Driving Depth and Building Success
Improving Implementation of Local Guidance (Step 5) of The Malnutrition Universal Screening Tool in two nursing homes within Greater Glasgow and Clyde NHS.

Alison Molyneux: Care Home Dietitian BSc. MSc. RD
Alison.Molyneux@ggc.scot.nhs.uk

Overview
Malnutrition in nursing care homes leads to poorer health outcomes and an increased social and healthcare burden (1). In response to better managing care home residents’ nutrition, a person-centred nutritional support plan has been introduced in care homes within NHS GG&C. This is referred to as MUST (Step 5). 93% of nursing care homes participated with a recent taught education programme, however, 7% of care providers failed to engage.

This project sought to determine a practice model promoting transformational change in two nursing homes that were failing to engage, thus supporting residents to remain well at home and reduce potential for hospitalisation.

Aim
This project investigates a solution focused activity to improve culture and effect positive practice change leading to successful nutrition outcomes for residents in otherwise failing nursing care homes within NHS GG&C.

Objective: Evaluate factors that could support safe, effective, person-centred nutritional care management enabling people to remain well at home, aligning with NHS 2020 vision (2)

Method
A purposive sample of two nursing homes participated in investigative activity over a 6-month period.

A pre- and post design evaluating both quantitative and qualitative nutritional outcomes was undertaken. An audit of a random sample of twenty resident care profiles pre- and post the intervention took place to evaluate nutritional outcomes. Semi-structured interviews were conducted with care and catering staff, healthcare staff and residents’ families. This was followed by mealtime observations, to gather iterative data around the mealtime experience. All data was collated and themed.

Nutrition focus groups were established to feedback key findings and develop nutrition action plans. Staff were encouraged to identify and take responsibility for activity that could improve nutritional care within their home. Review dates were agreed to support reflection and a continuous cycle of improvement.

Results

The nutritional outcomes in both care homes improved (refer to graph 1). There was a reduction in the percentage of residents’ with a high nutritional risk score.

The key themes identified that enhance implementation of the MUST (Step 5) were: improved resident centred care, mealtime experience, catering provision, communication, education support and consistent care practice.

The mealtime experience improved in both homes, see photos below which reflect environmental change and participant feedback comments.

Conclusion
The implementation of the GG&C NHS MUST Step 5 nutrition management guidance has improved nutritional outcomes of residents within these two care homes.

This project activity was viewed positively by care home staff to proactively guide and support better nutritional care. The collaborative participation of all staff to make small steps of change has led to enhanced nutritional care for their residents. This approach encourages self-perpetuation, which could reduce the health and social care costs in the management and treatment of malnutrition on a wider scale (1,3). The aims of this project have been successfully met through building relationships and driving depth to fully implement MUST (Step 5).

Acknowledgements
Michelle Wardrop, Community Dietetic Manager; Valerie Laszlo, Practice Development Dietitian; Elaine McKinlay, Dietetic Lead, Nursing Care Home managers and staff; Care Home Nurse Liaison Service and GG&C NHS AHP Quality Improvement Programme Facilitators.

References