

# *Specialist Nutrition:* Supporting Health in Care Homes



**apetito**

WILTSHIRE

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FOODS



# Contents

**01** Introduction from Richard Woodward, General Manager of Care Homes at apetito  
Page 03

**04** Catering for Dementia Dining  
Page 04

**03** The Importance of Personalised Nutritional Pathways  
Page 06

**04** Your FAQs Answered  
Page 08

**05** The Importance of the Distinction between 'Made Without' and 'Free From'  
Page 10

**06** Care Home Spotlight: Nightingale Hall  
Page 12

**07** What is IDDSI?  
Page 14



## Section 1: Introduction

*from Richard Woodward,*  
General Manager of Care Homes at apetito

Good nutrition and hydration play a critical role in the health and wellbeing of care home residents. However, ensuring residents receive the necessary nutrition and hydration is not always easy.

Older adults in long term care have increased risk of malnutrition, in fact it is estimated that approximately 35% of people admitted to a care home are at risk, posing a significant burden to social care.

An added challenge for care home catering is that many residents will have specialist nutritional needs. This could be anything from life-long intolerances and allergies through to dysphagia, which occurs in 51-60% of care home residents and is a secondary condition associated with dementia, stroke, Parkinson's Disease, head and neck cancers, and many other neurological conditions.

As a market leader in specialist nutrition meals, we want to use this guide to share the knowledge and expertise we've developed since the launch of our first texture modified range, over 13 years ago. We'll look at best practice on catering for residents with dysphagia, dementia, and allergies and hear from Nightingale Hall about how they manage residents' dietary requirements.

This guide has been created to help you, and your care home, ensure residents with specialist dietary requirements are getting the nutrition and hydration they need.

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# Section 2: Catering for Dementia Dining

by Sophia Cornelius, Development Dietitian at apetito

Regardless of the size of your home, catering for residents living with dementia can be highly complex. Mealtimes can be a real challenge for care homes trying to deliver a quality dining experience for those living with the condition. Residents can lose concentration, forget to eat and drink, and struggle to use cutlery or cups.

Dementia often results in difficulties chewing and swallowing as the condition progresses. Residents' can become reluctant to eat and the resulting potential loss of nutrition is a factor for concern.

Dysphagia is managed by modifying the texture of food and fluids to reduce the risk of aspiration and choking. Texture modification alters the consistency of food making it easier to chew or eliminating the need for chewing altogether. The level of texture modification will be dependent on the severity of the dysphagia and the individual's needs.

The International Dysphagia Diet Standardisation Initiative (IDDSI) is a global initiative that has standardised the terminology and definitions used to describe texture modified foods and liquids. The framework provides common terminology to describe various consistencies of food and fluids and specifies testing criteria that can be performed by anyone using standard kitchen equipment such as a spoon or fork. The framework includes a continuum of 8 levels, the following definitions apply to food thickness:

- **Level 3** – Liquidised
- **Level 4** – Puréed
- **Level 5** – Minced & Moist
- **Level 6** – Soft & Bite Sized
- **Level 7** – Easy to Chew

Creating food to the right texture requires catering teams to work on adapting the texture, consistency, and viscosity of food (and drinks).

For catering teams in the care home sector who are already struggling with rising costs and staff shortages, having to potentially make several different textures of dishes, along with other meals, puts immeasurable strain on staff. Not only is DIY texture modified food time consuming but it's hard for staff to ensure they're creating the correct and safe texture. Safety is of paramount importance for care homes and reducing business risk and giving peace of mind to all concerned cannot be underestimated.

The visual appeal of food is also vital. It is essential to 'dining with dignity' and key to driving appetite. It can be extremely challenging for a busy and under-staffed catering team to make texture modified food that looks appealing, and often residents that require softer and pureed food are served blended food, totally unrecognisable as a dish.

Opting for pre-made texture modified meals where each component is shaped to look like what it represents and resembles the food that other residents are eating, helps to increase consumption and encourage individuals to continue to dine socially.

By using a pre-prepared solution, care homes can see a reduction in preparation time, plus as they are pre-blended there's no bacterial risk from blending equipment and handling. These ready-made options are also IDDSI compliant, reducing the need to test texture and consistency of meals against the IDDSI guidelines.

apetito has a range of over 100 texture modified dishes, providing Level 3, 4, 5 and 6 meals, as well as a range of dishes that are tested against the criteria for Level 7 Easy to Chew. From classics like Sausage and Chips to curries and desserts, there are dishes that suit all preferences. apetito also has options such as toasties or beans on toast which work great as a breakfast, lighter lunch or a snack as well as festive choices across all levels.

apetito's products all comply with the BDA Nutrition and Hydration Digest<sup>1</sup>, which ensures even those with a reduced appetite continue to receive all the nutrients they need, reducing the risk of malnutrition.

Every resident should be able to dine with dignity and by using pre-prepared texture modified meals, care homes are able ensure that residents living with dysphagia can enjoy mealtimes without having to compromise on flavour, visual appeal and most importantly, safety.

apetito has a range of over

# 100

texture modified dishes, providing Level 3, 4, 5 and 6 meals, as well as a range of dishes that are tested against the criteria for Level 7 Easy to Chew.

Another, and one of the most common cognitive difficulties that is seen with dementia, is apraxia – the inability of the body to respond to messages that are normally sent from the brain, such as telling the hand to move a fork to the mouth.

It is unclear exactly how many residents live with apraxia and the cause is not always evident, but nevertheless it can be debilitating for the individual and has historically led to an increased need for assisted feeding. There are a number of ways a team can help make mealtimes an easier and pleasant experience including introducing:

- Specially shaped cups, with one or two handles, of different weights, materials, transparencies, and designs.
- Cutlery of different shapes, sizes, depths, and materials. Shorter-handled cutlery is easier to manage, and handgrips, or specially shaped handles, may help some people to use a utensil.
- Plates and bowls which do not slip, which have higher sides to prevent spillage, or which are angled to make access to food easier.
- Insulated crockery which keeps food hot if mealtimes are lengthy.
- Non-slip mats which support crockery.
- Special straws which can help those with a weaker suck, or 'nosey cups' to prevent the head from tilting too far back.

Using finger foods that residents can easily pick up and eat, encouraging independence at mealtimes and preventing unintended weight loss, is another important nutritional strategy.

It's why apetito developed the Finger Food Bites – a range that helps care homes provide a positive, inclusive, dining experience for residents with dementia. The range means those living with dementia and co-ordination difficulties can feed themselves nutritionally balanced meals in one bite without having to struggle to pick up cutlery.

Finger Foods Bites allow residents the freedom to pick up and put down a complete hot meal with no mess and with minimal residue left on fingers. Furthermore, they can be enjoyed whilst sitting down, or if a resident is 'on the move'.

Opting for pre-prepared texture modified meals and nutritious finger foods are great way to ensure provision of high-quality, and importantly safe meals to residents, which also give the added bonus of giving staff more time to ensure they're able to create a dining environment conducive to encouraging eating and drinking.

<sup>1</sup> British Dietetic Association (BDA) The Nutrition and Hydration Digest 2nd Edition Improving outcomes through food and beverage services (2019). (online). Available at: <https://www.bda.uk.com/uploads/assets/c24296fe-8b4d-4626-aeabb6cf2d92fccb/NutritionHydrationDigest.pdf> accessed 25/04/2023



# Section 3: The Importance of Nutritional Pathways

by **Sophia Cornelius**, Development Dietitian at apetito

**Personalised nutrition pathways are an invaluable tool that homes should utilise for supporting residents to not only meet their nutritional needs but also enjoy mealtimes and have a positive dining experience.**

Mealtimes are undoubtedly an important time of the day within care homes, giving an opportunity for residents to engage with one another. However, for staff, this can become increasingly challenging when catering for different specialist dietary needs.

Some conditions that require specialist diets, such as dysphagia, increase the risk of malnutrition, one of the consequences which could create greater dependence and further the strain on a home's staff. Personalised nutrition pathways can support care homes to better understand the needs of their residents and therefore more easily plan their catering to help with preventing malnutrition.

One aspect of a personalised nutrition pathways is assessing residents' nutritional status, which enables early detection or prevention of malnutrition. BAPEN designed the malnutrition universal screening tool (MUST) which provides a step-by-step pathway to identify someone's risk of malnutrition or if they are malnourished<sup>1</sup>. Based on this score the pathway provides guidance on management to support in the development of care plans. Assessment of a residents' nutritional status, using MUST or an alternative validated screening, should be done on admission and then at least once a month thereafter<sup>2</sup>.

Screening tools are often a necessity for residents to receive more specialist input from healthcare professionals (HCP's). These tools function as a form of triaging, and if not completed properly services may decline referrals. It is crucial for care homes to seek support from HCP's when needed, as their expertise allows them to provide specialist patient-centred support to residents.

Another aspect of a personalised nutrition pathway is Nutrition and Hydration Care Plans. These are key to ensuring the nutritional pathway is personalised to the resident and should be completed with the resident and/or family where possible. Regulation 14 of The Health and Social Care Act 2008 states that care plans should be completed upon admission as part of an initial assessment to identify the resident's overall care needs



and must be reviewed regularly to ensure adequate nutrition and hydration to support good health<sup>3</sup>. Regularly reviewing allows for quick responses to any changes in an individual's needs, which can vary with age and health.

Nutrition and Hydration Care Plans should detail the persons likes and dislikes, allergies and intolerances, need for assistance when eating including adaptive cutlery, and dining preferences. If completed in detail and reviewed regularly these plans provide an invaluable tool to support residents to eat well within your care home.

Identifying a resident's specialist dietary needs is the first step in ensuring they receive adequate food provision. Staff training is crucial for accurately completing these documents and ensuring the safety of residents. Managers are responsible for organising sufficient training for all staff members and regular audits should

be conducted to identify any weaknesses in training and address areas for improvement.

## Allergen Awareness

It is essential that care homes have a robust allergy management policy in place to ensure the health and safety of residents. This policy should include procedures for identifying residents with food allergies upon admission, documenting their allergies, and implementing measures to prevent cross-contamination and accidental exposure. The food standards agency (FSA) state that a resident's dietary needs should be documented in their care plan and processes put in place to ensure their needs are communicated to those serving the food<sup>4</sup>.

One way to reduce the risk of a resident having an allergic reaction is through comprehensive staff training on food allergies, including how to recognise symptoms of an allergic reaction, how to read food labels effectively, and how to handle and prepare allergen-free meals safely (avoiding cross-contamination). Despite improved awareness and management of allergens, catering for residents with allergies remains challenging and very prevalent, with up to 1 in 4 residents living with allergies and require 'free from' meals at most care homes<sup>5</sup>.

Using pre-prepared meals can help to mitigate some of these risks for care homes as they will have been produced in a strictly controlled environment, safely packed, and labelled – providing a safe and more convenient option when catering for diverse dietary needs.

Personalised nutrition pathways can support care homes to implement appropriate measures, so they can effectively cater to the dietary needs of each resident and navigate food allergies creating a safe dining environment for all residents.

## Texture Modified Diets

Another common specialist diet seen in care homes is texture modified diets, which are used for the management of swallowing difficulties (dysphagia). Individuals living with dysphagia have a heightened risk of malnutrition due to an array of physical and psychological factors such as a fear of choking causing food avoidance, aversion to texture modified meals, mealtime fatigue and embarrassment, all of which negatively impact food intake.

One factor that can have a significant impact on an individual's nutritional intake, as well as their mealtime enjoyment, is meal presentation, with 7 out of 10 care homes believing that the "joy of eating" was lost when

*Providing a visually appealing meal has shown to increase meal consumption from*

**25 to 50%**

serving residents pureed food, due to it being poorly presented<sup>6</sup>. This statistic highlights the importance of visually appealing texture modified meals to ensure that individuals living with dysphagia meet their nutritional requirements. Many people 'eat with their eyes' and therefore poor meal presentation can lead to a reduced intake or refusal of meals altogether due to its key role in appetite stimulation.

The visual appeal of a texture modified meal can further impact the mealtime experience due to feelings of embarrassment. The noticeable difference in a texture modified meal may draw attention to an individual's clinical condition, exposing them to judgment from others and making the mealtime a source of social anxiety. This can potentially lead to the avoidance of social situations altogether, which, in turn, can negatively impact the mental well-being of residents living with dysphagia.

In a social setting, if an individual can eat a safe texture modified meal that closely resembles a regular textured dish, it may reduce these feelings of embarrassment and social anxiety, allowing for a more positive and comfortable mealtime experience. Also, providing a visually appealing meal has shown to increase meal consumption from 25% to 75%<sup>6</sup>.

Portion size can also impact nutritional intake since individuals living with dysphagia may often struggle with mealtime fatigue. Therefore, it is essential they have access to nutritionally dense meals in smaller portions. Choice and variety are also essential to support a balanced diet and prevent boredom, allowing residents to make meal choices based on their preferences each day.

Staff should be trained on the different food textures, which are defined by the International Dysphagia Diet Standardisation Initiative (IDDSI). It is essential that they understand the severity of not providing the recommended texture and that any adaptations, for example, adding normal gravy to a Level 4 Purée meal, will affect the texture, and therefore the safety, of the meal – with the potential for fatal consequences.

- 1 British Association for Parenteral and Enteral Nutrition. Malnutrition Universal Screening Tool (MUST) [Internet]. 2003 [cited 2024 Aug 2]. Available from: [https://www.bapen.org.uk/pdfs/must/must\\_full.pdf](https://www.bapen.org.uk/pdfs/must/must_full.pdf)
- 2 Malnutrition Task Force. Integrating good nutrition into the care homes [Internet]. 2017 [cited 2024 Aug 2]. Available from: [https://www.malnutritiontaskforce.org.uk/sites/default/files/inline-files/Integrating%20good%20nutrition%20care\\_homes%20final.pdf](https://www.malnutritiontaskforce.org.uk/sites/default/files/inline-files/Integrating%20good%20nutrition%20care_homes%20final.pdf)
- 3 Care Quality Commission. Regulation 14: Meeting nutritional and hydration needs [Internet]. 2023 Aug 11 [cited 2024 Aug 2]. Available from: <https://www.cqc.org.uk/guidance-providers/regulations/regulation-14-meeting-nutritional-hydration-needs>
- 4 Food Standards Agency. Allergen guidance for institutional caterers [Internet]. 2022 Jul 4 [cited 2024 Aug 2]. Available from: <https://www.food.gov.uk/business-guidance/allergen-guidance-for-institutional-caterers>
- 5 apetito and Care England. Nourishing Lives: A New Era of Dining in Care Homes. 2024.
- 6 Farrer O, Olsen C, Mousley K, Teo E. Does presentation of smooth pureed meals improve patients' consumption in an acute care setting: A pilot study. *Nutrition & Dietetics*. 2015 Jun 24;73(5):405–9. doi:10.1111/1747-0080.12198



# Section 4:

## Your Questions Answered...

Below we have answered some questions that are most frequently asked, which we hope will help care providers deliver the best possible nutrition and dining experience.

by **Sophia Cornelius**, Development Dietitian at apetito and **Maia Fergus-O'Grady**, Dietitian and Senior Category Executive for Specialist Nutrition at apetito



**Q** I would like to know about the type of food that should be given to people living with dementia?

**Answer:** Of course, this is a complex area and one I am sure that you will see a lot of when you're working in care.

The needs of people living with dementia will vary widely - some experience poor appetite, some forget to eat and drink, and some may need encouragement or support/assistance. Individuals may also favour eating with their hands as they begin to struggle with coordination and dexterity issues. Some of those living with dementia may also develop dysphagia (swallowing difficulties), meaning they will require a texture modified diet. The level of modification required for a safe diet will depend on the severity and should always be assessed by a Healthcare Professional.

For people who want to, eating with their hands can help to maintain independence and may help to improve nutritional intake. apetito have a range of preprepared 'finger food' meals as well as texture modified dishes in IDDSI Level 4, 5 and 6. I'd also encourage you to check out resources from organisations such as Alzheimer's UK.

My take home advice would be to take a resident-centred approach - and try to get to know the person and their likes/dislikes, try, and understand the pattern of their preferred eating and drinking. E.g., do they eat well in the morning? Maybe more so at night? Do they prefer sweet or savoury foods? Involve the family and keep in mind that things can change for people day to day or week to week.

I hope this helps - it can be a challenging area and one that needs staff in a care home to work together with one another (e.g., kitchen staff, care staff).

**Q** How can we make sure we're giving our residents with dementia the right nutrition and how can we record that effectively?

**Answer:** First, we need to know what the residents' needs are before we can come up with a tangible plan to meet their nutritional needs and it's going to vary for everybody. So, you may have someone that's come from a more supported living environment that's coming into a care or nursing home environment, and it's good to involve the people who have been involved in the person's care before that transition.

Friends and family of the resident will be your absolute oracle when it comes to finding out information about dietary preferences - what they like to eat on a Friday, a Sunday, religious and cultural preferences, and allergies. Thinking about documentation, I know it feels like we're filling out forms all the time but it's important when it comes to nutrition.

Screen tools - they're simple, they're validated and if you can get people trained in using them properly, they really work and get help identify people in need, which can lead onto that individualised person-centred care plan.

**Q** I'm a manager at a home for nearly 70 residents, and struggle knowing how best to manage standard meals alongside the needs of residents with dysphagia at the same mealtime. Do you recommend trying to serve the same pureed food to match the standard meal?

**Answer:** I can appreciate this challenge - it can be difficult to meet the varying nutritional needs of residents, particularly when there are complex requirements like dysphagia.

My advice would be yes, do try and aim for residents to be offered similar meals even if they do need texture modified food. This can help with planning, minimising waste and importantly, helping residents with dysphagia to avoid feeling isolated due to their dietary needs.

Family members will appreciate their loved ones being included in the usual menu patterns of care homes, e.g., fish Friday or a roast dinner on a Sunday. If you can demonstrate that you are doing this for all residents, it should be noticed by CQC too.

**Q** What should I do if the resident declines all the options on the menu and only wants sandwiches, especially if her blood sugar is very high?

**Answer:** Ultimately, we want to ensure that residents are eating enough to maintain a healthy weight, whilst adhering to their dietary preferences where possible. I would encourage having a discussion with the resident, or the family if this is not possible due to limited communication, to try to understand whether there's anything else she'd be open to trying. We have several individual meal ranges, such as our Finger Food range, that provide her with a nutritionally balanced meal option that can still be eaten with her hands.

If sandwiches are the only option that the resident is willing to eat, it's best to continue to provide these for her to minimise the risk of malnutrition and honour her choices.

You can offer nutritious fillings such as tuna, cheese, or egg, with salad to increase micro-nutrients. I would also encourage a 'little and often' approach, whereby you can use nutrient-rich drink and snack options throughout the day to provide a more well-rounded food offering and try to balance blood sugars. A diabetes specialist nurse can also advise on balancing blood sugar levels. The British Dietetic Association 'Food Facts' sheets may provide useful support and are freely available on their website.

**Q** We cook from scratch in our kitchens, but we do find it hard to cater for those residents with specialist dietary needs which are often diverse and complex. Texture modified meals are particularly problematic when trying to make them look appetising. Is there a solution?

**Answer:** Ready prepared texture modified meals are a perfect solution to ensuring meals are well presented while also being nutritionally dense, safe and delicious.

Here at apetito presentation is a key consideration when developing our texture modified meals. We recognise that well-presented meals can stimulate appetite, encouraging better nutritional intake, which is essential for maintaining the health and well-being of residents with dysphagia. Attractive meals also promote dignity and a positive dining experience, making residents feel valued and respected, which can significantly impact their overall quality of life and willingness to eat.

We use moulds in our purée range which allows foods to be identifiable, this is particularly important for people with dementia as it helps them recognise and connect with what they are eating. Identifiable foods reduce distress and confusion, making mealtimes more pleasant and familiar and encourages better nutritional intake.





# Section 5: The Importance of the distinction between 'made without' and 'free from'

Understanding the distinction of 'made without' and 'free from' is vital when catering for residents with allergies. It's one of the most important aspects of cooking safely for kitchen teams to understand and ensure any risk is minimised.

Milk & other dairy products



Although there is no specific law covering free from claims (except for gluten free), free from claims are regulated in accordance with the provisions of General Food Law and the regulations on Food Information to Consumers.

These laws and regulations state that food must be safe for consumption and that product information is not misleading and is accurately communicated.

**Free from** meals are those that are free from the stated allergen and have undergone testing to verify this claim (i.e., there are no traces of the stated allergen remaining or the amount is within the legal threshold).

Regulatory guidance recommends that free from meals and products are completely free from the specified allergen, which may be a singular allergen, a combination of a few common allergens, or all the 14 main allergens.

That is, that the product recipe does not use any ingredients or compound ingredients (including additives and processing aids) containing the specified allergen which it is claiming to be 'free from.'

Additionally, to claim free from, a product should be made in an environment following safe allergen management procedures, and a sampling and testing process that is robust, validated, and traceable should be in place.

Meals and products that deliberately exclude certain allergens from the recipe (but do not undergo laboratory testing) cannot be considered free from. Instead, they would be categorised as **made without**. They may be made at the same time – and in the same production unit – as other meals, which may contain allergens.

For example, close scientific analysis can occasionally reveal a speck of powdered milk, or similar, in a meal

made without dairy. This may be because it has floated in the air, whether in a kitchen or a bigger production unit, and into a dairy free meal.

When meals are cooked from scratch on site, it is vital to ensure the separation of foods which are at risk. Plus, additional factors need to be considered such as the opportunity for unintended cross-contamination of foods and how individual dietary requirements are met within a larger pool of residents.

## Removing the risk of cross contamination

Cross contamination poses significant risk for residents with severe allergies. It occurs when a 'safe food' has been exposed to an allergen containing food, for example, if a butter knife was dipped back into the butter after being used on wheat containing bread, this butter would be contaminated and therefore for someone with coeliac disease who requires a gluten free diet should not be used.

Cross-contamination can occur at any point when food is being handled, including preparation, cooking, storage and serving, therefore can be very challenging to avoid, especially if care homes are scratch cooking for residents with varying dietary needs and severe allergies.

The risks can be significantly reduced when using pre-prepared meals as they will have been produced in a strictly controlled environment, safely packed and labelled. For added reassurance, at apetito, we see the importance in testing a sample from every batch of Gluten Free and Free From meals for allergens cooked in our kitchens in our approved on-site laboratory.

Our advice to care homes is to be ever vigilant around the construction on their menus to ensure the dietary needs of each resident are met in the safest possible way, with prepared meals a great option to achieve this.



# Care Home Spotlight:

## Section 6: Nightingale Hall

Wellburn Care Homes can be found across the Northeast of England. Situated in Richmond, North Yorkshire is one of its homes, Nightingale Hall.

This 40-bed care home found in a Grade II Georgian style country home prides itself on feeling like a 'home-from-home' for its residents. Food and mealtimes are one of the things that residents most look forward to, explains Manager of Nightingale Hall, Sonia Metcalf.

*"Mealtimes are a such big part of our residents' day because it gives them the opportunity to socialise with other residents in the dining rooms."*

Before introducing apetito back in 2017, all of Wellburn's homes had a team of cooks, who prepared and served food for its residents. However, they found with fresh cooked food came unpredictability, and Wellburn wanted to deliver consistently delicious and high-quality meals that were nutritious and met all the residents' dietary requirements.

So, it turned to apetito. Nightingale Hall has two dining



rooms, where residents enjoy a lighter lunch and main meal in the evening. Both mealtimes are pivotal parts of residents' days says Sonia.

*"Mealtimes are a great opportunity for residents to get out of their rooms and socialise in the dining rooms. We believe the dining environment is enormously important and staff and I try to make it really feel as if they're going out for a meal, with music playing, so it feels like an experience to look forward to."*

With a range of over 200 high-quality meals and desserts in the apetito' range, it's easier than ever to cook and serve a real variety of dishes for residents Sonia explains.

*"If you imagine a cook coming in, we're not a restaurant or a hotel and if you're trying to make all the different individual dishes it's almost impossible - you can't make 50 different pots of food. But with apetito we can order smaller quantities of several dishes, so residents can have a real choice every single day to suit their individual needs. This level of personalisation has been a great benefit to residents."*

*"The food from apetito is always very appetising but our residents are the meat and two vegetable generation, so they really enjoy all the traditional British fare they would have eaten in their day. Their favourites are definitely Sunday Lunch and Fish and Chips!"*

A real benefit to using apetito is how easy it is for staff to access the nutritional and allergen information of the dishes explains Sonia.

*"Having access to all the allergen and nutritional information is great. My team use the app which has all the apetito dishes on it. It is so easy to just search for the dish you want and find out all about the product's nutrition and if it has any allergen ingredients in it."*

*"It's really useful if we have a CQC assessment or a relative visiting who wants more information about the food because it only takes us seconds to find and show them the allergen information and nutritional value of the food the residents are eating."*

As a residential dementia home, Nightingale Hall has a number of residents who suffer from dysphagia, so being able to offer safe and nutritious food is extremely important. Like lots of care homes, before apetito the kitchen team were blending food for these residents, Sonia explains.

*"With blending the food, it was hard to ensure it was the right texture and IDDSI level the residents needed. It also didn't look very appealing. With apetito, the texture modified dishes are made to look like it's the actual food, which is wonderful. The Level 4 Bacon Toastie looks fabulous."*

apetito provides a range of 100 texture modified dishes to ensure residents with dysphagia can enjoy a real variety of food that is safe, nutritious, and importantly enjoyable to eat. Having texture modified dishes that don't compromise on flavour, visual appeal and most importantly, safety means that residents living with dysphagia can dine with dignity.

*"At the moment we're using Level Four and Five dishes, and I think they're wonderful. It's really great because the residents who need a IDDSI diet feel like they're getting the same food as other residents, even though its pureed."*

Having had apetito in place for five years now, the benefits of the service are clear to Sonia and her team.

*"Partnering with apetito has definitely improved the dining experience for our residents. The food is more colourful and always very appetising. We're able to serve a real variety of tasty food, it's easy to cater for dietary requirements, we're able to be more flexible than ever before and most importantly, we serve dishes our residents truly enjoy."*

*"Simply put, apetito makes mealtimes easier. The meals are pre-prepared, so it saves us time in the kitchen. The food is easy to cook and serve and we have all the guidance about what needs cooking at what time, so I can send any member of staff in the kitchen and get delicious food served to residents with no stress."*

*"Partnering with apetito has definitely improved the dining experience for our residents. The food is more colourful and always very appetising."*

**Sonia Metcalf,**  
Manager of Nightingale Hall



# Section 7: What is IDDSI?

The International Dysphagia Diet Standardisation Initiative also known as IDDSI is a global standard that describes texture modified foods and liquids.

It is the result of a collaboration between a range of industry professionals, including Dietitians, Speech and Language Therapists and Occupational Therapists. The IDDSI framework consists of a continuum of 8 levels (0-7). Levels are identified by text labels, numbers, and colour codes to improve safety and identification.

## What are the changes?

In 2019 the IDDSI framework replaced the National Descriptors that were used, which ran from textures B – E. The IDDSI framework consists of eight levels, ranging from zero to seven and is the first framework of its type to include drinks and foods together.

IDDSI has been developed so there is global standardised terminology and definitions for Texture Modified foods and thickened liquids.

It will improve the safety and care for individuals with Dysphagia (difficulty or discomfort in swallowing, as a symptom of disease) of all ages, in all care settings, and across all cultures.



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Licensed under the Creative Commons Attribution Sharealike 4.0 License <https://creativecommons.org/licenses/by-sa/4.0/legalcode>.  
Derivative works extending beyond language translation are NOT PERMITTED.

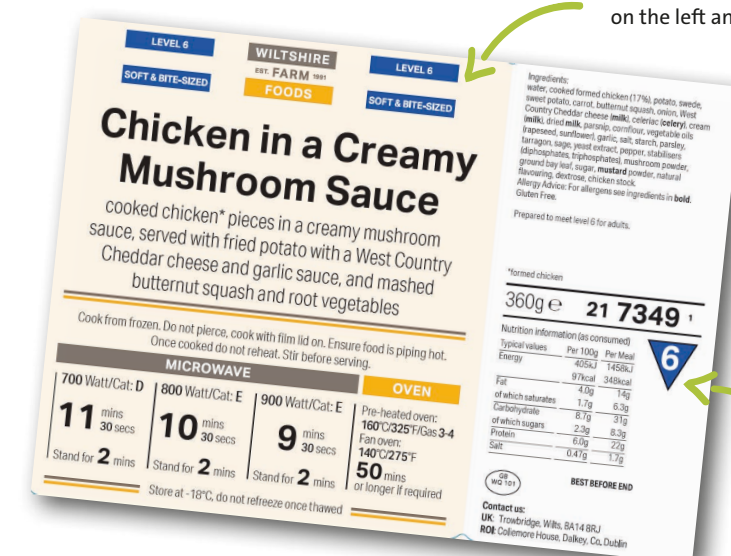
## What apetito is doing?

We've created a full and varied range of over 100 nutritionally balanced and visually appealing meals, desserts and sandwiches that cater for a wide range of dietary needs. We have reviewed and improved meal texture, taste, nutrition and appearance, alongside IDDSI compliance, ensuring every product is safe and enjoyable to eat.

## Label Info?

Our labels feature the IDDSI levels to help you easily identify textures.

Not only does the IDDSI framework make categorising meals more consistent, it provides new testing methods to help you ensure food is prepared and served to the correct texture for a person's specific needs. It is therefore important to understand how to recognise the correct meal for the resident.



The IDDSI level and names on the left and right.

The IDDSI symbol is on the bottom right of the label including the level of the product and the co-ordinating colour.

## Why is it important?

Dysphagia affects people of all ages in the UK. Residents require food and drink that is in line with their diagnosis by a Speech and Language Therapist, to ensure they get the correct consistency of meal. Previously, with the National Descriptors, it was hard to access the exact specification of each category. IDDSI has more detailed testing to ensure residents receive a meal suitable for their condition.

## What are the implications of getting it wrong?

The risk to resident safety and wellbeing from swallowing difficulties can be very serious. If a resident is given food not suitable for their condition it can cause blocking of the resident's windpipe or for the resident to aspirate food and liquid into the lungs, leading to infections and aspiration pneumonia. In the most severe cases this can cause death.

## What should you do if you are unsure?

If you are in any doubt about a resident's condition or which meal is suitable for them, please contact your Speech and Language team or one of the nursing staff. For any questions on apetito please contact your Client Development Manager or visit; [www.apetito.co.uk/iddsi](http://www.apetito.co.uk/iddsi)



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