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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

Recording Weight/
BMI (SU only)

Semi-Structured
Interviews

Structured Mealtime
Observations (SU only)

Focussed
Ethnographic
Observations

Nutrition &
Hydration;
Eating Ability
& Assistance

Physical
Aspects of
Mealtimes

Food &
Mealtime
Environment

Semi-Structured
Interviews

Structured Mealtime
Observations (SU only)

Physiological
Aspects of
Mealtimes

Psycho-Social
Aspects of
Mealtimes

Focussed Ethnographic
Observations

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

Engagement
Activity
Emotion
Communication
Quality of Life

Semi-Structured
Interviews

Quality of Life Assessment

'Engagement, Activity and
Emotion' Assessment



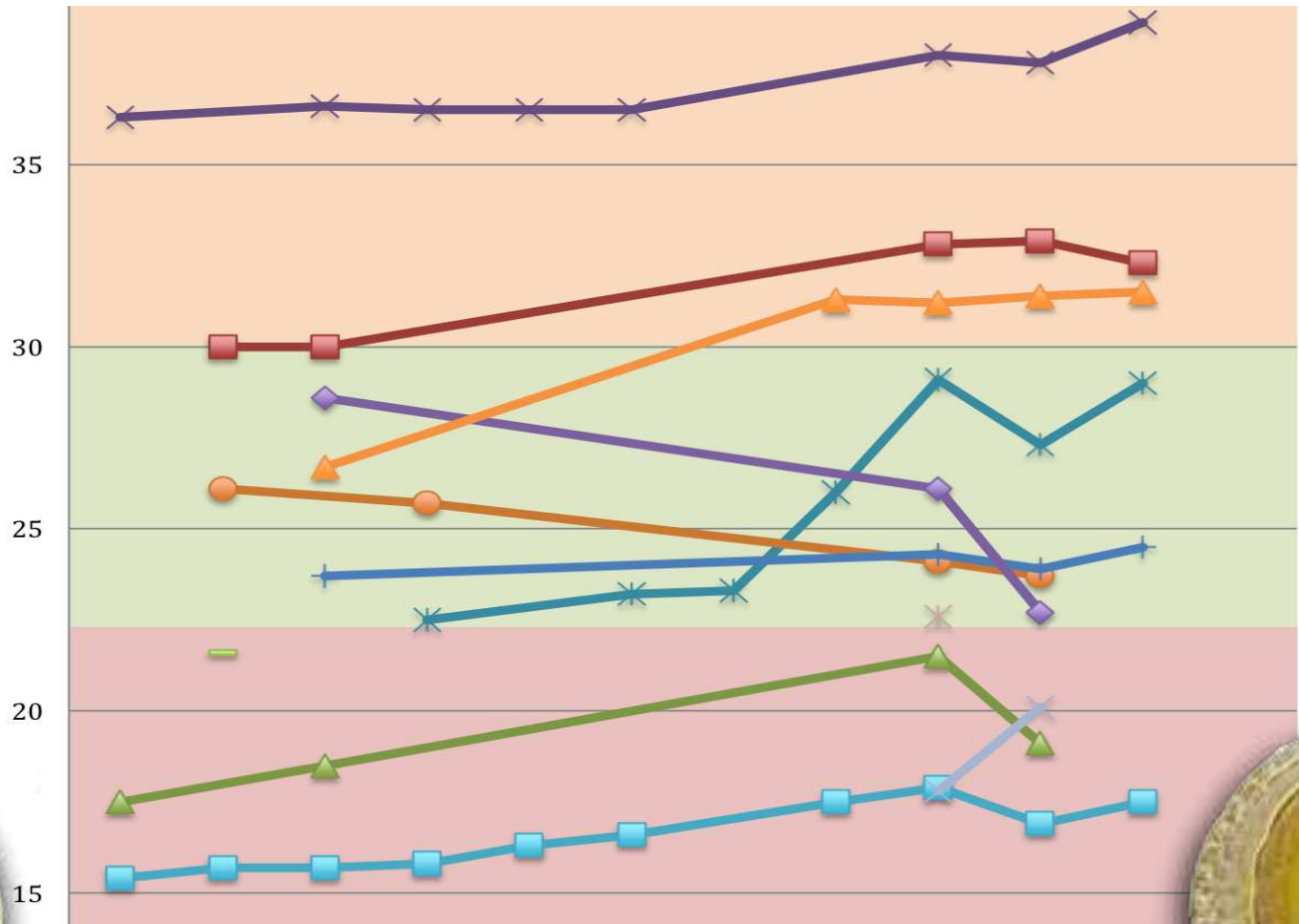
PRINCIPAL FINDING #1

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

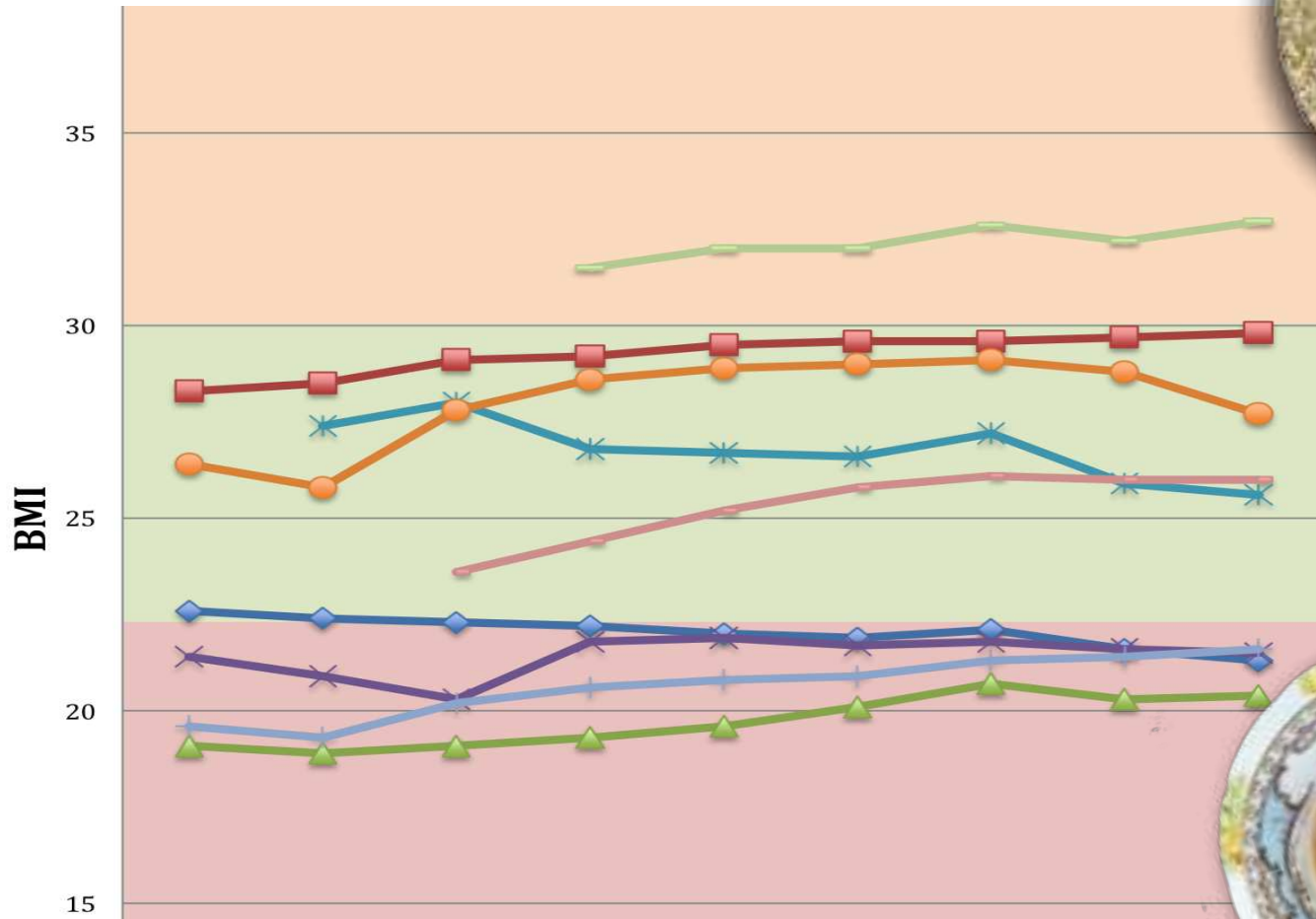


SITE 1 - BMI CHANGES

BMI



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 meal 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

Unhelpful meal serving routine

Lack of food outside mealtimes

Few opportunities to socialise

Few cues at mealtimes

Staff unsure about patient weight-change

Intervention

Routine amended

Extra snacks purchased

Furniture allowing communal dining

Changing table set-up

Clearer and more frequent monitoring

SITE 2

Problem

Stressful teatimes

Not enough staff at teatimes

A couple of patients not managing portions size

High proportion of people who need physical promoting, but not full assistance

Some disagreement between staff and relatives about mealtime approaches

Intervention

Dividing up the meal

Rota changes

Food provided in small portions throughout the day

Hanging mealtime set-up from individual to communal

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.



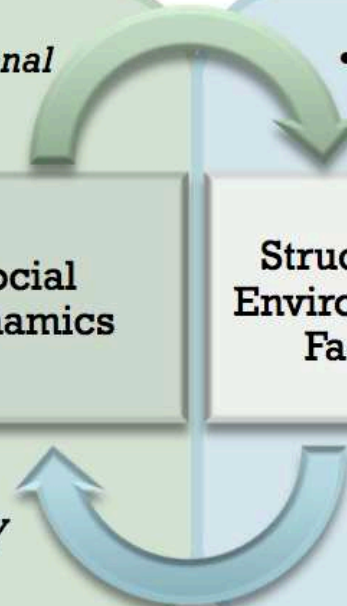
FACTORS INFLUENCING MEALTIME CHANGE

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

Social Dynamics

- *Ward size and architecture*
- *Shift patterns & composition*
- *Ward routines*
- *Identity negotiation*
- *Policies & regulations*

Structural & Environmental Factors



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



**Social
Needs**

**Sensory
Needs**

**Physiological
Needs**

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



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

Families & friends welcome to join!

Also... pancakes or waffles for Sunday Breakfast

Sausages and eggs for breakfast - available daily



CONCLUDING THOUGHTS

Increasing
Heterogeneity of
Mealtime Needs

Increasing
Homogeneity of
Mealtime Routines in
Institutional Settings

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!





REFERENCES

- Abbasi, A. A., & Rudman, D. (1994). Undernutrition in the nursing home: prevalence, consequences, causes and prevention. *Nutrition Reviews*, 52, 113-122
- Alzheimer's Research UK (2013). *Dementia Statistics* [Online]. Available from: <http://www.alzheimersresearchuk.org/dementia-statistics/> [Accessed 2 December 2013]
- Alzheimer's Society (2013). *Dementia Priority Setting Partnership* [Online]. Available from: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=341 [Accessed 2 November 2013]
- Alzheimer's Society (2012). *Statistics* [Online]. Available from: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=341 [Accessed 2 December 2013]
- Aselage, M. B. (2010). Measuring mealtime difficulties: eating, feeding and meal behaviours in older adults with dementia. *Journal of Clinical Nursing*, 19(5-6), 621-631.
- Berg, G. (2006). *The Importance of Food and Mealtimes in Dementia Care: The Table is Set*. Gateshead: Athenaem Press.
- Care Quality Commission (2010). *Position Statement and Action Plan for Older People, Including People Living with Dementia 2010-2015*. [Online]. Available from: http://www.cqc.org.uk/sites/default/files/media/documents/cqc_position_statement_action_plan_for_older_people_and_dementia_0.pdf [Accessed on 9 October 2012]
- Care Quality Commission (2011). *The Essential Standards*. [Online]. Available: <http://www.cqc.org.uk/organisations-we-regulate/registering-first-time/essential-standards> [Accessed on 9 October 2012]
- Chang, C.-C., & Roberts, B. L. (2011). Malnutrition and feeding difficulty in Taiwanese older with dementia. *Journal of Clinical Nursing*, 20(15-16), 2153-2161.
- Department of Health (2009). *Living Well with Dementia: A National Dementia Strategy*. [Online]. Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_094051.pdf [Accessed on 9 October 2012].
- Edahiro, A., Hirano, H., Yamada, R., Chiba, Y., Watanabe, Y., Tonogi, M., & Yamane, G.-y. (2012). Factors affecting independence in eating among elderly with Alzheimer's disease. *Geriatrics & Gerontology International*, 12(3), 481-490.
- Hanson, L. C., Ersek, M., Gilliam, R., & Carey, T. S. (2011). Oral Feeding Options for People with Dementia: A Systematic Review. *Journal of the American Geriatrics Society*, 59(3), 463- 472
- Ho, S.-Y., Lai, H.-L., Jeng, S.-Y., Tang, C.-w., Sung, H.-C., & Chen, P.-W. (2011). The Effects of Researcher-Composed Music at Mealtime on Agitation in Nursing Home Residents With Dementia. *Archives of Psychiatric Nursing*, 25(6), e49-e55.
- Hung, L., & Chaudhury, H. (2011). Exploring personhood in dining experiences of residents with dementia in long-term care facilities. *Journal of Aging Studies*, 25(1), 1-12.
- Janssen, I., Katzmatzyk, P. T., & Ross, R. (2005). Body mass index is inversely related to mortality in older people after adjustment for waist circumference. *Journal of American Geriatrics Society*, 53(12), 2112-2118.
- Keller, H. K., et al. (2003). Prevention of weight loss in dementia with comprehensive nutritional treatment. *Journal of the American Geriatric Society*, 51, 945-951
- Larson, R. W., Branscomb, K. R., & Wiley, A. R. (2006). Forms and functions of family mealtimes: multidisciplinary perspectives. *New Directions for Child and Adolescent Development*, 111, 1-15.
- Lin, L.-C., Watson, R., & Wu, S.-C. (2010a). What is associated with low food intake in older people with dementia? *Journal of Clinical Nursing*, 19(1-2), 53-59.
- Lin, L.-C., Huang, Y.-J., Su, S.-G., Watson, R., Tsai, B. W. J., & Wu, S.-C. (2010b). Using spaced retrieval and Montessori-based activities in improving eating ability for residents with dementia. *International Journal of Geriatric Psychiatry*, 25(10), 953-959.
- Lou, M.-F., Dai, Y.-T., Huang, G.-S., & Yu, P.-J. (2007). Nutritional status and health outcomes for older people with dementia living in institutions. *Journal of Advanced Nursing*, 60(5), 470-477.
- Mamhidir, A.-G., Karlsson, I., Norberg, A., & Mona, K. (2007). Weight increase in patients with dementia, and alteration in meal routines and meal environment after integrty promoting care. *Journal of Clinical Nursing*, 16(5), 987-996.
- Mental Capacity Act. (2005). (c. 9) London: The Stationery Office.
- Nijs, K. A. N. D., Graaf, C. d., Kok, F. J., & Staveren, W. A. v. (2006). Effect of Family Style Mealtimes on Quality of Life, Physical Performance, And Body Weight of Nursing Home Residents: Cluster Randomised Controlled Trial. *British Medical Journal*, 332, 1180-1183.

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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