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426,000 elderly and disabled people in residential care in the UK



The UK Care Home sector

In the UK there is an estimated 426,000 elderly and disabled people in residential care.1 For many, food remains one of the most important parts of their daily routine. Until recently many individuals suffering with illnesses which affect eating and swallowing, including dysphagia and dementia, have been missing out on something that many of us take for granted - hearty, flavourful meals.

With nearly one third of all older people admitted to hospitals and care homes at risk of malnutrition², we have been on a mission to develop practical, useable solutions for care home operators to ensure that individuals not only receive the nutrition they require, but are able to dine with dignity.

In a care home environment, dysphagia and dementia are two of the most prevalent illnesses impacting an individual's eating ability and habits, affecting up to 75% and 80% of people respectively in UK care homes, and requires a specialist approach to be able to provide the right nutritional support. The likelihood of developing diabetes also increases with age. Although it is estimated that up to 27% of residents in UK care homes have diabetes³, the UK population aged 75+ is projected to double in the next 30 years4 so the disease is likely to become more prevalent in the future. With such a vast range of dietary requirements and health conditions caterers need to take into account, we are continuing our journey to develop workable catering solutions for the care home sector, with the ultimate aim of supporting and improving standards of catering for elderly residents in the long term.

Pioneering Healthcare Solutions

In 2012 we began our journey to launch a ground-breaking new Healthcare Solutions Programme which reappraised the catering offer across the industry to ensure the nutritional needs of care home residents were being met.

The programme initially focused on diets required for dysphagia, but momentum has gathered and solutions have now been developed for dementia and diabetes sufferers. The programme has included a mix of practical training, workshops, on-going advice and support to the industry, along with our Dysphagia Chef of the Year Competition – a first for the industry celebrating and showcasing the skills of chefs working in this specialist area. We have already run over 100 training courses since the initial launch of our Healthcare Solutions Programme in 2013 with group care home operators, NHS trusts, local authorities, independent businesses and individual caterers. Whilst we have made progress in demystifying these often misunderstood conditions, the hard work doesn't stop there. We will continue to work collaboratively with the industry to understand the needs of caterers and the realtime challenges they face through all stages of the supply chain, ensuring our solutions always deliver a fresh and inspiring approach.



Our top 15 recommended Premier Foods products for Care



*IRI Grocery Outlets, 52 w/e 13th August 201

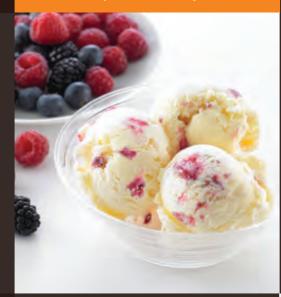




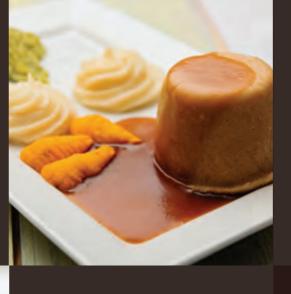
















*IRI, 12 w/e value data 16.01.16.

























Allergens

Managing individual residents' requirements is of the utmost importance and communicating how these requirements are in place to their loved ones is also paramount to ensure they feel comfortable placing a member of their family within your home. Allergies should be managed in the same way as special diets, with added steps in place to ensure mistakes are not made. Sometimes routine can cause complacency so do spot checks on the procedures to ensure recipes are current and ingredients used are correct.

With the free from market continuing to grow it is vital that caterers are able to cater for individuals with allergies and intolerances, and are adhering to the Food Information Regulations which came into force in December 2014. These regulations introduced a requirement that food businesses must provide information about the allergenic ingredients used in any food they sell or provide. There are 14 major allergens which need to be highlighted (either on a label or through provided information such as menus) when they are used as ingredients in a food. Here are the allergens, and some examples of where they can be found:



(sometimes known as sulphites)

Dried fruit such as raisins, dried apricots and prunes. Also meat products, soft drinks, vegetables as well as wine and beer

Breads, biscuits, crackers,

desserts, nut powders (often

used in Asian curries), stir-

marzipan (almond paste), nut

fried dishes, ice cream,

oils and sauces.

Fish sauces, pizzas, relishes, salad dressings, stock cubes and worcestershire sauce.

Lupin flour and seeds can be used in some types of bread, pastries and even in pasta.

cakes, some meat products, mayonnaise, mousses, pasta, quiche, sauces and pastries or foods brushed or glazed with egg.

Liquid mustard, mustard powder and mustard seeds. Also breads, curries, marinades, meat produ salad dressings, sauces and soups.

Hints and tips

- We would advise a standard recipe for every menu item, stating when specific ingredients are used by brand to ensure consistency. This is also important for when an agency or cover chef has to take over within the kitchen.
- On arrival of a new resident with a specific allergy a checklist pertaining to each dish with standard allergens should be gone through to see what dishes are not suitable, and where possible revise the recipe to make the dish accessible to all. Should the new resident have an allergen which is not within the 14 we would advise adding the allergen to your current allergen table and highlighting those dishes again which are not suitable.

Biscuits, cakes, curries,

satay sauce), groundnut oil and peanut flour.

desserts, sauces (such as

- In the case of severe allergies using a board to display the picture and name of the allergy sufferer will help staff recognise individuals. Having this displayed prominently on a notice board will help staff check prior to serving food and will make it part of the mealtime process. A set process should be in place from the kitchen to server to reduce the chance of errors.
- Ensure both kitchen and serving staff are trained in food allergies and ensure they are aware of potential danger areas.
- The Food Allergy Training Consultancy offers induction level online training suitable for all levels, offering an introduction to food allergy awareness for all your staff. We also offer an alternative face to face booklet as an alternative method



Mussels, land snails, squid and whelks. Also in oyster sauce or as an ingredient in fish stews.

Butter, cheese, cream, milk powders and yoghurt. Foods brushed or glazed with milk, and powdered soups and sauces.

celery

crustaceans

look out for

crabs, lobster, prawns

and scampi. Shrimp paste, often used in Thai and

south-east Asian curries or

salads, is an ingredient to

celery stalks, leaves, seeds and celeriac. Also, celery salt, salads, some meat products, soups and stock cubes

Sesame seeds

Bread (sprinkled on hamburger buns for example), breadsticks, houmous, sesame oil and tahini. togsted and used in salads



wheat/Kamut), rye, barley and oats is often found in some types of baking powder, batter, breadcrumbs, bread, cakes, couscous, meat products, pasta, pastry, sauces, soups and fried foods which are dusted with flour.



Bean curd, edamame beans, miso paste, textured soya protein, soya flour or tofu. Also, desserts, ice cream, meat products, sauces and vegetarian



Care Catering Solutions Guide

Testimonials

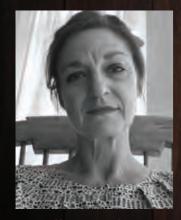
Improving meal standards to ensure dignity in dining for care home residents continues to be a key focus for Premier Foods and we're dedicated to putting the needs of caterers at the heart of what we do. That is why we are a proud and active supporter of leading organisations such as The National Association of Care Catering (The NACC).



Neel Radia
National Chair, The NACO



Chris Dean
Director of Dining and Procuremen
Sunrise Senior Living



Caroline Lecko
Patient Safety Lead (Nutrition and Hydration
NHS Improvement
Nutrition and Hydration Accordates Partner

"Care catering is very rewarding but it can also be challenging. Specialist skills and knowledge are required in specific areas such as dysphagia, dementia and diabetes. Suppliers can provide valuable information and advice, like this Premier Foods brochure, and we welcome the support they can offer the sector."

"Here at Sunrise Senior Living, we provide meals for over 3,500 residents across 42 sites with a wide range of dietary needs, so having a supplier like Premier Foods that openly cares and understands the day to day issues we encounter really makes a difference to our business operation. We consider their brands as 'essentials' for the Sunrise stock cupboard as they are favourites for many of our residents. Their popularity and familiarity also make them widely recognizable for residents with dementia and can help create a more enjoyable dining experience. On top of their extensive range of products, Premier Foods has been a huge support with its excellent Dysphagia Training Programme, enabling care chefs to put dignity back into dining for those people suffering with swallowing difficulties."

"Care Caterers have a fundamental role in supporting the health and well-being of people in all sectors of care. It is essential that our chefs and cooks have the information, knowledge and skills to empower and enable them to successfully deliver on this role. The Premier Foods Care Solutions Guide is an excellent resource to support care caterers in providing tasty and nutritious meals for people with dysphagia, dementia and diabetes. The Premier Foods Care Solution Guide provides the need to know information and offers valuable solutions for both food preparation and the dining experience. I hope the guide inspires our care catering colleagues to deliver the meal experience that our residents deserve and I congratulate Premier Foods on their ongoing commitment to supporting the delivery of excellent nutrition across the sector."

Dysphagia Chef of the Year

The Premier Foods 2016 Dysphagia Chef of the Year event was the first competition of its kind for the healthcare industry. We developed this initiative to celebrate the innovative efforts of chefs and caterers working in the specialist area of dysphagia catering.

To be in with a chance of winning £1,000 worth of kitchen equipment for their workplace, chefs had to develop two dishes, one main and one dessert. Recipes had to meet either C or E descriptors and cost no more than £5. Five finalists were shortlisted to compete in a live cook off held at Premier Foods' head office in front of a panel of prestigious judges.

The finalists were: Giles Conroy, Sunrise Senior Living; Malcolm Shipton, Wren Hall Nursing Home; Mike Baker, Random Light; Stephanie Steel, Coed Du Hall; and Suzanne Corless, Random Light. Malcolm Shipton cooked his way to the top spot with his Herbed Chicken Cannelloni and was crowned Dysphagia Chef of the Year 2016. Malcolm received high scores for presentation, taste and texture with judges praising him

for his innovative approach towards recreating a classic pasta dish.





Find out more about the Dysphagia Chef of the Year competition from our winner, Malcolm Shipton



"When I was first told that I had made it to the final of the first ever Premier Foods Dysphagia Chef of the Year, I was delighted and started perfecting my recipe, Herbed Chicken Cannelloni with pea purée and tomato, to ensure it was the best it could be on the day.

It is rare to be able to offer Italian-inspired pasta dishes to dysphagia patients because of the natural texture of pasta itself, so I was keen to develop something different for the competition that would really impress the judges. Perfecting this recipe would also allow me to offer the same meal to my dysphagia residents as those around them without the condition.

The live final at the Premier Foods head office, was extremely nerve-wracking but I got stuck in and kept to my very specific timings that I had practiced in the run up. I was thrilled when my name was called out as the first ever winner of the competition! I am extremely proud and grateful of the prize of £1,000 of kitchen equipment which will be extremely beneficial to Wren Hall Nursing Home.

It was a pleasure being in the company of the other talented finalists, the time and effort they put in to enhance the lives of dysphagia patients was fantastic. Having worked in many high standard restaurant and hotel kitchens my whole life, working at Wren Hall for the past 10 years has been the most rewarding of my career. It is fantastic that Premier Foods recognises the great work that care chefs do on a daily basis with the launch of this competition."

Malcolm Shipton, Chef, Wren Hall Nursing Home

What is dysphagia?

Dysphagia is the medical term for swallowing difficulties and affects roughly 8% of the world's population – this equates to 98,931,680 individuals from the developed world. Whilst approximately 60-75% of total care home residents suffer from the condition, it can affect individuals of all ages. With figures showing that 22% of over 55's suffer from dysphagia, the prevalence of the condition is likely to increase over the next three decades as our population continues to get older.

The condition varies from person to person and some individuals are at a greater risk of malnutrition, dehydration, aspiration pneumonia and choking as a result. Dysphagia can impact on an individual's quality of life as a result of anxiety, embarrassment and loss of taste and smell. Therefore ensuring that individuals with dysphagia have a nutritious, appetising and safe meal is essential both in terms of maintaining an individual's well-being and quality of life.

Whilst there are promising treatments being developed, modification of food texture and liquid thickness in line with the Dysphagia Diet Food Texture Descriptors has become an essential part of dysphagia management.

As part of Premier Foods' industry-leading Healthcare Solutions Programme, we have created a number of appetising, texture modified recipes and supporting dietary guidance to help caterers deliver a safe, nutritious and varied diet and to ensure dignity in dining for individuals with the condition. Our recipes are cost-effective, using ingredients that can be found in the store cupboard and equipment that can be found in a commercial kitchen, making it as easy as possible for caterers to meet this need.

Dysphagia Diet Food Texture Descriptors

The Dysphagia Diet Food Texture Descriptors provide guidance to caterers to ensure the appropriate texture is met, depending on the individual's diagnosis.

What are descriptors?

Descriptors detail the types and textures of foods needed by individuals who have oropharyngeal dysphagia (swallowing difficulties) and who are at risk of choking or aspiration (food or liquid going into their airway). The descriptors provide standard terminology to be used by all health professionals and food providers when communicating about an individual's requirements for a texture modified diet.

The food textures are:

- B = Thin Purée Dysphagia Diet
- C = Thick Purée Dysphagia Diet
- D = Pre-mashed Dysphagia Diet
- E = Fork Mashable Dysphagia Diet

When is a texture modified dysphagia diet recommended?

A texture modified dysphagia diet will be prescribed following assessment by a speech and language therapist or other appropriately trained healthcare professional, e.g. a professional trained to a specialist level on the Inter-professional Dysphagia Competency Framework. The prescribing practitioner will use their clinical judgement to prescribe any additional textures on a case-by-case basis.

What consistencies should all care settings provide?

It is envisaged that all care settings will have two available textures. Individual patients may require variation to one of these textures which will be advised as part of each individual diagnosis.

Cooking methods and equipment essentials

There are different ways of creating puréed meals and methods can change depending on the ingredients you are using and the serving texture you are looking to achieve. Poaching, steaming or braising foods will keep ingredients soft for puréeing. Grilling, baking or roasting foods will boost the flavour but any crust or skin will need to be removed before serving, adding preparation time and increasing wastage. Foods will then either require thickening up or thinning down to the correct descriptor.

Thicken up

For this method there are many specialist thickening agents available on the market as well as several ingredients from Premier Foods you can use to thicken up dishes, for example Paxo and Smash. If using thickening powders for this method it is important to allow time for rehydration as some powders will take a few minutes to do this. It is best to leave this to stand, then test against the descriptor checklist before serving.

Thinning down

Whilst it may seem a simple process to add a liquid to puréed food to provide the desired texture, this will reduce the flavour and also dilute the nutritional value of the dish. Patients with dysphagia, particularly those who require a thin purée diet, can be at a greater risk of malnutrition, therefore some fortification may be required to counteract this when thinning. To enhance the flavour, you could use stock or gravy to thin down your dish. Alternatively, try using the following products which will also add nutrition and calories to your dish:

Milk

Yoghur

Cream

Syrups

For either method kitchen equipment plays a vital role, so investment in quality food processors, blenders and sieves will aid in ease of preparation and achieving the right consistency of meals.

Foods that don't work well:

- Fibrous vegetables such as leeks
- Foods with pith or skin, such as grapes or peas
- Anything that changes texture in the mouth, such as jelly or water melon
- 'Floppy' foods such as lettuce or cucumber

Presentation

The presentation of a dysphagia meal is as fundamental as the dish itself. The social aspect of eating is an essential part of our well-being, but for those with dysphagia it can create anxiety, unhappiness and possibly even danger from choking.

Food looks most appealing when separated on the plate. For example, if you were recreating a roast dinner for a resident with dysphagia, each component of the meal can be puréed and then presented individually on a plate. The dish will then resemble the original roast that others in the same room will be eating, and will be more appealing to eat. Other tips for presentation include piping purées into rings, setting in moulds or shaping on the plate. Layering food is another great way to present dishes such as cottage pie, or layering desserts in glass dishes such as colourful puréed fruits with custard and cream.

List of essential equipment

- Food processor/liquidiser
- Sieves
- Mould shapes for interesting presentation options
- Piping bags with various nozzles for piping descriptor C
- Small glass dishes or shot glasses for presenting desserts







Sausage Roll













Number of servings: 10 Prep time: 15 minutes Took time: Bisto Gluten Free Gravy

- 200g Pasta
- Vegetarian gel
- 1 Whole chicken (diced)
- 75g Paxo Sage & Onion Stuffing
- 1 Onion (diced)
- 2 Cloves of garlic
- 1tsp Italian herbs
- 20g Bisto Bouillon gel powder chicken stock
- 500g Tinned tomatoes
- 1 Oxo Succulent Chicken with Garlic and Thyme Pot
- 250g Frozen peas

- 1. Blend the cooked pasta with 250ml of the water it was cooked in, and add the vegetarian gel to thicken. Pass the mixture through a fine sieve; spread the mixture thinly on the back of a roasting tray lined with cling film and leave in the fridge to set, preferably overnight.
- 2. Fry ¾ of the onions and half of the garlic until brown. Then add the chicken and herbs and cook for 4-5 minutes. Cover with chicken stock, bring to the boil and simmer for 5 minutes.
- 3. When tender, season with stuffing and leave to rest for 2 minutes, blend if necessary and add stock to thicken. Pass through a sieve and leave to cool.
- 4. For the tomato sauce, fry the remaining onions and garlic, add the tomatoes, bring to the boil and add the Oxo Garlic and Thyme pot. Blend and thicken if necessary, strain through a sieve and leave to cool.
- 5. Boil the peas in salted water. Once cooked, blend with a little of the water and thicken to achieve the correct consistency.
- 6. Spread the pea puree over the pasta sheet, pipe the chicken into a sausage shape the full length of the tray, gently fold and roll into a cannelloni shape. Leave to rest in the fridge.
- 7. Assemble everything on the plate, cover with foil and place in the steamer for 6-8 minutes at 75°C and serve.

- 750g Lincolnshire Sausage meat
- 450ml Bisto Gluten Free Gravy
- 100g Onion diced
- 20g Tomato purée
- Veg oil for frying
- Food thickener if needed Yield 1200g

- 300g McDougalls Savoury pastry (cooked)
- 900ml Bisto Gluten Free Gravy
- 45g Vegi Gel

- 1. Heat vegetable oil in a pan and gently cook the onion for 5 minutes until soft.
- 2. Add the tomato purée and sausage meat and continue cooking for 4-5 minutes.
- 3. Pour in the Bisto gravy, mix well then simmer for 20 minutes until sausage is cooked through and soft.
- 4. Blend the mixture until smooth with no lumps. Check the seasoning and add food thickener, if required.
- 5. Complete dysphagia diet texture checks.
- 6. Blend the cooked pastry to a fine crumb in a blender.
- 7. In a pan combine the pastry crumb with the Bisto gravy and vegi gel.
- 8. Heat the mixture stirring constantly

- 9. Bring to a simmer for 2 minutes and continue stirring until a thick paste has formed.
- 10. Spread between two sheets of baking parchment and lightly roll with a rolling pin to make a pastry sheet.
- 11. Set aside to cool.
- 12. Once the pastry sheet has cooled cut into 4"x 2" rectangles.
- 13. Pipe the sausage mixture across the centre of the rectangle.
- 14. Roll the pastry around the sausage to create a sausage roll.
- 15. To heat, place on a plate and cover with clingfilm. Steam for 6 minutes until core temperature is reached.

Coronation Chicken Sandwich Filling









Number of servings: 8

Number of 10 Prep time: Cook time: Product: Sharwood's Korma Paste

- 30g Sharwood's Korma Paste
- 5g Curry powder • 5g Tumeric

50g Raisins

• 200ml Bisto Chicken Bouillon

• 450g Chicken breast – diced

- 75g Mayonnaise
- Salt and pepper to taste
- Food thickener if required

- 1. Heat Sharwoods Korma Paste in a pan, add the chicken and cook for 2 minutes.
- 2. Add the spices and continue to cook for 1 minute.
- 3. Add the raisins and Bisto Chicken Bouillon then simmer for 20 minutes until chicken is cooked through.
- 4. Transfer to a blender and process until smooth.
- 5. Add the mayonnaise and mix well. Check seasoning and add food thickener,
- 6. Complete dysphagia diet texture checks.

Turkey and Paxo Stuffing Sandwich Filling















- 450g Diced Turkey breast
- 150g Onion diced
- 50g Paxo Stuffing
- 350ml Bisto Chicken Bouillon
- Veg oil for frying
- 100g Smooth cranberry sauce
- Food thickener

- 1. Heat the vegetable oil in a pan and add onion, gently fry for 5 minutes until soft and transparent.
- 2. Add turkey breast and cook for 3 minutes.
- 3. Add Paxo Stuffing and Bisto Chicken Bouillon, mix well and cook gently for 20 minutes until turkey is cooked through.
- 4. Blend until smooth and season the mixture. If required add food thickener then set aside to cool.
- 5. Complete dysphagia diet texture checks.

sandwich for added colour and flavour



Care Catering Solutions Guide

What is Diabetes?

Diabetes is a life-long condition where an individual cannot use glucose (a type of sugar) in the body. This is because the body does not produce any insulin, or enough insulin, to transport the glucose from the blood into the cells where the body can use it as fuel. This causes a build-up of glucose in the blood which can lead to a number of side effects that may affect the diabetic person's quality of life.

There are two main types of diabetes, type 1 and type 2:

Type 1 diabetes: the individual's pancreas produces no insulin

Type 2 diabetes: this develops when there is not enough insulin to meet the body's needs, or the insulin made does not function properly –this is known as insulin resistance

The effects of poorly controlled blood glucose

Poorly controlled blood glucose levels result in either high blood glucose (hyperglycaemia) or low blood glucose (hypoglycaemia).

With high blood glucose, or hyperglycaemia, the person will feel:

- Lethargic
- Irritable
- Unable to focus
- Have extreme thirst
- Constantly need to pass urine.

If low blood glucose, or hypoglycaemic occurs the person may feel:

- Dizzy
- Faint
- Hungry

Anxious

- Sick
- Unable to concentrate

The effects of low blood glucose usually develop more quickly and require immediate attention. Foods containing glucose that is easily absorbed by the body, such as glucose tablets, can help if someone has a hypoglycaemic episode.



Managing diabetes

Five factors inter-relate in the control and treatment of both type 1 and type 2 diabetes. These are:

- Carbohydrate counting: As type 1 diabetics produce no insulin, their insulin dosing should match all activities in their daily routine to maintain normal blood glucose levels. Advanced carbohydrate counting is a method of calculating the amount of insulin an individual needs to maintain normal blood glucose. Their blood glucose level, exercise level, health status (for example stress levels or presence of acute illness) need to be balanced with their food intake⁵.
- Blood glucose testing: Type 1 and many type 2 diabetics monitor their blood glucose using a personal blood glucose monitoring device and a finger pricking lancet to obtain a blood sample. These devices usually store a record of blood glucose results and some can be transferred to computer software programmes for later review.
- Eating a healthy diet: Diabetes UK recommends that diabetics should eat a balanced diet. Diet and nutrition are widely thought to play a role in not only the control of diabetes, but also in the prevention of type 2 diabetes⁶.
- Exercise: Taking regular exercise, in combination with a healthy diet can help in the management as well as the prevention of diabetes. All physical activity can help towards managing diabetes. In a care home environment, regular movement will increase the amount of glucose used by the muscles for energy and can help the body use insulin more efficiently⁷.
- Medication: Tablets, in combination with a balanced diet, can help to control type 2 diabetes. There are many different types of tablets available in the UK to treat diabetes but all aim to maintain a healthy blood glucose level when used in conjunction with carbohydrate counting, blood glucose monitoring and exercise. Diabetes UK state that a healthy diet and taking regular exercise cannot be substituted by medication, so they must work together to achieve good blood glucose control.

Care chefs can play an important role by providing healthy meal options and individualised care plans to promote and maintain good weight control for diabetics. For example, chefs preparing meals for diabetics should ensure they calculate the amount of carbohydrate in each meal they prepare, to enable the diabetic to balance their insulin requirements.

All care homes with diabetic residents, or residents at risk of diabetes, should ensure they consult a registered dietician with expertise in diabetes care for nutrition advice.

Carbohydrates and the Glycaemic Index

The nutritional aims for diabetics are the same as for the general population so dietary guidance should be based on healthy eating principles with specific guidance on food choice and meal timings. With regard to carbohydrates, major considerations are the amount, type and timing of carbohydrate intake.

For diabetics on a fixed insulin regime, carbohydrate intake should be evenly distributed throughout the day. A meal pattern of three evenly sized meals and three small snacks is ideal but this will vary between individuals, particularly in a care home environment, therefore it is important to assess residents on an individual basis to suit their personal preferences and medication.

Current proposals are that carbohydrate is the main nutritional consideration for blood glucose control in individuals with type 1 diabetes. Most of this carbohydrate should come from complex, fibre rich foods with a low glycaemic index (see The Glycaemic Index), such as starchy cereal foods, vegetables, fruit and legumes. In type 2 diabetes, weight management should be the primary nutritional strategy in managing glucose control so focus should be on the total amount of energy consumed, rather than simply carbohydrate.

The Glycaemic Index (GI) is a ranking of carbohydrate containing foods based on the total effect on blood glucose levels. Foods that are absorbed quickly have a higher GI and slowly absorbed foods have a low GI rating. Foods with a low GI can help even out blood glucose levels for those with diabetes.

The GI, however, considers foods in isolation so chefs should take into account the fact that individuals will eat carbohydrates as part of a meal. Chefs should also consider cooking methods, ripeness of fruits and vegetables and the protein or fat content of food which will also affect its GI rating.





What is Diabetes?



Sugars

Many people believe that a diabetic diet has to be sugar free, however this is untrue. Sugar is only one factor that affects the blood glucose response to food. For example many sugary foods produce a lower glycaemic response (change in blood glucose) than those that contain starch.

Modest amounts of sugar, therefore, are acceptable as part of a diabetic diet as long as this is eaten as part of a meal, and not on its own. Food and drinks with a high concentration of sugars should not normally be consumed because they will cause a rapid increase in blood sugar. However, because of this effect they may be necessary if someone's blood glucose levels fall too low and hypoglycaemia occurs (see Hypoglycaemia).



Salt (sodium)

Diabetics are at increased risk of cardio vascular disease (stroke, heart attack and heart failure) and kidney disease; therefore salt regulation in the diet of both type 1 and 2 diabetics is a significant factor in the reduction of blood pressure. Blood pressure rises progressively with increasing salt intake therefore it is important for diabetics to follow the recommended salt intake for adults.

Care home chefs can play an important role in managing residents' salt intake. For example reducing the amount of salt added to food in the cooking process and removing salt shakers from the dining room to control residents' salt intake. It only takes four weeks of a lowered salt intake to lower blood pressure8.



Protein

People with diabetes often eat more protein than the general population because they are advised to eat less sugar and fat. General advice to diabetics is to eat the same balanced diet as a non-diabetic but ideally 0.8 to 0.9 g of protein per kg of body fat per day.

Chefs should ensure the meals they prepare throughout the day provide a balanced diet.



When deciding on appropriate meals for diabetics, it is important to realise that foods high in any type of fat will be more slowly absorbed than those low in fat. For example, a meal of fish and chips whilst high in carbohydrates is also very high in fat. This high fat level prevents the carbohydrate from breaking down into glucose in the blood stream within the usual two-hour period. Therefore, type 1 diabetics who give themselves a high dose of insulin to balance the large amount of carbohydrate in the meal will have low blood glucose for a period after their meal. They may even have a hypoglycaemic episode. However, several hours afterwards their blood glucose will rise to a very high level as the carbohydrate is broken down into glucose and their insulin is no longer active.

Chefs should therefore consider the nutritional components of the meals they provide to care home residents in line with their medication and insulin requirements.

Nutritional recommendations for people with diabetes⁹

- Saturated fats should be limited and replaced by unsaturated fats, mostly monounsaturated fats such as oily fish (salmon, sardines), nuts and seeds
- Daily consumption of foods fortified with plant sterols or stanols significantly improve cholesterol for people with diabetes, irrespective of statin (drug) treatment
- A Mediterranean style diet lowers blood pressure and improves 'good' cholesterol
- In overweight individuals, a modest amount of maintained weight loss (4.5kg or more) results in improvements in blood pressure
- Consumption of oily fish, rich in n-3 unsaturated fats, is recommended at least twice a week
- Intakes of trans fatty acids should be limited

Bantle J P, Wylie-Rosett J, Albright A L, Apovian C M, Clark N G, Franz M J et al. (2008) 'Nutrition Recommendations And Interventions For Diabetes: A Position Statement Of The American Diabetes Association'. Diabetes Care; 31: S61–S78
6. Hu F B, van Dam R M & Liu S (2001) 'Diet and Risk Of Type II Diabetes: The Role Of Types Of Fat And Carbohydrate' Diabetologia 44 805-817 7. 'Getting active and staying active'. Available from: https://www.diabetes.org.uk/keeping-active [accessed: 28.09.16] it of Health: Salt reduction 2017. Available from https://responsibilitydeal.dh.gov.uk/pledges/pledge/Ppl=49 [accessed: 28.09.16]
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Available from: https://www.diabetes.org.uk/Documents/Reports/nutritional-guidelines-2013-amei [accessed 23.05.16]





Ingredients

• 370ml Warm water

• 40g Sunflower seeds

• 40g Sesame seeds

• 40g Hemp seeds

• 40 g Linseeds

• 50g Walnuts

• 500a Hovis Best of Both Mix

Number of servings: 15 Prep time: Cook time: Product: 35 minutes Hovis Bes

Method

1. Place the Hovis Mix in a bowl fitted with a dough hook and slowly blend in the water. Continue to mix for 5 minutes on a medium speed. Add the seeds and nuts, mix for a further minute to combine.

Shape and place into a greased loaf tin.

Bake in the oven for 20-25 minutes or until golden.

You can use a mix of any seeds and nuts



Ingredients

- 10 Smoked mackerel fillets, skin removed
- 250ml Half fat crème fraiche
- 15g Fresh dill, plus extra for garnishing
- 15g Fresh parsley
- 1 Lemon, zested juiced
- Black pepper to season

Method

- 1. Place 9 of the mackerel fillets (reserving one for garnish) in a mixer and blend, add crème fraiche, dill. Season to taste with lemon juice, zest and black pepper. Remove from the mixer and portion.
- Serve with toasted seeded bread, salad and garnish with fresh dill and the reserved mackerel flaked.





Ingredients

- 25ml Olive oil
- 25g Garlic purée
- 2 Onions, finely diced
- 250g Carrot, large dice
- 400g Pearl barley
- 1200ml Bisto Chicken Bouillon (prepared)
- 300g Curly kale, stems removed and shredded.
- 10 Apricots
- 10 x 150g Lean pork loin steaks
- 10g Sage leaves, shredded
- Fresh herbs to garnish
- 500mls Bisto Low Salt Gravy (prepared)

Method

- Heat the oil in a pan, add the garlic, onions, carrots and cook until they start to colour (about 10 minutes).
- Add the barley and stir to mix through.
 Add the hot chicken stock and bring to the boil, reduce the heat and simmer for 20 minutes.
- 3. Grill pork steaks for 8-10 minutes on each side or until cooked through. Halve the apricots and remove the stone, then grill so they caramelise.
- Add kale to the barley mixture and cook for a further 7-8 minutes until it is cooked, ensuring the barley is soft and has enough stock. Add more if its needed.
- To serve place the barley and vegetable mixture into the middle of the plate and top with a pork steak, two halves of grilled apricot and serve with a drizzle of Risto Grayy

Ingredients

- 25ml Sunflower oil
- 1 Large onion, roughly chopped
- 3 Cloves of garlic, chopped
- 75g Sharwood's Korma Paste
- 100g Savoy cabbage, shredded2x 400g Tinned chick peas, drained
- 50ml Red wine vinegar

and rinsed

Method

- Heat the oil in a large pan, add the onion and garlic cook for 5 minutes until soft. Add Korma and fry to release the spices.
- Add the shredded cabbage and cook until it wilts, then add chickpeas and combine. Now reserve two tablespoons of the mixture to garnish if you wish.
- Blend the remaining mixture to a purée and serve on toasted seeded bread topped with some of the reserved chick peas and cabbage.

Tibs

- You could add fresh coriander to the paste it you wish.
- · This would also work with an onion salad.

Care Catering Solutions Guide



Fruit Crumble Number of Servings: 10 Prep time: Cook time: 25 minutes Product: McDougall's Crumble Mix

Italian Chicken and Courgettes and Spinach





Number of servings: 15

Prep time: Cook time: 35 minutes Bisto Chick

Ingredients

- 10 Chicken breasts
- 20 Slices pancetta
- 25g Olive oil
- 10g Fennel seeds
- 2 Cloves garlic, crushed
- 1 Lemon, zested and juiced
- 600g Courgettes, sliced
- 50g Pinenuts, toasted
- Fresh basil to garnish
- 200ml Bisto Chicken Bouillon (prepared)
- 400ml Homepride Tomato Sauce
- Black pepper to season

- 1. Pre-heat the oven to 180°C, 350°F, gas mark 4.
- 2. Wrap each chicken breast in two slices of pancetta, then bake in the oven for 20-25 minutes or until it reaches a core tempereature of 75°C
- 3. Mix the olive oil, fennel seeds, lemon zest and garlic with the courgette slices. In a griddle pan cook for 2-3 minutes each side until just cooked, add the spinach and pinenuts and cook for a further two minutes or until the spinach has wilted. Season with black pepper and add the lemon juice.
- 4. Take the chicken out of the pan and deglaze with the chicken bouillon.
- 5. Add the chicken stock and juices to a saucepan, add the tomato and basil sauce and heat through.
- 6. To serve place a portion of the courgette and spinach on the plate, with the chicken breast sliced and a pool of sauce.

Ingredients

- 500g Cox apples, peeled and chopped
- 300g Plums, halved and de stoned
- 50g Dried cranberries
- 50g Caster sugar (optional)
- 50ml Water
- 1 Lemon, juiced
- 1 tsp Cinnamon
- 250g McDougalls Crumble Mix
- 50g Oats
- 25g Mixed nuts, chopped

To serve

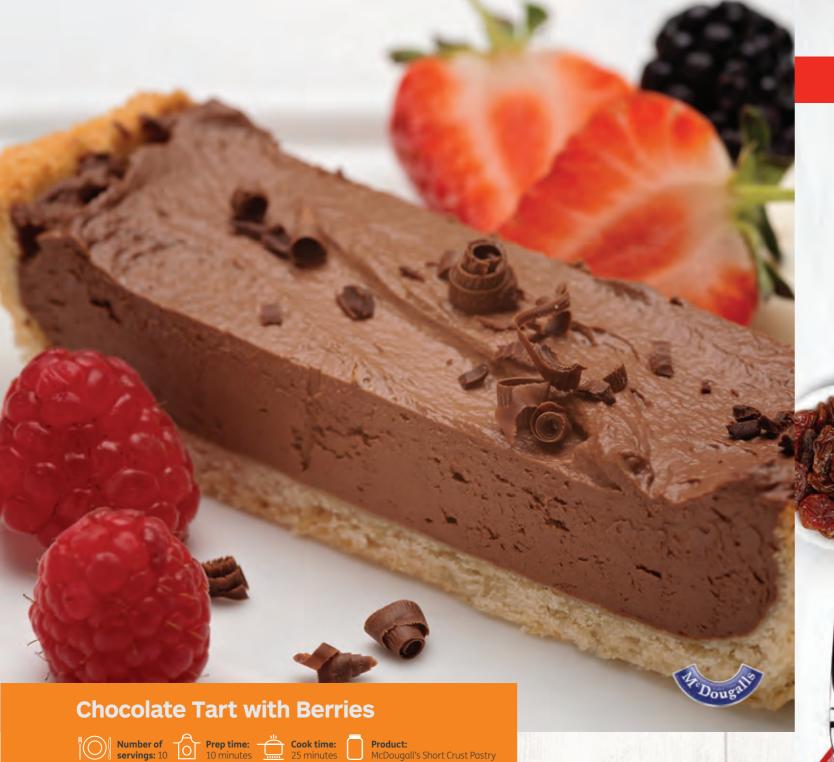
- 250ml Low fat yogurt
- 50ml Runny honey

- 1. Pre-heat oven to 180°C, 350°F, gas mark 4.
- 2. Place the water, lemon juice and sugar into a large pan and bring to the boil. Add the fruit and gently poach until tender.
- 3. Mix together, the crumble mix, oats and nuts and place onto a tray lined with baking parchment. Bake for 25 minutes or until golden brown.
- 4. Sprinkle the cooked crumble over the fruit to serve.

Tips

Cooking the crumble and fruit separately mean the crumble is all lovely and crunchy and you can sprinkle it on top and use less per portion.

Care Catering Solutions Guide Care Catering Solutions Guide



Living with Dementia

Alzheimer's disease is the most common type of dementia, affecting 62% of those diagnosed. It is estimated that 850,000 people suffer from dementia in the UK, with numbers set to rise to over one million by 2025 and over two million by 2051 with a person developing the condition every three minutes¹⁰.

With reports showing that 70% of people in care homes suffer with dementia or severe memory problems, care home caterers have a vital role to play to ensure the nutritional needs of people with dementia are met. Adequate energy intake through high calorie and high protein foods is a crucial factor in ensuring good nutrition for older people with dementia. A varied diet is also essential in order to achieve sufficient intake of vitamins and minerals.

Weight loss is common in people with dementia. Although the causes vary, they may include lack of appetite, problems with communicating or recognising hunger, poor co-ordination, tiring more easily and difficulties with chewing and swallowing. These changes in eating behaviours can all contribute to an individual's poor nutritional intake which may lead to further difficulties such as higher risk of falls, pressure ulcers and infection, in some cases leading to hospitalisation.

There are therefore some practical strategies caterers can implement at mealtimes to help stimulate and motivate people to eat to help reduce the risk of weight loss for people with dementia.

Mealtime strategies for people with dementia

There are lots of ways to stimulate appetite and interest in food and drink:

- Stick to familiar foods, drinks and routines
- Offer snacks throughout the day
- Food tastes may change, so ensure food is well-seasoned and experiment with stronger flavours or sweet foods to encourage food intake
- Use pictorial menus for people who find it difficult to communicate choices
- Provide adapted utensils and equipment to maintain independence
- Provide encouragement and assistance where needed
- Allow time for slow eaters and reheat food if needed
- Serve drinks with meals to make eating easier and aid digestion
- Provide high calorie/high protein foods, especially for individuals that have lost weight or are at the risk of malnutrition

The eating environment

Environment has a big role to play making a person feel relaxed which can impact how much someone will eat.

- Ensure the area is attractive and homely, stimulating the senses as much as possible. For example familiar sounds and smells of the kitchen, and dining settings such as tablecloths and flowers
- The room should be well lit. Contrasting colours give definition between table, plate and food
- Ensure the eating environment is calm and relaxing as a noisy environment can be distracting

- 300g McDougalls Pastry Mix
- 100ml Water
- 1 Egg- for egg wash

Ingredients

- 250g Good quality 70% cocoa solid chocolate
- 50g Caster sugar or stevia or an equivalent (optional)
- 500g 0% Fat Greek yogurt
- 250g Fresh berries
- 100g Half fat Crème Fraiche

Method

- Place the pastry mix in a bowl with water and mix for 1 minute or until the pastry has just come together. Leave to rest for 15 minutes
- 2. Roll out the pastry to fill a 3 x 10 inch size oblong tin. Line with baking parchment and baking beans and bake for 20 minutes until set. Remove the beans and parchment, brush the case with egg wash and bake for a further 5 minutes.
- Break up the chocolate and add to a bowl along with caster sugar or stevia equivalent (if using). Place over a saucepan of gently simmering water.
- Make sure the bowl isn't touching the water. Stir and mix well until the chocolate has melted and the sugar has dissolved. Now remove from the heat and thoroughly mix in the Greek yoghurt.
- 4. Place the filling into the baked pastry case and leave to chill.
- 5. Serve with berries and crème fraiche.



Social media and Care Catering

In the care catering sector there are numerous ways to utilise social media that could benefit you and your organisation, as well as the wider community of the people you cater for and their families.

Knowledge and Networking

Social media is a great place to learn from others in the industry and share best practice. Twitter is an excellent channel for industry networking. As a quick quide, Twitter is a micro-blogging platform where users connect and share their thoughts in under 140 many important industry bodies, magazines and suppliers all making use of Twitter, so it's an ideal way to connect, network and improve your knowledge.

You might like to consider setting up your own personal Twitter account so you can keep up with the industry. For example, the National Association of Care Catering (NACC) has a Twitter account (you can find it by searching @NACCCaterCare). Here you'll not only be able to keep up with the latest industry news and important information, but also key national campaigns to join in with.

In addition to industry bodies, you could follow and interact with important individuals in the care sector. There's also the latest research and ideas to consider. Think about conditions like dysphagia, using social media could provide useful recipes and information on meeting these needs. Try following @ PremierFoods_FS for helpful recipes and advice.

There really is no limit to what you could learn and be inspired by once you start using social media.

Telling your story with social content

Social media is a great way to promote your organisation and it's likely your company will already have its own social media accounts set up. However, there are many ways you could get involved and help your organisation create a positive

Social media and online research are often part of the difficult process that is searching for and choosing a care provider. of each day, food plays a key role in this too. If you're proud of the catering service you provide and the difference it makes to people's lives, social media is a fantastic way to tell your story and showcase what you do.

Why not consider sending some content to your marketing team to use on social media? This could be stories or positive feedback, even videos too. Always think carefully when you take a photo or video, spend a minute considering what everything in the shot says about your organisation, whether that's staff uniforms or food



Facebook

Free social networking website that allows users to create profiles, upload photos, video and send messages to friends, family and colleagues.

TIP: Facebook now has 'Reactions' – these let Facebook users go beyond liking a post by allowing them to choose from six emojis that show different emotions. Reactions help give you a better understanding of how people feel about your content.

Twitter

Micro-blogging site where users can share more than 140 characters long.

TIP: Use popular hashtags relevant to the content of your tweet but don't overdo it – usually you don't want more than

SnapChat

pictures, which will self-destruct after a few seconds of a person viewing them.TIP: Snapchat has become incredibly popular with young people, particularly those under 25 (this demographic makes up 45% of its worldwide users). So if your business targets young





Sustainability

At Premier Foods our business is underpinned by a commitment to sustainability. Sustainability issues are becoming increasingly important for a range of stakeholders within our industry; from wholesalers – sourcing only from suppliers who meet the strict requirements of their own sustainability initiative – to individual caterers who want to cite provenance and traceability on their menus.

The foodservice division of Premier Foods actively supports the work of WRAP, the Waste and Resources Action Programme and has signed the WRAP Hospitality & Foodservice Agreement, pledging to continue to reduce food and associated packaging waste and to increase recycling within foodservice and hospitality. We have already met our 2013 targets to source 100% corrugated cardboard from Forestry Stewardship Council (FSC) certified sustainable forest resources and to introduce systems to ensure compliance with the EU Timber Regulations for all other timber. As one of Britain's largest food producers, we are continuing to adopt sustainable practices and ensure these are high on our agenda.

With this in mind, we are making the following pledges:



To encourage and promote good environmental practice within the UK Hospitality and Foodservice sector



Reduce own brand packaging weight whilst maintaining a level that is fit for purpose



Assist our customers to increase their recycling rates to a maximum practical level



Continue to share best practice approach to integrated waste management (IWM) with our customers



Premier Foods in 2015



cage free eggs



pre-employment training opportunities

sustainable palm oil



We've doubled our intake of apprentices since

are made to be

healthier options

from Premier Foods

British suppliers







of UK homes bought









