

Nutrition and Hydration Policy

Sample policy template. This is a Verivius-authored template anchored to the statutory regulation and current CQC/professional guidance. Tenants must adapt the operational sections to their own organisation, service type, workforce, premises and professional requirements. Where this template and live law or regulator guidance diverge, the live source wins.

Statutory anchor: Regulation 14 (meeting nutritional and hydration needs), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (SI 2014/2936). This policy also engages Regulation 9 (person-centred care), Regulation 10 (dignity and respect), Regulation 11 (need for consent), Regulation 12 (safe care and treatment), Regulation 17 (good governance) and the Mental Capacity Act 2005. **Primary source:**

<https://www.legislation.gov.uk/uksi/2014/2936/regulation/14> **Last reviewed:** 2026-06-10

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Policy owner: Registered Manager. **Applies to:** services where accommodation, overnight stay, recovery care, nutritional support, hydration support, fasting instructions, assisted eating or drinking, dietary support, supplements or nutrition and hydration monitoring form part of the care or treatment arrangements.

1. What the regulation says

The nutritional and hydration needs of service users must be met. (Reg 14(1) (the headline duty))

receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health, (Reg 14(4)(a) (suitable + nutritious food))

receipt by a service user of parenteral nutrition and dietary supplements when prescribed by a health care professional, (Reg 14(4)(b) (parenteral nutrition + dietary supplements))

the meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious or cultural background, (Reg 14(4)(c) (preferences / religious / cultural needs))

if necessary, support for a service user to eat or drink. (Reg 14(4)(d) (support to eat or drink))

Regulation 14 applies where care or treatment involves accommodation, an overnight stay, or where meeting nutrition or hydration needs is part of the care or treatment arrangements. It does not apply where meeting those needs would breach Regulation 11 or would not be in the person's best interests.

The full text of the regulation is at <https://www.legislation.gov.uk/ukxi/2014/2936/regulation/14>. Where this policy and the regulation diverge, the regulation wins.

2. Plain-English summary

When you provide accommodation, host an overnight stay, or otherwise have arrangements that include feeding service users, you have to meet their nutritional and hydration needs. The regulation defines those needs to include suitable and nutritious food, prescribed nutrition where relevant, accommodation of religious or cultural requirements, and if necessary support to eat or drink.

This policy also engages Regulation 9 (person-centred care), which lists nine specific things you have to do to deliver person-centred care, including assessment with the service user, designing care to meet their preferences, involving them and the people supporting them in decisions, and considering well-being when meeting nutritional and hydration needs. It engages Regulation 12 (safe care and treatment), which lists the areas a provider must address, including risk assessment, risk mitigation, staff competence and safe care, so that poor intake, dehydration, swallowing risk and fasting risk are managed safely.

3. Purpose

The purpose of this policy is to make sure that [Service Name] assesses and meets people's nutrition and hydration needs where this is part of the service's care or treatment arrangements.

This policy is not intended to impose a care-home-style food-service system on a consultation-only service. It applies where nutrition or hydration is part of safe care, treatment, accommodation, recovery, personal care, fasting, dietary support, supplements, parenteral nutrition or ongoing monitoring.

4. Policy warning

The service must not ignore nutrition or hydration risk where it forms part of the person's care or treatment.

Failure to assess, monitor or respond to poor intake, dehydration, weight loss, swallowing risk, fasting risk, dietary restrictions or prescribed supplements can create avoidable harm.

Where a person refuses nutrition or hydration, staff must respect valid consent and follow the Mental Capacity Act 2005 where the person may lack capacity for the decision.

5. Scope

This policy applies where the service:

- provides accommodation
- provides an overnight stay
- provides food or drink as part of care or treatment
- supports a person to eat or drink
- monitors food or fluid intake
- supports people with dietary requirements
- manages fasting instructions
- supports recovery after procedure, sedation or treatment
- administers or supports prescribed supplements
- supports parenteral nutrition
- supports people at risk of malnutrition or dehydration
- provides adult social care, care home, domiciliary care, hospital, hospice, independent healthcare, surgery or recovery services where nutrition or hydration is relevant

It does not apply to a purely consultation-only service except where nutrition, hydration, fasting, clinical risk or recovery arrangements form part of the care.

6. Principles

The service will:

- assess nutrition and hydration needs where relevant
- identify risks early
- support choice, dignity and independence
- consider cultural, religious, ethical and personal preferences
- provide suitable food and drink where the service is responsible for doing so
- support people to eat and drink where needed
- provide prescribed supplements or parenteral nutrition only through competent staff and safe systems
- monitor intake where risk requires it
- act without delay where concerns arise
- record decisions and actions clearly

7. Responsibilities

The provider is responsible for ensuring suitable resources, food, drinks, equipment, staffing and governance arrangements where nutrition or hydration is part of the service.

The Registered Manager is responsible for ensuring assessment, monitoring, escalation and audit systems are in place.

Clinical leads or senior staff are responsible for reviewing high-risk cases, prescribed supplements, swallowing concerns, fasting instructions, deterioration or refusal.

All staff are responsible for following the person's nutrition and hydration plan, reporting concerns and recording accurately.

8. Nutrition and hydration assessment

Where this policy applies, the service must assess nutrition and hydration needs during initial assessment and ongoing review.

Assessment should consider:

- usual diet and fluid intake
- preferences
- allergies and intolerances
- cultural, religious, ethical or personal dietary requirements
- swallowing difficulty
- choking risk
- weight loss or gain
- malnutrition risk
- dehydration risk
- diabetes or other clinical conditions
- medication contraindications or food interactions
- ability to eat and drink independently
- equipment or adapted utensils
- support required
- fasting requirements before procedures
- prescribed supplements
- parenteral nutrition where relevant
- end-of-life wishes where relevant

The assessment must be completed by people with suitable skills and knowledge for the service type.

9. Care plan

Where a nutrition or hydration need is identified, the service must record a plan.

The plan should include:

- assessed need
- food and drink preferences
- allergies and intolerances
- support required
- texture-modified diet or thickened fluids where prescribed or advised
- equipment required
- monitoring required
- escalation threshold
- prescribed supplements
- fasting instructions
- review date
- professional advice received
- consent or capacity considerations

Staff must follow the most recent plan.

10. Food and drink provision

Where the service provides food or drink, it must be suitable, nutritious and sufficient for the person's needs.

Arrangements must consider:

- choice
- quality
- quantity
- temperature
- timing
- snacks or smaller frequent meals
- access to water and drinks
- assistance needed

- dignity at mealtimes
- dietary requirements
- cultural and religious needs
- safe storage and preparation
- infection prevention and food hygiene
- alternatives where the person is asleep, absent, unwell or attending treatment

Water must be available and accessible where the service is responsible for care arrangements.

11. Support to eat and drink

Where a person needs support to eat or drink, staff must provide support safely and respectfully.

Support may include:

- prompting
- encouragement
- positioning
- assistance with cutlery
- adapted equipment
- cutting food
- monitoring swallowing concerns
- ensuring food is within reach
- allowing enough time
- recording intake
- respecting refusal

Staff must not rush, force, pressure or shame a person into eating or drinking.

12. Monitoring intake

The service must monitor food or fluid intake where the assessment shows risk.

Monitoring may be required where there is:

- poor intake
- dehydration risk
- weight loss

- malnutrition risk
- swallowing risk
- vomiting or diarrhoea
- infection or acute illness
- dementia or delirium
- sedation or post-procedure recovery
- fasting before procedure
- end-of-life care
- prescribed supplements
- professional instruction

Records must show what was offered, what was taken, concerns, action taken and escalation.

13. Weight, malnutrition and dehydration risk

Where relevant, the service must monitor weight and nutritional risk in line with the person's needs and professional advice.

Concerns requiring escalation may include:

- significant weight loss
- rapid weight gain where clinically relevant
- poor intake
- reduced urine output
- dry mouth or signs of dehydration
- dizziness, confusion or deterioration
- repeated refusal of food or drink
- swallowing difficulty
- choking episode
- inability to access drinks
- concerns raised by family or staff

Escalation may include GP, dietitian, speech and language therapist, pharmacist, nurse, urgent care or emergency services depending on risk.

14. Prescribed supplements and parenteral nutrition

Prescribed nutritional supplements and parenteral nutrition must be managed through safe systems.

The plan must record:

- prescriber or specialist advice
- product name
- dose or amount
- timing
- storage
- route
- staff competence required
- monitoring
- escalation
- review date

Parenteral nutrition or clinically complex nutritional support must only be managed by appropriately trained, competent and authorised staff.

15. Fasting before procedures

Where fasting is required before procedure, sedation, anaesthesia, imaging or treatment, the service must provide clear instructions.

The record must show:

- fasting instruction given
- reason
- timing
- clear fluids position where relevant
- medicines advice where relevant
- diabetes or high-risk considerations
- what to do if instructions were not followed
- who to contact with questions
- post-procedure eating and drinking advice

If fasting creates safety risk, the person must be reviewed by an appropriate clinician.

16. Refusal of food or drink

A person with capacity may refuse food or drink.

Staff must:

- respect the refusal
- check whether the person understands the possible consequences
- offer alternatives where appropriate
- record the refusal
- escalate where refusal creates risk
- consider capacity assessment where there is reason to doubt capacity
- consider best-interests process where the person lacks capacity
- consider safeguarding where neglect, coercion or abuse may be involved

Staff must not hide, force or disguise food or drink unless there is a lawful and recorded best-interests process and professional advice supports the approach.

17. Cultural, religious and ethical requirements

The service must identify and meet reasonable food and hydration requirements arising from cultural, religious, ethical or personal preferences.

Where a preference creates a clinical risk or cannot reasonably be met, staff must explain the issue, consider alternatives and record the discussion.

18. End-of-life care

Nutrition and hydration at end of life must be managed sensitively and in line with the person's wishes, consent, capacity and clinical advice.

The service must consider:

- comfort
- mouth care
- wishes and beliefs
- family communication
- clinical advice
- swallowing risk
- burdens and benefits of intervention
- advance decisions
- best-interests decisions where required

The End-of-Life Care Policy must be followed where applicable.

19. Records

Records must include:

- assessment
- care plan
- preferences and dietary requirements
- allergies and intolerances
- support needed
- monitoring records where required
- supplements or specialist advice
- refusal and escalation
- capacity or best-interests decisions
- review date
- action taken when concerns arise

Records must be accurate, timely and available to staff who need them.

20. Staff training

Staff must receive training appropriate to their role.

Training may include:

- nutrition and hydration risk
- food hygiene
- allergies and intolerances
- cultural and religious needs
- supporting people to eat and drink
- dysphagia awareness where relevant
- choking response where relevant
- fluid balance or intake monitoring
- fasting instructions
- supplements
- escalation routes
- Mental Capacity Act and refusal

Training must be recorded.

21. Audit and governance

The Registered Manager must audit nutrition and hydration arrangements at least annually, and more often where risk is high.

The audit should check:

- assessments
- care plans
- monitoring records
- weight or risk reviews
- supplements
- fasting instructions
- refusal records
- escalation
- staff training
- incident themes
- complaints or feedback
- action completion

Findings must be added to the action plan or risk register where required.

22. Review

This policy will be reviewed annually, or sooner following a CQC finding, nutrition or hydration incident, choking incident, safeguarding concern, complaint theme, change in service model, food-service change or legal or source update.

23. Sources and further reading

This template is based on CQC's guidance for providers and managers, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and other topic-specific legislation and guidance listed below. It is a starting point for adaptation, not a substitute for legal, clinical, HR, safeguarding or specialist professional advice.

- CQC Regulation 14: Meeting nutritional and hydration needs
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (<https://www.legislation.gov.uk/uksi/2014/2936/regulation/14>)
- CQC Regulation 9: Person-centred care
- CQC Regulation 10: Dignity and respect
- CQC Regulation 11: Need for consent
- CQC Regulation 12: Safe care and treatment

- CQC Regulation 17: Good governance
- NICE CG32: Nutrition support for adults
- NICE QS24: Nutrition support in adults
- Mental Capacity Act 2005 (<https://www.legislation.gov.uk/ukpga/2005/9>)
- Food safety and hygiene guidance where the provider prepares or serves food
- Speech and language therapy and dietetic guidance where swallowing or specialist nutrition is involved
- Local clinical pathways

24. When to seek further advice

Seek specialist advice where the issue involves serious harm, safeguarding, deprivation of liberty, restraint, children, professional misconduct, controlled drugs, radiation, termination of pregnancy, infection outbreak, water safety, employment dismissal, DBS barring referral, or regulatory enforcement.

Seek specialist advice in particular where the issue involves choking risk, dysphagia, malnutrition, dehydration, significant weight loss, refusal of nutrition or hydration, fasting risk, diabetes, eating disorder, end-of-life care, parenteral nutrition, prescribed supplements, capacity dispute or serious deterioration.

25. Document control

Version	Date	Author	Changes
v1	2026-06-10	Verivius (sample)	Conformed new cross-cutting draft to the Verivius policy standard.

This sample policy template was issued by Verivius. It is a template, not a substitute for legal advice or the tenant's own policy-development process. Where this template and live law or regulator guidance diverge, the live source wins.

An example for guidance, not a ready-to-use policy. This sample is deliberately generic and is not a finished policy. Before any service uses it, rewrite it around your own service, procedures, roles and local arrangements, and remove or replace anything you cannot actually provide (for example a reference to specific training you cannot access). It is guidance, not legal advice, and you are responsible for ensuring any policy you adopt is current.