Dishing up good practice
A nutrition champions programme is going down very well with some nursing home residents in Scotland. Group manager Kay Simpson tells Jennifer Trueland about spreading ‘the Jamie Oliver effect’

Kay Simpson might be the boss at Woodlands Nursing Home, but even she is not allowed to go into the dining room at mealtimes.

The group manager of three care homes in the Peacock Medicare group is barred, as are local GPs, podiatrists and anyone else not directly involved in cooking, serving or helping the residents to eat their food.

You might say it is her own fault: Ms Simpson, a qualified nurse, introduced protected mealtimes at the home as part of the nutrition champions programme run by Scotland’s Care Commission.

More than 50 people, many of them nurses, have now completed the Promoting Nutrition in Care Homes for Older People programme (Care Commission 2009), which aims to spread good nutritional practice in a sector where it has sometimes been lacking.

The programme involved a three-day nutrition course and a two-day change management course, to help the champions bring their ideas to fruition. Each organised a project and produced a summary of it to show what changes had been made. And they are already making a real difference.

‘Food is a vital part of the care of older people and is an important part of their lives,’ says Susan Polding-Clyde, the nurse consultant who is now responsible for the programme. ‘Care homes have some of the most frail and vulnerable older people – if they are nutritionally compromised, then it’s going to slow down their improvement. It covers all aspects, from tissue to mobility and strength and wellbeing, especially in the older body.

‘But particularly for people in care homes, mealtimes are an important part of the day. They should be a social time, an enjoyable time – they should be a time they look forward to.’

The nutrition champions programme was introduced in 2006 under Ms Polding-Clyde’s predecessor, Belinda Dewar, as part of a specific focus on improving nutrition. Although there are tools available to ensure that older people’s nutritional needs are met, not every care home implements best practice. The British Association for Parenteral and Enteral Nutrition report of 2007 found that around 30 per cent of 1,610 residents screened in 173 care homes were malnourished.

More than 100 people working in care homes started the programme, including Ms Simpson. As group manager for the three homes in Livingston and Edinburgh, she felt that she would be in a position to ensure that any change she wanted to make would be implemented.

It was a tough programme – around 50 per cent did not complete it – but the enthusiasm of those who did is infectious.

‘Nutrition, hydration and malnutrition are big issues for care homes,’ says Ms Simpson. ‘I thought we were doing pretty well in our homes, but I learned such a lot on the course and I feel we’ve really improved things. It was important that I was in a position where I could make the changes – but I also learned during the process that it was vital to take other people with me.’

Ms Simpson – clearly a glutton for punishment – decided that she would undertake three projects, not the one demanded by the course. ‘I’m group manager in three homes, so thought I’d do one in each,’ she smiles.

**New menus**

She asked the managers in the homes what they thought should happen, before deciding to introduce protected mealtimes, rolling breakfasts – where residents can eat when they get up, not wait for a specified ‘breakfast time’ – and improved menus. All have proved...
Residents said they wanted smaller portions and different types of food

The new menus still meet nutritional requirements but are more popular and there is less waste. Since all the changes were introduced, body mass indexes of about 90 per cent of residents have increased.

Ms Polding-Clyde believes that the lessons from all the projects could be shared with the NHS as a whole – including the idea of protected mealtimes. As she is also involved with the Scottish government’s national programme on nutrition in the NHS, she is helping to ensure that the lessons from care homes are being passed on.

‘The food has always been very good but now I’d say it’s terrific – my husband is famed for clearing his plate’

The programme’s steering group is currently considering what it should do next. Lessons have clearly been learned from the relatively high drop-out rates. Those who did complete it, however, valued the programme and felt it improved their practice.

The Care Commission report says that the high drop-out rates could be because people did not understand fully at the beginning the scale of the commitment, which involved not just the training days, and workplace-based project, but regular local group meetings.

Meanwhile, the champions might be working wonders in their workplaces (the Care Commission calls it ‘spreading the Jamie Oliver effect’), but what about the other care homes across Scotland – there are around 950 regulated by the Care Commission.

Ms Polding-Clyde is hopeful that another programme will be run, but points out that in any case, nutrition is an area which comes into general Care Commission inspections. There is, for example, a national care standard on eating well, which requires that meals in care homes should be ‘varied and nutritious’, reflect food preferences and special dietary needs, be prepared and cooked, and attractively presented.

Meanwhile, residents at Woodlands are relishing the improvements. Fresh from a special haggis lunch to celebrate Burns Day, Janet Palmer, 78, says she likes the way that her wishes are taken into account. ‘I don’t eat much, but I always enjoy it,’ she says.

Helen Etherson, a retired nurse whose husband has been in the home for three years, has noticed the change. ‘There’s been a vast improvement,’ she says. ‘The food has always been very good but now I’d say it’s terrific – my husband is famed for clearing his plate.’

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