

Meeting Nutritional Needs in Residential Care

The Care Quality Commission (CQC) has the responsibility for ensuring that those providing care to people in a residential setting meet certain important standards, one of which is:

‘Ensure personalised care by providing adequate nutrition, hydration and support.’
Outcome 5 (Regulation 14)

This document is intended to guide care providers as to the best ways to achieve the standard.

Menus

- Devise in consultation with those with PWS
- Take account of their likes and dislikes
- Well balanced and appropriate to the needs of the residents
- Present meals in an attractive and appetising way, and maximise the look of the meal
- Incorporate plenty of fresh vegetables, salad and fruit
- Member(s) of staff responsible for devising the menus to have appropriate training
- All menus should be checked by dietician aware of the specific needs of the residents

Further advice may be sought from the Prader-Willi Syndrome Association UK, but we are not able to approve individual meal plans.

Meal times

- Should be fixed and not rushed
- Aids and adaptations provided if needed
- If assistance is required with eating and drinking, clearly document in the care plan
- Provide assistance or adaptations discreetly
- If a person with PWS wishes to eat alone, allow this if possible and fully risk assess
- Discreetly supervise meal time due to risk of choking
- Refer to speech and language team for support and guidance if needed

Food outside the home

- Determine nature of event in advance
- Discuss availability of food and drink with the person with PWS to manage expectation
- Agree beforehand what food and drink they will be able to have

Choice

- Document individual food preferences in the care plan and support file
- Offer snacks such as fruit, vegetables and low energy drinks, but do not make these freely available

- Help the person with PWS to understand their condition so that they can be involved in menu planning
- Listen to concerns about food and food preferences
- Have support in place to promote an appropriate level of choice and control

Independence around food

No other medical condition requires the long term, extremely low energy intake generally required of people with PWS.

- Encourage individuals to help with food preparation, making drinks, setting the table etc
- Carry out a risk assessment
- Offer lots of reassurance that their needs will be met
- Good communication and agreement between staff and family is essential

Weight management

As people with PWS may gain weight very quickly, it's recommended that they are weighed on a weekly basis.

- Keep a record of accurate height, obtained from the GP, local hospital or dietitian
- Review weight regularly to determine trends and change
- If weight loss is required, 6-8 kcal/cm height is a reasonable starting point
- If stable weight maintenance is wanted, start with 9-10kcal/cm height
- Those with PWS should be on no more than 1400kcal per day
- Ensure all staff have detailed information about calorie intake and daily management of food
- Locking of the kitchen, refrigerator and cupboards is essential
- Seek advice from a dietitian if there are concerns about nutritional needs being met

Further sources of information are available on our website www.pwsa.co.uk