

Nutrition and Carer involvement in the first 48 hours of admission 'Best Practice' Guidance

Introduction

In 2016 the Dementia Clinical Network (NHS England, London Region) set up an acute hospital working group led by Professor Siobhan Gregory. The aim of the acute hospital working group is to set up a process to support the improvement of quality of care in hospital for people with dementia across London. It was proposed that this is done through a network of peer review, in order to share good practice, encourage collaborative working between Trusts and act as a stimulus for Trusts to develop appropriate action plans to improve dementia care in their services. This would result in standardised practice, with the potential for best practice initiatives to be implemented across London, improving the experience of care for patients, carers and staff.

The working group decided to initially focus on nutrition and carer involvement in the first 48 hours of admission, as these had been highlighted as a potential areas of improvement from two pilot peer review visits. Currently, no specific guideline exists on nutrition and carer involvement in the first 48 hours of care, therefore, this guidance and peer review tool has been created. The working group is keen to ensure that any examples of good practice are shared and that the peer review proves helpful to senior clinical leaders, in particular around holistic care. Whilst difficult to determine or quantify caring and compassion, peer reviewers will acknowledge any areas of excellent holistic care to support staff feedback and revalidation. Information was gained from policies, guidance documents, evidence and expert opinion (please see appendix for reference list). Information was sought from a variety of professionals including directors and assistant directors of nursing, occupational therapy, speech and language therapy, dietetics, consultant liaison psychiatry and professional bodies.

This guidance was drafted and then refined by the expert working group and by a hospital patient group and a local London branch of Age UK.

Nutrition

People with dementia are at risk of dehydration and malnutrition which can lead to pressure ulcers, falls, delirium and an increased length of stay. All staff must be aware of the importance of food and fluid from the moment a patient with dementia arrives in hospital.

Assessment

It is imperative that on admission to hospital, clinicians quickly establish if a person with dementia is able to eat and drink and that this information is fed back to staff. If a patient has been admitted as an emergency it needs to be established how long a patient has been without food / fluids, for example, after falling and having a long lie on the floor, and staff must act accordingly to reduce the

risk of dehydration and malnutrition. Information needs to be sought from carers about what the person's usual ability to eat and drink is and if any support is normally required.

Food and Drink Availability

- No matter where a patient is in hospital (including A&E) there must be access to cool water and hot drinks 24 hours per day
- There should be access to snack boxes in A&E particularly for people who do not have a carer with them who could purchase food

Offering Food and Fluids

- Once it is established that a patient is able to drink, staff should offer them a drink.
- Staff may need to use short sentences and closed questions in order to effectively communicate. If the person with dementia is unable to communicate, then try to establish from carers what the person normally likes to eat / drink
- Appropriate cups should be used, which represent what is familiar to a patient. Beaker cups should not be used unless routinely used at home
- Some people with dementia are more likely to eat finger food, which can be achieved by cutting up sandwiches into finger size pieces.
- In some patients with dementia the feeling of thirst is impaired; therefore staff will need to encourage patients to drink.
- Patients with dementia take longer to eat, require prompting and encouragement. Staff must check that the patient is actually eating; some people will need someone with them whilst eating.
- Patients may have problems with coordination and swallowing.
- Patients may need ongoing prompts to drink, staff must monitor that patients are actually drinking and are not just left with a cup of tea in front of them to go cold.

Positioning

- When eating and drinking, a patient's position needs to be optimised in order to avoid swallowing difficulties and aid digestion
- Ideally, a patient should be sitting upright in a chair, however if this is not possible then patients should be sitting upright on a hospital bed or A&E trolley (unless contraindicated)

The Environment

Meals should be relaxed, unhurried and free from distraction. Whilst this may be difficult to achieve in a busy hospital environment staff can assist by:

- Decreasing noise and stimulation whilst the person is eating, for example, not taking vital signs.

- Use a calm tone of voice and do not appear to be rushing
- Make sure a patient is covered up with clothes / blanket

Carer Involvement

Carers are an integral part of a person with dementia's health and wellbeing. Carers should be seen as part of the multidisciplinary team. Carers have a wealth of information and can be extremely helpful, it is therefore important that carers are effectively involved as an equal partner in care from the moment a person with dementia is admitted to hospital.

First Point of Contact

- Staff must quickly identify who the carer(s) is and what support they provide
- Staff must introduce themselves to carers and explain what their role is
- Staff must ascertain key information from carers including: history of presenting condition, what the patient likes / dislike, usual function abilities, capacity and lasting power of attorney, any advance care planning and DNAR status.
- Documents such as 'This is me' should be used in order to inform staff of a patient's needs, preferences, likes, dislikes and interests.

Communication

- Staff must listen to carers and tell them as much as possible about what is going on.
- Staff need to understand and appreciate the carers' perspective, this requires listening with empathy to the experiences and concerns of carers and knowing how to respond.
- Carers should only need to tell their story once; information should be shared between teams. Patients should have consistent nursing and clinical teams and experience the minimum number of ward moves possible.
- Carers are often frail and elderly themselves and need to be supported to ensure their comfort and minimise distress, for example by offering them something to eat and drink and somewhere to sit.

Open Visiting

Carers of people with dementia should have the right to stay with the person they care for in hospital. This should be embraced from the moment a person with dementia arrives in hospital. Many hospitals have an open visiting policy or have signed up to Johns Campaign.

Discharge Planning

- Carers need to be informed on length of stay at the point of admission
- As soon as identified, the carer must be involved in discussions about care needs on discharge
- Carers should be signposted or appropriately referred for a carers assessment

Peer Review Tool

Please use the above guidance in order to guide you observational notes as to what good practice looks like

Nutrition

<p>Assessment <i>How is nutrition taking into account during patient assessments</i></p>	<p>Position / Environment</p>
<p>Offering food and fluids</p>	<p>Compassion and communication</p>

Carer Involvement

Communication	Compassion
Information Gathering	Discharge

Checklist

	√ or X
Cold drinks available 24 hours	
Hot drinks available 24 hours	
Snacks available 24 hours	
Staff introduced themselves	

	√ or X
Staff identifiable by profession and grade (name badge / uniforms)	
Open visiting policy	
Carer information leaflet available	
Carers invited to stay with patient	

Areas of notable good practice:

Areas of practice that could be improved:

Any initiatives that would be useful to share across London:

Appendix: References

These documents were all reviewed in the process of writing the best practice guidance:

- Alzheimer's Disease International (2014). [Nutrition and dementia. A review of available research.](#)
- Alzheimer's Society (2016). [Hospital Care Fact Sheet.](#)
- Care Quality Commission (2012). [Time to listen in NHS Hospitals, dignity and nutrition inspection programme.](#)
- Department of Health (2016). [A toolkit to support the development of a hospital food and drink strategy.](#)
- London North West Healthcare NHS Trust. Confusion Care Pathway.
- London North West Healthcare NHS Trust. Information for carers/relatives of patients with: A diagnosis of dementia, Delirium and/or Cognitive impairment
- NICE (2006). [Dementia: supporting people with dementia and their carers in health and social care \(CG42\).](#)
- Royal College of Nursing (2010). [Improving quality of care for people with dementia in general hospitals.](#)
- Royal College of Nursing (2013). [The Triangle of Care Carers Included: A Guide to Best Practice for Dementia Care.](#)
- Royal College of Nursing (2014). [RCN Development Programme: Transforming Dementia Care in Hospitals Evaluation Report](#)
- The Association of UK Dietitians (2012). [The Nutrition and Hydration Digest: Improving Outcomes through Food and Beverage Services.](#)
- The Caroline Walker Trust (2011). [Eating well: supporting older people and older people with dementia](#)