned vegetables as these can save on cooking time and are just as nutritious</p> <p>Add vegetables and pulses to stews, casseroles, rice dishes</p> <p>Store fresh vegetables in a cool dark place</p>

Food Standard	Best Practice to include these healthy choices	Preparation do's and don'ts
	<p>Fruit</p> <p>Fresh fruit – such as apples, bananas, pears, grapes, kiwi fruit, oranges, satsumas, plums, berries, melon or mango</p> <p>Tinned fruit in juice – for example, peaches, pears, pineapple, mandarin oranges or apricots</p> <p>Stewed fruit such as stewed apple, stewed dried fruit, stewed plums or stewed rhubarb</p> <p>Dried fruit such as raisins, dried apricots, dates, dried figs, prunes</p> <p>Fruit juices and smoothies Do offer different fruits and vegetables at meals and snacks</p>	<p>Experiment with salads and try adding fruits and vegetables with nuts and seeds, noodles, bulgar wheat, quinoa and cous cous</p> <p>Add fruit to a range of desserts and dishes including cold starters and savoury, this may help some residents with dementia if they have a preference for sweeter foods</p> <p>Dried fruit are a good addition to desserts and breakfast to increase fibre and fruit intake.</p> <p>Note: some residents may not be able to chew them</p> <p>Dried fruit can be damaging to teeth, so include them as part of a meals which will have less impact than a snack</p> <p>Remember products like tomato ketchup, fruit yoghurt, jam are not included as they contain very little fruit or vegetables</p> <p>Watch out for drinks that say 'juice drink' on the pack as these are unlikely to contain much fruit and can be high in sugar</p>

What counts as 5 A Day?

For adults a portion is 80g of fruit, or vegetables, which is:

- A large slice of fruit like melon or pineapple
- 1 medium apple, banana or pear
- 2 smaller fruits like plums or satsumas
- 7 strawberries or 20 raspberries
- 1 handful of grapes
- 3 heaped tablespoons of peas, beans or pulses
- 3 heaped tablespoons of veggies like sliced carrots, mixed vegetables or corn
- 4 heaped tablespoons of cooked green veggies like cabbage and spring greens
- 2 spears of broccoli or one medium tomato. A dessert bowl of salad greens.

Fruit and vegetables that are good sources of iron include dark leaf vegetables, broccoli, dried apricots and raisins, blackcurrants and broad beans.

Fruit and vegetables that are good sources of folate include green leafy vegetables, broccoli, brussels sprouts, peas, asparagus and oranges.

Practice point

Buying fruit and vegetables

Choose fruit and vegetables in season where possible as they will be tastier, cheaper and more likely to be locally grown.

Try growing fruit and vegetables in pots or bags and fresh herbs in window boxes, or in a vegetable patch if you can and encourage residents to join in if able.

Consider buying fair trade if grown abroad.

Practice point

Food hygiene & safety

All fruit and vegetables should be washed before eating, unless if packaged and says pre-washed.

Remember food safety advice when washing and preparing home grown vegetables see Section 6.

Remember some residents may be allergic to some fruits, more common ones are apples, peaches, melon, mango, kiwi, strawberries. Follow the FSA allergen guidance. See later Management of Allergens.

Potatoes, bread, rice, pasta and other starchy carbohydrate

Why is this food group important?

Starchy foods provide a good source of energy from carbohydrates and are the main source of a range of nutrients including folate B vitamins and iron

They also provide fibre

Food Standard	Best Practice to include these healthy choices	Preparation do's and dont's
<ul style="list-style-type: none"> Starchy foods should, make up about a third of the daily diet: Provide a portion of foods from this group at every meal As a guide include 6 or more portions daily Provide a variety each day and include wholegrain and high fibre options Provide bread and bread products with lower salt content Serve correct portion sizes: 1 portion = 1 slice of bread, ½ bagel, 1 crumpet 1 medium sized potato or 2-3 small (egg size) 60g (3 tablespoons) of cooked rice or pasta 60g (3 tablespoons) of breakfast cereal Bran should not be added to cereals or foods as it contains phytates which can bind with important minerals such as calcium, zinc, iron and reduce their absorption 	<p>All types of bread – wholemeal, granary, brown, wheatgerm, white, multigrain, soda bread, potato bread, chapattis, naan bread, rolls, bagels, pitta bread, wraps, tortilla</p> <p>Potatoes or sweet potatoes – boiled, mashed, baked or wedges Yam, and other starchy root vegetables</p> <p>Pasta and noodles – wholewheat and white</p> <p>Rice – brown and white</p> <p>Other grains such as couscous or bulgur wheat, maize (polenta) and cornmeal</p> <p>Porridge oats</p> <p>Breakfast cereals puffed wheat, wheat bisks, crisped rice or flaked wheat. Fortified cereals can be a good source of iron, Vitamin D and folate Do choose bread and bread products with lower salt content – those labelled green (low) or amber (medium) in salt</p>	<p>Do encourage bread and bread products with higher fibre content Higher fibre options include wholemeal breads, breads made with a combination of white and wholemeal flour with or without added fibre</p> <p>Do encourage bread and bread products with lower salt content those labelled green (low) or amber (medium) in salt</p> <p>Brown rice, wholewheat pasta and wholewheat/wholegrain</p> <p>Aim for at least half of breakfast cereals to be higher fibre (i.e. more than 6g/100g) If following a healthier diet choose lower sugar cereals Those labelled green (low) or amber (medium) so less than 22.5g/100g total sugars</p> <p>Do use monounsaturated or polyunsaturated fats in cooking</p>

Practice point

Whole grain and high fibre

Residents should be encouraged to eat more foods that are naturally rich in fibre, but it is important to increase this gradually and ensure fluid intake is also increased.

Constipation is a common problem because of reduced intake of these foods, reduced fluid intakes, being less active, and decreased physiological functions e.g. bowel muscle action and some medications . It is important to try and prevent constipation as it can have a big impact on a person's quality of life and can have lead to further medical problems.

Remember that fruit and vegetables are also good sources of fibre.

How much fibre do we need

The dietary reference value for the population intake of dietary fibre is 30g per day.

This is an example of how it can be achieved in one day's intake.

Breakfast	Bowl of high fibre cereal (such as all bran) with milk, topped with one sliced banana 1 slice wholemeal toast w/jam	9.84g 1.12g 2.52g	Total: 13.5g
Morning Snack	Cup of Coffee/Tea Digestive biscuit	0 0.5g	Total: 0.5g
Lunch	Beef, lentil and vegetable stew Wholegrain rice & peas Apple Crumble & Custard	2.53g 3.7g 1.36g	Total: 7.6g
Afternoon Snack	Cup of Tea/Coffee Pear & a piece of fruit cake	0 3.24g	Total: 3.2g
Evening meal	Vegetable soup Tuna & sweetcorn & lettuce sandwich with 2 slices of wholemeal bread Fruit yoghurt	0 0.3g 4.5g 0.45g	Total: 5.3g
			Total per day: 30g

Beans, pulses, fish, eggs, meat and other proteins

Why is this food group important?

Foods from this group provide protein, iron and zinc, B vitamins. Oily fish provides omega 3 fats, Vitamin A and Vitamin D

Food Standards	Best Practice to include these healthy choices	Preparation do's and dont's
<ul style="list-style-type: none"> Provide one portion of beans, pulses, fish, eggs, meat or other proteins at least at 2 meals (Breakfast, lunch and/or tea) Note: some residents will require more frequent smaller portions Provide a variety across the week Aim to serve oily fish once a week Serve correct portion sizes: 1 portion = 60-90g (2-3 oz) cooked meat or poultry 120-150g (4-5oz) of cooked fish 2 eggs 90-120g (3-4oz) of cooked pulses, baked beans, dahl 60g (2oz) of raw lentils 60g (2oz) of unsalted nuts or 30g (10oz) of peanut butter Vegetarians serve 2-3 portions of beans, pulses, eggs, or other meat alternative across the day Vegans see section on specific diets 	<p>Beans, pulses: Includes a variety of beans, lentils and peas such as butter beans, kidney beans, chick peas, lentils, processed peas or baked beans</p> <p>Fish: White fish such as cod, haddock, plaice and coley Oily fish such as herring and mackerel, salmon, trout, sardines or pilchards, tinned or fresh. Tinned tuna does not count as an oily fish but is a good source of nutrients</p> <p>Eggs: Boiled, scrambled or poached, or in an omelette</p> <p>Meat and poultry: All types including beef, lamb, pork, chicken and turkey liver and liver pate is a useful source of nutrients but should not be served more than once a week as they contain a lot of Vitamin A and some groups are at risk if consume too much</p> <p>Other proteins: Such as soya mince, textured vegetable protein, quorn™ or tofu</p>	<p>Do encourage tinned pulses with no added salt and sugar Dahl and other dishes made from pulses should be made without adding a lot of oil and salt</p> <p>Make sure fish dishes are free of bones</p> <p>Eggs with the lion mark and are ok to eat soft</p> <p>Do encourage cooking from scratch If using processed food - choose higher quality see later section on buying food</p> <p>Cheese should not be used too often as the main source of protein for a vegetarian diet, make sure there is variety and different flavours and textures</p>

Practice point

Vegetarians should have 2-3 portions of pulses, eggs, meat alternatives per day and ensure variety

e.g. substitute beans, pulses, soya or textured vegetable protein for meat in recipes like bolognese, stews, curries, lasagne and shepherds pie. Make vegetable risotto and nut roasts. It is important not to rely on cheese and eggs as the main vegetarian choices as these won't contain the variety of nutrients needed.

Practice point

Sustainable sources

If you are buying fish (including where it is an ingredient in a product), look for the blue and white logo of the Marine Stewardship Council, which guarantees it is from a sustainable source. Avoid red list or endangered species of farmed or wild fish (Marine Conservation Society 'fish to avoid').

Practice point

Meeting cultural and religious needs

Caterers need to prepare for cultural and food sensitivities and also be aware that some individuals may fast on occasion. See section/page

Food safety tip

Some people are allergic to tree nuts, peanuts, lupin, fish, crustaceans, mollusc and eggs. The labelling of bought in products will need to be checked carefully for these allergenic foods see section 5.

Practice Point

Sarcopenia

Ensuring residents have the right amount of protein at meals and snacks is very important for care home residents. Some people over the age of 65 years are likely to have sarcopenia which is a term used to describe the progressive loss of muscle mass and muscle strength. This can lead to a decline in physical health and being less mobile, increasing risk of falls and fractures and physical disability.

Nutritional supplements may need to be given if not eating well, but aiming for a food first approach is the first step to maintaining good nutrition. Adequate protein intake will help prevent and treat sarcopenia.

Oral nutritional supplements may be recommended by a healthcare professional for residents who are not eating well, however aiming for a food first approach is the first step to maintaining good nutrition.

Dairy and alternatives

Why is this food group important?

Foods from this group are a good source of energy, protein, calcium and Vitamin A, Vitamin D

Food Standard	Best Practice to include these healthy choices	Preparation do's and don'ts
<ul style="list-style-type: none"> Provide – 3 portions of dairy and alternatives each day from the following: 200ml (1/3 pt) milk 30g (1oz) cheese 150g (1 med. pot) yoghurt 200g (1 large pot/1/2 can) custard, milk pudding Each item is one portion Choice of whole milk and semi skimmed 	<p>Residents should be able to choose what type of milk they have for drinks and cereals</p> <p>For residents with poor appetite and requiring food fortification whole milk should be used</p> <p>Milky drinks and puddings are important for protein and energy, if not eating well</p> <p>Milky drinks, puddings and sauces are good examples of foods that can be fortified – see fortified foods section</p>	<p>Choose from :</p> <p>Milk, Yoghurts, cheese, cream cheese, fromage frais, milk based puddings and sauces</p> <p>Vegetarian cheese should be used where appropriate</p> <p>Soya products that are fortified with calcium can be used as an alternative to milk for those who are lactose intolerant or vegan.</p> <p>Butter and cream are part of fats group – see section on fats</p>

Food safety tip

Some people are allergic or intolerant to milk and will need to avoid all milk products including yoghurts and cheese.

Vulnerable groups should avoid unpasteurised and soft mould ripened and blue veined cheeses see section 5.

Milk and dairy produce should always be refrigerated between 0 °C – 4 °C.

Oils and spreads

Well and healthy older residents should follow the Eatwell guide for fats and oils and choose lower fat options where possible and if desired. Oils and spread are high in calories and can contribute to excess energy intakes if eaten in large amounts. When cooking try to choose products which are low or medium in saturated fat and higher in unsaturated fats:

- Use monounsaturated (rapeseed or olive oil) or polyunsaturated fats (sunflower or safflower oil) in cooking but try not to fry foods too often. Use fat spreads labelled high in monounsaturates or polyunsaturates or reduced and low fat spreads

However if residents are identified as being at risk of malnutrition they will probably be needing a fortified diet and drinks. Full fat milk and spreads should be used to maximise calorie intake. (see section on fortified foods). The monounsaturated or polyunsaturated fats contain as many calories and can still be included in fortified options (see section on fortified foods).

Meal Planning standards

Breakfast is an important meal for older people

It is often difficult to meet all residents needs if waking times are variable, but aim to be flexible to meet individual needs and respect previous patterns of waking.

Food groups	Food and drink standards at breakfast
Potatoes, bread, rice, pasta and other starchy carbohydrates	Provide one portion of these foods as part of breakfast each day Provide a variety across the week e.g cornflakes, wholegrain toast, porridge Include and encourage wholegrain and high fibre choices Provide correct portion sizes
Fruit and vegetables	Provide a portion of vegetables or fruit at breakfast each day or a glass of fruit juice
Beans, pulses, fish, eggs, meat and other proteins	These foods provide a useful source of iron and zinc and can be provided as part of breakfast, especially if appetite is poor and residents enjoy these foods
Dairy and alternatives	Breakfast can include one of the 3 portions of dairy foods each day – e.g. milk on cereal, porridge, yoghurt or glass of milk
	It is important to have a drink at breakfast and on waking if appropriate. This can be water, tea, coffee or other drink of choice

Example breakfast

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
Porridge made with semi skimmed or whole milk	Porridge made with fortified milk and a handful of raisins. Can also add honey, sugar, fruit, cream	Porridge -texture fully softened Any excess milk or fluid must be drained	Smooth Porridge or instant hot oat cereal
Scrambled egg	Add butter, fortified milk and grated cheese	Add butter, milk (fortified as necessary)and grated cheese	Savoury egg custard

Main meal – this can be served at lunch time or evening meal

Lunchtime may be the main meal of the day for most residents, however residents who eat breakfast later in the morning may be unable to manage a substantial meal a couple of hours later. For them, a lighter lunch and main meal in the evening may allow them to eat much more through the day.

Food groups	Food and drink standards for main meal
Potatoes, bread, rice, pasta and other starchy carbohydrates	Provide one portion of these foods as part of main meal each day Provide at least 3 different starchy foods as part of main meals each week e.g. pasta, rice, potato Provide correct portion sizes
Fruit and vegetables	Provide a portion of vegetables and/or fruit as part of main meal each day Provide a variety of vegetables and fruit across the week at main meal Provide correct portion sizes (80g is one portion) A glass of fruit juice should be offered to help meet Vitamin C intakes Check product labels if using tinned, choose lower salt, sugar
Beans, pulses, fish, eggs, meat and other proteins	Provide a portion of these foods at main meal each day Provide a variety across the week Provide one main meal each week which uses pulses or a meat alternative as the protein source Provide oily fish once a week
Dairy and alternatives	The main meal can include one of the three portions of dairy foods each day – one of these can be part of lunch e.g a milk based pudding
Drinks	It is important to have a drink of choice with main meals

*processed meat or fish products include crumb coated chicken products, sausages, burgers, pies and tinned meats, fish bites. Processed meat alternatives include vegetarian sausages, burgers and pies see page 30.

Example main meal

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
Oven baked cod fillet A few boiled potatoes and parsley sauce Peas	Cod fillet fried in vegetable oil with parsley sauce, Mashed potato made with fortified milk, butter and grated cheese, Peas with a knob of butter	Soft enough cooked fish to break into small pieces with fork, spoon or chopsticks No bigger than 1.5 cm x 1.5 cm pieces No bones Mashed potato and grated cheese and butter in soft lumps of 1.5 cm x 1.5 cm	Cook fish before pureeing, make sure no gristle and bones. Puree needs to be thick and smooth with no lumps. Add parsley sauce as you puree to help achieve the correct consistency

Lighter meal – this can be served at tea time or lunch

Food groups	Food and Drink standards for lighter meal
Potatoes, bread, rice, pasta and other starchy carbohydrates	<p>Provide one portion of these foods as part of lighter meal each day</p> <p>Provide at least 3 different starchy foods as part of teas each week e.g. pasta, rice, potato</p> <p>Avoid flavoured dried rice, pasta and noodle products e.g. packets of instant flavoured noodles, pasta, rice as these are not very nutritious and can contain high levels of salt</p> <p>Provide correct portion sizes</p>
Fruit and vegetables	<p>Provide a portion of vegetables and/or fruit as part of tea each day</p> <p>Provide a variety of vegetables and fruit across the week</p> <p>Check product labels if using tinned, choose lower salt, sugar</p>
Beans, pulses, fish, eggs, meat and other proteins	<p>Provide a portion of these foods each day</p> <p>Provide a variety across the week</p> <p>Provide oily fish once a week</p> <p>If using processed products choose good quality</p>
Dairy and alternatives	<p>Lighter meal can include one of the three portions of dairy foods each day – one of these can be part of tea e.g a milk based pudding</p>
Drinks	<p>It is important to have a drink of choice with lighter meals</p>

Example lighter meal

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
¼ tin of baked beans on 1 slice of toast	¼ tin of baked beans on 1 slice of toast with butter thickly spread and grated cheddar cheese.	¼ tin of baked beans with mashed potato and grated cheese and butter in soft lumps of 1.5 cm x 1.5 cm	¼ tin of baked beans and grated cheese Pureed thick and smooth mashed potato with butter

Catering for a resident who is vegetarian

This should not be treated as a special diet. Vegetarian meals and snacks are suitable for all residents and you can include at least one meal a week on the main menu based on a suitable meat alternative, if all residents are happy with this.

There are different types of vegetarian diets, so always check what your resident will eat and document it clearly. When people say they are vegetarian they may mean different things about what they do and don't eat. Also they may say they don't eat meat because they are not able to chew it so always check the reasons.

Generally

- Lacto-ovo vegetarian – eat dairy products and eggs , do not eat red meat, offal, poultry, and fish.
- Lacto-vegetarian – will eat milk containing foods but not eggs. Do not eat meat, offal, poultry, fish and eggs.
- Vegans – all animal products are avoided, including milk and honey.

Follow the food standards and guidance to provide a variety of vegetarian choices to ensure the nutritional needs of your residents requiring a vegetarian diet are met.

Remember:

- choose alternative sources of protein to meat and fish such as beans or pulses, soya, tofu, Quorn TM to provide protein, iron and zinc
- other sources of iron and zinc containing foods to include are fortified breakfast cereals, bread, especially wholemeal, green leafy vegetables and dried fruit
- fruit and vegetables should be included, as they are rich in vitamin C, which helps to absorb iron from non meat sources in the body
- ensure an adequate calcium intake by offering milk, cheese, and yoghurt on the menu
- if cheese is served at the main course at lunchtime include a protein containing iron at the other main meal, for example beans, lentils or eggs.

There are a range of good vegetarian choices include in the example menus and recipes.

For Vegans – see special diet section.

For non vegetarians

Pulses can also be used to replace some of the meat or fish in dishes such as casseroles or curries to increase fibre and nutrients.

More information on specific nutrients and their importance for older people

Micronutrients	Impact	Diet and foods
Iron	Iron is essential for health as it helps carry oxygen around in the blood. Older people can get anaemic if they don't have enough iron and feel tired, weak and dizzy, with pale skin	Red meat, such as beef, lamb, pork, liver, and some oily canned fish Green leafy vegetables Pulses, beans, nuts and wholemeal bread, fortified breakfast cereals Tip: eating foods rich in vitamin C with iron containing plant foods helps to improve absorption so it's good to have a glass of orange juice with breakfast
Zinc	Zinc is an important mineral for wound healing	A balanced diet should contain enough zinc but if appetite is poor try and increase green vegetables, cereals, dairy foods and red meat
All B Vitamins	Lack of B vitamins can lead to tiredness and feeling depressed or irritable	Fortified foods including wholegrain cereals, animal protein foods such as meat/ fish, eggs and dairy
Folate	Increased chance of feeling depressed, particularly important in older people	Folate is found in liver, green vegetables, oranges and other citrus fruits, beans and fortified foods such as yeast extract (marmite) and fortified breakfast cereals
Vitamin D	Vitamin D is essential for healthy bones as it helps the body to absorb Calcium We get most of our Vitamin D from the effect of summer sunlight on our skin But older people typically go out of doors less than younger age groups and their skin is less efficient at producing vitamin D from sunlight	Encourage residents to be outside as often as possible and in sunny weather Good diet sources are eggs, oily fish, some fortified breakfast cereals and fortified spreads There are specific recommendations for vitamin D supplements for older people see practice point below

Micronutrients	Impact	Diet and foods
Calcium	<p>Osteoporosis or brittle bone disease is a problem in older people especially women. Adequate calcium intake and regular weight bearing activity such as walking, dancing, climbing stairs, throughout our life is important to help prevent it.</p> <p>People diagnosed with osteoporosis may be prescribed calcium and Vitamin D supplements</p>	<p>Milk and dairy products are the best sources of calcium.</p> <p>Calcium is also found in canned fish with bones e.g. sardines and pilchards, green leafy vegetables such as broccoli and cabbage, soya beans and tofu</p>
Selenium	<p>May increase the incidence of feeling depressed and other negative mood states</p>	<p>Brazil nuts, meat, fish, seeds and wholemeal bread</p>
Salt	<p>Too much salt can cause high blood pressure which increase the risk of heart disease and stroke Its important to limit the amount of salt</p> <p>Most of our salt comes from processed food like bacon, cheese, pies, pizza, crisps ready made meals so it is better to cook from scratch to be able to limit the amount of salt used in cooking</p> <ul style="list-style-type: none"> • Not adding salt to cooking • Not using packet soups, stock cubes, packet sauces • Limiting the use of processed foods • Cooking from scratch • Checking labels and choose low salt products • Enable resident to choose if they want to add salt at the table to taste <p>Food labelling, flavour enhancers are often used to bring out the flavour in foods, but can be high in sodium – e.g monosodium glutamate (MSG E621)</p>	<p>What to use instead:</p> <p>Flavour with herbs and spices</p> <p>Fresh vegetables or frozen will not contain added salt</p> <p>If you do buy tinned vegetables get them without added salt.</p> <p>Do the same with tinned pulses</p> <p>Make sauces using ripe tomatoes and garlic</p> <p>Cooking with less salt and allowing residents to add to their own taste will also help to make meals appealing to the most amount of people</p>

Macronutrients	Impact	Diet and foods
Protein	Adequate protein intake will help prevent and treat sarcopenia, which is the progressive loss of muscle mass and muscle strength. This can lead to a decline in physical health and being less mobile, increasing risk of falls and fractures and physical disability.	For well adults a minimum 55g protein per day A range of 55-90g protein per day will cover the majority of resident's requirements Provide one portion of beans, pulses, fish, eggs, meat or other proteins at least at 2 meals.
Fats Omega 3 Fatty Acids	These type of fats are important to help prevent coronary heart disease or stroke	Recommended to eat 2 portions of fish per week one of which should be oily fish e.g. mackerel, salmon, sardines, pilchards
Other fats	Plant based (Polyunsaturated) fats are encouraged rather than animal fats (saturated) but individual choice and preference is important	Polyunsaturated fats such as sunflower or corn oil and monounsaturated fats such as rapeseed and olive oil should be encouraged, rather than butter, lard, suet

<p>Sugar</p>	<p>Sugar intakes from food and drinks can impact on oral health of older people but may also be a source of energy for those with poor appetites so care needs to be taken</p> <p>Residents who need a modified diet with increased nourishing drinks and potentially more sugar in their diet through use of nutrition supplements, sugary foods or medication will need extra care for their oral health. Poor oral care can result in gum disease, tooth decay and tooth loss which will have a big impact on ability to eat and enjoy food</p> <p>Many residents will have poor oral health when they move to a care home or have complex needs that require a lot of support to do daily tasks such as brushing teeth.</p> <p>Effective oral health and mouth care helps us all to maintain health wellbeing and dignity and is essential for enjoyment of food and meals. It is therefore even more important for those who are more vulnerable to have regular assessment of their oral health and hygiene</p>	<p>Well older people who are a healthy weight and at no risk of malnutrition can have moderate amounts of sugar in their diet, if it is their choice and preference</p> <p>Residents requiring modified diets and in particular fortified diets require additional foods and/or drink that may have higher sugar contents</p> <p>Residents with dementia may have preference for sweeter foods and it will be important to offer food and drinks containing more sugar if they are not eating well.</p> <p>See section on mental health and diet for more information</p>
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Practice point

Vitamin D

New government recommendations for Vitamin D.

It is recommended that all adults over the age of 65 take a supplement containing 10 micrograms of vitamin D daily and regularly eat foods containing vitamin D (e.g. oily fish and fortified breakfast cereals).

Practice point

Oral health

Gwen am Byth is an all Wales programme to help you to provide consistent high quality oral hygiene and mouth care for your residents. This can make a significant contribution to residents' general health and wellbeing and quality of life, and ensure they can continue to enjoy their food and eating.

For more information on Gwen am Byth please see:

<https://www.nice.org.uk/guidance/QS151>

<http://www.wales.nhs.uk/improvingoralhealthforolderpeoplelivingincarehomesinwales>

Food labelling and buying healthier products

Processed foods aren't just microwave meals and other ready meals.

Basic processing does not alter the food for example, frozen or tinned vegetables can be as good as fresh. However, salt, sugar and fat are often added to processed foods to make their flavour more appealing and to extend their shelf life, so generally reducing the processed foods we eat is recommended. To keep a check on fat, salt and sugar content, reading food labels can help you choose between processed products. Most pre-packed foods have the nutrition information on the front, back or side of the packaging.

More food companies are now using the traffic light labelling of red, amber and green to tell you if a food is high or low in fat, saturated fat, salt or sugar.

When you're choosing between similar products, try to go for more greens and ambers, and fewer reds, if you want to make a healthier choice. But remember for residents who are requiring fortified diets and higher calories this doesn't apply.

Figure 4: How do I know if a food is high in fat, saturated fat, sugar or salt?

Using food labels to identify baked beans lower in salt and sugar

	LOW per 100g Less than...	MEDIUM per 100g	HIGH per 100g More than...
Fat	3g	3g - 17.5g	17.5g
Saturates	1.5g	1.5g - 5g	5g
Sugars	5g	5g - 22.5g	22.5g
Salt	0.3g	0.3g - 1.5g	1.5g

Brand 2 baked beans contain less sugar and less salt than brand 1, and are therefore a better choice than brand 1.

Baked beans – brand 1	
Nutritional information	
Typical values	Per 100g
Energy	355kJ 84 kcal
Fat	0.6g
of which saturates	0.1g
Carbohydrate	15.3g
of which sugars	5.9g
Fibre	3.7g
Protein	5.2g
Salt	1.3g



Baked beans – brand 2	
Nutritional information	
Typical values	Per 100g
Energy	311kJ 73 kcal
Fat	0.6g
of which saturates	0.1g
Carbohydrate	12.5g
of which sugars	2.8g
Fibre	3.8g
Protein	5.4g
Salt	0.8g

How to choose better quality processed foods e.g. processed meat and fish products

Processed meat or fish products include crumb coated chicken products, sausages, burgers, pies and tinned meats, fish bites. Processed meat alternatives include vegetarian varieties of sausages, burgers and pies.

From the Food labels, look at:

Ingredients: here you will find the meat content of the product. This will be given as a percentage for example: Pork (42%), Cod (fish) (64%). Ingredients are listed in weight order, when purchasing processed meat and fish products aim to choose products with the highest meat or fish percentage (this may vary greatly between products for example meat pies and burgers).

Nutritional Labelling: Nutritional information is normally given per 100g of the product, it sometimes appears per portion. When preparing foods for older people, particular consideration should be given to the salt and protein content of the foods. The salt content can be determined using the traffic light system, aim for green (low) or amber (medium) products. The traffic light system does not specify high, medium or low protein content of foods. Older people should have between 55-90g of protein per day with the main meal contributing at least 18g of this. For meat based products, the higher the meat content the greater the protein content.

Example 1

Sausage brand 1

Ingredients: Water, Pork (32%), fortified Wheat Flour...etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	914
Energy kcal	219
Fat	14g
Of which saturates	5.2g
Carbohydrate	14g
Of which sugars	1.4g
Protein	9.6g
Salt	1.1g

Sausage brand 2

Ingredients: Pork (72%), Water, Wheat Flour...etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	809
Energy kcal	193
Fat	9.4g
Of which saturates	3.4g
Carbohydrate	7.5g
Of which sugars	2.4g
Protein	18.9
Salt	1.3

Example 2

Breaded fish brand 1

Ingredients: Alaska Pollock (fish) (49%), Breadcrumbs coating, Rapeseed oil.....etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	935
Energy kcal	229
Fat	7.6g
Of which saturates	0.6g
Carbohydrate	26.0g
Of which sugars	1.0g
Protein	12.0g
Salt	0.98g

Breaded fish brand 2

Ingredients: Cod (fish) (80%), Wheat flour, Rapeseed Oil.....etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	629
Energy kcal	150
Fat	5.4g
Of which saturates	0.4g
Carbohydrate	9.5g
Of which sugars	0.5g
Protein	15.3g
Salt	0.4g



Practice point

Better quality processed meats

When buying better quality processed meats consider the following:

- Look at ingredient lists and choose those meats with the highest percentage meat content.
- Using the front of pack label choose products showing green or amber (low or medium) levels of salt.
- Be aware of the protein content which is shown on the nutritional label on the back or side of packets. Aim for foods with higher protein contents to help meet the 55-90g per day protein target.
- Be aware of saturated fat, this is usually displayed using the traffic light system. Aim for green or amber (low or medium) levels of saturated fat.

Practice point

Savvy shopping

When buying food consider the following:

- Pasta, rice and bread are economical; as are eggs, pulses and tinned fish. Lean meat is often better value than cheaper fattier varieties.
- The ingredient list on food labels starts with the main ingredient and is in weight order. Nutrition labels are often displayed as a panel or grid on the packaging, but may sometimes appear simply as text.
- Compare foods and choose those that are lower in salt or sugar for standard diets.
- Nutrition information is normally given per 100 grams (100g) of the product, and sometimes per portion (such as 'one slice'), for an average adult.
- Sugar may appear on labels under different names: sucrose, maltose, lactose, dextrose, fructose, glucose, glucose syrup, xylitol, sorbitol, mannitol raw sugar, brown sugar, molasses, and honey.
- Value staple foods are often no different to premium brands e.g. dried pasta, rice, tinned tomatoes, they may also contain less salt and sugar.
- Special discounts are often on less healthier products so don't be tempted to buy these
- However if you have storage, buying in bulk can be more cost effective such as for tinned and frozen products.

Care needs to be taken not to rely too much on 'easy' convenience foods as they may not contain many essential nutrients.

- savoury snacks, such as crisps, sausage rolls, pies and pasties
- meat products, such as bacon, sausage, ham, salami and paté
- cakes and biscuits
- drinks such as sugary soft drinks
- "convenience foods", such as microwave meals or ready meals unless able to determine that they are well balanced.

Getting a balance between 'value for money' and providing 'quality' food can be a challenge. Cooking from scratch helps you to have more control on what you put into food and meals, helps you to meet the range of needs as well as being more economical. This will also enable you to fortify foods more easily if you need to cater for a range of needs.

Sustainable food in care home settings

Care home settings can play a key part in the well being of future generations in Wales, and contribute to doing things differently for our future generation by providing more sustainable food as an important aspect of encouraging better food for all.

Sustainable food is about food culture and how decisions made about growing, buying, storing, cooking and wasting food today will impact future generations.

Putting it together

Use the action plan templates from Section 5 to help ensure your menus are planned to meet all requirements.

Here are some ideas that you can consider to make small changes and be able to offer more sustainable food:

- Use local and in-season ingredients when possible.
- Ensure meat, dairy products and eggs are produced within high animal welfare standards. Look out for the following quality assurance standard logo's:



- If you are buying fish (including where it is an ingredient in a product), look for the blue and white logo of the Marine Stewardship Council, which guarantees it is from a sustainable source. Avoid red list or endangered species of farmed or wild fish (Marine Conservation Society 'fish to avoid')
- Provide facilities for recycling.
- Menu planning can be used to reduce the use of those ingredients with a high environmental impact and will also reduce food waste.
- Use local suppliers where possible and try to cook as much of the food on site.



Food service best practice:

“Meals and refreshments should be delivered in an environment that meets the needs of each individual resident, and allow flexibility of timings and be sensitive to specific care needs and preferences.”

- 1 The food should be presentable and palatable, this is particularly important for modified texture meals.
- 2 **Food choices:** Food is more likely to be eaten and nutritional requirements more likely to be met when residents are given the opportunity to choose their own food near to the time of service as possible.
- 3 The immediate environment should be prepared in order for residents to be able to enjoy their food in a dignified manner, with the appropriate level of support as required.
- 4 Consideration should be given to washing hands, positioning, dental needs and any special aids required.
- 5 Visiting relatives should be encouraged to help at mealtimes as appropriate.
- 6 Portion sizes should be offered for all main meals to meet the range of appetites, energy and nutrient requirements.
- 7 Residents should not miss meals and if they do they should have an alternative provided.
- 8 Main meals should be available every 4 to 5 hours during the day. The maximum period between the last main meal at night and the following breakfast should not exceed 12 hours.
- 9 Assistance to eat and the appropriate level of support must be given to all those who require it.
- 10 All staff involved in serving food to residents should be trained in food hygiene and safety and how to serve

For more information on supporting residents at meal times – **See section 4 Encouraging residents to eat well**

For more information of food hygiene and safety **See section 5**

Practice point

Training on food and nutrition for older people care is available for care home staff from dietitians in health boards

1 day accredited courses are offered through the ‘Nutrition Skills for Life’ programme across Wales

- Improving food and nutrition care
- Food and nutrition skills for those providing care

Other more bespoke session on specific aspects of nutrition care such as MUST screening, food fortification, Food First approaches may also be offered.

For more information, contact your local health board dietitian department

<https://www.publichealthnetwork.cymru/en/topics/nutrition/nutrition-skills/>

Catering for the range of needs and special dietary requirements

Provision for cultural and religious needs, including vegan diets.

Provision for special diets for medical reasons (diabetes, coeliac disease, allergies, weight management).

Obtaining information about a resident's special dietary requirements in addition to general likes and dislikes will help care home providers demonstrate compliance with regulations under the Regulation and Inspection of Social Care (Wales) Act 2016, specifically Regulation 21 which requires them to ensure that care and support is provided in accordance with the individual's personal plan. **See Appendix 1 for regulations.**

Provision for cultural and religious needs

A resident's cultural background has to be respected and any specific dietary requirements should be followed. Care homes must ensure that they make appropriate provision for resident's preferences including for example the provision of halal and kosher food as appropriate.

Care homes can utilise the range of cultural aspects in theme days and events to share periods of celebration and social activities.

Some cultures have periods of fasting, which may mean foods eaten may be different during fasting periods and need to be respected. Many of these cultures accept that people who are unwell may not fast, however this is an individual choice.

Specific dietary requirements is different from likes and dislikes although attempts should be made to accommodate all preferences and needs.

Table 1: Cultural and religious considerations

A guide to food choices commonly observed by different religions and cultures

	Jewish	Sikh	Muslim	Hindu¹	Buddhist	Rastafarian²	Vegan
Eggs	No Blood-spots	Yes	Yes	It varies	It varies	It varies	No
Milk/Yogurt	Not with meat	Yes	Yes	Yes	Yes	It varies	Calcium fortified from plant source only
Cheese	Not with meat	Yes	It varies	Yes	Yes	It varies	Vegan cheese only
Chicken	Kosher	It varies	Halal	It varies	No	It varies	No
Lamb/Mutton	Kosher	It varies	Halal	It varies	No	It varies	No
Beef/beef products	Kosher	No	Halal	No	No	It varies	No
Pork/pork products	No	Rarely	No	Rarely	No	No	No
Fish	With scales, fins and back bone	It varies	It varies	With fins and scales	It varies	Yes	No
Shellfish	No	It varies	It varies	It varies	No	No	No
Butter/Ghee	Kosher	Yes	Yes	Yes	No	It varies	No Vegan spreads such as nut spreads
Lard	No	No	No	No	No	No	No
Cereal foods	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nuts/Pulses	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fruit/Vegetables³	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fasting⁴	Yes	Yes	Yes	Yes	Yes	Yes	No

¹ Strict Hindus and Sikhs will not eat eggs, meat, fish and some fats

² Some Rastafarians are vegan

³ Jains have restrictions on some vegetable foods. Check with the individuals

⁴ Fasting is unlikely to apply to young children

Vegan diets

Vegans do not eat any foods of animal origin. This includes meat, fish and dairy foods, and also honey. Vegan diets may be low in a number of nutrients such as energy, protein, vitamins B2 and B12, calcium, zinc and iron.

These diets need careful planning and vitamin supplements may be necessary to complement the menu. The Vegan Society recommends that vegans take supplements of Vitamin B12, Vitamin D and calcium.

When preparing vegetarian or vegan meals it is important that food provided is not compromised in any way. For example, picking meat out of a dish already cooked is not appropriate. The vegetarian/vegan dish should be prepared first and the meat added later for other residents if feasible.

Talk to residents and /or their families to devise a suitable menu including foods they are familiar with at home, and which particular foods are to be avoided e.g. gelatine and rennet. You may need to seek advice from a dietitian.

For more information:

<https://www.vegansociety.com/>

Provision of special diets for medical reasons

A special diet is one that cannot be selected freely from the menu choices available.

Care homes and their caterers should work closely with residents and their relatives to support residents with dietary requirements for medical reasons. It is important that requests for special diets including diets for food allergies are handled sensitively and appropriately, and is included as part of the food and drink policy describing how these are managed, and the procedure that is followed.

The range of diets can include:

- food modified to a safe texture for a residents required needs (see section 2C on IDDSI)
- modified diet for diabetes and or weight management

allergy free: e.g nut-free or milk-free diets, gluten free diets for Coeliac disease.

The resident and/or family should have all the necessary dietary information from home or via discharge information if coming from a hospital. If the resident has recently been advised a special diet for a medical reason, a Dietitian may be in contact with the care home setting directly or a dietitian may already be involved in their care.

Be familiar with any local policy for special diet referral or advice. **See also the sample procedure for managing request for a special diet in Section 7.**

Managing food allergies and intolerances

Food allergy and food intolerance are different.

Food allergy involves the immune system and is a response to specific proteins found in foods, and can occur after a trace of the allergic food is eaten. Reactions are usually immediate and symptoms are wide ranging and may include diarrhoea, swelling of the lips, tongue or throat. The most severe reaction can result in anaphylaxis (a severe and potentially life threatening reaction).

Food intolerances do not involve the immune system and tend to occur more slowly and symptoms may depend on the amount of food that has been eaten.

For confirmed food allergies there should be a protocol in place which is accessible to all staff, to ensure everyone is aware of individual residents allergies and symptoms.

Providing food allergen information

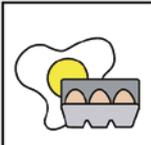
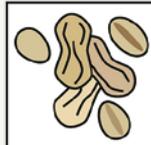
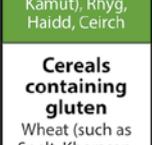
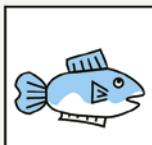
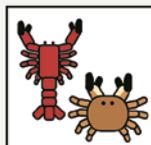
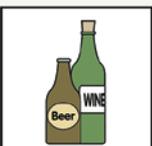
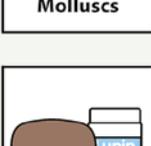
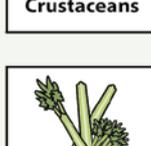
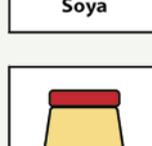
Understanding which allergens are present in every meal and snack you provide is an important step in providing food which is safe for residents with food allergies and intolerances. Since 2014, all food businesses, including care home settings have been required by law (EU Food Information for Consumer Regulations), (FIC), to give details about the allergens in the food they provide.

For food businesses which provide non-pre-packed (loose) food such as to those providing care in Residential and Nursing Homes, you are obliged to declare information

on any of the 14 allergenic ingredients used in food provided. This can be achieved in a variety of possible ways for example in writing such as on menus, chalkboards, etc or, through verbal communication.

The allergen information needs to be accurately conveyed and backed up by a system that can be checked and verified by others such as your food safety officer, additionally, businesses need to consider the “duty of care” in this respect, and ensure they have taken, and put in place, measures to avoid any incidents in relation to the area of allergens.

There are 14 allergens covered by this requirement:

 <p>Grawnfwydydd sy'n cynnwys glwten Gwenith (megis gwenith yr Almaen, Khorasan, Kamut), Rhyg, Haidd, Ceirch</p> <p>Cereals containing gluten Wheat (such as Spelt, Khorasan, Kamut), Rye, Barley, Oats</p>	 <p>Wyau Eggs</p>	 <p>Cnau Coed Tree Nuts</p>	 <p>Pysgnau Peanuts</p>	 <p>Llaeth Milk</p>
 <p>Molysgiaid Molluscs</p>	 <p>Pysgod Fish</p>	 <p>Cramenogion Crustaceans</p>	 <p>Soia Soya</p>	
 <p>Sylffwr Deuocsid (sulffitau) Sulphur Dioxide (sulphites)</p>	 <p>Bys y blaidd Lupin</p>	 <p>Hadau Sesame Sesame Seeds</p>	 <p>Seleri Celery</p>	 <p>Mwstard Mustard</p>

Note: types of nuts include: almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts, pistachio nuts, macadamia

It is important to remember that residents may have allergies to foods and ingredients not covered by this list. These will not be highlighted in bold on product ingredients lists. The same policy and procedure should be followed where a resident has an allergy to a food not included on this list, to ensure appropriate and safe meals and snacks are provided for them:

The Food Standards Agency has published guidance for catering establishments (this includes institutional caterers), in relation to allergens and procedural issues. Advice is provided for those who are catering for residents and is relevant to Care Homes.

Guidance for food preparation and catering for food allergens is found in Section 5.

Diabetes

You may have a number of residents with Type 2 diabetes that will be managed by diet alone, or diet and medication.

Residents with Type 1 Diabetes will have insulin injections.

Practical food guidance for people living with diabetes will not differ greatly from guidance for the provision of standard meals for the well older person:

- aim to have 3 regular meals a day spaced over the day to help control blood sugar levels
- at each meal have a starchy carbohydrate food
- higher fibre choices should be encouraged
- limit sugar and sugary foods as people with diabetes do not need to eat a sugar free diet but can use the sugar in foods and baking as part of a healthy diet
- if they have any specific individual requirements and have seen a dietitian then this information will be provided.

Items that should be available and can be provided by the main menu:

- Snacks – Fruit, plain scones, plain biscuits
- Desserts – Tinned fruit in natural juice, fresh fruit, stewed fruit (no added sugar), diet yoghurt, milk puddings, sugar free jelly
- Drinks – water, sugar free fizzy drinks and squashes, tea and coffee without sugar and sweetener if chosen, pure unsweetened fruit juice (1 glass with a meal)
- Diabetic food and drinks are not recommended – they have no benefit
- Regular review of medication and/or insulin should be provided to enable any adjustment to dietary advice, if needed .
- People receiving mixed insulin must have a supper snack to prevent overnight hypoglycaemia (low blood sugar)
- People with consistently low or high blood sugar should be referred to the diabetes specialist nurse/dietitian/GP/district nurse

For further information on diet and diabetes see Diabetes UK in reference list.

Note: Residents with diabetes who are also at risk of malnutrition will need careful monitoring and if any nutritional supplements are prescribed advice from a dietitian GP or specialist nurse. See section on food fortification for additional advice for people with diabetes.

Note: preventing hypos and emergency admission.

Residents with diabetes who take medication or insulin to control their blood sugar may have “hypos” when their blood sugar falls too low. If this is severe they may need emergency admission to hospital, so care needs to be taken to prevent this from happening.

This can happen if they have a poor appetite and eat less or miss meals, or have sickness. It is important to monitor food intake carefully in a resident who has diabetes, and if this happens seek advice,

<https://www.diabetes.org.uk/Guide-to-diabetes/Complications/Hypos>

There are a number of resources available from Diabetes UK on the care of people in care homes with diabetes or refer to any local guidance.

<https://www.diabetes.org.uk/professionals/resources/shared-practice/diabetes-care-in-care-homes>

Obesity

It can be very difficult to support residents to lose weight in a care home setting especially if less mobile. Empathy and understanding are key and raising the issue sensitively and explaining the benefits of some weight loss can help.

Regular physical activity (dependant on ability) combined with modest reduction in calories can help to either maintain weight or achieve small weight loss.

It is important to address it, as obesity can have a big impact on a person's quality of life and their health, as it increases the risk of pressure sores, diabetes and heart disease. Following healthy eating guidance in the Eatwell guide particularly for snacks and drinks will help.

Food record charts may help to identify potential changes which can be discussed with the resident to encourage healthier eating habits. Referral to health professionals may be necessary.

See also tips in the menu and recipe section.

Coeliac disease and Gluten-free diets

If a resident has a diagnosis of coeliac disease this means they must follow a gluten-free diet. Gluten is the protein found in wheat, rye and barley and therefore all foods which contain these cereals must be avoided.

People with coeliac disease may be able to tolerate oats, but always check. There are a good variety of gluten-free foods available and advice on foods to choose and avoid can be given by a dietitian. Coeliac UK also provides help and advice as well as booklets outlining gluten-free foods.

Advice on catering is provided in the menu and recipe section.

References

1. Well-being of future generations (Wales) act 2015

<https://futuregenerations.wales/about-us/future-generations-act/>

2. Evidenced based nutrition guidelines for the prevention and management of diabetes

<https://www.diabetes.org.uk/professionals/position-statements-%09reports/food-nutrition-lifestyle/evidence-based-nutrition-guidelines-for-the-%09prevention-and-management-of-diabetes>