Finding out about the individual

- We expect patients and residents to be thoroughly assessed by a registered nurse.

- We expect the individual to be checked at the beginning and on a regular basis:
  - to see if they have lost or gained weight; if a person is not eating they may be depressed
  - to find out what they usually eat and drink
  - to find out their likes and dislikes
  - to find out if they have food allergies
  - to examine their mouth to see if they have dental problems
  - to find out if medicines are affecting their appetite or causing them to have a dry mouth
  - to ensure that they can swallow safely without choking before giving them something to eat or drink.

- We acknowledge that sometimes a person’s food and fluid intake needs to be written down in order to find out how well they are eating and drinking over a period of time.
Getting information on healthy eating

- We expect nurses to know which foods are healthy and nutritious, and to pass this information on to patients, residents and their families.

The importance of mealtimes

- In the care home, we expect nurses and care assistants to liaise with residents and relatives in order to provide acceptable menu selections.

‘It’s not on to serve mince and tatties at every meal.’
Lynne

- We expect appropriate foods to be provided for the person that are acceptable to their culture, ethnic background and personal preference.

- We expect that patients and residents can have a choice of meal and that they are given help to make this choice if they need it.

‘Communication with patients about their meals is always a way to get everyone chatting to each other. Even the more reserved patient can become quite animated about hospital food.’ Rose

- We expect food and drink to be suitable, well presented and served at the correct temperature. For example, a person who has had a heart attack or stroke needs healthy appetizing food and portions that are adequate but not too big.
'On the stroke ward all that was left was pork pie and lettuce. I saw a patient throw a pork pie at the wall in frustration.’ Elizabeth

- We expect registered nurses to oversee mealtimes, as it is part of their job to ensure that patients and residents get sufficient nourishing food and drink when they are in a hospital or care home.

- We expect sufficient time to be given over to mealtimes. More time is required when people need to be helped to eat and drink.

- We expect the nurse in charge to take action if unsuitable food is provided.

- We expect staff to be flexible about who can serve snacks and drinks. We believe it’s everybody’s job to see that patients’ and residents’ needs for food and drink are met.
Getting help with eating and drinking

- We understand that helping a person to eat and drink is a skill that needs to be learned.

- We expect trained nursing assistants to help a person with their meals and drinks. They can assist by giving out meal trays, cutting up food, helping those who need it to eat and collecting the trays after people have finished their meal. By doing this the nursing assistants soon know who isn’t eating their meals so that nurses can take action to help people get the nourishment they need. This might involve bringing in a dietician.

- We expect fresh water and preferred drinks to be available to patients and residents at all times, and that those who need it are helped to take regular drinks.

Equipment and furniture

- We expect special equipment to be available so that people can be independent at mealtimes. For example, specially adapted cutlery can make things more comfortable for those with arthritis. Equipment should be bright and cheery and wipe-clean but not childish. Crockery that is ‘sturdy’ but not too heavy such as cups with large handles and plates that don’t move around on a tray are especially helpful.
Equipment and Furniture  (continued)

- We expect furniture to be well-designed and suitable for people with infirmities.

- We acknowledge that it takes time to help people to the table for meals, however a long wait prior to the meal being served is unacceptable as the person may begin to feel restless, fatigue and discomfort.

- We believe that it is not appropriate for doctors or others to be taking blood, doing rounds or making visits at mealtimes. Disturbing a person during their meal could make all the difference between a frail person eating a hot meal, or leaving it unfinished, as it has become cold and unappetizing.

Mealtimes are social occasions

- We expect staff to organise meals for patients in hospital and care homes, so that there are opportunities to socialise with each other if this is what they want.

- Quiet, pleasant music can be a benefit at mealtimes so long as it doesn’t interfere with patients’ and residents’ ability to communicate with each other and with nurses.

- We believe that it is important to keep people physically active, so that they are less likely to feel lethargic and to lose their appetite.
Snacks and treats

- We expect sandwiches to be available in the care home or hospital at any time, in case people miss their meals.

- We expect there to be facilities for making hot drinks and toast in hospitals and care homes.

- We believe that it is important to be able to store in the ward cold foods brought in by relatives. A favourite juice, ice-cream or any cold treat when the fancy arises can be a boost to morale.

- We believe that residents in care homes welcome a regular opportunity to have a hot carry-out meal.

‘My uncle has just had a short spell in a nursing home and he loved it. He had men of his own age to speak to, all the main meals were good, cups of tea in between and the one thing that he loved every Saturday night was that the home ordered fish and chips from the chippy.’ Lynne
About the Involving Older People Project

*A Partnership for Care*, an NHS Scotland policy document, calls for patients and members of the public to be involved in the development of services, standards, and policies for health and social care. The Involving Older People Project worked with older people and carers to use their experiences and expectations of health services to develop this brochure. This is an example of how people can be involved in the development of services, standards and polices.

**How we achieved our goals**
People were shown in their own home how to use a computer and were provided with any special aids to help them where necessary. Project staff visited people at least once a month to continue computer skills training, and to provide them with support. Once the participants were comfortable using the computers they began to work with project staff in online discussions to develop care guidelines. Three face to face group meetings added to the online work of the group. This brochure was designed by group members, and is the end result of the group’s work.

**The Parent Project**
The Involving Older People Project is an extension of the Gerontological Nursing Demonstration Project. The Demonstration Project was set up to help nurses from all over Scotland to share and develop best practice in the care of older people. For more information on the Gerontological Nursing Demonstration Project visit www.geronurse.com.

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