Introduction

“As a care home it is very important to weigh our residents to keep a check on their weight. As some residents may have a poor appetite which will cause them to lose weight, by weighing them regularly this evidences means that we aware of the matter and what action to take,” said Gemma Storey, Deputy Manager of Chapel View Care Home, Barnsley, South Yorkshire.

In fact, weighing is a fundamental part of care home care. The weight of a resident can be the first, and sometimes, the only indication of poor health. It is so critical, in fact, that the weight of the resident is one of the first things the resident will be asked for following their admission.

Malnutrition affects around a third of care home residents, and a low or decreasing body weight can be one of the most clear symptoms. Many care home residents also work one-to-one with dieticians, with a resident’s weight playing a key role in the advice provided. As a result, you can see the importance of getting accurate weights for your residents.

This white paper aims to provide a complete guide for care home weighing. We’ll cover why residents are weighed, what weight readings mean, and when and how residents are weighed.
Why does weighing in a care home take place?

Malnutrition affects 10% of people aged 65 and older. In care homes this figure is between 30% and 42% of residents. This is a serious condition when the body does not receive or carry enough nutrients. Consequences of malnutrition include hypothermia, depression, cancers and even death.

Care home weighing is vital in part because of the clear link between weight and malnutrition. The NHS lists ‘low body weight’ and ‘unintentional weight gain’ as the two most obvious symptoms of malnutrition.


The NICE guidelines state all new care home residents “should be weighed on admission”. Further, their diet and dietary requirements should be assessed.

Bedford Hospital’s care home guidelines add: “During a patient’s stay in a care home, nutritional screening should be carried out periodical-ly, and a record maintained of nutrition, weight gain or loss, and any appropriate action that has been taken. All homes should have access to weighing scales which are maintained and accurate, and homes that provide nursing care are expected to have sit-on scales.”

According to the National Screening Surveys in Care Homes in the UK, mean BMI is four times lower in care homes than the general population. 30% of care home residents are underweight (BMI less than 20), whereas it is just 4% in the general population.

Read the NHS advice on malnutrition: [https://www.nhs.uk/conditions/malnutrition/](https://www.nhs.uk/conditions/malnutrition/)

### Symptoms of malnutrition

- Unintentional weight loss (5-10% weight loss in a 3-6 month period)
- Low body weight (BMI below 18.5)
- Lack of interest in eating and drinking
- Excessive tiredness
- Feeling weaker
- Getting ill often
- Long recovery time from illness

Source: NHS
Using weight to monitor residents’ health

An accurate weight and BMI reading is crucial in assessment of malnutrition as it determines who receives nutrition support.

According to NICE (2006), nutrition support should be provided to care home residents with any of the following:

- BMI of less than 18.5
- Unintentional weight loss greater than 10% over a 3-6 month period
- BMI of less than 20 and unintentional weight loss greater than 5% in a 3-6 month period

Support should also be provided to people at risk of the following who:

- Have eaten little or nothing over a five day period
- Are at risk of eating little or nothing over the next five days
- Have a poor absorptive capacity and/or high nutrient losses

NICE (2006) continues, “Weight is used to assess ongoing nutritional status, determine whether nutritional goals are being achieved.”

“Malnutrition is not overly common in our residence, but it does happen. It is important to keep an eye on people who are most at risk.”

Oksana Rastegajeva, Abbey View Residence, Sligo, Ireland
When should care home residents be weighed?

According to NICE (2006), “People in care homes should be screened on admission and when there is clinical concern.”

According to the Nutrition Screening Surveys in Care Homes in the UK, up to 99% of care homes have policies on recording of weight on admission.


NICE (2006) also adds: “Weight should be taken daily if there are concerns regard fluid balance - otherwise weekly to monthly is fine. BMI should be taken at the start of feeding then monthly.”

According to the Guideline for Weighing Procedures in Nursing Homes, a care home resident’s body weight should be taken at the very least on a monthly basis.


“\nIt’s important to weigh residents on admission so you have something to compare their readings to later on and see if their health has improved or worsened.

Oksana Rastegajeva, Abbey View Residence, Sligo, Ireland

“It all depends on the resident to when we weigh them. Normally we weigh our residents every month, but if a resident is losing weight and under the dietitian then we would weigh that resident weekly.

Gemma Storey, Chapel View Care Home, Barnsley

It’s important to weigh residents on admission so you have something to compare their readings to later on and see if their health has improved or worsened.

Oksana Rastegajeva, Abbey View Residence, Sligo, Ireland

“\nIt all depends on the resident to when we weigh them. Normally we weigh our residents every month, but if a resident is losing weight and under the dietitian then we would weigh that resident weekly.

Gemma Storey, Chapel View Care Home, Barnsley
BMI Chart

Under Weight < 18
Healthy Weight 19 - 25
Over Weight 26 - 30
Obese 31 - 35
Very Obese > 35

Weight in stones

Height in feet

Weight in kilograms

Height in centimetres

MARSDEN BMI Chart
How should a care home resident be weighed?

According to the Nutrition Screening Surveys in Care Homes in the UK, just 55% of care homes are aware of standards on weighing scales.

The Guidelines for Weighing Procedures in Nursing Homes states, “Residents should be routinely weighed on the same type of scale,” such as always weighing on a bed scale, rather than alternating between bed, hoist and chair.

The scale should be tested to ensure it is in calibration. If the scale sits with nothing on it, the indicator display should show a Zero reading - if not, the scale should be retested for accuracy.

The standardised weighing protocol recommends should be weighed in bed clothes. The greater the number of additional items, the greater the chance of error. The Tare function should be used on the scale to remove the weight of clothing.

The staff member present must be trained in using the scale. For auditing purposes, it is recommended that a supervisory-level person should observe the staff member while the resident's weight is being taken to ensure procedures are being followed.

To avoid human error, calculate weight changes via computer.
Conclusion

To conclude, residents should be weighed on admission to the care home and accurate scales should be used following standard weighing procedures. It is recommended the scales which are used are Class III Approved.

From then on, residents should be regularly weighed, with the frequency depending on their needs. Every resident should be weighed at least on a monthly basis. In some cases it is more suitable to weigh residents daily or weekly.

One of the major causes of illness in care homes is malnutrition, affecting one third of care home residents. Major symptoms of malnutrition include a low weight reading and weight loss.

Weight may also be reviewed by a dietician who works inside or closely with the care home, they will need an accurate weight reading in order to advise accordingly.

Residents may be weighed on bed scales, hoist scales, wheelchair scales, chair scales or floor scales - the choice of which depends on their needs.

For more information on choosing the right care home scale for your residents needs, call Marsden on 01709 364296 or email sales@marsdengroup.co.uk.
## Marsden scales for care homes

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marsden M-200:</strong></td>
<td>This high capacity chair scale is for residents who need to be seated when weighed. The spacious seat and large 300kg capacity is suitable for almost every patient.</td>
</tr>
<tr>
<td><strong>Marsden M-225:</strong></td>
<td>This is Marsden's entry level chair scale. It is highly portable, lightweight and has graduations to the nearest 100g.</td>
</tr>
<tr>
<td><strong>Marsden M-650:</strong></td>
<td>This is a wheelchair scale which features a spacious platform - suitable for almost any size of wheelchair. Options with one or two handrails are available.</td>
</tr>
<tr>
<td><strong>Marsden M-600:</strong></td>
<td>This hoist weighing scale is MDD Approved and be clipped on to the hoist with ease. It features BMI and is available with Bluetooth or Wifi connectivity. A larger version - the M-605 - is also available.</td>
</tr>
<tr>
<td><strong>Marsden M-610:</strong></td>
<td>These wheelchair weigh beams are lightweight and portable so can be taken with ease to the resident in a durable carry case. The scale can be connected to a PC or printer to store weight readings.</td>
</tr>
<tr>
<td><strong>Marsden M-950:</strong></td>
<td>For weighing bedridden patients, the M-950 consists of four lightweight pads which sit under each castor of the bed. Preset Tare can be used so the weight of the bed is deducted from the reading.</td>
</tr>
</tbody>
</table>