



## Pancake Day at Springvale

A 'flipping' marvellous time was had on Shrove Tuesday in Springvale Care Home in Lennoxtown. Residents loved making and munching their own pancakes with toppings galore enjoyed!



James



Maureen

= Happy =  
**Pancake**  
Day! 🍓



Yvonne



Angela

## Meet the Team - Jacqueline

HELLO!



Hello, I'm Jacqueline, I'm new to the HSCP and CHC Infection Prevention and Control Team. I joined the Team on a part-time basis in Jul 25, having retired from the RAF after 33 years of Service. My nursing career has been varied since qualifying in 1998.

I've worked in Public Health, Nurse Education, Governance and Infection Prevention and Control. I also have an interest in Human Factors. My Infection Control experience has been utilised in NHS environments but more predominantly in deployed tented hospital settings overseas. As a Nursing Officer in the RAF I led teams of clinicians tasked with repatriating patients who had High Consequence Infectious Disease.

GOODBYE

Buchanan House says goodbye



"The team at Buchanan House shared the following message

"Today we say goodbye and good luck to our Care Home Liaison Nurse Emma Motherwell who finishes up today for her maternity leave.

Emma who is leaving Care Home Liaison Team and moving on to pastures new has been a great support to our clinical team and we wish her every success for the future. "

# Nutrition and Hydration Week (16 - 22 March)



## Decaf cafe at Milngavie Manor



Sharon and Stuart (CHC support workers) visited with the residents and staff at Milngavie Manor. While there, they popped the kettle on for a taste test to see if anyone could tell the difference between regular and decaf tea and coffee.

The residents said they couldn't tell the difference and actually preferred the decaf tea! Hazel (Activities coordinator) wasn't fooled though, as she said the smell of the products was different and was sticking to her regular coffee.

Drinking decaf tea and coffee has many benefits, such as better sleep pattern, reduced anxiety and improved digestion (less acid reflux). Milngavie Manor intends to launch their Decaf QI project later this month. Good luck to the team!

## Tips for thickened drinks

Thickened drinks can taste and feel different, so some people may drink less which can lead to dehydration. Here are some good practice points to help residents who need thickened fluids to take a little more

- Offer small amounts often. This is very important when caring for people living with dementia, who may not recognise thirst.
- Try out different flavours using squash, fresh juice or milkshakes
- Give drinks at different temperatures to see which they prefer—cold, room temperature, or hot
- Use a familiar cup (e.g. their favourite mug) instead of a beaker to encourage drinking

### Safety points



- Thickened drinks get thicker over time, so always make them fresh.
- Remember that all levels of thickened fluids are made up in batches of 200ml!
- Always use a measuring jug or a Nutilis Shaker. Your local SLT may be able to give you a shaker.



# Project Milkshake - Instruction Poster

We are pleased to introduce the new Project Milkshake instruction Poster, designed to support care home teams in starting residents on fortified milkshakes. This is a step-by-step visual guide for staff to help residents build tolerance gradually while still benefiting from the additional calories and protein they need.

The poster outlines starting with 50ml “shots” to help residents become familiar with the flavours and identify their preferences. Over the following weeks, volumes are gradually increased—50ml in week 1, 100ml in week 2, 200ml in week 3, and 200–400ml by week 4, with a maximum target of up to 400ml daily, tailored to each resident’s individual needs and reviewed regularly.

Nourishing drinks play a key part in supporting good nutritional intake for older adults, especially for those with small appetites or unintentional weight loss. Offering fortified milk, fortified milkshakes between meals can significantly boost calorie and protein intake. Fluids should be offered regularly throughout the day to support hydration. Having a variety of fluids including nourishing drinks will help keep residents well-hydrated and nourished.



Care Home Collaborative **Food Fortification** NHS Greater Glasgow and Clyde

Key points to support a food first approach for residents who **require** it

### What is fortification?

Food fortification, also known as food first means adding additional calories, protein and micronutrients to food to increase the nutritional value in the same or a similar portion. Food fortification is a useful tool for those at risk of malnutrition, losing weight or have a generally poor appetite.



### Food first strategies

- Offer familiar foods
- Make meals attractive
- Use suitable portion sizes, offer second helpings
- Ensure meals, snacks and drinks are high in calories and protein
- Use feeding aids and utensils
- Allow sufficient time between meals
- Ensure resident comfortable and prepared for meal
- Remember fresh air and exercise promotes good appetite

### Why do we fortify?

- To increase the nutritional value of a residents diet
- Provides extra nourishment using familiar foods
- To avoid having to ask the person to eat more
- Way of offering extra nourishment with less food
- Improves the flavour of foods

### Who would benefit?

All residents on a MUST step 5 should be given a fortified diet. You may also find that fortification needs to be continued after the MUST step 5 is stopped, to support weight maintenance. If somebody continues to gain weight and is reaching a higher BMI, discontinue fortification.

### Fortifiers

<b>Protein:</b> <ul style="list-style-type: none"><li>30g skimmed milk powder = 100kcal and 10g protein</li><li>1 pint fortified milk (using whole milk) = 600kcal and 40g protein</li><li>3 dessertspoons evaporated milk = 75kcal and 3g protein</li><li>2 tablespoons nut butter = 200kcal and 8g protein</li><li>30g cheese = 125kcal and 8g protein</li></ul>	 <b>Carbohydrates:</b> <ul style="list-style-type: none"><li>1 teaspoon of sugar = 20kcal</li><li>1 teaspoon jam or honey = 40kcal</li><li>1 heaped teaspoon of hazelnut chocolate spread = 80kcal</li></ul>	 <b>Fats:</b> <ul style="list-style-type: none"><li>A 9g butter pat = 75kcal</li><li>3 dessertspoons of single cream = 60kcal</li></ul>
--	---	--



Click [here](#) to download a PDF version of the poster or scan the QR code.



Click [here](#) to access all Project Milkshake recipes.

# UTI Assessment Tool



Urinary Tract Infections (UTIs) can be serious for older people, and they do not always show the usual signs of infection. As well as pain or fever, an older person may show changes in behaviour, their abilities or changed mobility.

Other signs may include:

- Needing the toilet more often
- A sudden strong urge to pass urine
- Changes in continence

If a UTI is not recognised and treated early, it can cause avoidable harm, such as delirium, falls, hospital admissions and sepsis.

**People >65 years with Suspected Urine Infection (UTI) - Guidance for Care Home staff**  
 Complete resident's details, flow chart and actions (file in resident's notes after). **DO NOT PERFORM URINE DIPSTICK** - No longer recommended in >65yrs.

Resident: _____ DOB: _____	Any symptoms suggesting alternative diagnosis? Tick if present Increased breathlessness or new cough Diarrhoea and vomiting A new red/warm area of skin	Any ticks <input type="checkbox"/>	UTI unlikely Seek guidance as appropriate
Carer: _____ Date: _____			
Care Home: _____			

↓ No ticks

Does the person have a catheter? YES / NO

New Problem	Tick if present	1 or more ticks	2 or more ticks	New Problem	Tick if present
Inappropriate shivering/chills eg High or low temperature >38°C or <36°C if measured document _____°C		<b>UTI possible - Actions needed</b> Phone and fax form to GP Practice. Obtain urine sample and arrange catheter change if catheterised: see reverse of form. Outside Mon-Fri normal working hours, phone 111 as normal	Tick when done	Functional deterioration and/or changes to performance of activities of daily living	
New lower back pain				Pain on passing urine	
New or worsening confusion or agitation				Need to pass urine urgently or new or worse incontinence	
				Need to pass urine much more often than usual	
				Pain between belly button and pubic hair	
				Blood in urine	
				Inappropriate shivering/chills eg High or low temperature >38°C or <36°C if measured document _____°C	
				New lower back pain	
				New or worsening confusion or agitation	

↓ No ticks / Less than 2 ticks

**UTI unlikely**  
 If concerned about resident, please seek guidance from GP or Care Home Liaison Nurse

Access the tool [here](#)

The UTI Assessment Tool is a flowchart which helps staff decide whether a UTI is likely and what action to take. A key message from the tool is **NOT** to perform urine dipstick testing, as this is no longer recommended in the over 65s.

Instead, the tool helps all care home staff (registered nurses and non-nursing staff) to:

- Spot possible UTI symptoms early
- Document their assessment and as a tool to communicate with prescribers
- Obtain a supply of antibiotics when the resident really needs the, but also to avoid unnecessary treatment

Look out for future awareness sessions on the CHC website.

## Opportunity to evidence the speciality of care homes for RNs

This is an opportunity open to all Care Home Registered Nurses within Greater Glasgow and Clyde. Learn how to build a portfolio of evidence that demonstrates the value of your knowledge, skills and experience within your workplace.

- Introductory 30 min MS Teams session on 9<sup>th</sup>, 11<sup>th</sup>, 16<sup>th</sup>, 18<sup>th</sup>, 20<sup>th</sup> and 25<sup>th</sup> March 2026
- Learn how to capture workplace learning by gaining access to a series of videos
- Recognition of the learning you are undertaking in your current role
- Plan and evidence your career development
- Additionally supports the evidence needed for NMC revalidation



Visit our [learning opportunities](#) page to sign up



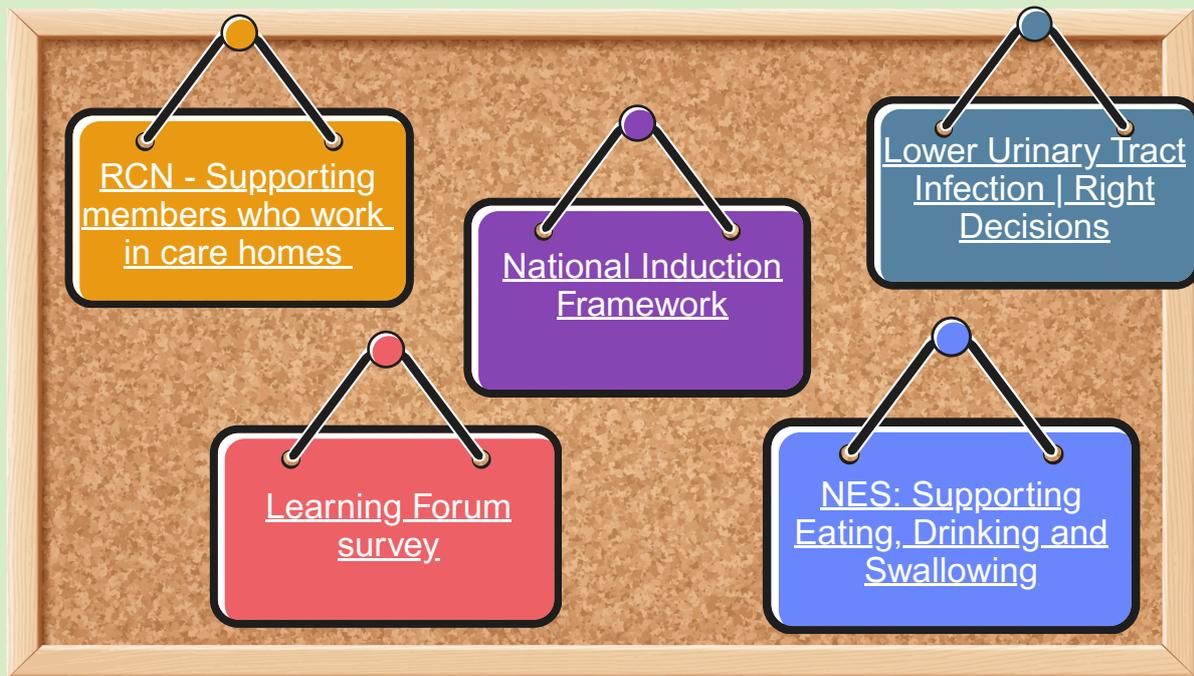
Clinical Practice

Facilitating Learning

Leadership

Evidence, research and development





## Learning Opportunities

There are a number of training and education opportunities, over the next few months on the following topics. Please use the QR code to access our training page to book your place.

- Capturing Workplace Learning for RNs
- Delirium Risk Reduction
- Essentials in Dementia
- Falls Development Day
- Wound Care Study Day
- Caring for Smiles (new dates for 2026)
- New Sage & Thyme communication training dates
- ARHAI Actively Preventing Catheter Associated Urinary Tract Infections in care homes



Scan QR code to access all training



## Useful links to further training

[Turas](#) is available to all social care professionals

[Continance Assessment](#) - Continance Pad training. Various dates visit Sphere and Bladder Website/Health and Social Care Professionals



**Get involved** There are many ways to get involved and the team welcomes your input.



- Sign-up for our newsletter and updates
- Share your stories of person centred care and good practice
- Follow us on social media.

Visit our website at [www.nhsggc.scot/carehomecollaborative](http://www.nhsggc.scot/carehomecollaborative) for up to date resources and training

