



## **Following a CQC Assessment / Inspection May 2025 Reimagining Mealtimes!**

### **Planning A Journey of Nourishment, Accuracy, Dignity, & Joy!**

This aims to empowers a team to elevate nutritional quality and transform daily meals into meaningful experiences. It celebrates food not merely as sustenance, but as a vital source of **comfort, connection, and joy**.

Blending evidence with empathy, this can equips teams with practical tools to create menus and dining environments that nurture wellbeing, preserve dignity, and foster community. By honouring food's central role especially meaningful in later years it invites care professionals to create moments that truly matter.

## **Dignity in Dining**

A Journey That Nourishes Body and Soul

An opportunity to evaluate an invitation to reimagine nutritional support. This insight arms you with essential knowledge to design dining experiences that transcend basic nutrition to genuinely enrich daily life.

For residents, food represents far more than sustenance. It embodies **cherished memories, meaningful rituals, and vital community connections**. Mealtimes become treasured anchors in the day, offering not only structure but moments of genuine anticipation and warmth.

Through this practical guide, your team will discover tools to assess, celebrate, and elevate your food service transforming every meal into an expression of care and every dining experience into an opportunity Promoting **Choice | Decision Making | Autonomy & for Meaningful Connection**.

# Purpose of This Toolkit

Nourishment Beyond Nutrition: A Guiding Light for Teams

This isn't just about food it's about **enriching lives**. They're designed to help create **joyful, dignified, and meaningful mealtime experiences** that become cherished parts of each resident's day.

We recognise that not every care home has access to a dietitian easily. That's why this resource is practical, empowering, and immediately applicable. Inside, you'll find inspiration, flexible tools, and proven strategies to help you develop diverse, balanced menus that **stimulate appetites, promote wellbeing**, and honour the individuality of every resident in your care.

Because food is more than fuel **it's connection, comfort, and care**.

## Your Toolkit for Transformation: Practical, Flexible, Empowering

This isn't a rigid manual it's a **dynamic toolkit**. Whether you're establishing new practices or refining existing ones, this allows a team to access relevant sections as needed, focusing on areas most important to your residents' needs and your home's goals.

Diversity across care environments, and understand there's no single approach to success. That's why **every improvement matters**. Even modest changes like introducing more culturally appropriate dishes or enhancing the dining environment can significantly impact residents' joy, nourishment, and dignity.

Implementation can be gradual. You can introduce changes at a pace that works for your setting, confident that **each positive step advances better mealtimes**, enhanced wellbeing, and a stronger care community.



# Fueling Health, Nurturing Lives: The Power of Nutrition and Hydration

For older adults in care homes, **nutrition and hydration form the cornerstone of vitality and wellbeing**. This extends beyond meeting dietary guidelines it's about understanding residents' evolving needs, fostering meaningful connections, and honouring the dignity of later life.

Aging brings distinct nutritional requirements: increased protein to preserve muscle strength, enhanced hydration to maintain health, and thoughtful support to address challenges like diminished appetite or swallowing difficulties. Crucially, **mealtimes provide essential opportunities for community, belonging, and personal recognition**—infusing everyday routines with warmth, dignity, and joy.

Supporting nutrition isn't merely fulfilling requirements it's a profound expression of care.

## Essential for Everyone

Proper nutrition, adequate hydration, and regular physical activity form the foundation of lifelong wellbeing. In care settings, nutrition transcends basic sustenance mealtimes become opportunities for social engagement, sensory enjoyment, and maintaining personal autonomy and dignity.

## Significant Mealtimes

In care homes, mealtimes anchor residents' daily routines and provide primary opportunities for social connection. Many residents face specific challenges affecting nutritional intake: reduced mobility, chewing or swallowing difficulties, decreased appetite, cognitive changes, and feelings of social isolation.

## Different Nutritional Needs

Adults over 65 have specific nutritional requirements that differ from younger populations. Their optimal diet features increased protein for muscle maintenance, enhanced calcium for bone integrity, sufficient folate for cellular health, and adequate vitamin B12 for neurological function while maintaining appropriate levels of carbohydrates, fibre, fats, and salt.



# Nutritional Excellence in Later Life: The Essentials



As we age, our nutritional needs evolve. Adults over 65 require higher levels of protein, calcium, folate, and vitamin B12, while maintaining balanced intake of other nutrients. Hydration is equally crucial—women need at least 1600ml daily (7-8 mugs), while men require 2000ml (10-11 mugs). Importantly, all beverages contribute to meeting these vital hydration targets.

A nutrient-dense diet becomes increasingly important after age 65, serving as the cornerstone of healthy, active aging. While older adults should maintain similar levels of carbohydrates, sugar, fiber, fat, and salt as younger adults, they benefit significantly from increasing their intake of protein (to preserve muscle mass), calcium (for bone health), folate (for cellular function), and vitamin B12 (for neurological well-being).

## 1600ml

### Women's Daily Fluid Needs

Women should consume at least 1600ml of fluids daily (equivalent to 7-8 full mugs) to maintain optimal cellular function, regulate body temperature, and support vital organ systems.

## 2000ml

### Men's Daily Fluid Needs

Men require at least 2000ml of fluids daily (equivalent to 10-11 full mugs) to ensure proper hydration, which supports cognitive function, joint health, and overall physiological balance.

Hydration comes in many forms not exclusively water. Daily fluid needs can be met through a variety of beverages including tea, coffee, milk, fruit juices, and even modest amounts of low-alcohol drinks. For those mindful of dental health, the best choices remain water, unsweetened tea or coffee, and milk, which provide hydration without compromising oral wellness.

# Vanquish the Spectre of Malnutrition

Malnutrition haunts up to 70% of care home residents, particularly those with dementia. It manifests as insufficient nutrient intake, leading to weight loss, while dehydration occurs when fluid output exceeds intake. Confront these threats head-on with targeted interventions to preserve health and dignity.



## Malnutrition Defined

A condition of inadequate nutrient intake or absorption, resulting in altered body composition, diminished physical function, and adverse clinical outcomes. Optimal nutrition requires sufficient calories, protein, vitamins, and minerals to maintain health and prevent deterioration.

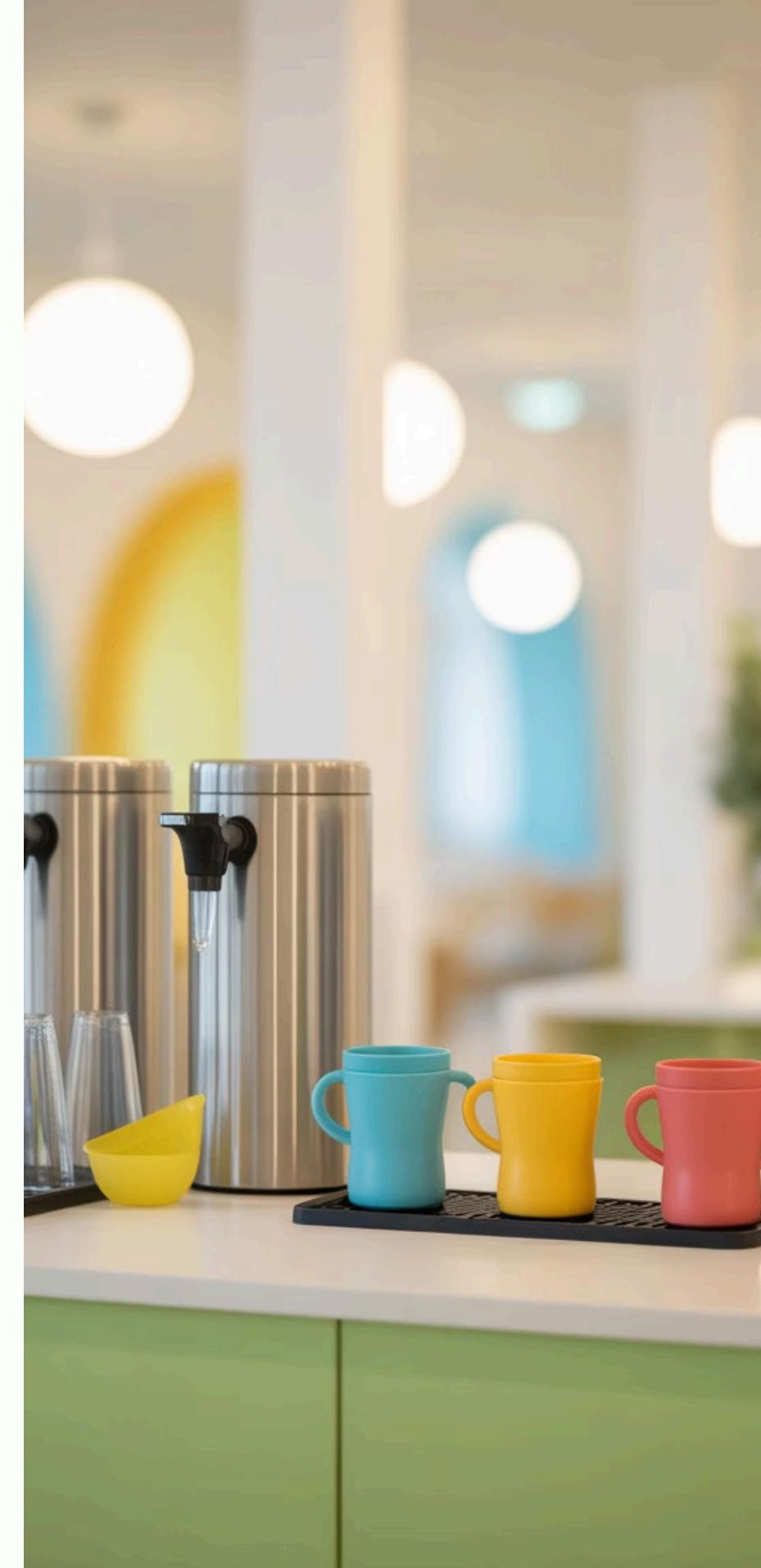
## Dehydration Defined

A clinical state where fluid losses exceed intake, compromising essential physiological functions. Dehydration may develop gradually through chronic insufficient fluid consumption or acutely during illness, potentially leading to cognitive impairment, falls, and organ dysfunction if not promptly addressed.

With dementia affecting up to 70% of care home residents, the risk of nutritional deficiencies is substantially elevated. As cognitive decline progresses, individuals experience diminished appetite, difficulty recognising food, impaired self-feeding abilities, and swallowing complications. Proactive care providers must implement thoughtfully designed approaches to ensure adequate nutritional intake, preserve dignity, and enhance residents' quality of life.

Take Action [Click](#) [Learn More](#) [For What Are Risk Factors](#) [NICE Guidelines](#)

[Learn More](#)



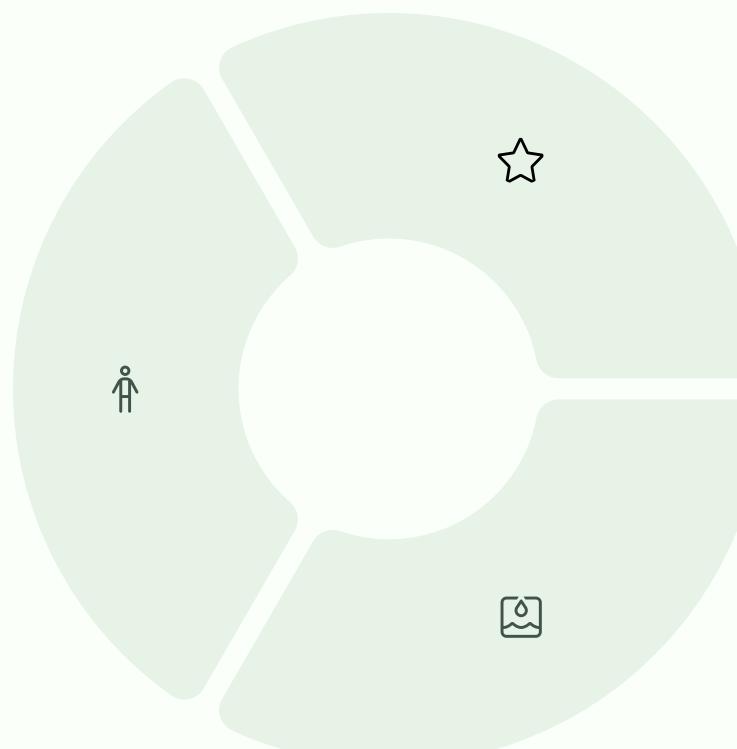
# Risk Factors for Malnutrition

Malnutrition risk in care homes emerges from interrelated social factors (isolation, reduced support networks), medical conditions (chronic illness, cognitive decline), and physical limitations (compromised oral function, reduced mobility) that collectively impair nutritional intake.

A complex interplay of social, physical, and medical factors significantly influences nutritional status and elevates malnutrition risk among care home residents. Recognising these multifaceted contributors is fundamental to implementing comprehensive assessment protocols and developing targeted nutritional interventions.

## Social Factors

- Profound social isolation and diminished social engagement during mealtimes
- Inadequate nutritional knowledge among residents and caregivers
- Deterioration of food preparation skills and independence
- History of substance dependence affecting appetite and nutritional choices
- Economic limitations restricting access to nutritionally diverse foods



## Medical Factors

- Chronic conditions and polypharmacy leading to significant appetite suppression
- Clinical depression and anxiety disorders affecting meal engagement
- Progressive cognitive impairment impairing food recognition and eating behaviours
- Dysphagia presenting substantial challenges to safe food consumption
- Gastrointestinal disorders compromising nutrient absorption and utilization

## Physical Factors

- Deteriorating dental health and compromised oral function
- Age-related sensory decline affecting taste perception and food enjoyment
- Upper limb disabilities significantly limiting independent feeding capacity
- Mobility constraints preventing access to dining areas and food sources

# Supporting Hydration Together:

\*\*Sample Plan Women\*\*



## Morning (600ml)

Offer tea/coffee with breakfast. Selection of fruit juice. Provide water glasses during medication rounds.



## Afternoon (600ml)

Serve fruit-infused water with lunch. Offer jellies or smoothies as mid-afternoon treats.



## Evening (400ml)

Provide evening & bedtime drinks in favourite cups. Ensure water is within reach overnight. Provide water glasses during medication round.

Be Exceptional jellies can contain up to 250ml of fluid - an excellent hydration solution for residents once risk assessed with swallowing difficulties.

Remember that many foods contribute to hydration. Soups, fruits, yoghurts and porridge can provide up to 500ml of additional daily fluid intake.



# Consequences of Malnutrition

Malnutrition in care home residents leads to three critical consequences: reduced muscle mass causing physical limitations, weakened immunity increasing infection risk, and decreased functional capacity affecting overall wellbeing.

Malnutrition has profound consequences for care home residents, compromising their physical health, mental wellbeing, and quality of life. Understanding these effects underscores the importance of implementing effective nutrition and hydration strategies in care settings.



## Reduced Muscle Mass

Loss of muscle mass and function (sarcopenia) diminishes strength and functional capacity, limiting residents' ability to perform daily tasks. This increases vulnerability to frailty, falls, fractures, and disability, ultimately raising mortality risk.

## Weakened Immunity

Compromised immune function reduces the body's ability to fight infections and impairs wound healing. This leads to more frequent illnesses, increased severity of infections, prolonged recovery periods, and higher risk of complications.

## Decreased Function

Overall functioning declines, resulting in increased lethargy, reduced self-care abilities, deteriorating mental health, cognitive impairment, and in severe cases, elevated risk of premature mortality.

These consequences represent serious clinical concerns that require prompt intervention. Without timely nutritional support, these effects can lead to irreversible decline, highlighting nutrition's essential role in preserving dignity, independence, and wellbeing in residential care.

# Screening for Malnutrition Risk

Some Care homes in England assess malnutrition risk using the MUST tool (evaluating BMI, weight loss, and acute illness impact) or alternative methods like the Patients Association Nutrition Checklist when physical measurements aren't feasible.

In England, Regulation 14 of the Health and Social Care Act requires care homes to conduct comprehensive nutrition assessments following nationally recognised guidelines to identify and support residents at risk of malnutrition.

## MUST Tool

The 'Malnutrition Universal Screening Tool' (MUST) serves as the gold standard screening method throughout UK care settings. This evidence-based assessment evaluates three critical factors: Body Mass Index (BMI), percentage of unplanned weight loss over the previous 3-6 months, and the acute disease effect that might prevent normal nutritional intake.

Based on these parameters, MUST classifies individuals into low, medium, or high risk categories for malnutrition. Each classification comes with specific care protocols, enabling healthcare teams to implement targeted nutritional interventions customized to each resident's specific needs and circumstances.

## Completing the MUST Tool Assessment

### Step 1: Calculate BMI Score

Measure height and weight using calibrated equipment. Calculate BMI (weight/height<sup>2</sup>) or use BAPEN BMI chart to determine score: BMI >20 = 0 points, 18.5-20 = 1 point, <18.5 = 2 points.

### Step 2: Weight Loss Score

Calculate percentage of unplanned weight loss over past 3-6 months. Score as follows: <5% = 0 points, 5-10% = 1 point, >10% = 2 points. Use documented weight history where available.

### Step 3: Acute Disease Effect

Evaluate if acute illness has prevented or is likely to prevent normal nutritional intake for 5+ days. If present, assign 2 points regardless of BMI or weight loss scores.

### Step 4: Calculate Total Risk Score

Sum all three scores to determine overall malnutrition risk category: 0 = Low risk, 1 = Medium risk, 2 or more = High risk. Each category requires specific care interventions.

### Step 5: Document and Plan

Record comprehensive assessment results in the resident's care plan. Implement appropriate nutritional interventions based on risk level following BAPEN guidelines and local care protocols.

Use the QR Code to Access BAPEN Guidelines



Conduct reassessment according to risk level: weekly for high-risk residents, monthly for medium-risk residents, and annually for low-risk residents. Document all assessments, interventions, and outcomes thoroughly in care records to ensure continuity of care and regulatory compliance.

## Alternative Screening

When obtaining physical measurements proves challenging, the Patients Association Nutrition Checklist provides an effective alternative to the MUST tool. This validated assessment requires no weight or height measurements while still reliably identifying nutritional vulnerability in residents.

Care staff can calculate MUST scores either manually using charts or through integrated electronic notes systems. Regardless of the calculation method, all assessment scores must undergo thorough verification for accuracy. For convenience and standardization, BAPEN (British Association for Parenteral and Enteral Nutrition) offers a reliable online MUST calculator through their official website, ensuring consistent assessment across care Vanquish the Spectre of Malnutrition

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# Nutrition and Hydration Assessment & Care Plans

Care plans function as vital communication tools that require meticulous development before admission, comprehensive updating upon arrival, and systematic review throughout a resident's stay, effectively balancing clinical necessities with individual preferences and professional guidance.

Thorough, precisely documented care plans are the cornerstone of safe, effective, and person-centred care. These essential documents ensure all staff members have immediate access to consistent, accurate information about each resident's specific needs when it matters most.

## Pre-Assessment

A comprehensive nutrition and hydration care plan must be established for each resident prior to admission, documenting specific dietary requirements, personal preferences, and anticipated assistance needs.

## Ongoing Review

Care plans demand regular, systematic review and updates throughout the resident's stay, particularly following health status changes, significant weight fluctuations, or post-hospitalisation periods.

## Initial Assessment

At admission, the care plan requires thorough updating with current clinical assessments, including malnutrition screening results, swallowing capacity evaluation, and individualised hydration requirements and preferences.

Exceptional nutrition and hydration care plans seamlessly integrate clinical requirements with quality of life considerations, addressing preferred mealtime environments, cultural and religious dietary practices, and specific assistance needs. These plans should incorporate expert recommendations from healthcare professionals, including precise nutritional guidelines from dietitian's, texture modification protocols from speech therapists, adaptive equipment recommendations from occupational therapists, and condition specific dietary management from medical specialists.

Hydrate & flourish



# Hydration: Preventing Dehydration

Dehydration represents a serious yet preventable health risk for older adults. Without reliable early detection methods, understanding its root causes and potential consequences becomes critical for implementing effective preventative care.

Dehydration is a significant and potentially life-threatening condition that commonly results in hospital admissions, despite being largely preventable with appropriate care. Understanding the key risk factors, underlying causes, and serious consequences of dehydration is essential for developing and implementing effective prevention strategies.

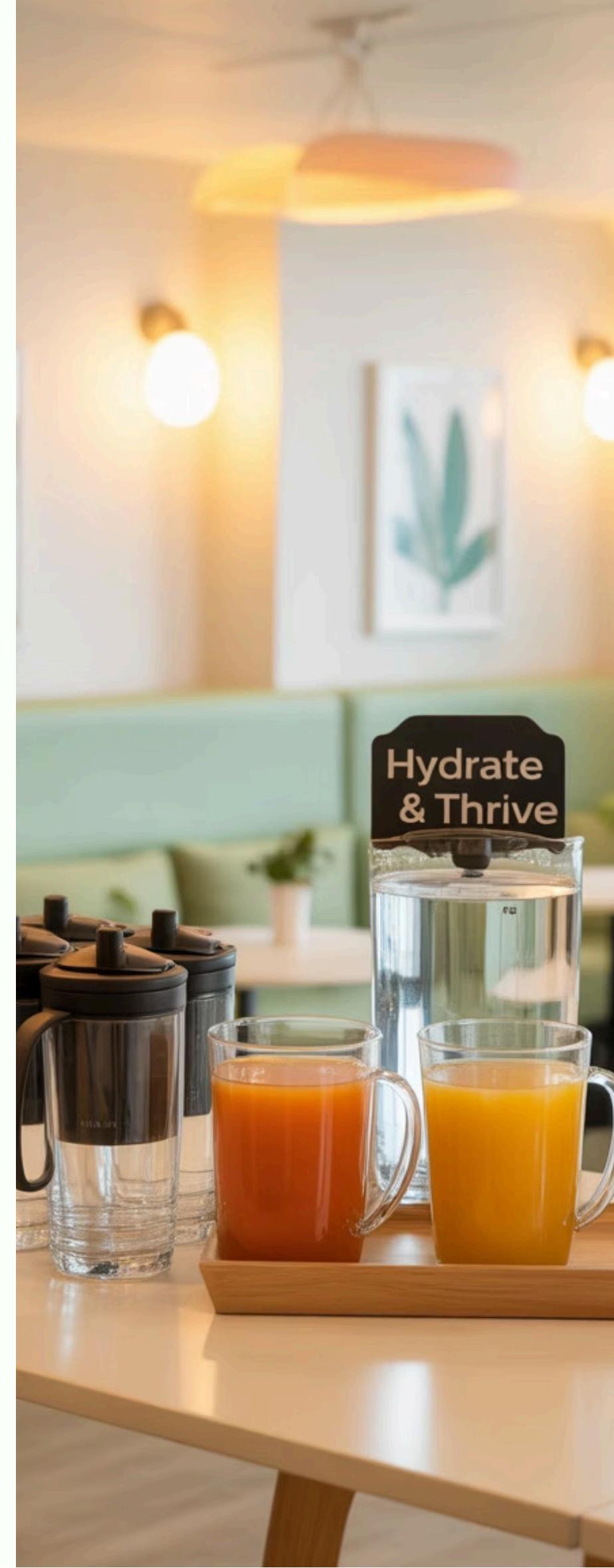
## Causes of Dehydration

- Age-related decrease in thirst sensation
- Acute illnesses causing diarrhea or vomiting
- Intentional fluid restriction due to incontinence concerns
- Dysphagia or other swallowing difficulties
- Physical limitations affecting independent drinking
- Elevated room or environmental temperatures
- Insufficient access to preferred beverages

## Consequences of Dehydration

- Significantly increased risk of urinary tract infections
- Severe constipation and related bowel complications
- Hypotension and dangerous cardiovascular strain
- Impaired cognitive function and increased confusion
- Elevated risk of falls and subsequent fractures
- Acute or chronic kidney damage and dysfunction
- Serious neurological complications including seizures
- Impaired wound healing and tissue regeneration

Despite its clinical significance, healthcare professionals currently lack a universally reliable assessment or screening tool to identify dehydration in its early stages. This diagnostic challenge makes proactive prevention through consistent, personalised fluid intake protocols the cornerstone of effective hydration care in residential settings.



# Supporting Good Hydration with Caution

Elderly residents require 1,600–2,000ml of fluid daily through beverages they enjoy. Effective hydration care ensures drink availability, accessibility with appropriate supportive aids, and meaningful social drinking opportunities – all while being vigilant about choking risks.

Optimal hydration is essential for elderly residents' health and wellbeing. Clinical guidelines recommend older women consume at least 1,600ml of fluid daily and older men at least 2,000ml. It's important to recognise that all fluids contribute hydration doesn't need to come exclusively from water, and residents should be regularly offered beverages they genuinely prefer and enjoy. However, great care must be taken to prevent choking hazards, especially for those with swallowing difficulties.



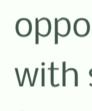
## Availability

Ensure a diverse selection of thickened, easy-to-swallow beverages is readily accessible throughout the service at all hours. Serve drinks at their optimal temperatures and provide sufficient variety to accommodate individual dietary requirements, health conditions, and personal preferences of all residents, with a focus on minimising choking risks.



## Accessibility

Facilitate independent hydration by providing appropriate supportive equipment. Utilise specially designed drinking vessels that address specific physical limitations and abilities, prioritising safety and ease of use. When necessary, consult occupational therapists and speech pathologists for recommendations on specialised drinking aids tailored to individual needs and swallowing capabilities.



## Social Interaction

Establish scheduled social hydration opportunities throughout each day, with staff closely monitoring residents for any signs of choking or difficulty swallowing. Communal drinking experiences not only foster meaningful connections but also significantly increase overall fluid intake – particularly beneficial for residents who might otherwise neglect proper hydration due to cognitive or physical limitations.

## Responding to Choking Incidents

It's critical to be able to distinguish between a cough and a choking incident. A cough is the body's natural response to clear the airway, while choking occurs when the airway is partially or completely blocked, preventing breathing. If a resident appears to be choking, immediately inform the Senior Nurse or Nurse and assess the situation. If the resident is unable to cough, speak or breathe, the emergency first aider will administer 5 back blows between the shoulder blades. If this does not clear the obstruction, perform 5 abdominal thrusts. Continue alternating back blows and abdominal thrusts until the obstruction is cleared or the resident becomes unconscious. If the resident becomes unconscious, immediately begin CPR. Call Emergency Services Ask for Ambulance Please.

Maintain meticulous documentation of all choking incidents recording on Radar to build a robust record and trigger a safeguarding & CQC notification if swift physical intervention was crucial to protect residents. Referral required to SALT Team | GP Involvement | Family Informed | Potential need for an X-Ray | Risk of Aspiration Pneumonia.

Aspiration Pneumonia is a serious lung infection that happens when food, drink, saliva, or stomach contents accidentally enter the lungs instead of the stomach.

Here's a quick overview:

### 肺 What Is Aspiration Pneumonia?

It's a type of pneumonia caused by inhaling material (like food or vomit) into the lungs, which introduces bacteria and leads to infection. It's especially common in people who have difficulty swallowing, are frail, or have neurological conditions like stroke or Parkinson's disease.

### 🔍 Common Symptoms

- Cough (sometimes with phlegm or blood)
- Fever and chills
- Shortness of breath
- Chest pain
- Fatigue or confusion (especially in older adults)

### ⚠ Who's at Risk?

- People with swallowing difficulties (dysphagia)
- Those with reduced consciousness (due to sedation, alcohol, or seizures)
- Individuals with feeding tubes or reflux
- Residents in care homes or hospitals with limited mobility

### 💊 Treatment

- **Antibiotics** are the main treatment.
- In severe cases, hospitalisation and oxygen therapy may be needed.
- Speech and language therapists may assess swallowing to prevent recurrence.

### 🛡 Prevention

- Sit upright during meals
- Assessment & Monitor for swallowing issues reporting any changes or incidents accurately
- Maintain good oral hygiene
- Use thickened fluids or feeding tubes when appropriate



# Delivering a Positive Mealtimes Experience

Mealtimes in care homes function as vital social rituals that enhance wellbeing, foster community connections, naturally stimulate appetite, and preserve residents' fundamental sense of purpose and personal identity.



## More Than a Meal: Mealtimes as Moments of Meaning

In the rhythm of care home life, mealtimes are far more than a means to nourish—they are **powerful social rituals** that anchor the day and elevate quality of life.

### Connection & Community

Gathering around a table fosters belonging. Thoughtfully planned meals provide emotional touchpoints: opportunities to reminisce, share laughter, form friendships, and rekindle a sense of self. These shared moments nurture dignity, spark joy, and strengthen bonds between residents and staff alike.

### Appetite through Atmosphere

Eating together kindles more than conversation; it stimulates the senses. Communal dining gently encourages even the most hesitant eaters, transforming meals into an experience that delights the palate and satisfies the soul, especially for those at risk of undernutrition or weight loss.

### A Daily Thread of Purpose

Food is memory, identity, and tradition. Whether it's a cherished childhood recipe, a familiar aroma, or a cultural celebration, meals offer structure, autonomy, and deep emotional nourishment. These everyday rituals provide older adults with continuity, comfort, and a reason to look forward.

### Beyond the Table

Exceptional food service doesn't end with breakfast, lunch, or dinner. It's the midnight cocoa by the bedside, the refreshing afternoon juice on a sunny patio, the quietly offered snack that says, "we see you." Every bite and sip is an opportunity to uphold choice, purpose, self belief, dignity, and wellbeing.

# Approach to Food Service: Personalising Every Plate from Day One

Excellence in care home dining is rooted in **connection, preparation, and purpose**. It begins long before a resident takes their first bite—and continues through every conversation, every shared meal, and every sip of tea.

## Laying the Foundation: Before Arrival

Thoughtful mealtime experiences start with **seamless planning**. Before a resident moves in, both culinary and care teams should be equipped with detailed insight into their dietary needs, cultural traditions, food preferences, and any specific nutritional or medical requirements.

This ensures that from the **very first meal, residents feel seen, heard, and deeply cared for**.

## Settling In: Understanding the Individual

Once the resident has arrived, care teams carry out **comprehensive dietary assessments**, capturing allergies, preferred textures, cultural practices, and evolving needs. This personalised intake sets the stage for dining that respects both **health and heritage**.

## Meeting the Makers: Culinary Team Introductions

Within 48 hours, the catering team meets each new resident in person. This isn't just a meet-and-greet—it's a chance to build rapport, explore cherished food memories, discuss favourite meals, and co-create an experience that feels like home.

## Keeping the Conversation Going

Clear, ongoing communication helps residents feel empowered and engaged. From daily menus to special events, seasonal changes to personal requests, residents and their families should be consistently informed—and invited to share feedback that shapes future dining experiences.

Because when food service is rooted in **respect, relationships, and real connection**, every mealtime becomes an opportunity to honour identity and uplift wellbeing.



# Resident-Centred Excellence in Dining Services

Superior care home dining seamlessly integrates personalised nutrition plans, synchronised staff support, enriching social experiences, and comprehensive hydration strategies to enhance resident wellbeing and satisfaction.

Developing and implement a holistic food and beverage framework that positions residents' needs and preferences at its core. This resident-centred approach requires meticulous attention to individual preferences, respectful accommodation of cultural and religious practices, proactive management of food allergens, and customised nutritional plans that promote both health outcomes and quality of life.

## Synchronised Staff Collaboration

Every team member from leadership and culinary professionals to nursing and direct care providers must function as an integrated unit to create exceptional dining experiences.

Staff scheduling should be strategically optimised to ensure maximum support during resident mealtimes, guaranteeing consistent assistance and attentive service throughout each dining period.

Preparation is Key in the success of a Meaningful, Safe MealTime Experience

## Social Dining Engagement

Residents should be thoughtfully encouraged to participate in communal dining settings when appropriate for their circumstances, as research demonstrates significant improvements in nutritional intake through social interaction. The communal dining environment fosters valuable interpersonal connections while naturally enhancing appetite through shared culinary experiences and positive social reinforcement.

## Comprehensive Hydration Strategy

An extensive selection of fresh, appealing beverages both hot and cold varieties must remain readily accessible throughout all hours to support proper hydration. Each mealtime should feature a curated selection of beverage options that align with documented resident preferences, seasonal considerations, and individualised hydration requirements to promote optimal health outcomes. Utilise Electronic Systems Reviewing Live Data and reporting to ensure accuracy and help residents reach their individual fluid targets.



# Designing Dining Spaces That Nourish Body, Dignity, and Delight

A thoughtfully designed dining space does more than house meals it invites connection, comfort, and joy. The right environment can dramatically boost residents' appetite, participation, and overall wellbeing. When a dining room feels like home, and not Joe's Cafe, it becomes a place residents *choose* to be.

## Physical Flow That Promotes Freedom

- Ensure **uncluttered pathways** so residents move with confidence and ease
- Keep tables comfortably spaced to allow for privacy, conversation, and support
- Offer **adaptable seating** for residents with mobility aids or unique needs
- Optimise acoustics and room layout to reduce echo, soften noise, and enhance calm

## Tabletop Dignity and Personal Touches

- Set tables well in advance to spark anticipation and signal importance
- Use quality tableware that feels warm, familiar, and respectfully elegant
- Tailor place settings to meet individual needs while preserving harmony
- Add discreet safety features—like anti-slip mats—that blend into the design
- Brighten every table with **seasonal florals or lifelike botanical arrangements**

## Elevate Through Experience

Want to go further? Layer in adaptive lighting, soft ambient music, ergonomic chairs, and clever storage for walking aids. These subtle details turn an ordinary meal into a daily ritual of belonging, pleasure, and pride

Well implemented fortification strategies can provide up to 25% more calories and protein while maintaining identical portion sizes. This approach represents a crucial intervention for supporting nutritional status in elderly and vulnerable residents without overwhelming them with larger meals or clinical supplements.



# Dining Room Setup Checklist: Creating Comfort, Dignity & Joy

## Before Mealtime

- Clear walkways for safe movement
- Spaced clean fresh tables for privacy and support
- Flexible seating for mobility needs
- Soft acoustics for calm atmosphere

## Sensory Enhancements

- Gentle, adjustable ambient lighting
- Comfortable, supportive chairs
- Soothing background music
- Tidy storage for walking aids
- Team presence collectively each department working naturally together

1

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## Table Preparation

- Set tables well in advance with table cloths and napkins
- Use elegant, non clinical tableware
- Add discreet safety features
- Include fresh or quality artificial flowers
- Daily Menu Visible

A thoughtfully prepared dining environment transforms meals from routine events into meaningful experiences. These small details foster independence, preserve dignity, and create moments of true joy.





# Sample Daily Menu Balancing Nutrition, Choice & Delight

A well crafted menu turns every mealtime into a **celebration of nourishment, comfort, and joy**. This flexible framework offers variety, inclusivity, and the thoughtful touches that matter most.

## Breakfast

- **Option 1:** Scottish porridge with fresh berries
- **Option 2:** Scrambled eggs on toast
- **Special:** Puréed fruit compote with yoghurt
- **Alternative:** Assorted cereals and pastries
- 

## Evening Meal

- **Option 1:** Cottage pie with green vegetables
- **Option 2:** Cheese and tomato quiche
- **Special:** Nutrient smoothie bowl
- **Alternative:** Sandwiches paired with homemade soup

## Lunch

- **Option 1:** Roast chicken with seasonal vegetables
- **Option 2:** Baked salmon with new potatoes
- **Special:** Fortified vegetable soup with protein enriched roll
- **Alternative:** Jacket potato with assorted toppings

## Snacks

- **Morning:** Homemade fortified biscuits with tea
- **Afternoon:** Fresh fruit platter with yoghurt dip or high protein or calorie snacks
- **Evening:** Protein rich milky drink or Hot Chocolate or Ovaltine with digestives

## Behind the Scenes: Secrets to Successful Collaborative Fluid Synergy

- Tailor portion sizes and textures to each resident's needs - Regularly Reviewed Notifications
- Record food preferences and respond flexibly to change
- Rotate menus seasonally while preserving beloved favourites
- Clear oversight during meal times with informative instructions relating to individuals needs & risks, likes & dislikes
- Daily Options Promoting Choice | Involvement | Autonomy | Decision Making | Meal Planning | Personal Awareness
- Culinary Awareness & Involvement from the kitchen team / department serving meals enabling Care Teams to focus on Direct Support. Capturing feedback, ideas and insight into the overall activity acting upon and

# Dining Oversight Tool: Promoting Personalised Mealtime Management

A Dining Oversight Tool ensures every resident receives precisely tailored nutrition support aligned with their individual needs and preferences, EVERY TIME with Confidence and Peace of Mind upholding High Quality Standards Delivering Expectation's

## Individual Assessment

Document IDDIS levels and specific requirements for each resident mirroring individual care plans instructions or requirements.

## Mealtime Tracking

Real-time monitoring system with simple tick-box verification.

## Feedback Collection

Dedicated comments section for capturing crucial observations.

This systematic approach transforms mealtime oversight from a basic task into a powerful tool for continuous improvement and dignified care.

- Assistance needs (1:1 continuous support, partial help. Cutting food into bite size pieces or accessing bathroom facilities before dining)
- Location preference (dining room, room service, private dining or lounge service)
- Dietary restrictions and texture modifications

- Meal served as per resident choice
- Appropriate support provided
- Portion consumption documented

- Resident satisfaction and enjoyment
- Unusual eating patterns or concerns
- Suggestions for future meal adjustments
- Highlighting any incidents or accidents

[Click here](#)

**IDDSI Framework (the standard)**

[Click here](#)

**IDDSI Implementation Guide: Food Service and Catering**

# Mealtimes Experience Audit Tool: Comprehensive Quality Assessment

A monthly quality assurance measure designed to elevate mealtimes experiences across all care settings.

## Key Assessment Areas

### Pre-meal setup and atmosphere creation

### Quality of Team Resident engagement during meals

### Dining environment and sensory considerations

### Food presentation, choice and serving approach

### Dignity preservation and personalised support

**Click here**

CQC Dignity & nutrition inspection programme 2012 Summary

**Click here**

Reference Knowledge Nutrition in Care Homes Guidance

**Click here**

British Dietetic Association (BDA)

## Implementation Benefits

- Evidence for CQC inspections
- Continuous quality improvement mechanism
- Standardised approach across all care homes
- Regular feedback loop with kitchen team
- Resident satisfaction monitoring

Completed audits must be retained locally as evidence of practice excellence.



### Planning

Manager, chef or nutrition lead completes the audit monthly.

### Assessment

Evaluate across ten critical dimensions from pre-meal setup to resident dignity.

### Reporting

Document compliance: Inadequate, Requires Improvement, Good, or Outstanding.

### Action

Develop targeted improvement plans for any areas of concern. Identified Learning Opportunities Established with Preventive Actionable Areas of Focus