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Enhancing Meals & Mealtimes
For People with Dementia in Long-Term Hospital Care
The research project aimed to collaboratively develop small-scale interventions that will improve meals and mealtime experiences for people with dementia, their relatives, and ward staff in two NHS Continuing Care facilities.

- Example interventions involved:
  - Changes to when and what type of food is available
  - Mealtime environment (e.g. table layout)
  - Opportunities to share and interact during mealtimes

All changes decided by the stakeholders
Why Research Meals & Mealtimes in Dementia Care?

❖ Meals and mealtimes in dementia care are a commonly emphasised within policy documents and care guidelines
  (Alzheimer’s Society, 2013, Care Quality Commission, 2011; Department of Health, 2012)

❖ Meals & mealtimes are an important part of people’s lives:
  (Larson et al, 2006)

❖ But especially for people with dementia (Berg, 2006)
  ❖ Structure of the day
  ❖ Meaningful activity
  ❖ Sensory enjoyment
  ❖ Social opportunities
  ❖ Nutrition & hydration
PARTICIPANTS
25 patients, 13 relatives/friends and 64 staff (N=102)

SETTING
2 NHS Continuing Care Units (part of the same NHS trust)

PROCEDURE
Stage 1: Pre-Intervention
Stage 2: Intervention
Stage 3: Post-Intervention
Divided across 9-12 months

MEASURES
❖ Focused Ethnographic Observations of the setting
❖ Structured Mealtime Observations (Service Users only)
❖ Semi-Structured Interviews (where possible including people with dementia)
❖ Recording Weight/BMI (SUs only)
❖ Measuring Quality of Life, Mood and Engagement (SUs only; including one staff initiated assessment)
❖ Staff initiated assessments of nutrition (MNA-SF) and feeding (EdFED)

DESIGN
Action Research with participatory elements (stakeholders co-creating and implementing changes)
Measures

Physical Aspects of Mealtimes

Nutrition & Hydration;
Eating Ability & Assistance

Psychological Aspects of Mealtimes

Physiological Aspects of Mealtimes

Food & Mealtime Environment

Engagement
Activity
Emotion
Communication
Quality of Life
**MEASURES**

- **Structured Mealtime Observations (SU only)**
- **Semi-Structured Interviews**
- **Focussed Ethnographic Observations**
- **Semi-Structured Interviews**

- **Physiological Aspects of Mealtimes**
  - Nutrition & Hydration;
  - Eating Ability & Assistance
  - Recording Weight/BMI (SU only)
  - Structured Mealtime Observations (SU only)
  - Staff initiated assessments of nutrition (MNA-SF) and feeding (EdFED)
  - Quality of Life Assessment

- **Physical Aspects of Mealtimes**
  - Food & Mealtime Environment

- **Psycho-Social Aspects of Mealtimes**
  - Engagement Activity
  - Emotion
  - Communication
  - Quality of Life
  - ‘Engagement, Activity and Emotion’ Assessment
Principal Finding #1

Maintaining weight and weight gain is possible for most patients with dementia
SITE 1 - BMI CHANGES
Principal Finding #2

Despite the same purpose of both wards, geographical proximity, and similar governance structures, mealtimes and mealtime experiences on the two wards were considerably different... as were the needed improvements.

Staff, patients and relatives knew what changes were a priority and best able to ensure personalised care, but lacked funds and autonomy.
75% of participating patients were undernourished or at risk of malnutrition

Patient weight was not accurately monitored

The quantity and presentation of food provided by catering was often substandard

Mealtimes were run in a regimented manner and were often identified as the worst part of the day

Relatives were discouraged from visiting during mealtimes

50% of participating patients were undernourished or at risk of malnutrition

Patient weight was monitored more frequently than policy requires

The quantity and presentation of food provided by catering was good

Mealtimes were usually relaxed and flexible, staff regarded mean times as overwhelmingly positive

Relatives were strongly encouraged to participate in mealtimes

The quality and types of food provided by catering was often substandard and only available at certain times

Patient choice regarding food was minimal both before and during eating (better on Site 2)

The environment was not altered prior to the meal to provide cues and encourage eating

Patients were not encouraged to socialise with one another during mealtimes

On the majority of cases, patient mood at mealtimes was neutral
## Interventions

### Site 1

<table>
<thead>
<tr>
<th>Problem</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhelpful meal serving routine</td>
<td>Routine amended</td>
</tr>
<tr>
<td>Lack of food outside mealtimes</td>
<td>Extra snacks purchased</td>
</tr>
<tr>
<td>Few opportunities to socialise</td>
<td>Furniture allowing communal dining</td>
</tr>
<tr>
<td>Few cues at mealtimes</td>
<td>Changing table set-up</td>
</tr>
<tr>
<td>Staff unsure about patient weight-change over time</td>
<td>Clearer and more frequent monitoring</td>
</tr>
</tbody>
</table>

### Site 2

<table>
<thead>
<tr>
<th>Problem</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stressful mealtimes</td>
<td>Dividing up the meal</td>
</tr>
<tr>
<td>Not enough staff at mealtimes</td>
<td>Rota changes</td>
</tr>
<tr>
<td>A couple of patients not managing portions size</td>
<td>Food provided in small portions throughout the day</td>
</tr>
<tr>
<td>High proportion of people who need physical promoting, but not full assistance</td>
<td>Hanging mealtime set-up from individual to communal</td>
</tr>
<tr>
<td>Some disagreement between staff and relatives about mealtimes approaches</td>
<td>Some disagreement between staff and relatives about mealtimes approaches</td>
</tr>
</tbody>
</table>
**Principal Finding #3**

<table>
<thead>
<tr>
<th>Site 1</th>
<th>Site 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agreed</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td><strong>Implemented</strong></td>
<td><strong>55%</strong></td>
</tr>
<tr>
<td><strong>Retained</strong></td>
<td><strong>25%</strong></td>
</tr>
</tbody>
</table>

Social Dynamics and Environmental Factors on the wards impacted on how successfully the changes were implemented and if they were retained.
Factors Influencing Mealtime Change

- Adherence to organisational structures and power hierarchies
- Knowledge and attitudes related to dementia care
- Infrahumanisation
- Relationships and identity negotiation

- Ward size and architecture
- Shift patterns & composition
- Ward routines
- Identity negotiation
- Policies & regulations
Principal Finding #4

Relatives were observed to be a particularly positive influence on mealtimes:

❖ relieving staff pressures
❖ using knowledge of the patient and their relationship to help patients eat more, socialise more and experience a better mood
❖ helping to personalise mealtime care

However, one of the wards did not allow relatives to be present at mealtimes (unless in patient's own room). Misinterpretation of 'Protected Mealtimes' policy was common.
**Principal Finding #5**

**Mealtime Foci**

- **Social Needs**
  - Focussed primarily on the social side of mealtimes (eating together, sharing food and conversation). Sensory needs also acknowledged, but seen as less important. Physiological needs not mentioned.

- **Sensory Needs**
  - Focussed primarily on sensory needs (tasty food, and pleasant eating environment with appropriate cues) but acknowledge physiological needs, too.

- **Physiological Needs**
  - Focussed almost exclusively on nutrition & hydration (the clinical needs around mealtimes).

**Patients/Residents**

**Relatives**

**Staff**
Principal Finding #6

Meal times had a unique potential to meet physiological, psychological, and social needs for people with dementia. This was particularly visible during celebrations. But more frequent food-related celebrations were difficult to achieve due to:

❖ available funds
❖ staff levels
❖ beliefs about dementia

Celebrating Food
Weekly Schedule

Treat Tuesdays
a small buffet and drinks

Cake Wednesdays
tea and cakes or other sweet treats

Fruit Thursdays
soft fruit & yogurt ~ fruit smoothies

Also... pancakes or waffles for Sunday Breakfast
Sausages and eggs for breakfast – available daily

Families & friends welcome to join!
Mealtime Tensions

Concluding Thoughts

Increasing Heterogeneity of Mealtime Needs

Increasing Homogeneity of Mealtime Routines in Institutional Settings
Research within the NHS & with people living with dementia is likely to be:

❖ Time-consuming
❖ Resource-consuming
❖ and at times challenging

But it is also:

**HIGHLY REWARDING**

&

**MUCH NEEDED!**


BERG, G. (2006). The Importance of Food and Mealtimes in Dementia Care: The Table is Set. Gateshead: Athenaeum Press.


References
RESEARCH DETAILS

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The study has been approved by the Social Care Research Ethics Committee.
REC reference: 13/IEC08/0018

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