

Activity 2 – Taking nutrition

Notes:

This activity considers a person's ability to be nourished, either by cutting food into pieces, conveying it to the mouth and chewing and swallowing; or through the use of therapeutic sources.

The defined term 'taking nutrition' refers solely to the act of eating and drinking and so the quality of what is being consumed is irrelevant for the purposes of daily living activity 2. Therefore, if for any reason a claimant elects to have a bad or restricted diet, makes dietary choices or chooses to avoid certain foods as part of dietary requirements, they are nevertheless 'taking nutrition' to an acceptable standard and therefore will not score under activity 2.

Cases where what is being consumed is so beyond any reasonable or rational view of what constitutes food or drink that it does not amount to 'taking nutrition' are possible but will be very rare. However, if a claimant needs prompting to eat because they have a physical or mental condition that affects their ability to make active choices about the food they consume (for example claimants with a learning disability or an eating disorder who because of that disorder need prompting to undertake the physical act of eating), they will qualify under descriptor d.

The frequency of taking nutrition should only be considered if the claimant has an underlying condition which affects their ability to remember to eat, or their motivation to eat e.g. dementia or severe clinical depression or an eating disorder

A therapeutic source means parenteral or enteral tube feeding using a device, such as a delivery system or feed pump.

If an individual cannot reliably complete an activity in the way described in a descriptor then they should be considered unable to complete it at that level and an alternative descriptor selected.

A	Can take nutrition unaided.	
Within the assessment criteria, the ability to perform an activity 'unaided' means without either the use of aids or appliances; or help from another person.		0
B	Needs – i. to use an aid or appliance to be able to take nutrition; or ii. supervision to be able to take nutrition; or	2

	iii. assistance to be able to cut up food.	
	<p>Applies to claimants who need to use specially adapted cutlery; claimants who are at significant risk of choking when taking nutrition; claimants who regularly spill food due to tremors or other factors and claimants who have difficulty cutting up food which is ready to be eaten (not raw ingredients as these are considered in activity 1).</p> <p><u>If someone needs an aid to peel and chop food (activity 1) you cannot automatically assume that they will need to use an aid or appliance to take nutrition. Somebody who has problems with manual dexterity or grip strength to the extent that they have problems chopping and peeling raw vegetables may have difficulties cutting cooked food into pieces, but this is not inevitable as it may be easier to cut cooked food than raw vegetables.</u></p>	
C	Needs a therapeutic source to be able to take nutrition.	2
	For example: may apply to claimants who require enteral or parenteral feeding but can carry it out unaided.	
D	Needs prompting to be able to take nutrition.	4
	<p>'Prompting' means reminding, encouraging or explaining by another person.</p> <p>Applies to claimants who need to be reminded to eat (for example, due to a cognitive impairment or severe depression), or who need prompting about portion size. Prompting regarding portion size should be directly linked to a diagnosed condition such as Prader Willi Syndrome or Anorexia. In cases where obesity is a factor and where there is no impaired cognition which would suggest a lack of choice or control then this descriptor would not apply.</p>	
E	Needs assistance to be able to manage a therapeutic source to take nutrition.	6
	For example: may apply to claimants who require enteral or parenteral	

feeding and require support to manage the equipment.		
F	Cannot convey food and drink to their mouth and needs another person to do so.	10