

A guide to good nutrition, hydration and movement for older adults

1st Edition

Winter 2023

**FOOD
ACTIVE**

HEALTH
EQUALITIES
GROUP



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Introduction

We know eating well, staying hydrated and being active plays an important role in keeping our bodies healthy and strong, as well as preventing illnesses. This is particularly important for older adults, because as we age, we are at a higher risk of health issues associated with poor nutrition, dehydration and inactivity.

Staff working within the care sector are acutely aware of this, and many will be successfully adhering to the statutory requirements laid out by the Care Quality Commission (hereafter CQC) which reference nutrition, hydration and physical activity as a matter of course:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14 - meeting nutritional and hydration needs [1]
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10 - dignity and respect [2]
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 - safe care and treatment [3]

This toolkit has been designed specifically to provide further practical support and ideas for staff working within the following settings:

- residential care homes
- domiciliary care
- supported living
- respite care
- convalescent/intermediate care
- retirement homes with care
- day care centres

As this toolkit is designed to be utilised across various settings involving older adult care, we acknowledge each setting may have different terminologies for the people they care for e.g., patients or clients. Throughout this toolkit, people in care or being cared for will be referred to as 'older adults'.

This toolkit was developed by Lee Gulwell (Food Active) and Chloe Higham-Smith ANutr (Food Active), and utilises content from the 'Supporting good nutrition, hydration and physical movement in care settings' toolkit which was originally written by Nicola Calder RNutr (Food Active), Beth Bradshaw ANutr (Food Active), Wesley Spencer RD (Blackburn with Darwen Council) and Kathryn Creech (Blackburn with Darwen Council) on behalf of Blackburn with Darwen Council's public health team.

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Key messages

- Most staff working within the care system are already adhering to the statutory requirements on meeting nutrition and hydration needs and providing safe activities as part of the CQC
- When planning menus or providing food, settings should consider whether the meals offered reflect the Eatwell Guide. This guide emphasises the importance of eating a variety of foods from the main food groups to achieve a healthy and balanced diet. Go to **page 9-12** for more information
- However, there are some occasions where the Eatwell Guide is not a suitable approach, for example people who are living with long-term conditions such as dementia, diabetes, coeliac disease, malnutrition, or those who experience difficulties in eating, drinking and swallowing. Therefore, everyone's diet should be dealt with on a case-by-case basis, taking into account their medical, social and cultural needs. Specific care requirements must be recorded within the older adult's care plan and be reviewed in line with legislative requirements as well as when the person's food and fluid care needs change. Go to **page 14** for more information
- For those with smaller appetites, small portions should be offered, and nutritious snacks made available in between meals. This can help improve/maintain the older adult's food and fluid intake. Go to **page 24** for more information
- Ensuring older adults receiving care are hydrated across the day is very important. Older adults should be encouraged and supported to drink a variety of fluids each day, including water, milk, fruit juice, squash and tea or coffee. Go to **page 45** for more information
- Any food and fluid changes should be effectively communicated to all staff including the care and catering staff (when applicable). The service must have a process in place for sharing the appropriate information in a timely manner to reduce any risk to the older adult receiving care
- Sometimes it may be better to focus on the enjoyment of eating and drinking and the wider aspects of the dining experience, rather than the need to maintain a healthy diet. Eating and drinking 'something' is better than nothing, compromises may need to be made in some circumstances, particularly if a person is losing weight or at risk of malnutrition. Again, it is important to treat this on a case-by-case basis
- When planning physical activities, consider the recommended government guidelines for older adults (65+) of 150 minutes over a week of moderate intensity activity in bouts of 10 minutes or more. Go to **page 51** for more information

- Incorporating simple strength, balance and coordination (or multi-modal) activities will bring additional benefits that can improve independence and mobility, and if performed at least twice a week, reduce the risk of falls. The total amount (or volume) of movement undertaken is the key to obtaining the benefits rather than specific types of movement or combinations of frequency and intensity. The more we move, the greater the benefits
- Remember, activities whether walking more steps frequently, dancing seated, standing gardening or self-care activities of daily living can be an important way for older adults to maintain independence and social engagement. This in turn can contribute to higher levels of mental well-being. Physical activity can therefore help to contribute to a higher quality of life, regardless of level of intensity. Go to **page 57** for more information
- For those who are unable to attain the recommended amount of physical activity should still be encouraged to move more. Reducing sedentary behaviour (time sitting), increasing physical activity and general movement can greatly improve a person's quality of life and overall health and wellbeing. Some is better than none and extra movements such as raising from a chair more often, even a few extra steps can have a huge impact. Staff are encouraged to use 'move for 10' challenge cards to monitor resident progress. Go to **page 58** for more information
- When planning group activities think about making them fun, older adults will be more inclined to want to join in and want to take part. Simple ideas such as ball games, singing with actions are a great way to instil the principles of physical activity in a non-exercise way. For more ideas go to appendix 3 on **page 61**.

We expect that care providers who provide food and fluids to older adults adopt a food first approach, ensuring food and fluids that meet the persons needs and choices.

This toolkit is designed to provide staff and volunteers with practical tips and ideas on not only adhering to these standards, but where settings can take a step further

How to use this toolkit

This toolkit has been developed for use in a range of settings to include residential care homes; other care providers such as domiciliary care, supported living, respite care, intermediate/convalescence care, retirement homes with care, day care centres and activity providers or coordinators and volunteers.

The toolkit is separated into three sections.

- **Part one:** Supporting good nutrition
- **Part two:** Promoting hydration
- **Part three:** Move well, age well

Users may wish to print off specific sections, or pages, that are most relevant to their role and/or responsibilities when providing care.

For example, chefs working in care homes or day care may wish to focus on the nutrition and hydration sections within the toolkit. Activity coordinators may find the move well, age well section more relevant as this offers recommended guidelines for physical activity in older adults, as well as signposting resources that offer practical guidance for movement. Staff working within other care provisions will also identify relevant content in each of the sections.

Even though food may not be bought or prepared within some settings, recommending food provision or intake based around the Eatwell Guide may be of benefit. Please see **page 9**. Additionally, settings where care is provided within the residency of the older adult may be more interested in certain elements of the hydration section, such as: the common signs of dehydration and promoting the recommended levels of fluid in older adults.

We have also developed a range of supporting resources, including a staff training module to promote hydration in older adults, in the **Appendices**. You can find out more about these resources on **page 61** or download as a ZIP file below.



**Download the
Appendices as a ZIP
file here**

Part one

Supporting good nutrition

The information in the following section will support care providers to understand the importance of healthy eating for older adults receiving care and explore some practical tips and advice on applying these principles into practice.

This guidance supports the CQC Regulation 14 on meeting nutritional and hydration needs of people receiving care.



Why good nutrition is important for older adults

As we get older, it's important that we continue to eat well.

Ageing can result in changes to our metabolism, and we can often become less active, which can in turn mean our energy requirements reduce in older age. However, this is only by about 200 calories [4] and our vitamin and mineral requirements remain the same.

Eating healthily can also help increase quality of life in older age; it can help manage our weight, reduce the risk of malnutrition, fight off illnesses and diseases, promote good mental health, provide enough energy to fuel day to day activities, hobbies and much more.

Healthy eating isn't about cutting out foods, dieting or sacrifice –it's about enjoying a wide variety of foods in the right amounts to give your body what it needs.

Eating well as we age is about more than just the quality and variety of the food we eat. It's also about the pleasure of eating, which increases when a meal is shared and enjoyed with others. A social atmosphere stimulates our mind and can make mealtimes more pleasurable. See **page 26** for more information on creating a positive dining experience for people receiving care.

As a guide, the food you provide should be based around the Eatwell Guide. The Eatwell Guide shows how much of what you eat overall should come from each food group. The Eatwell Guide applies to most people regardless of weight, dietary restrictions, personal preference or ethnic origin. A copy of the guide can be seen on the following **page 9**.

Remember, the Eatwell guide may not be appropriate for those who are nutritionally at risk or following a specific therapeutic diet. A therapeutic diet refers to people experiencing care who have a diet that is modified from what may be considered a 'standard diet' and is prescribed to meet a medical or specific nutritional need. See page 35 for more information on malnutrition.

Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Each serving (150g) contains

Energy	106kcal	Fat	3.0g	Saturated Sugars	1.3g	Salt	0.9g
250kcal	LOW	LOW	LOW	HIGH	MED	15%	
13%	4%	7%	38%	15%			

Typical values (as sold) per 100g: 697kJ/167kcal

Choose foods lower in fat, salt and sugars



Eat less often and in small amounts



Water, lower fat milk, sugar-free drinks including tea and coffee all count.
Limit fruit juice and/or smoothies to a total of 150ml a day.



Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

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

The Eatwell Guide is divided into five groups:

Fruits and vegetables

- All fruit, including fresh, tinned and frozen
- Dried fruit and fruit juice is included but timing and serving size is limited
- All vegetables, including fresh, tinned and frozen

Note that products like tomato ketchup, fruit yogurt and jam are not included because they contain very little fruit or vegetables.

Important for: Fruit and veg are a great source of vitamins such as Vitamin A, C and E, minerals such as iron and fibre, and are low in fat.



Portion sizes:

- Five or more servings per day
- A serving is 80g (3oz), therefore aim for a total of 400g of fruit and vegetable per day
- Fruit juices only count as one serving of fruit a day, so limit to 150ml and only serve at mealtimes
- Dried fruit such as raisins or apricots should be limited to 30g max serving size, and should also only serve at mealtimes
- For suggestions on incorporating fruit and vegetables into meals, see **page 17**

Starchy carbohydrates

- All breads e.g., wholemeal, white, wheaten, soda, pitta, tortillas, chapattis, bagels, potato bread etc.
- Rice
- Potatoes
- Pasta and noodles
- Breakfast cereals and porridge oats
- Couscous, pearl barley



Starchy carbohydrates (cont.)

Important for: Starchy foods are a very important part of a healthy diet and should make up just over a third of the food we eat. They provide us with a source of energy, fibre and B vitamins. Where possible, choose wholegrain varieties as they contain more fibre.

Portion sizes:

- At least one food from this group should be served at each meal.
- As a guide, include six or more servings daily

Dairy and alternatives

- Milk
- Yogurt and fromage frais
- Cheese, including cream and cottage cheese

Important for: These foods are a good source of protein and are rich in calcium which is important for healthy bones and teeth. These foods are important for older adults and can help to prevent osteoporosis and bone fractures that can be common in later life.

Portion sizes:

Eat or drink three servings per day. A serving is:

- 200ml (1/3 pint) milk
- 30g (1oz) cheese
- 150g (1 medium pot) of yogurt
- 200g (1 large pot / half a can) of custard, rice pudding, semolina etc



Beans, pulses, fish, eggs and other proteins

- Beans, including haricot, cannellini and kidney
- Lentils such as red or green lentils
- Peas such as chickpeas



Beans, pulses, fish, eggs and other proteins (cont.)

- Meat such as beef, pork or lamb
- Poultry such as chicken or turkey
- Eggs
- Fish, such as cod or salmon (fresh, tinned or frozen)
- Meat alternatives such as tofu or mycoprotein products like Quorn

Important for: Protein is important for growth and repair of the body and it also contains important vitamins and minerals such as iron and vitamin B. It is important to limit processed types of protein products such as sausages, burgers, hot dogs and salami.

Portion sizes: Aim to eat 2 servings per day.

Oils and fats

- Cooking oil such as sunflower oil, rapeseed oil and ghee
- Butter
- Margarine



Important for: We need a small amount of fat in our diet, but it is important to be careful about the type of fat we are eating. There are two main types of fat -saturated fat and unsaturated fat. Unsaturated fats are healthier fats that can help reduce cholesterol levels.

Portion sizes:

- When cooking use oils high in unsaturated fats such as olive oil, rapeseed oil and vegetable oil.
- Whichever oil you use, ensure you use it sparingly.
- Limit portion sizes by measuring tsp/tbsp when preparing meals or use spray bottles of oil to limit how much fat you are adding to the dish.

Where do treat and snack foods fit in?

Whilst foods high in fat, sugar and salt add extra choice and enjoyment, they should not be eaten in large amounts as they can increase the risk of a range of non-communicable diseases such as cardiovascular disease, type 2 diabetes, some types of cancer, poor oral health and more. These types of foods typically include chocolate, cakes, biscuits, sugary soft drinks, butter, ghee and ice cream.

Recommended daily intakes for older adults include:

- 30g free sugars (equivalent to 7.5 tsps.) - just 1 chocolate digestive biscuit can contain up to 5g sugar, so even having just a couple can represent a third of our daily intake
- 20g saturated fat for women, and 25g for men - six small chunks of chocolate (under 30g) can contain over 5g saturated fat, accounting for 25% of a women's recommended intake and 20% of men's
- 6g salt (equivalent to 1.5 tsps.) - just one packet of crisps can contain over 1g of salt, representing one sixth of our recommended intake

Eating healthily is not about giving up all the foods that are enjoyed, but more about getting the right choice and balance of foods to meet requirements for nutrients and energy. Snacks, as well as meals, count towards this healthy balance.

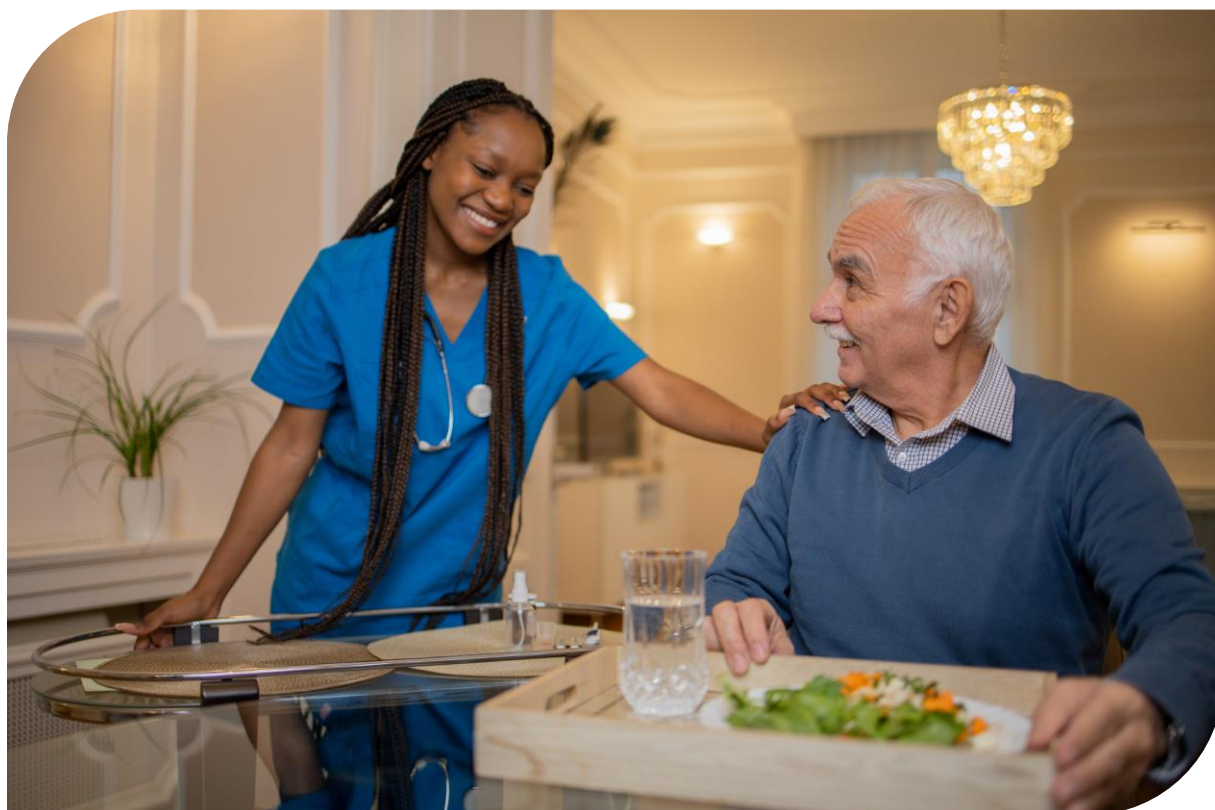


Nutrition considerations for older adults receiving care

Older adults receiving care should be supported to drink regularly throughout the day and to eat three meals each day – breakfast, lunch, snacks and an evening meal.

It is suggested that main meals during the day should be served no fewer than four hours and no more than five hours apart. The interval between the last snack of the day and breakfast the next morning should be no more than 12 hours. Personal choice, individual eating and drinking patterns need to be taken into consideration. Staff working across care settings must ensure that food and fluid intake meets the older adult's care requirements and is maintained during their wakened day.

When someone is receiving care within their own residence and not being provided with 24-hour care, there is less influence on the food and drink consumed. However, it is still important that the individual has access to good nutrition.



Barriers to providing a healthy diet

There are various barriers that can make it difficult to ensure older adults have access to and are encouraged to consume a nutritious food. These should be considered when planning for and providing meals, snacks, and drinks for older adults. The workforce may experience barriers such as lack of training, awareness, time or staffing levels. For older adults there are a range of factors that might influence their eating habits. Some of these barriers include:

Changes in Appetite

This is often as a result of a change in our metabolism and reduced levels of activity as discussed earlier. However, this can translate into having a lack of interest in food, or not being willing to try new or familiar foods.

Sensory Changes

Older adults may experience sensory changes and can lose sensitivity to salty and bitter tastes first, so may be inclined to salt our food more heavily than before and may change the way we perceive, enjoy and consume foods. This may be further exacerbated by illnesses such as stroke and dementia. A useful tip here is to add spices or herbs to food rather than salt, as too much salt can raise our blood pressure and increase the risk of stroke, hypertension and heart disease.

Health Changes

Some health conditions or medications can negatively influence appetite or affect taste, which may result in us changing our preferences entirely, consuming too much of certain foods or not enough. This could include chewing/swallowing difficulties as a result of a stroke.

Co-ordination Problems

Co-ordination issues can present as a challenge when using cutlery or drinking out of a glass. This may take the enjoyment out of eating and drinking altogether. It can be fairly common in those who have experienced a stroke or dementia. Daily living aids such as adapted cutlery can be a good option. See **page 28** for more information and support.

Mental Health

Mental health plays an important role in what we eat and the quantity of what we consume. Mental health conditions can be common amongst older adults. Around 2 in 5 older adults living in care homes experience depression [5], this can be caused by many reasons, including feeling lonely, missing family and grief if they have recently experienced a bereavement. For some, poor mental health may result in not eating at all, whereas others it may trigger eating too much.

Eating Socially

Eating is also a social experience, therefore eating alone can often reduce a person's enjoyment of eating entirely. See **page 25** for more information and support.

Finances

When food isn't provided by the setting, being able to afford nutritional food needs to be taken into consideration. Assistance with the weekly meal plan and shopping maybe required.

Cooking Skills

Instances when the expectancy is on the older adult to prepare their own meals, there may be a lack of knowledge in preparing nutritional meals.

Appealing Options

Finally, if settings are not providing food that looks and tastes appealing, people may not be motivated or interested in eating the food served. We eat with our eyes!

Practical tips on serving up healthy and delicious dishes

Please note that these tips are not suitable for those who are at risk of malnutrition. Please see **page 35** for some specific tips on supporting those at risk of malnutrition to eat and suitable types of food and snacks.

Breakfast

It's important to start the day off right with a healthy and nutritious breakfast.

- Cereal is a popular and convenient choice; however, it is important to look out for the sugar content as some can be high in sugar. Some low sugar but nutritious cereals include Weetabix, Shreddies, Bran Flakes or Porridge. Remember that own-branded varieties can be cheaper but still retain a similar quality. Adding a couple of tablespoons of plain Greek or natural yogurt can be a nice addition along with some sliced fruit - this could be sliced banana, 30g dried fruit, diced tinned fruit such as peaches or even defrosted fruit such as summer berries or cherries. Frozen fruit can be an economical choice and supermarket own-brand cereals often have similar nutritional quality as branded varieties, but cost less
- When serving toast, try to mix up both the type of bread (i.e., muffins, bagels, crumpets) and swap white bread products for wholegrain varieties across the week. This keeps things interesting and wholegrain options contain more fibre, which is important for digestive health. When it comes to toast toppings, offering low fat spread as opposed to butter can help to limit intake of saturated fat. Preserves such as marmalade and jam can be popular, but in a standard strawberry jam just one tablespoon can contain around 7g sugar, which accounts for about one quarter of an adults recommended daily intake of free sugars so consider serving sizes when offered. Healthier toast toppings include mashed banana, mashed avocado or pure nut butter
- Eggs are also a popular option at breakfast. Poaching, boiling or dry frying eggs are the healthiest way to serve eggs as no fat has been added during cooking
- Offering reduced sugar or salt baked beans, grilled mushrooms or tomatoes alongside scrambled, poached or fried eggs can be a satisfying and nutritious breakfast. Tinned mushrooms and/or plum tomatoes would work well here and can be cost effective, just make sure to choose those with no added sugar or salt
- Processed meats such as sausages and bacon are popular at breakfast time but can be high in fat and salt, so try to limit these to just a couple of times a week. Back bacon contains less fat than streaky bacon, and you can remove the rind to go a step further

- Condiments such as tomato and brown sauce can be high in sugar and salt, but there are lower sugar or salt varieties available now in supermarkets which can be a great option
- Offering a glass of 150ml 100% pure fruit juice can be a convenient way to increase fruit and vegetable consumption. Try not to serve more than 150ml as this will only count as a maximum of one portion of fruit. It's also best to drink juice or smoothies with a meal because this helps reduce harm to your teeth



Lunch

Some older adults can have a larger appetite at lunchtimes, so we have based our suggestions on this. However, if larger meals are preferred in the evening, 'lunch' and 'lighter evening meal' can simply be swapped.

- There are lots of opportunities to offer vegetables in composite dishes such as cottage pie, stews, casseroles, bakes, soups, Bolognese etc. Vegetables such as onions, carrots, celery, mushrooms, courgettes and leeks can complement these dishes well and add more nutrients to the dish
- Steamed vegetables are great to offer as a side dish but avoid tossing in butter when serving as this can increase the fat content. Instead, why not sprinkle with some chopped parsley, lemon juice or black pepper to make them more appealing
- If serving potatoes, keeping the skin on to boost fibre intake. This includes roast potatoes, mash and boiled potatoes

- If serving chips, choose thick, straight-cut chips instead of French fries or crinkle-cut to reduce the surface area exposed to fat. If you're making your own, cook them in the oven with a little sunflower oil and the skins on, rather than deep frying
- Try to serve at least two portions of fish per week, one of which is classed as an oily fish. Oily fish such as salmon, mackerel, sardines, herring and anchovies contain lots of omega-3 fatty acids. These types of fat are important in promoting good heart health
- Fish pie is a popular dish but can often be laden with cream. Instead, why not use reduced-fat spread and 1% fat milk to reduce the fat in the mash and sauce. Adding salmon to fish pie will also provide a portion of oily fish too
- Generally, when cooking try to use oils such as olive oil, rapeseed oil and vegetable oil as these contain healthier fats. Try to avoid free-pouring oils into pots and pans and measure with teaspoons or tablespoons to help limit the amount of fat added to the dish
- If making cheese sauce for dishes such as lasagne, moussaka or cauliflower cheese, used lower fat milk and reduced fat cheese to limit the fat content of the dish. Flavours and herbs such as mustard and nutmeg can help to add a depth of flavour
- If offering condiments with meals, try to limit portion sizes where possible. Sauces like tomato ketchup can contain a surprising amount of sugar and salt so offering individual serving sizes rather than providing access to the bottle itself can help to limit excess portion sizes
- Pasta dishes are a popular choice but those with a creamy sauce can be high in fat and salt. Tomato-based sauces with added vegetables can be a healthier option and a great way to offer a range of vegetables with a meal
- Mexican dishes such a chilli, fajitas and enchiladas are a great opportunity to incorporate a variety of beans, such as tins of mixed beans, red kidney beans or black beans, which are high in protein and fibre
- Avoid adding salt to dishes when cooking. Often lots of ingredients will already contain salt, why not rely on flavouring dishes with herbs and spices instead.
- Discourage people adding salt to their meals. If you do have saltshakers on the table, think about swapping them for shakers with smaller/less holes
- Soups can be a comforting and healthy option particularly in winter months. Serving soups that include beans and pulses such as red lentils or chickpeas can help boost the protein content, making the dish more filling but is also a cost-effective way of making meals go further

- When serving sandwiches, there are lots of ways we can try to make them more exciting whilst also making them healthier:
 - **Bread products:** Try to change up the type of bread product used such as rolls, pitta breads, tortilla wraps and flatbreads. Swap white varieties for wholegrain across the week.
 - **Filling:** Some satisfying and healthy fillings include egg and cress, tuna mayo, cooked chicken or turkey and flaked mackerel. Some sandwich fillings like cheese, beef and ham can contain lots of fat and salt, so try not to serve these too frequently and choose lower fat cheese where possible.
 - **Adding veggies:** Always try to add one portion of vegetables to sandwiches, such as washed lettuce, cucumber, tomato, grated carrot, beetroot, red onion or avocado.
 - **Spreads and sauces:** Use low fat spread and/or mayo where you can, to limit the saturated fat content.



Puddings

Puddings are a tasty way to finish off a meal, but that doesn't mean they have to be unhealthy!

- Puddings and desserts can be a great opportunity to provide another portion of fruit. Some fruit-based puddings include apple crumble, strudel and fruit salad
- If offering custard, choose lower fat/sugar varieties where possible
- If serving pouring cream with puddings, try to avoid double cream if possible as it contains lots of fat. Single cream contains less fat, but there are also reduced fat varieties of pouring creams available now, or you could try reduced fat crème fraiche
- If making a cake, muffins or sweet traybakes, use wholegrain flour for the batter for added fibre
- Butter is a key ingredient in baking but contains a high amount of fat. The good news is that lower fat spread can be used in baking too, so why not use a spread next time you are baking a cake, muffins or slice
- Oats can be a tasty addition to lots of puddings; add some to crumble toppings or incorporate into bakes

Snacks

It is a good idea to include snacks between meals, especially if someone only manages small meals or their appetite is poor. Here are some suggested snack ideas:

- Piece of fruit; remember that some may find apples difficult to eat, so offering a range of fruits with different textures and ready to eat/preprepared can help
- Vegetable sticks (cucumber, carrot, pepper or celery) with low fat dip such as salsa, hummus or tzatziki
- Boiled eggs. These could be served with a small amount of low-fat salad cream or flavoured low-fat mayo such as mustard or curry
- Slice of wholegrain toast with low fat spread
- Slice of malt loaf or fruit loaf
- Handful of unsalted nuts, such as almonds or cashews
- 2-3 slices of low-fat cheese with wholegrain crackers. You could serve some chutney or piccalilli alongside to make it a cheeseboard experience
- Slice of wholegrain toast with no added sugar peanut butter

Looking for some menu inspiration?

We have prepared a sample menu plan applying some of the principles above which may provide some ideas and inspiration. Please head to **appendix 1 on page 61**.



A note on Vitamin D

Vitamin D helps regulate the amount of calcium and phosphate in the body, which is needed to keep bones, teeth and muscles healthy. A lack of vitamin D can lead to tiredness and fatigue. Severe deficiency in vitamin D can cause bones to soften, which in adults, is a condition called osteomalacia. Prolonged vitamin D deficiency can increase the risk of weak bones developing (osteoporosis).

Government advice is that adults should consider taking a daily vitamin D supplement during the autumn and winter. However, this guidance is extended to all year-round supplementation for those in society who are at high risk of not getting enough vitamin D; this includes:

- People who live in a care home
- People who are not often outdoors, for example because they are frail or housebound
- People whose clothes cover most of their skin when outside

The CQC expects providers to support older adult's full nutritional needs. This includes supplementation with vitamin D throughout the year as recommended by government. You may need to speak to a GP or healthcare professional to check if vitamin D is safe for some older adults. You should do this at their next appointment.

Make sure you have a policy to support people to take a vitamin D supplement. The policy should include how staff record the support they give people to take vitamin D. Examples of where to record administration include:

- Medicines administration record
- Daily notes
- Nutrition or dietary records

Care plans should include how staff will support people to take vitamin D. Staff should consider people's religious beliefs, dietary preferences, intolerances or allergies, and swallowing when aiding older adults with vitamin D supplements.

Importance of creating a positive dining experience

Whilst food and drinks are a source of nutrition and hydration, and important to the physiology of our bodies, food also has great meaning emotionally and socially to people.

Food and drink can be used to mark celebrations, birthdays and other social events, all of which can help encourage eating, trigger memories, and stimulate conversation. Food can give us pleasure including growing food, preparing food for others and consuming food together.

Preparing food and planning mealtimes are part of our daily routine and important to individuals in many different ways. This next section of the toolkit looks at opportunities and offers suggestions to consider how food and eating well can enrich the lives of older adults using a range of approaches.

The following information includes key considerations and some simple tips and ideas to incorporate into your provision or any formal or informal care and support you might give to an older adult.

Personal preference and choice

It is important to understand the personal food and drink preferences for anyone you care for. This might include special dietary requirements for cultural or medical reasons, but also to highlight what an individual likes to eat and drink. Particular likes and dislikes should be ascertained, respected and met wherever possible. It is important to offer variety and some sort of food choice, the right to choose particularly in respect to food is considered good practice. This is only applicable if you prepare food and drink for the older adult.

Tips:

- Discuss food preferences with those you care for, encourage individuals to contribute meal ideas and recipes to menu planning
- Promote favourite recipes shared by those around the setting
- Keep a record of the food and drink preferences for everyone you care for
- It may also help to give some people a choice on where they eat; on occasion some may wish to eat privately or with a tray on their lap in front of the TV

Preparing food & planning mealtimes for adults with small appetites

If older adults have a small appetite, eating little and often can help to meet nutritional requirements. It is also helpful to consider the spacing of meals to ensure there is plenty of time to eat, mealtimes don't feel rushed and frail older adults can be supported. As older adult's appetites can vary, giving some flexibility around when they eat is a good idea. How food looks on the plate can play a big part in encouraging people to eat, it is important to consider presentation and variety in meal planning.

Tips

- Offer an appropriate window for mealtimes, e.g., breakfast from 7.30am until 9am, or supper/tea to allow enough time for a snack before bed. While some people might be ready to eat at 12.00 on the dot, others might feel like a later lunch
- 'Snack stations' available throughout the day ensures there is always something available for when people are peckish and a good idea for triggering appetites in those who can forget to eat and drink. See **page 21** for some healthy snack ideas
- Consider suitable, attractive and safe ways of keeping food warm for those who take a long time to eat
- Involve people in tasting sessions when the chef is trying out new recipes or changing menus
- Meals should be fresh and appetising, with thought given to textures and colours



Social occasions

Food plays an important part in social life and daily activities

Whether this is enjoying food in the company of family or friends, or for some older adults who enjoy cooking, they may wish to continue this either supported in their own home or within the care setting. The impact of social isolation on wellbeing is significant and mealtimes provide an opportunity to interact with others, make friends and reduce loneliness which can boost mood and appetite.

Tips

- Whether the person lives within a care home or their own property, they should be encouraged to invite guests in either for a simple meal, or for tea or coffee
- Consider a communal area within a care setting for socialising with guests to enjoy snacks and refreshments outside of the formal dining area
- For special events, involve older adults in planning the event, decorating the room and selecting a menu
- Days out offer an opportunity for physical activity, which may stimulate appetite or offer different food choice. These might include farms, garden centres and community gardens
- If it's not possible to help with preparation in the kitchen (e.g., chopping vegetables or making simple dishes), serving food or laying the table is a great way to contribute to mealtime preparation

Food activities and growing food

It is important to provide opportunities to engage in meaningful activities that maintain and improve wellbeing. Support older adults to actively choose and shape activities which they find meaningful, this should include spending quality time outdoors.

Tips

- Consider the use of outside space to include an area for food growing such as fruit trees or vegetable patches
- Try an indoor vegetable garden, salad greens, rocket, spring onions, chilli peppers and tomatoes all thrive well in pots
- Consider other gardening activities with local groups e.g., families, schools and early years settings, an intergenerational approach to some activities offers additional benefits for older adults
- Cooking activities can also stimulate the senses, which can in turn stimulate appetite or allow opportunities to reminisce through touch and feel as well as smell
- Look at facilitating cooking classes to upskill individuals and groups

Creating a positive dining experience

A good dining experience is an important factor in eating well. It is an opportunity to promote social interaction and build a sense of community, whilst increasing nutritional intake and promoting mental and physical wellbeing. The atmosphere created in the dining room, the presentation of meals, the way the food looks, and the support provided by carers may all influence how much of the food is eaten.

The following guidance when reviewing the dining and mealtime experience is split into two sections: personal residency provision e.g., domiciliary care and supported living; and non-personal residency provision e.g., care home, retirement home and day centres.

Personal residency provision

- If cleaning is part of the care package, ensure the dining space has been cleaned and de-cluttered. This will make the dining space more welcoming, comfortable and calming. If cleaning the property isn't part of the care pack, encourage the older adult to clean their own dining space
- Encourage carers, family and friends to visit during mealtimes. This can create a social inclusion aspect within the dining experience
- For older adults requiring assistance during mealtimes, prepare the area so that they have the correct cutlery, plates and cups to assist with their eating and drinking needs. This can create independence within the older adult
- If meal preparation is included in the care package, ensure that the food and drink is presented well and looks appealing. This can have a significant impact on whether the food will be consumed or not



Non-personal residency provision

- Ensure the dining environment is welcoming and comfortable, including a calming and informal décor
- Upon arrival at the dining area, have the older adults greeted and ask where they would like to be seated
- Present the table in a manner that is inviting. Maybe include table linen, a menu and a vase of flowers to make the area more appealing
- If menus are present, ensure that the text is clearly legible and consider including pictures of the meal options to support those with visual impairments. Having carers available to talk through the menu options should be considered too
- Group people together on tables to help with service, and to make people feel at ease and comfortable with their area of the dining room
- To promote social inclusion, encourage the carers to eat their meals with the older adults and engage in conversation
- Ensure carers are available to support and encourage frailer older adults or those with dementia to eat. This should be done discreetly and sensitively to maintain dignity. Ask permission as to whether a person would like assistance



Aids and adaptations

Eating and drinking aids can assist older adults to maintain independence where an individual suffers from a reduction in dexterity and strength.

Conditions such as arthritis, rheumatism and dementia can make tasks such as cutting, or lifting food very challenging and may affect an individual's ability to eat and drink, which in turn can contribute to deterioration in other ways. Some individuals may also have difficulties swallowing, therefore drinking aids are an important consideration. They can also be helpful if a person has mobility issues by protecting against spills and scalding if they have limited strength and find it hard to grip or lift cups.

Eating and drinking aids should be introduced discreetly, however they enable older adults to eat safely and with enhanced dignity. This is important in any setting but particularly for people living independently in their own homes.

Some suggestions to consider:

Consider plates and bowls that may have features such as sloped bases, raised sides or suction pads, which may make it easier for people to eat. Adaptive cutlery is also available that enable people with reduced dexterity a better grip, and angled knives can also help with cutting through food.

'Alzheimer's society' eating and drinking aids to support people with dementia

'Living Made Easy' plates and bowls products

For easier drinking, consider a two-handled cup, non-slip or lidded cups with a drinking spout. Clear cups can make it easier to monitor fluid intake, straw holders can also aid drinking. There are devices available that monitor the frequency of drinking; if a person forgets to drink, the mug itself has a visual and audio reminder.

'Droplet' drinking aids

Hydration systems are also available to help prevent dehydration in people who may not have regular access to drinks, if they have reduced mobility for example. These are simple drinking bottles with a drinking tube, the bottle can be hung or clipped anywhere, the drinking tube is then connected to offer hands-free hydration.

'Hydrate for Health' drink aids

Culturally appropriate foods

As part of the CQC Regulation 14, consideration of religious and cultural requirements must be met.

The requirements also state that if there are any clinical contraindications or risks posed because of any of these requirements, these should be discussed with the older adult, allowing them to make informed choices about their requirements.

Furthermore, settings should also take note of the legislation on food allergens, this is particularly relevant to those who have a special diet due to an allergy. The guidance states that all food providers - including care homes - have a legal duty to provide information to consumers if any of 14 specified allergenic ingredients are contained in their food [6].

When an older adult has specific dietary requirements relating to moral or ethical beliefs, such as vegetarianism, these requirements must be fully considered and met. Every effort should be made to meet people's preferences, including choices about what time meals are served, where they are served and the quantity.

On the following page, the table provides some useful information on catering for religious and cultural diets. Please note, that the information included in **page 30-32** is generalised and is not intended to be prescriptive to each individual, it serves as a guide only.

You may also wish you take a look at some culturally altered Eatwell Guide's that have been developed for African and South Asian diets. The link to these resources on **page 43**.

Please note that this list is not exclusive, but it contains details of some ethnic groups living in the North West, and describes the dietary patterns and fasting rules of all main religions.

RELIGION	DIET	POPULAR DISHES	FASTING
Buddhist	<ul style="list-style-type: none"> • Buddhists follow the teachings of the Buddha and adhere to specific diet laws. • The primary diet of a Buddhist is vegetarianism. Meat and other animal products can be consumed, providing the animal isn't slaughtered specifically for them. • Sweets and desserts are rarely consumed, however, are allowed in moderation. 	<ul style="list-style-type: none"> • Food groups heavily include fruits, vegetables, nuts, seeds, whole grains, beans and legumes. 	<ul style="list-style-type: none"> • The expectancy for fasting for food commences at noon, until dawn of the following day.
Islam	<ul style="list-style-type: none"> • Muslims will eat only permitted food (halal) and will not eat or drink anything that is considered forbidden (haram). Halal food requires that Allah's name is invoked at the time the animal is killed. Lamb, beef, goat and chicken, for example, are halal as long as a Muslim kills them and offers a prayer. Fish and eggs are also halal. • All products from pork, carrion and blood are forbidden (haram), as are all types of alcohol. In Britain, Muslims buy their meat from a Muslim butcher whenever possible. A Muslim does not generally eat available meat or food that contains animal fats, in case it contains pork fat or fat from other animals not ritually slaughtered. • Fish and eggs must be kept strictly separate from meat during preparation. Unless absolutely sure that all food is halal. When away from home, many Muslims will follow a vegetarian diet. Pakistanis and Arabs like their food well-seasoned, spiced, and may find bland food unpalatable. 	<ul style="list-style-type: none"> • Islam is observed by people from a wide range of countries, so dishes will vary based on the country of origin. • Muslims from Pakistan, Bangladesh or India may serve meals with meat or fish cooked with herbs and spices and served on a bed of rice. Plenty of fresh salad and bread such as Paratha or Flatbread is also very common and eaten with nearly all meals. • Some may not be used to eating with a knife and fork. Most eastern populations use their fingers and spoons for eating. 	<ul style="list-style-type: none"> • Muslims fast during the Ramadan period, although the sick, elderly, pregnant, women who are breastfeeding or menstruating and children who have not yet reached puberty can be excused.

RELIGION	DIET	POPULAR DISHES	FASTING
Hinduism	<ul style="list-style-type: none"> Hindus place great significance on a spiritual diet. They have a great love of animals because of their belief in reincarnation, and for this reason they do not believe in killing animals Hindus believe the cow is the most sacred animal. The killing of a cow is one of the greatest religious crimes. Hindus are normally very strict vegetarians. They will not accept food which has come into contact with prohibited food. 	<ul style="list-style-type: none"> Hinduism is observed by people from a wide range of countries, so dishes will vary based on the country of origin. Hindu's originating from India will often enjoy a range of curries including dhal, chana masala, palak paneer, dal makhana and more. Rice, chapattis, naans, poppadums and dosas are eaten with various vegetables, pulses and yoghurts. Pickles and salads are commonly used as side dishes 	<ul style="list-style-type: none"> Fasting is considered to give both spiritual and physical benefits and is a personal choice.
Judaism	<ul style="list-style-type: none"> Food prepared in line with Jewish dietary regulations is referred to as kosher. Kosher food requires mammals to have split hooves and chew their cud. In order for seafood to be deemed kosher, it must have scales and fins. Therefore, food such as shellfish, crustaceans and eels are considered non-kosher. Non-kosher birds are listed in the Torah. Chicken and turkey is generally permitted. The meat and poultry consumed must be slaughtered in a process known as shechita. 	<ul style="list-style-type: none"> There are different styles of Jewish cooking. These styles vary by each community across the Ashkenazi (Eastern and Central European), Mizrahi (Middle Eastern and Central Asian) and Sephardi (Iberian and North Africa) groups. A staple of the Ashkenazi cuisine are cooked, filled, and baked vegetables, such as stuffed cabbage. Its main ingredients include grains, fish, meat and poultry, vegetables and fruits. 	<ul style="list-style-type: none"> The holiest day in the Jewish calendar is Yom Kippur. This includes the complete fasting by all healthy adults. Fasting mainly commences with boys aged 13 and 12 for girls. Fasting is prohibited on account of a variety of medical exemptions.
Sikh	<ul style="list-style-type: none"> Sikh permits individual choice regarding the consumption of meat. It is however, forbidden to eat animals that have been slaughtered in accordance with their religious guidelines, such as halal or kosher meat. 	<ul style="list-style-type: none"> Both roti and phulka are amongst the traditional foods consumed by Sikhs. These are flatbreads, created with using wholemeal flour. 	<ul style="list-style-type: none"> Sikhs do not observe fasting for any religious reasons.

RELIGION	DIET	POPULAR DISHES	FASTING
Sikh (cont.)	<ul style="list-style-type: none"> The slaughter method followed by Sikhs is called Jhatka. This means the animal is to be killed as quick as possible. 	<ul style="list-style-type: none"> Daal (cooked lentils) and sabzi (cooked vegetables) are also staple foods within many Sikh dishes. They can be cooked with meat, or as vegetarian. 	

There are also a range of dietary requirements that are not attached to any religious or cultural beliefs. Below is a list of some diets that staff may come across, and a guide to which food groups may or may not be suitable for that diet.

Please note this list is not exclusive and should be confirmed with the individual.

	MEAT	FISH	EGGS	DAIRY	GLUTEN
Vegetarian	X	X	✓	✓	✓
Vegan	X	X	X	X	✓
Ovo-vegetarians	X	X	✓	X	✓
Lacto-vegetarians	X	X	X	✓	✓
Coeliac	✓	✓	✓	✓	X
Pescatarian	X	✓	✓	✓	✓



Mouth care

Maintaining good oral health throughout life and into older age improves general health and wellbeing. It also plays an important part in helping older adults to stay independent. One report found that too many people living in care homes were not being supported to maintain and improve their oral health [7]. If a person's mouth or teeth are sore, or their dentures don't fit properly, eating and drinking can become difficult.

As outlined by the NICE guidelines, it is recommended that settings within health and social care should be [8]:

- Promoting and protecting oral health by improving diet and reducing the consumption of sugary foods and drinks
- Improve oral health
- Increase the availability of fluoride to older adults
- Encourage older adults to attend dentist appointments

Oral health and older adults

As the population ages, a large number of people will have physical, mental, or physiological conditions that make it harder for them to take care of their mouths. For older adults, maintaining good dental health is crucial to overall health. It is imperative to make sure older adults who are fragile are well hydrated and supported in their nutritional needs.

Older adults may be receiving medication; there are over 400 medications where dry mouth is a common side effect. Having a dry mouth can impact negatively on oral health, causing pain, difficulty with eating and even speaking.

Saliva serves as our body's natural defence against decay and helps to neutralise the mouth after eating, thus people who have "dry mouth" (also known as xerostomia) are more likely to develop tooth decay.

For older adults who are without natural teeth, it is important to ensure they have a comfortable set of dentures for general wellbeing and quality of life. Dental plaque is the main factor in the development of common oral disorders. Oral bacteria can be directly aspirated into the respiratory tract. This can be a cause behind pneumonia, especially within older adults who experience swallowing difficulties.

Supporting older adults to keep their mouth healthy

- Encourage older adults to brush natural teeth twice a day with fluoride toothpaste, and seek support from dental practitioners if they are finding this difficult
- Display information posters around settings to remind people to brush and look after their teeth
- If serving sugary food or drinks, try to offer this with mealtimes and avoid serving after teeth have been brushed
- If you are having to increase sugar intake (for example to encourage someone to eat), consider purchasing a high-fluoride toothpaste to help provide extra protection
- Encourage dental check-ups at least once every year and ask about fluoride varnish and high fluoride toothpaste
- Avoid dry food if the older adult is experiencing dry mouth as this may be difficult and painful to eat

The NHS guide 'Framework for Enhanced Health in Care Homes' recommends the following:

- Every person's oral health should be assessed as part of the holistic care assessment of needs and personalised care and support planning process
- Care homes should have an oral health policy in place with one staff member taking responsibility for this policy within the home (oral health champion). This should be clearly aligned to NICE guidance 48 Oral Health for Adults in Care Homes:

NICE guidance: Oral health for adults in care homes



- Every older adult's oral health should be enquired after and/or observed regularly by care home staff as part of their usual hygiene routine, and they should have access to routine dental checks and specialist dental professionals as appropriate. Local systems should work collaboratively to provide access to appropriate clinical dental services for people living in care homes
- Staff employed by care home providers should undertake training in oral healthcare to support delivery of oral health assessments and daily mouth care for individuals and maintain this knowledge and skill through ongoing professional development

Looking out for malnutrition

Malnutrition is a condition where a person is deficient in nutrients, such as protein, vitamins and minerals, or not getting enough calories. This has many effects on health and body function, including increased frailty, delayed wound healing, and higher mortality.

The ideal way to monitor and identify malnutrition is through the Malnutrition Universal Screening Tool (MUST). If this is not something you are aware of, please contact your local dietetic department for guidance and training. However, this is not appropriate in all settings and so spotting physical signs can be a useful alternative - see the diagram below.



The Paperweight Armband is another useful tool for identifying malnutrition and enables carers, volunteers or health and social care professionals to broach the subject of malnutrition.

Age UK: The PaperWeight Armband

How can we encourage older adults receiving care to eat?

- A small amount of fresh air before meals can help stimulate an appetite
- Drink after meals rather than before to avoid feeling too full or bloated
- If someone smokes, support them to try to give up or encourage them to avoid smoking up to 30 minutes before a mealtime. This will improve their taste buds and appetite
- Finger foods can be helpful, just to try one or two small food items rather than a plate of food
- Offer a variety of choices and flavours in the food and drinks menu that make meals more interesting and prevent 'menu fatigue'
- Make second portions available and encourage people to eat more on the days that they are hungry
- Offer food on a smaller plate as this may also help support people with small appetites
- It is important to be aware of any key time when the person likes to eat and drink more as this could be an opportunity to ensure the person eats and drinks well

Fortifying food

For those experiencing or at risk of malnutrition, standard advice on healthy eating is not applicable and staff need to take a different approach when it comes to fortifying and enriching the foods served to increase their calorie intake.

Remember that some older adults may prefer to eat little and often, rather than three large meals per day. Serving small meals with snacks offered in between can help.

MEAL	PRACTICAL TIPS
Breakfast	<ul style="list-style-type: none">• Offering a hot cooked breakfast option every day can be helpful as some will prefer this to cereal etc. Add some grated cheese or cream to scrambled egg• Thickly spread butter or margarine (not the low-fat variety) on toast. Some tasty toppings to offer could include peanut butter, jam, chocolate spread, or cheese spread• Serving full fat (blue top) milk with cereal and porridge; honey or golden syrup can be offered too if desired• Consider fortifying milk with milk powder, as this can double the protein content and increase calcium intake of milk. Fortified milk can be used in place of ordinary milk and served with cereals, porridge or in hot drinks• Offering a glass of fruit juice at breakfast can help

MEAL	PRACTICAL TIPS
Lunch or evening meal	<ul style="list-style-type: none"> • Fry meat and poultry where possible, or add oil, butter, full fat margarine, creamy sauces, pastry, batter, breadcrumbs etc • For sandwiches and jacket potatoes, use extra butter, full-fat margarine, mayonnaise, salad cream, coleslaw or cheese, along with a protein filling, for example chicken, tuna, eggs, beans etc • When cooking pasta, add oil, butter or full-fat margarine during cooking or prior to serving. Serve with cream, cheese, pesto or other creamy sauces • When serving vegetables, toss in butter or margarine or offer vegetable dishes baked in creamy sauces such as cauliflower cheese • Add cream, grated cheese or fortified milk to soup • Offer roast potatoes, wedges, dauphinoise potatoes and chips as they are
Desserts	<ul style="list-style-type: none"> • Offer two puddings per day such as thick and creamy yoghurt, milk pudding, ice cream, milk jelly, trifle, fruit pie, sponge pudding, mousse-style desserts
Snacks	<ul style="list-style-type: none"> • Cakes, buns, cheese and crackers, tray bakes, crisps, chocolate, pastries, scones, pancakes, muffins, toasted crumpets, malt loaf, barnbrack, bread sticks with dips etc

Always aim for a food first approach. Before initiating a patient on sip feeds, they should be screened using the 'Malnutrition Universal Screening Tool' (see page 35) to ensure that they receive the appropriate therapy. The assessment can be made by the older adult's GP, nurse (e.g. practice nurse, district nurse, community matron, etc) or Medicines Management Technician/Pharmacist. For training on the Food First Guidelines please contact the dietetics department.

Considerations for people living with specific conditions

Dementia

Losing weight is common in people living with dementia, who may find eating and drinking difficult or refuse food or drink for several reasons:

- Problems expressing food/drink preferences and hunger or thirst
- A lack of interest in food may be caused by low mood
- Confusion in recognising food and remembering how to eat
- Concentration may be poor, making it difficult to sit down and finish a meal

Other challenges associated with dementia include:

- Reduced thirst sensation
- Potential limited recognition of hunger
- Paranoia surrounding food
- Difficulties chewing and swallowing

Consider offering relevant training to carers, volunteers and other staff members to ensure they feel supported and confident in providing food and drink for those living with dementia. Support will need to be considered and tailored to each individual as there may be different challenges for each person, such as difficulty in coordinating tasks, inability to recognise food, sensory changes in taste or being easily distracted before finishing a meal.

The list below provides a useful checklist for various aspects to consider when offering food and drink to someone with dementia.

Availability of food and drink

- Tastes can change as dementia develops and stronger flavours may be preferred. Try using mild spices and flavour enhancers such as herbs, cheese and Marmite
- People with dementia often prefer sweeter foods. Consider serving the dessert course before the main savoury course, serving dessert first may stimulate appetite
- Grazing menus/snacks - finger food such as sandwich bites, sausage rolls, samosas, chopped fruit, and mini rolls can help to increase food intake for those who struggle to concentrate/walk round while eating or struggle to use a knife and fork
- Mini meals - Consider portion size, providing smaller portions at mealtimes and then offering seconds can be less daunting and easier to manage

- Forgetting food choices; direct offering of food may help
- Offer variety of alternatives
- If possible, drinks and snacks could be made readily available day and night for older adults to help themselves to, but individuals should also be encouraged and prompted to eat and drink
- If the older adult is struggling with using a knife and fork, cut up food into smaller pieces so it can be eaten more easily, perhaps with a spoon. Alternatively, you may need to prompt them and guide their hand to their mouth to remind them of the process involved
- The older adult may lose the ability to judge the temperature of food. Be careful of giving them hot food or drinks that could burn their mouth and make eating uncomfortable
- Chilled drinks can stimulate appetite
- Food-related activities may stimulate appetite
- Offer a variety of different drinks - tea, coffee, hot chocolate, squash/water served in jugs, ice lollies, and foods with a high-water content such as melon and jelly
- Encouragement to drink throughout the day as those with dementia may not be able to sense when they are thirsty or hungry. Try making them a drink or snack rather than just offering
- Consider any cultural dietary preferences, ask relatives if the individual had a favourite meal and if they could maybe bring in some appropriate snacks if the setting is unable to source/provide them



Mealtimes and the environment

- Sensory cues such as the smell of food being cooked, or seeing it being prepared and setting a table to eat can help people recognise its mealtime
- Create a welcoming social environment at mealtimes and give older adults the opportunity to sit around a table together. This increases enjoyment of meals and give some the opportunity to mimic eating behaviours. However, it is important to consider compatibility of personalities at the dinner table and also accommodate those who may prefer to eat alone too
- Create a comfortable environment to eat in, free from distractions such as loud background noise or TV, unpleasant smells and removing clutter or unnecessary items on the table
- Avoid patterned items on the table which can cause confusion
- Try to avoid an environment that is too noisy, stressful or crowded, some people may enjoy calm background music
- Physical positioning is important during mealtimes - sitting properly will help with chewing and swallowing and prevent feelings of early fullness
- Support older adults to eat independently for as long as possible, guiding their hands, verbal prompts to remind, and the use of tools such as lightweight cups, high sided bowls, plain coloured plates
- Those with dementia may benefit from more time to finish their meals, so avoid making them feel rushed
- Stimulate interest and enjoyment of food through celebrating special occasions or events (e.g. Chinese New Year), and participating in tea dances, coffee mornings, or curry evenings
- If you or other adults and staff are eating at the same time as the older adult, it may help encourage them to eat
- Try not to worry about mess - it's more important for the person to eat than to be tidy
- Be led by the person with dementia on where they would like to sit and eat. Ensure that they are comfortable at all times
- Use of plate guards & visual aids; people living with dementia experience difficulties with their sight and their perception, aids can assist a person with dexterity and help to recognise foods
- Check teeth, hearing, glasses; to eliminate any sensory impairment
- Set the table in different ways for different meals; to make clear the type of mealtime and ensure things are in easy reach
- Try crockery colours -use contrast; switching from white plates to coloured plates will help patients with dementia improve their eating (blue, red, yellow or green)

Communications

- Get to know personal preferences - discuss old favourites and family food traditions. Preferences will also likely change as dementia progresses, so do occasional taste tests to see what is liked and disliked
- Get to know life stories, for example any strong memories associated with food or food preparation. Conversations about food can evoke memories and help to establish food preferences

- Show pictures of foods/meals or food packaging to help with recognition and choosing food. Reading a list of options to choose from may be confusing. Allow time for them to answer

Type 2 Diabetes

Type 2 diabetes is a common, lifelong condition that causes the level of sugar (glucose) in the blood to become too high. This is due to the pancreas not making enough insulin, a hormone produced by the pancreas which controls the amount of glucose in the blood.

Type 2 diabetes can cause symptoms like excessive thirst, needing to go to the toilet often and fatigue. It can also increase your risk of getting serious problems with your eyes, heart and nerves. When you have type 2 diabetes, your body still breaks down carbohydrate from your food and drink and turns it into glucose. The pancreas then responds to this by releasing insulin. Because the insulin can't work properly, your blood sugar levels keep rising and results in more insulin released.

For some people with type 2 diabetes this can eventually tire the pancreas out, meaning their body makes less and less insulin. This can lead to even higher blood sugar levels and mean you are at risk of hyperglycaemia. The glucose in your blood comes from various sources in the diet, not only the things we think of as containing sugar but also any carbohydrates such as bread, potatoes, rice and pasta. Diabetes is commonly managed through diet and with the appropriate use of insulin and other medications to control blood sugar levels. Because for most diabetics the side effects of diabetes and mildly raised blood sugar levels take a long time to develop, dietary restriction does not need to be a very strict part of diabetes management for older adults.

However, it is still important to consider the following.

- Encouraging energy and protein rich foods, and generally avoiding low fat foods as these are often high in sugar
- Fortify foods with fats and protein (such as milk powder and butter) rather than sugar where possible
- Encourage milky drinks between meals rather than sugary drinks

Signposting information and useful resources

Guidance and advice

- Care Quality Commission: <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs>
- Eat Well Age Well: <https://www.eatwellagewell.org.uk/resources>
- Healthy ageing: <https://www.nutrition.org.uk/life-stages/older-people/healthy-ageing/>
- Vitamins for older people: <https://www.ageuk.org.uk/information-advice/health-wellbeing/healthy-eating/vitamins-for-older-people/>
- Carers UK Nutrition Guide: <https://www.carersuk.org/help-and-advice/your-health-and-wellbeing/the-importance-of-good-nutrition/>
- Age UK -Healthy Living: https://www.ageuk.org.uk/globalassets/age-uk/documents/information-guides/ageukig24_healthy_living_inf.pdf
- Gov.Wales: <https://gov.wales/sites/default/files/publications/2019-12/food-and-nutrition-care-homes-older-people-why-eating-and-drinking-well-matters-older-people.pdf>
- Carehome.co.uk: <https://www.carehome.co.uk/advice/care-home-food-eating-healthily-in-a-care-home>
- Healthier Scotland: https://www.dignityincare.org.uk/_assets/Resources/Dignity/CSIPComment/promotingnutritionincare_homes1.pdf
- Healthwatch: https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/20170417%20Kirklees%20Nutrition-Residential-Care-Report-1_1.pdf

Healthy recipes

- Age UK Recipes <https://www.ageuk.org.uk/information-advice/travel-hobbies/hobbies/recipes/>
- Homemade supplement recipes for care homes: <https://www.somersetft.nhs.uk/nutrition-and-dietetics/information-for-care-homes/resources-for-care-homes/homemade-supplement-recipes/>

Malnutrition

- NICE: <https://www.nice.org.uk/sharedlearning/using-nutrition-support-nice-quality-standards-as-a-basis-to-improve-management-of-malnourished-care-home-residents-with-a-food-first-approach>
- Malnutrition Self-Screening Tool: <https://www.malnutritionselfscreening.org/self-screening.html>
- Paperweight armband tool: <https://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/the-paperweight-armband/>

Culturally appropriate diets

- The South Asian Eatwell Guide: <https://mynutriweb.com/the-south-asian-eatwell-guide/>
- African and Caribbean Eatwell Guide: <https://www.diversenutritionassociation.com/new-page-1>

Eating and drinking support for people living with dementia

- Alzheimers Society: <https://www.alzheimers.org.uk/get-support/daily-living/eating-drinking#content-start>
- Caroline Walker Trust: <https://www.cwt.org.uk/publication/eating-well-for-older-people-with-dementia/>
- Carers UK: <https://www.carersuk.org/help-and-advice/health/nutrition/dementia-and-nutrition/>
- British Dietetic Association: <https://www.bda.uk.com/resource/nutrition-and-dementia.html>
- Social Care Institute for Excellence: <https://www.scie.org.uk/dementia/living-with-dementia/eating-well/chewing-swallowing-problems.asp>

Whole settings approach to good nutrition in care homes

- Food for Life: https://www.foodforlife.org.uk/~/_media/files/better%20care/evaluation/03-uwe-fflbc-calderdale-care-home-case-study.pdf
- Welsh Government: <https://gov.wales/sites/default/files/publications/2019-12/food-and-nutrition-care-homes-older-people-putting-guidance-practice.pdf>
- Welsh Government: <https://www.gov.wales/sites/default/files/publications/2019-12/food-and-nutrition-care-homes-older-people-encouraging-residents-eat-well.pdf>

Promoting a positive dining experience

- Welsh Government: <https://gov.wales/sites/default/files/publications/2019-06/creating-a-positive-dining-experience-for-care-home-residents.pdf>
- Caroline Walker Trust: <https://www.cwt.org.uk/wp-content/uploads/2014/07/OlderPeople.pdf>
- Blue Leaf Care: <https://www.blueleafcare.com/blog/insights/creating-a-care-dining-experience-making-mealtimes-enjoyable>
- Care UK: <https://www.careuk.com/life-at-a-care-uk-home/food/our-dining-experience>
- Care Home Companion: <https://carehomecompanion.uk/eating>

Mouth care

- HM Government: <https://www.gov.uk/government/publications/adult-oral-health-in-care-homes-toolkit/oral-health-toolkit-for-adults-in-care-homes>
- NICE: <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/improving-oral-health-for-adults-in-care-homes>
- Care Inspectorate: <https://www.careinspectorate.com/images/documents/6292/Supporting%20better%20oral%20care%20in%20care%20homes%202021%20-%20final.pdf>

Part two

Stay hydrated

The information in the following section will support care givers to understand the importance of helping older adults receiving care to stay hydrated across the day and explore some practical tips and advice on applying these principles into practice.

This guidance supports the CQC Regulation 14 on meeting nutritional and hydration needs of people receiving care.



Why hydration is important for older adults

Hydration is especially important in older adults because ageing affects how the body manages water and reduces the thirst reflex. In addition, conditions such as dementia or becoming frailer may affect their ability to drink and increase the amount of support they need.

Older adults are more vulnerable to developing dehydration due to the physiological changes associated with ageing. These include deterioration in kidney function, not having a sense of thirst and a reduction in muscle mass where most water in the body is stored.

A decline in our physical state (e.g., arthritis, poor mobility, loss of sight), cognitive impairment and/or swallowing difficulties may also influence an older adult's ability to obtain and consume fluids.

Spotting dehydration

What is dehydration?

We constantly lose fluid from our bodies when we breathe, sweat, or use the toilet. Dehydration occurs when the amount of fluid we take in is insufficient to replace fluids lost. Dehydration can develop over several hours or days, but it is usually avoidable.

Common signs of dehydration to look out for are:

- Headaches
- Dark urine
- Dry mouth
- Confusion

Consequences of dehydration can be severe and may include:

- Confusion and reduced cognitive status
- Falls
- Constipation
- Urinary tract infections (UTI) and incontinence
- Chest infections
- Admission to hospital
- Increased risk of pressure ulcers
- Medication toxicity
- Low blood pressure and can also increase the risk of falls as a result of dizziness and confusion

How much water should we drink per day?

It is recommended to drink around 6-8 glasses (1500ml) of fluid a day, however any increase in fluid intake will be beneficial. Undernutrition and loss of body mass can cause a more rapid progression of dementia as well as increasing the risk of complications such as pressure sores, infections, falls and fractures.

Suitable drinks to offer

There are lots of opportunities to meet the 6-8 glasses of fluid per day. The most important consideration is to maintain hydration through whatever fluids people enjoy. For those individuals who are suffering with malnutrition some alternative or fortified drinks may be of benefit.

How much fluid should we drink per day?



6-8 glasses of fluid (approximately 1,500ml)

This includes...



Lower fat milk

Tea

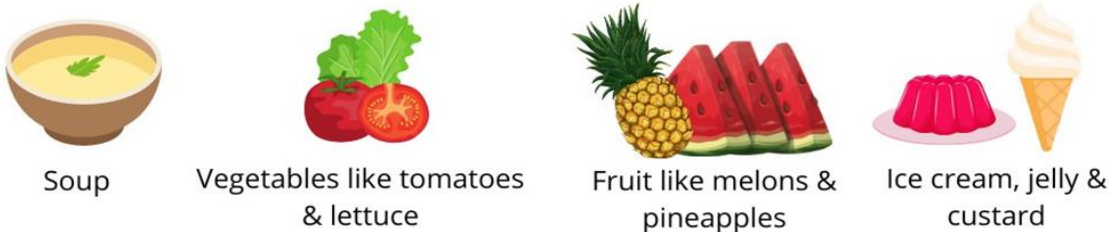
Fruit juice

Coffee

Sugar-free drinks

Eat fluids through foods!

Some foods contain lots of water, too.



Soup

Vegetables like tomatoes & lettuce

Fruit like melons & pineapples

Ice cream, jelly & custard

ORIGINAL	FORTIFIED/NOURISHING
Semi skimmed milk	Whole milk or milk with added skimmed milk powder. Homemade milkshakes.
Tea or coffee	Milky alternatives. Coffee/tea made with milk, hot chocolate, Horlicks, Ovaltine.
Nutritional supplements	Complan, Aymes, Meretine.

Opportunities to promote fluid intake across the day

In addition to drinking aids, there are many more ways in which we can promote regular fluid intake across the day.

In simple terms, we should be encouraging adults to consume **6-8 average sized cups or glasses of fluid every day**. This is in addition to the fluid present in food. All fluids count, including water, tea, coffee, milk and fruit juice (excluding alcohol).

The following checklist highlights some important considerations in promoting fluid intake:

- Ensure that drinks are available everywhere, at any time, at the right temperature and of the right type (ensure that preferences are recorded). If appropriate, consider introducing drinks stations or drinks trolleys to regularly encourage intake over the course of the day, and to have drinks available during the night
- Offer help and support while drinking if required - see **page 28** on aids and adaptations for more information. Reassure older adults that you have time to help them drink
- It may be helpful to talk through your actions during mealtimes. This could include describing the drink being offered, explaining what you are doing (e.g., "here's the water") and what the person needs to do next (e.g., "now swallow")
- Social interaction and drinking with others is part of everyday life and is usually enjoyable - encourage carers to drink with older adults, role modelling helps. Sitting at a table with other people offers the opportunity to socialise and as others eat, this may stimulate both eating and drinking behaviours
- Toileting access or support is readily available, bearing in mind that improving hydration will not cause extra toileting in the long term. It is important to emphasise this to people receiving care too, as this could be a barrier
- Sharing simple messages on the importance of drinking and the regular drinking habit - consider messages and posters in care settings to act as reminders and prompts to drink. During periods of hot weather or illness, this is important. For home care staff, sourcing some fridge magnets or setting alarms as reminders could be helpful

- Hydration champions can help promote the importance of hydration to other carers and older adults. Consider education and training sessions for both; as part of this toolkit a **supporting training module** has been developed. This contains much of the information presented in this section, with supporting delivery notes, discussion points and activities throughout and is designed to be delivered as a training module to staff and volunteers working within the care sector to provide them with useful information on promoting hydration in older adults. See **Appendix 4, page 61** to access this module.
- Oral health is also an important factor as a painful mouth can affect a person's ability to drink as well as eat, check an individual's mouth and dentition. See **page 33** for more information on mouth care
- It can be more effective to offer a drink rather than ask if the individual would like one
- Encourage individuals to have a full cup or glass of fluid with medication
- Small steps can be effective to gradually increase fluid intake
- Consider creative ways to improve hydration e.g., ice-lollies, fruit smoothies and mocktails (particularly in warm weather), jelly and milk puddings, pureed fruit, cut up water rich fruit or vegetables such as melon and cucumber, soups. Offer fizzy and flat drinks, use ice cubes and straws and a variety of drinking vessels and glasses, presentation is important

This problem-solving matrix taken from the Hydrate Toolkit* may help to determine barriers to poor hydration and solutions to reducing dehydration:

TYPE OF DRINKING BEHAVIOUR	SOLUTIONS
Unaware of how much they should drink every day	Education of individual
Drinks independently but forgetful so requires prompting	Individual regular regime with or without aids to help prompting
Increased risk of choking or swallowing problems	Speech and Language therapist input required
Unable to drink independently	Appropriate assistance and possible aids which still maintain dignity
Lifelong sippers who have never drunk much	Gradual approach with education and support that tries to address the long-standing reasons for this
Fear of urinary incontinence or increased frequency	Reassurance about support and ready access for toileting needs. Advice from continence team if required. Empathy and understanding of concerns with maintenance of dignity and independence
Refusal to drink; for example, clamping mouth shut or spitting fluids out, often linked to dementia	Consider the causes for this: Not necessarily just the deterioration of dementia: physical, emotional and environmental problems or changes. Consider: right people, right place, right drink. Regular drinking regime/fluid chart, use of old social behaviour

**Produced by the Wessex AHSN Healthy Ageing Programme, part of the AHSN network, working in collaboration with frailty and dietetic experts across Wessex.*

Signposting information and useful resources

Guidance and advice

- Care Quality Commission. Regulation 14 <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs>
- Promoting Hydration in Care Settings: <https://wessexahsn.org.uk/img/projects/Hydration%20toolkit%20V1.pdf>
- Care Home Companion NHS <https://carehomecompanion.uk/drinking>
- Making Every Drink Count -Care UK: <https://www.careuk.com/CareUK/media/Documents/Guides%20and%20booklets/Care-UK-s-hints-on-hydration-guide-final-LR.pdf>

Resources and tools

- Food Active's Supporting Older Adults to Stay Hydrated Training Module: <https://foodactive.org.uk/wp-content/uploads/2023/10/Appendix-4-Older-adults-hydration-training-module-1.pptx>
- GULP Dehydration Risk Tool: <https://www.elmmb.nhs.uk/resources/assets/attachment/full/0/17806.pdf>
- I-Hydrate Resources, including resource pack, posters, drinks menu, training videos, planning tools and much more: <https://www.uwl.ac.uk/research/research-centres/richard-wells-centre/i-hydrate>
- Age UK The Importance Of Keeping Hydrated For The Elderly: <https://www.ageuk.org.uk/wp-assets/globalassets/coventry--warwickshire/original-blocks/our-services/dementia-day-ops-support-for-carers/dehydration.pdf>

Case studies

- East Berkshire Clinical Commissioning Group (2018 NICE Shared Learning Award): <https://www.nice.org.uk/sharedlearning/reducing-incidence-of-urinary-tract-infections-by-promoting-hydration-in-care-homes>
- Great Yarmouth Case Study <https://www.qcs.co.uk/good-practice-hydration/>
- North Somerset preventing dehydration <https://local.gov.uk/case-studies/improving-hydration-care-home-residents>
- Kent Surrey Sussex https://www.malnutritiontaskforce.org.uk/sites/default/files/inline-files/Hydrate%20in%20Care%20homes%20Project%20Final%20Evaluation_0.pdf
- Leicestershire Partnership -Nutrition and Hydration Policy for Community use <https://www.leicspart.nhs.uk/wp-content/uploads/2023/08/Adult-Nutrition-and-Hydration-Community-Use-Policy-Exp-Oct-23-1.pdf>

Part three

Move well, age well

The information in the following section will support care givers to help older adults receiving care to engage in activities that promote movement and physical activity across the day and explore some practical tips and advice on applying these principles into practice.

This guidance supports the CQC Regulation 12, relating to safe care and treatment.



Importance of staying active as we age

There is a lot of research about the wide range of health and wellbeing benefits from physical activity as we get older. Research also tells us that there is a steady decline in activity with increasing age and frailty. This has a huge impact on an older person's quality of life and overall health and wellbeing, where they may, in time, not be able to maintain their independence or carry out simple activities in daily life, such as rising from a chair. Reducing sedentary behaviour (time sitting) and increasing physical activity and general movement can greatly improve all aspects of this.

Physical activity guidelines for all older adults 65+ recommend they should aim to be active daily and that over a week, activity should add up to at least 150 minutes. Almost any movement can be measured (e.g., games, walking, dance), including those with mobility issues. Activities that improve muscle strength and balance can make it easier to get out of a chair, use the stairs and perform many other everyday movements, and will underpin many of the ideas within this toolkit.

Benefits of physical activity and daily movement in later life

Physical activity declines and sedentary behaviour increases with age. Physical function, mobility and the ability to perform activities of daily living also decline. There is strong evidence that demonstrates how regular physical activity can help to reverse some of the age-related decline in physical and psychological function and help to maintain independent living and mobility.

Many of these benefits can still be achieved in later life even by the oldest and most frail including:

- Maintaining cognitive function
- Preserving physical function, mobility and independence
- Supports bone health
- Improves balance and strength and reduces the risk of falls
- Engaging in opportunities for learning and new experiences
- Improvements in quality and quantity of sleep
- Maintaining higher levels of energy and vitality to enjoy later life
- Lower levels of anxiety and depression, improved mood and self esteem
- Engagement and interaction with others and the environment and reduced feelings of isolation and loneliness

For those individuals with very limited mobility, including the frailest and those who spend long periods of time sitting, bouts of physical activity and movement that promote circulation will help to reduce the complications of immobility including:

- Deep vein thrombosis (clotting)
- Gravitational oedema (swelling of the legs caused by accumulation of fluid)
- Contractures (thickening of the joint tissues leading to deformity)
- Pressure sores
- Faecal impaction (severe constipation)
- Obesity



Recommended guidelines for physical activity for older adults

Physical activity for adults and older adults



Benefits health



Improves sleep



Maintains healthy weight



Manages stress



Improves quality of life

Reduces your chance of

Type II Diabetes

-40%

Cardiovascular disease

-35%

Falls, depression etc.

-30%

Joint and back pain

-25%

Cancers (colon and breast) -20%

Some is good,
more is better

Make a start today:
it's never too late

Every minute
counts

Be active

at least

150

minutes
moderate intensity
per week

increased breathing
able to talk

OR

or a combination of both

at least

75

minutes
vigorous intensity
per week

breathing fast
difficulty talking



to keep muscles, bones and joints strong

Build strength

on at least
2
days a week

Gym

Yoga

Carry heavy bags



Minimise sedentary time

Break up periods of inactivity



For older adults, to reduce the
chance of frailty and falls

Improve balance

2 days a week

UK Chief Medical Officers' Physical Activity Guidelines 2019

Barriers faced when introducing movement in later life

There could be various barriers that can make it difficult to implement more movement and physical activity into a care setting. Employees may experience barriers such as lack of staff training, awareness, time pressures and an overall resistance from those receiving care to see the benefits moving more can have for them. Some of these barriers include:

Health Conditions

Some medical conditions such as osteoarthritis causes joints to become stiff and reduce mobility and flexibility around a joint. This can then lead to a fear of moving and being active and an overall fear of falling. Other conditions and medications may affect balance.

Lack of motivation/interest & feeling too old to move more

Moving less can impact on motivation levels and some older adults may even lose interest altogether. Some can feel they are too old to see benefits moving more can bring. This will then impact on motivation levels. This adds to the extra challenges faced in care settings when implementing physical movement.

Resources, training & designated areas specifically to implement this

Some organisations may not have the relevant resources available to support their employees in the planning and facilitation of movement and physical activities. In turn, this can impact the confidence of employees wanting to engage older adults in specific activities. Furthermore, a lack of suitable areas to set up group movement activities can increase risk to those receiving care.

Mental wellbeing

Mental health plays a vital role in how much a person will engage in being more active. Mental health conditions can be common amongst older adults, and poor mental health impacts on motivation and willingness to take part in movement and physical activity. The planning of group activities will encourage participation. See **appendix 5 & 6** on **page 61** for more information.

Cardiovascular Exercise

Cardiovascular exercise is activity that increases the heart rate and respiration, raises oxygen and blood flow throughout the body whilst using the large muscles of the body repetitively and rhythmically. Regular aerobic exercise can give great benefits to health including lowering the risk of heart disease, improve blood cholesterol levels and help to control and even prevent high blood pressure. It can also have an impact on controlling type 2 diabetes. It is recommended that we aim to do 150 minutes of this type of exercise over a week. This can be broken down into 10-minute bouts.

Types of cardiovascular activities include:

- Walking
- Dancing
- Gardening



Strength and balance

Balance and strength exercises help you stay steady on your feet and reduce the chances of a fall. As we age muscle mass declines, putting extra stress on our joints. These types of exercises are especially important for older adults to incorporate into their routine. Improving muscle strength function and balance may not only reduce the risk of falling, but also improve self-confidence in moving more. Conditions such as osteoporosis and arthritis that come with ageing can add to decreased mobility in joints and muscles which again, can contribute to an increase in falls.

In the **Appendix 7**, printable movement cards are available for settings to print off. The activities featured include a range of activities suitable for most abilities, accompanied by clear instructions and pictures which will support safe and effective guidance for implementation. See **page 61**.

Meaningful activities and activities of daily living

Meaningful activity includes physical, social and leisure activities that are tailored to the older adult's needs and preferences. Activities can be incorporated within daily living routines such as getting dressed, eating and washing, laying the table, to leisure activities such as group movement games, dancing, gardening, arts and crafts, conversation, and singing. It can be structured or spontaneous, groups or for individuals, and may involve family, friends and carers. Activities may provide emotional, creative, intellectual stimulation and improve overall wellbeing. Considering the environment such as taking activities into outdoor spaces can add to the overall experience.

Creating a safe environment

Allow enough space to stretch arms. Ensure good lighting is established in the space used for activities. When applicable, providing walking aids and sturdy chairs can help with some standing movements and mobility. Ensure suitable clothing and supportive footwear where appropriate.

Raising positive conversations

Raising positive conversations with people receiving care, carers and families can have an impact on the implementation of movement and physical activities. Explaining why a particular movement or exercise is beneficial and how with consistency, it can have a significant impact on maintaining activities of daily living (ADL) and independence. Having these conversations with families and encouraging them to do this will also help to support staff.



Encouraging physical activity and movement into every day

The target is to encourage people receiving care to aim for 10 daily activities which will take you no longer than 10 minutes to complete. Even basic movements done through daily activities can really help increase activity and improve mobility. In **appendix 8** on **page 61**, there are printable activity cards which were created by Re:fresh in Blackburn with Darwen. These can be displayed around various settings and serve as a useful reminder to get moving. Gradually build up the time, intensity and frequency spent on activities over time. Move for 10, aim for 10!

Re:refresh in Blackburn with Darwen works in partnership with the council and the NHS, leading to healthier lives and living longer by offering a range of opportunities. These include subsidised leisure and health and wellbeing information and education, providing information regarding weight loss and healthy eating, offering health checks and health and wellbeing coaches.

We would like to thank Re:refresh in Blackburn with Darwen for allowing us to utilise the activity cards they created within this toolkit.

ACTIVITY	GOOD FOR	HANDY TIPS
Steps - increasing overall steps throughout the day, with an aid or independently	Improves blood circulation, which lowers blood pressure and reduces the risk of heart disease	Start small - For someone who would be taken in a chair. Stop the chair sooner and walk the last few steps
Shoulder rolls and arm circles	Being able to complete tasks such as brushing hair.	Encourage this whilst watching T.V during the adverts.
Seated chair rotations	Helps to loosen the spine, picking items up from the floor, turning over in bed and looking over your shoulder	Encourage whilst seated such as after breakfast, lunch and dinner
Sit to stands	Increases lower body strength making tasks like getting off the toilet and out of a chair easier	In-between moving to a different room
Seated or standing march.	Increases the heart rate, a great way to prepare the body for movement	Add some music or singing
Tandem stand	Improving balance and ankle strength. Improved walking	Use a sturdy frame or chair. You could gradually build up to one hand if appropriate

ACTIVITY	GOOD FOR	HANDY TIPS
Hand clenches with soft ball	Supports grip and wrist strength	Play some music and encourage movement of arms with 2-3 squeezes of the ball after each move
Ankle rotations	This loosens the ankles and gives better heel-toe action when walking	Encourage this whilst watching T.V during the adverts
Target throw game	This loosens through the upper body when using different types of throwing	Try this in a morning whilst seated on the end of the bed
Chest stretch	This is good for posture and helps to reach back	Try this in a morning whilst seated on the end of the bed



Signposting information and useful resources

Useful resources

- Information booklet to reduce risk of falls: <https://www.csp.org.uk/publications/get-go-guide-staying-steady-english-version>
- Useful information and advice around aging well by the refresh team: <https://refreshbwd.com/ageing-well/>
- Physical activity resource offering useful guidance and support around physical activity: <https://www.youtube.com/channel/UC4xZ6GhbuYUjDcPp7giwCvg/playlists>
- Useful advice and support: <https://www.ageuk.org.uk/information-advice/health-wellbeing/exercise/simple-exercises-inactive-adults/>
- Towards an Active Care Home toolkit: https://www.mostactivecounty.com/wp-content/uploads/2019/02/SCC_CareHomeToolkit2019_WEB.pdf
- Chair-based age and dementia friendly exercises: <https://britishgymnasticsfoundation.org/wp-content/uploads/2020/03/Love-to-Move-booklet.pdf>
- Older Adult Home Exercise Plan: https://www.sportireland.ie/sites/default/files/media/document/2020-09/older_english_0.pdf
- Falls Prevention Booklet: https://www.csp.org.uk/system/files/get_up_and_go_0.pdf
- Falls Management Exercise toolkit: https://everyonehealth.co.uk/wp-content/uploads/2021/03/FaME-HEP-book-A4_1120.pdf
- Fit as a Fiddle: www.activityalliance.org.uk/assets/000/000/249/Fit_as_a_fiddle_resource_original.pdf?1462830235

Useful links

- NHS physical activity guidelines in older adults: <https://www.nhs.uk/live-well/exercise/exercise-guidelines/physical-activity-guidelines-older-adults/>
- CMO physical activity guidelines page 39 specific to older adults: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf
- Information around activities of daily living: <https://www.agingcare.com/articles/amp/186853>
- Nice: <https://www.nice.org.uk/guidance/ng32/chapter/recommendations>
- Stay Active @ Home: https://www.csp.org.uk/system/files/documents/2020-03/001728_Staying%20Active%20at%20Home_England_A4%20Download_Final.pdf
- Royal Osteoporosis Society- About exercise for osteoporosis and bone health: <https://strwebstgmedia.blob.core.windows.net/media/0lhowmrk/about-exercise-fact-sheet-february-2019.pdf>

Appendices

1. Sample menu plan

The sample menu plan offers care providers who provides food to older adults an example of how to create a variety of meals within a week, meeting the nutritional needs highlighted in The Eatwell Guide.

2. Mealtime checklist

This checklist is designed for care providers to be aware of the considerations when offering food and drink to older adults.

3. Template fluid chart

This template can be utilised to monitor older adult's fluid intake. It also highlights the recommended fluid intake.

4. Older adults hydration training module

This contains much of the information presented in this section, with supporting delivery notes, discussion points and activities throughout and is designed to be delivered as a training module to staff and volunteers working within the care sector to provide them with useful information on promoting hydration in older adults.

5. Weekly physical activity checker

The physical activity checker provides an alternative avenue to record weekly activities, including time spent on it, reflections and time spent sedentary.

6. Template activity sheets

The activity sheet template allows the care provider to list a 'achievable' activities, reinforce what the activity is good for and include and handy tips for the activity.

7. Printable activity cards

These activity cards offer visual guides to assist in maintaining physical activity amongst older adults.

8. Aim for 10, move for ten sheet

This sheet allows the care provider or older adult to records their movement on a daily basis and monitor what has been achieved.



**Download the
Appendices as a ZIP
file here**

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