

## Service evaluation to promote healthy eating and improve the nutrition and health of residents with a learning disability, especially those who are overweight/obese, in a care home.

E Campling and B Caffrey, Nutrition and Dietetics, Cornwall Adult Learning Disabilities Service, West Wing, Carew House, Beacon Technology Park, Dunmere Road, Bodmin, Cornwall, PL31 2QE.

[b.caffrey@nhs.net](mailto:b.caffrey@nhs.net)

**Background:** Adults with a learning disability are more likely to have a poor diet and experience obesity with conditions of the circulatory system being the second leading cause of death.<sup>1</sup> Despite the high risks of obesity in this population group, there is inadequate nutritional training and no comprehensive nutritional standards for learning disability care settings.<sup>2</sup> The aims of this dietetic intervention were to increase knowledge and skills regarding healthy eating and the Mental Capacity Act of the care workforce and to improve food provision by promoting healthy eating recommendations.

**Methods:** Dietetic-led training to improve the care staff's nutrition and mental capacity knowledge. Two training sessions took place in the care home on the Eatwell Guide and Mental Capacity Act in application to nutrition and health risks. An Eatwell Guide audit tool was provided to the staff to support them in assessing their current food provision and to highlight where improvements could be made. Food provision was assessed against the Eatwell Guide prior to and post the training to evaluate improvements in provision. Ethical approval was discussed with the Trust's audit department. As the intervention site is external to the Trust, registration was not required. Consent was gained from the care home manager, consideration was taken to be flexible with the staff's workload when arranging training and visits, and the training was tailored to their needs. The baseline body weights and BMI of the residents were anonymised.

**Results:** A pre and post-training quiz showed improvement in the care staff's nutrition understanding and knowledge. For some areas, there was a marked improvement, but for some questions, there was a reduction in understanding/knowledge, therefore indicating the need for further training and guidance and clearer delivery of the information (Table 1). Menu provision was made healthier through several key changes, such as serving less red meat, pastry, processed meats, cream, and butter (Table 2).

No. trained = 10	Answers correct pre %	Answers correct post %
All questions	74	85
Fruit and vegetable portions	80	88
Juice portion size	20	100
Foods high in fat and sugar a food group	50	78
Calcium daily servings	20	67

	Pre.	Post
Red meat	5 – 8 servings a week	Swapped minced beef to minced turkey
Pastry	2 – 4 servings a week	Swapped to pastry-free quiche & sweet potato top
Fish	No oily fish served.	Trial of salmon.

**Discussion:** This dietetic intervention has demonstrated that care staff's knowledge about healthy eating improves by attending training and has promoted them to make dietary changes to improve the residents' nutrition. Unlike the standard nutrition training, this training was more comprehensive looking in detail at each food group and offering tips for their implementation. Furthermore, the participants had the opportunity to have their questions directly answered by dietitians and to take part in a food-measuring portion game to enhance their understanding of appropriate portion sizes. The audit tool enabled the home to map their food provision against the Eatwell Guide and to highlight where improvements could be made. It is anticipated that this intervention will improve the nutrition and health of overweight and obese residents.<sup>3</sup>

**Conclusion:** Gaining the commitment from the care setting manager to educate staff and regularly monitor their food provision against healthy eating recommendations is important to ensure sustainable changes. More evidence is needed, however, the findings indicate that improved care staff and kitchen staff knowledge of the Eatwell Guide and MCA improves dietary provision within learning disability care settings.

<sup>1</sup> White A, Sheehan R, Ding J, Roberts C, Magill N, Keagan-Bull R, et al. *Learning from lives and deaths - people with a learning disability and autistic people (LeDeR) report for 2021*. <https://www.kcl.ac.uk/ioppn/assets/fans-dept/leder-main-report-hyperlinked.pdf> [Accessed 6<sup>th</sup> August 2023].

<sup>2</sup> British Dietetic Association. *The nutritional care of adults with a learning disability in care settings* <https://hub.careinspectorate.com/media/2870/the-nutritional-care-of-adults-with-a-learning-disability-in-a-care-setting.pdf> [Accessed 6<sup>th</sup> August 2023].

<sup>3</sup> Larkin A. The effect of a whole-home food provision improvement strategy to promote weight loss in overweight and obese residents living in residential homes for adults with learning disabilities. *Journal of Human Nutrition and Dietetics*. 2021; 34 (S1):18-19.