Enhancing Meals & Mealtimes

For People with Dementia in Long-Term Hospital Care

Research Summary

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

Food & Mealtime Environment

Nutrition & Hydration;

Eating Ability & Assistance

Physiological Aspects of Mealtimes

Psycho-Social Aspects of Mealtimes

Engagement
Activity
Emotion
Communication
Quality of Life

Measures

Focussed Ethnographic Observations

Structured Mealtime Observations (SU only)

Semi-Structured Interviews

Recording Weight/ BMI (SU only)

Semi-Structured Interviews

Structured Mealtime Observations (SU only)

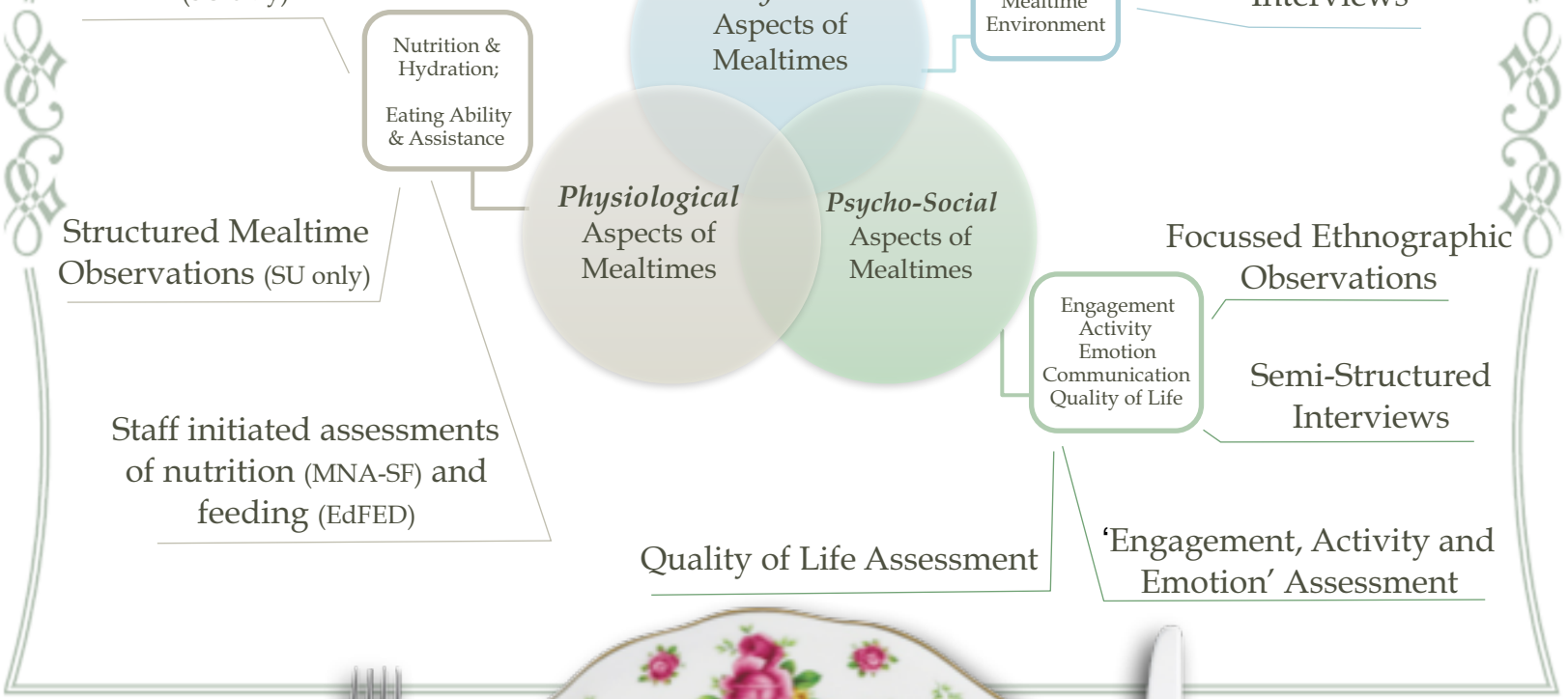
Focussed Ethnographic Observations

Semi-Structured Interviews

Staff initiated assessments of nutrition (MNA-SF) and feeding (EdFED)

Quality of Life Assessment

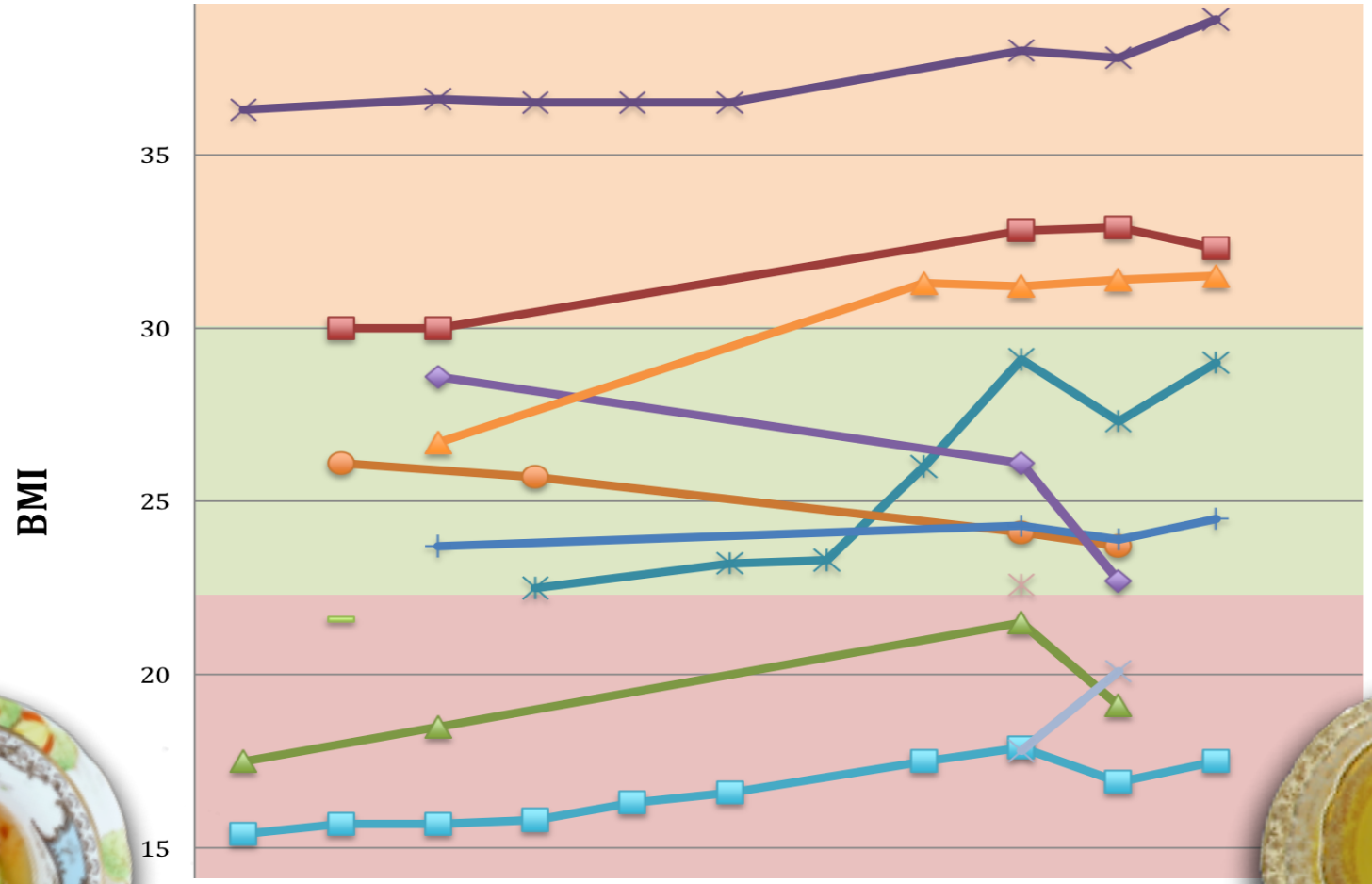
'Engagement, Activity and Emotion' Assessment



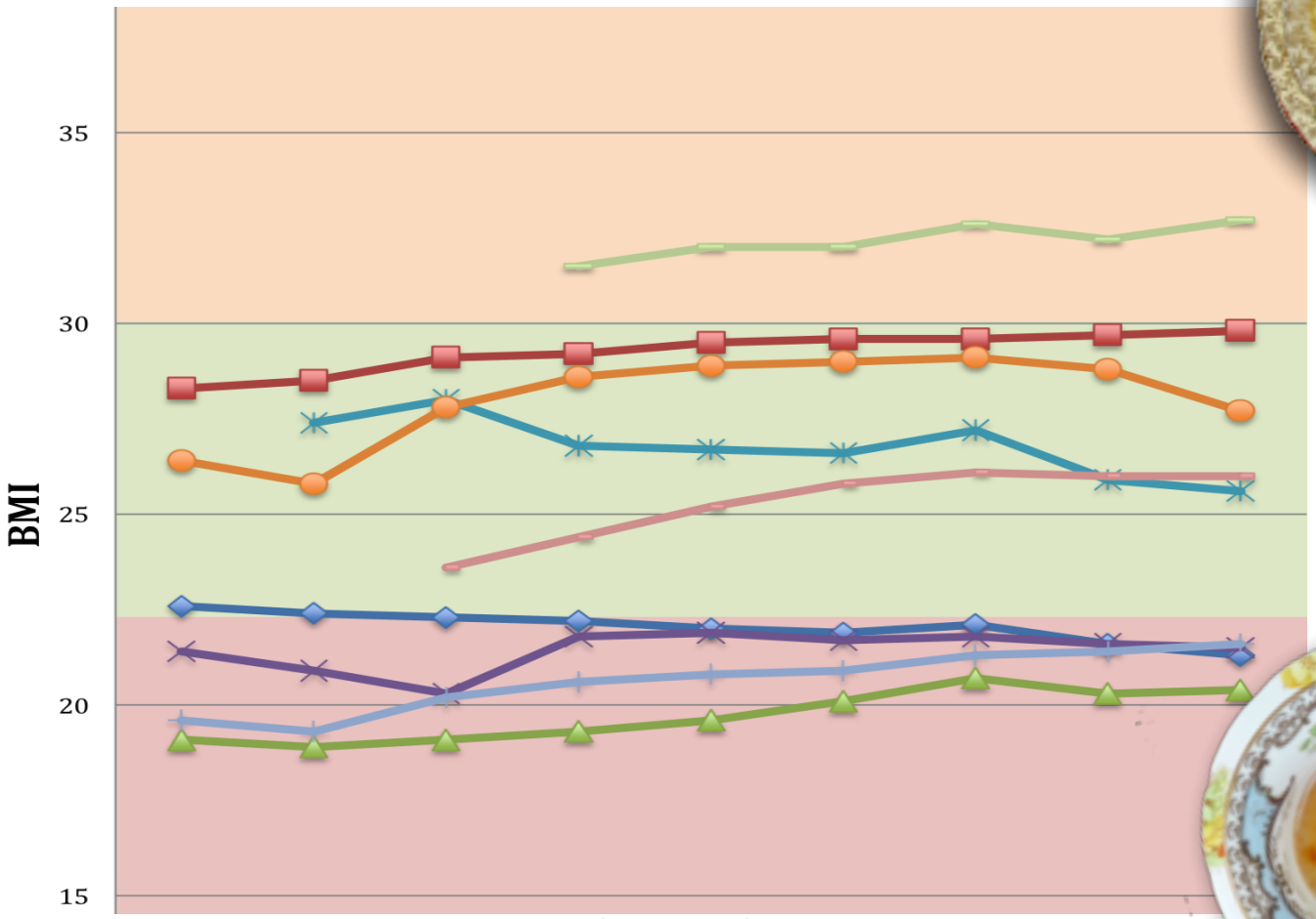
Principal Finding #1

Maintaining weight and weight gain is possible for most patients with dementia

Site 1 – BMI Changes



Site 2 – 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

Site 1

- 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

Site 2

- 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

Both Sites

- 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	
Problem	***Intervention***
Unhelpful meal serving routine	Routine amended
Lack of food outside meantimes	Extra snacks purchased
Few opportunities to socialise	Furniture allowing communal dining
Few cues at mealtimes	Changing table set-up
Staff unsure about patient weight-change	Clearer and more frequent monitoring

Site 2	
Problem	***Intervention***
Stressful teatimes	Dividing up the meal
Not enough staff at teatimes	Rota changes
A couple of patients not managing portions size	Food provided in small portions throughout the day
High proportion of people who need physical promoting, but not full assistance	Hanging mealtime set-up from individual to communal
Some disagreement between staff and relatives about mealtime approaches	Some disagreement between staff and relatives about mealtime approaches

Principal Finding #3

SITE 1

100%

Agreed

55%

Implemented

25%

Retained

SITE 2

100%

Agreed

89%

Implemented

61%

Retained

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*

Social Dynamics

Structural & Environmental Factors

- *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

Patients / Residents
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

Relatives
Focussed primarily on sensory needs (tasty food, and pleasant eating environment with appropriate cues) but acknowledge physiological needs, too

Staff
Focussed almost exclusively on nutrition & hydration (the clinical needs around mealtimes)

Mealtime Foci

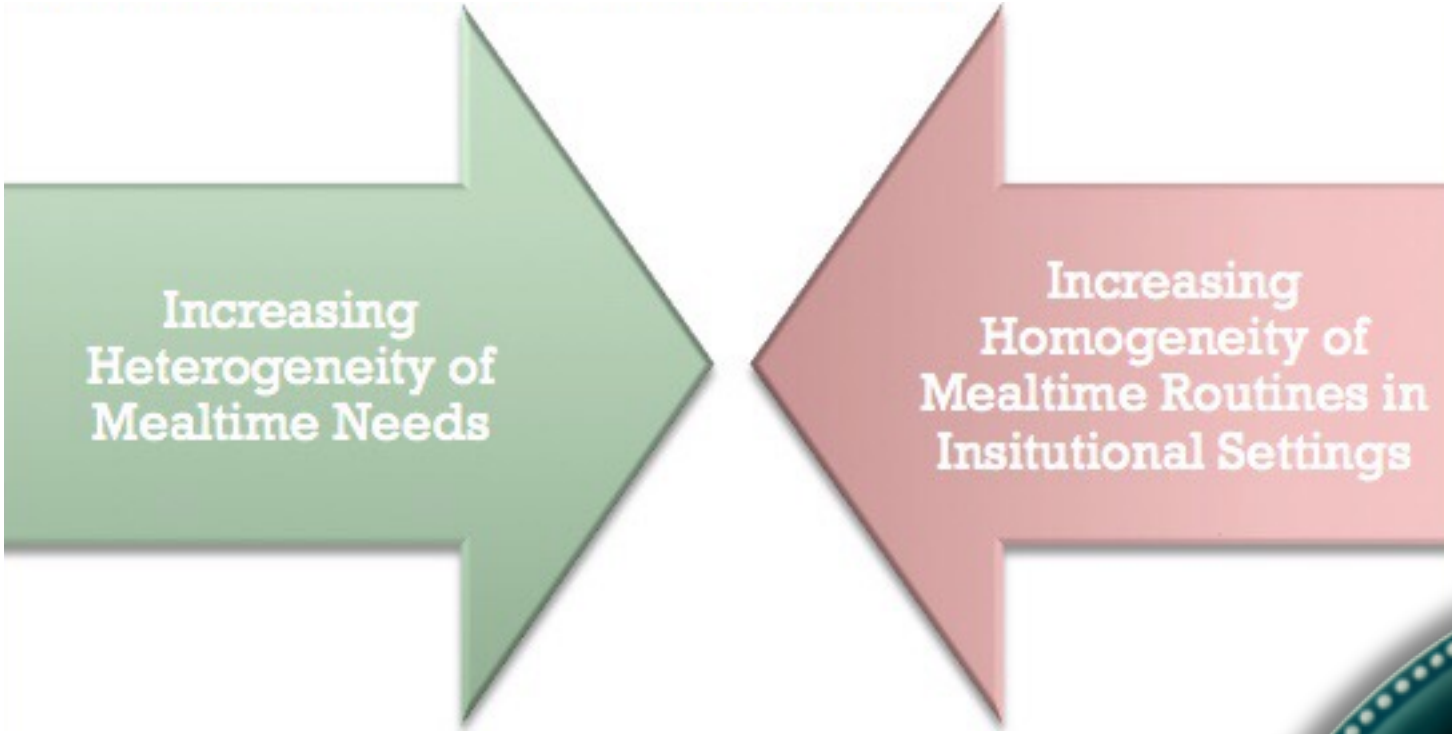
Principal Finding #6

Mealtimes 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

Concluding Thoughts



Mealtime Tensions

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!

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

This research project is hosted by KMPT and University of Kent, and sponsored by Kent Health

Kent and Medway NHS
NHS and Social Care Partnership Trust

University of Kent | School of Social Policy, Sociology and Social Research

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