

National Unit Specification: general information

UNIT	Promoting Good Nutrition in a Care Setting (Intermediate 2)
NUMBER	D8MM 11
COURSE	

SUMMARY

This unit enables candidates to gain the necessary skills and knowledge to promote good nutrition for individuals in a care setting. The unit focuses on the specific nutritional needs of an individual in relation to their physical, mental and social circumstances. The knowledge and understanding gained will assist in implementing and promoting good practice within a care setting.

OUTCOMES

- 1 Describe how changes in physical, mental and social wellbeing can influence the nutritional abilities of an individual.
- 2 Plan and prepare a nutritionally balanced menu incorporating the principles of nutrition.
- 3 Promote the principles and practice of nutrition in a care setting.

RECOMMENDED ENTRY

While entry is at the discretion of the centre, candidates would normally be expected to be working within a care setting.

CREDIT VALUE

1.0 Credit.

CORE SKILLS

Information on the automatic certification of any core skills in this unit is published in *Automatic Certification of Core Skills in National Qualifications* (SQA, 1999).

Administrative Information

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June 2002
Scottish Qualifications Authority 2002
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National Unit Specification: statement of standards

UNIT Promoting Good Nutrition in a Care Setting (Intermediate 2)

Acceptable performance in this unit will be the satisfactory achievement of the standards set out in this part of the unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to the Scottish Qualifications Authority.

OUTCOME 1

Describe how changes in physical, mental and social wellbeing can influence the nutritional abilities of an individual.

Performance criteria

- a) Identify a variety of physical, mental health and social changes that can affect an individual.
- b) Describe the general effects of these changes on an individual.
- c) Describe the effects of one condition on an individual.
- d) Identify strategies in maintaining independence and choice.
- e) Describe how to report any significant change in a client's condition.

Evidence requirements

Written and/or oral evidence to show the candidate has met all the performance criteria.

OUTCOME 2

Plan and prepare a nutritionally balanced diet incorporating the principles of nutrition.

Performance criteria

- a) Describe the basic principles of nutrition.
- b) Describe a variety of special diets and the effects of food allergies.
- c) Explain the importance of acknowledging the cultural differences and beliefs of the individual.
- d) Prepare a menu in relation to a specific individual and their personal choice.
- e) Apply local and national guidelines and recommendations on nutrition.

Evidence requirements

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Written and or oral evidence to show the candidate has met all the performance criteria.

National Unit Specification: statement of standards (cont)

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OUTCOME 3

Promote the principles and practice of nutrition in a care setting.

Performance criteria

- a) Demonstrate appropriate communication skills to benefit the individual.
- b) Demonstrate methods of maintaining client independence and choice at meal times.
- c) Select strategies to encourage meal consumption.
- d) Serve meals/foods that are appealing in presentation.

Evidence requirements

Performance evidence is preferred to ensure coverage of all performance criteria.

UNIT Promoting Good Nutrition in a Care Setting (Intermediate 2)

This part of the unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this unit is at the discretion of the centre, the notional design length is 40 hours.

GUIDANCE ON THE CONTENT AND CONTEXT FOR THIS UNIT

It is expected that candidates undertaking this unit be employed as care workers. Therefore the content should reflect the circumstances which would be realistically encountered within their work role and their organisation's policies and procedures.

The focus should be on developing awareness and insights into the importance of nutrition in relation to client groups who could be considered vulnerable as regards ability to eat and drink. The candidate should be encouraged to draw upon prior experiences to increase their knowledge and skills in all aspects of feeding and nutrition.

Outcome 1

The candidate requires to have an understanding of changes in an individual's circumstances which can affect their quality of life. The influencing factors that should be covered are physical, mental health and social changes. The care worker requires to be able to identify and respond to declining abilities in a client and to consider what further constraints this might bring to the individual. The care worker should also consider how to continue to meet their needs.

Physical

Stroke – affects on co-ordination, swallowing ability and mobility. Diabetes – effects on food choices/restrictions, eyesight. Parkinson's Disease – affects on mobility, co-ordination, swallowing. Multiple Sclerosis – affects on co-ordination, mobility, swallowing, communicating. Heart disease – affects on food choices, mobility, breathing.

Mental Health

Alzheimer's – affects on memory, personality and temperament. Head Injury – effects on memory, reasoning, co-ordination and swallowing. Depression – affects on ability to cope with every day tasks, to communicate, to care for oneself. Medication and other drugs i.e. alcohol can influence decision making, suppress appetite, reduce ability to taste, be depressive.

Social

Death of a spouse and/or friends, family moving away, isolation, change of accommodation, loss of social interaction owing to physical/mental illness or deterioration.

It is apparent that there are many other conditions which would be equally appropriate to include under the given headings.

The care worker should identify that there is an interaction/correlation between these headings. Physical and social changes can lead to mental health problems. Equally changes in physical circumstances can directly affect social welfare.

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It is important for the care worker to acknowledge that the client may not always be in position to make even simple decisions such as what and when to eat. The individual may have lost the skills to select and prepare food and/or drinks.

It may be necessary for the care worker to include a dietary plan in the overall care plan and to oversee implementation as well as monitor progress. Aspects of this contribute to developing strategies for maintaining independence for the individual. Other strategies that could be considered are ensuring that (a) the physical environment is laid out to allow the client to eat their meal in comfort, (b) emotional support and encouragement to allow the client to carry out tasks at their own pace, (c) any changes in the condition/abilities of the client are reported so that the necessary alterations may be made to the diet plan. This may be an intolerance to a particular food or increasing difficulty with swallowing.

The care worker should have a knowledge of how to report any of these changes in their place of work eg. in a care home or in a home care setting and should be able to identify a key person to report to within their organisation. They should be clear as to what details are required and in what circumstances this would be utilised. Details may include; losing weight, gaining weight, eating less, refusing to eat etc.

Outcome 2

The care worker should develop a sound knowledge base regarding the rudiments of nutrition. This should include the main food groups and their importance in maintaining good health. These are: protein, carbohydrate, fat, vitamins, minerals, fibre and water.

The care worker should have a knowledge of a variety of special diets ie. low fat, gluten free, low sugar, low sodium and high fibre. Also examine high protein and carbohydrate diets as a means of encouraging weight gain.

There should be an understanding of food allergies eg: wheat (gluten), shellfish, lactose, soft fruits (strawberries), nuts and food additives. The care worker should appreciate that careful planning is even more essential if a food allergy exists.

Equally if an individual has particular food preferences they should be acknowledged. This is especially true where an individual has restrictions on food owing to cultural and religious practices. The care worker should study at least **two** of these in order to gain an understanding of their significance to the individual.

The care worker should build upon their understanding and demonstrate this by planning a nutritionally balanced diet for a specific target group/individual. It is important for the care worker to explore a variety of feeding methods, these may include: liquid, minced, diced, pureed and so on.

The care worker should be aware of the importance of promoting the personal choice of the individual. They should explore any difficulties that may arise in aiming to achieve this. They may wish to investigate how different organisations try to include the client in menu planning.

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The candidate should investigate national and local guidelines and recommendations on nutrition and include these considerations when menu planning. They should consider the following in relation to the guidelines; age, physical condition of the client, approximate weight etc. They may wish to consult:

'The Scottish Diet' 1993 'Eating for Health – A Diet Action Plan for Scotland' 1996 'Towards a Healthier Scotland' 1999

Outcome 3

This outcome requires the care worker to draw upon the knowledge they have gained to date and to apply it in a work situation. The care worker should consider what makes meal times important to the individual eg where meals are eaten – at a table, on a tray, in bed. When meals are eaten – at the same time every day, when the client feels like it, when it suits the care worker. The anticipation associated with eating – looking forward to meal times, dreading meal times or feeling completely indifferent to eating.

The care worker should also look at his/her role in providing food and drink in care homes or home care setting. It is likely that not all care workers will be involved in the preparation of food but most will have a responsibility in presenting it to the client and should therefore consider this when attempting to meet individual needs. Where any difficulties arise the care worker should report any problems/difficulties. The role may involve:

- Encouraging personal choice and selection opportunities
- Encouraging independence
- Introducing a variety of tastes and textures
- Opportunities for socialisation
- Availability of food and drink
- Presentation of food and drink
- Special dietary requirements of the individual

Good communication skills will help the care worker build positive relationships with the clients. This can contribute to promoting independence and encouraging the individual to eat and drink. The type of communication can include:

- Verbal
- Non verbal
- Body language

The worker should investigate what might contribute to a client having difficulty in eating or refusing to eat. It may be caused by depression or an underlying medical condition. They should also recognise that some individuals may suffer from overeating and consider the implications this may have on their general wellbeing. The care worker should examine the conditions explored in Outcome 1 and consider how they may affect an individual's ability to cope.

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GUIDANCE ON LEARNING AND TEACHING APPROACHES FOR THIS UNIT Outcome 1

Brainstorming to gather prior knowledge of conditions that the care worker has come across in the context of work or personal experience.

The use of case studies and/or reflective accounts for the identification of difficulties that can/will be experienced by both the care worker and the client.

Group discussions to assist in the formulation of strategies that will benefit the client in a given context.

The use of videos highlighting specific scenarios in order for the care worker to formulate appropriate strategies.

Outcome 2

Lecturer input will be required to a greater extent in this outcome, although any prior knowledge from the care worker must be encouraged.

The care worker may carry out independent research into Performance criteria (b) and (c) and feed back through group discussion.

A variety of case studies and/or reflective accounts can be used in order for the worker to become familiar with the differing nutritional needs of client/target groups.

The keeping of a diary over the course of this unit can assist the care worker in becoming more aware of their food/meal choices and their importance in relation to daily living.

Care workers should familiarise themselves with the National Advisory Commission on Nutrition Education (NACNE), James and Committee on Medical Aspects of Food Policy (COMA) reports. Local guidelines will also be of relevance to the care worker.

Outcome 3

It may be possible to carry out part of this outcome in a care setting through direct observation.

Group discussions and case studies would be beneficial in setting the scene.

The care worker may benefit from building a folio of notes to encompass all aspects of this outcome.

GUIDANCE ON APPROACHES TO ASSESSMENT FOR THIS UNIT Outcomes 1 and 2

A variety of approaches could be used. These could include:

- Case Studies
- Reflective accounts
- Written and/or oral questioning or written reports

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For Outcome 2

A case study could be used which covers client(s) with a variety of needs.

Outcome 3

Performance evidence could be acquired through:

- Direct Observation
- Witness testimony

Integration of assessments across outcomes should be used where this is considered appropriate.

SPECIAL NEEDS

This unit specification is intended to ensure that there are no artificial barriers to learning or assessment. Special needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments or considering special alternative outcomes for units. For information on these, please refer to the SQA document *Guidance on Special Assessment and Certification Arrangements for Candidates with Special Needs/Candidates whose First Language is not English* (SQA, 1998).