

FOOD & NUTRITION

in Care Homes for Older People

Section 4

Encouraging residents to eat well

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Encouraging residents to eat well

This section covers what you can do as a care setting to help all residents enjoy their food and drink and be able to access it in a dignified and sensitive way.

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg
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Mealtimes and availability of food

A loss of appetite is not inevitable with age, however some residents may have a small appetite and may struggle to eat all of their meals. To encourage some residents to eat well, it will be important to offer small, frequent meals with snacks in-between. This daily structure will help to regulate appetite, and avoid excessive weight loss or gain and ensure residents are provided with the nutrition they need.

Residents who regularly only eat small amounts of their meals (around half or less) could be at risk of malnutrition. The recipe section provides nourishing drink and snack ideas that you could offer residents in-between meals to help overcome this.

It is important to consider the different needs of residents and when best to provide a main meal or lighter meals, or more frequent smaller meals. This can, have a big impact on appetite. For example your residents who have breakfast quite late may not manage a main meal a couple of hours after. Table 1 is an example daily meal plan of food and drink provided and how it needs to be flexible to meet the range of resident's individual needs.

When menu planning, consider how you can meet everyone's needs. This may be difficult when waking times are variable, however it is important to be flexible to accommodate individual needs and respect previous patterns of waking and eating.

Table 1 – flexible meal plans

Resident Joy who wakes early and enjoys a light breakfast		
6-8am	On waking	Enjoys a cup of tea and a biscuit
8-9am	Breakfast	Enjoys a small bowl of cereal and sometimes a piece of toast with another cup of tea
11am	Mid morning drink and snack	Cup of coffee and a banana
12.30-2pm	Lunch	Enjoys a main mid day meal
3.30pm	Mid afternoon snack and drink	Cup of tea and a piece of cake
5pm	Tea	Enjoys a lighter meal and dessert
7-8pm	Supper drink and snack	Milky drink

Resident Frank who wakes late and has a good breakfast		
6-8am	Asleep	
9am	Breakfast	Enjoys a bowl of porridge, fruit juice and a piece of toast and sometimes an egg
11am	Mid morning drink and snack	Just a drink
12.30-2pm	Lunch	Enjoys a light meal after a large breakfast
Mid afternoon snack and drink	Mid afternoon snack and drink	Cup of tea and a small sandwich or cheese and biscuits
5pm	Tea	Enjoys a main meal
7-8pm	Supper drink and snack	Cup of tea and a biscuit sometimes some fruit

Developing a positive dining environment and experience

Recent publications have provided a range of ideas to help you create the right supportive environment for your residents at mealtimes.

Take a look and see how many of these practices you already do and talk with residents, relatives and staff to make more positive changes.



<https://gov.wales/mealtimes-care-homes>



<http://myhomelife.org.uk/resources/>
(see bulletin issue 18)

Also look at the hints and tips here and the action plans in section 7. You can use these to review your practice and identify any changes you may want to make.

- Social interactions: eating together can encourage social conversation and enjoyment of food. However residents who have may have been on their own a long time may wish to continue eating alone and this needs to be respected.
- Adapted cutlery and crockery can improve independence. However, equipment and clothing protection may be perceived by some residents as a visible representation of difficulties, resulting in them feeling their dignity is maintained by eating alone.
- Meal interruption: In a care home setting there can be interruptions to mealtimes from giving out medications, a visiting health professional, assessments and paperwork. Aim to minimise this as far as possible, providing enough time for residents to have the opportunity to eat as much as they wish, (in hospital this is often referred to as protected mealtimes).
- Create mealtimes that are for enjoyment and socialising if desired or eating quietly alone if preferred. It can also be helpful for staff to sit and eat with residents and to talk about the food and encourage the chef or cook to come and talk to residents about the meals.

The importance of all staff in creating a positive dining experience

Below are some hints and tips that show how all the staff in a care home have a role in encouraging residents to eat well and enjoy their food and drink.

Carers – preparation for meal times

- Encourage your resident to go to the toilet before meals if needed and/or wash their hands.
- Use signage for meal areas.
- Making sure glasses or dentures are in place ready for the meal.
- Ensure your resident is sitting upright and is comfortable.
- Consider using adapted cutlery and coloured plates.
- Use plate warmers to help keep food warm if necessary.
- Avoid distracting items on the meal table.
- Set a table to eat and enable residents to help in this activity if they wish, this can help give clues that it is a meal time for those with dementia and memory loss.

Setting tables differently for each type of meal will improve orientation to time and stimulate appetite.

- Use contrasting colours for table cloth and plate, and plate and food. Patterns may be distracting or confusing for those with sight loss or dementia.
- Create a homely and welcoming atmosphere e.g flowers on the table, jugs of water.
- Consider music, lighting, comfort.
- Make sure the dining area is a calm environment. A stressful or busy environment may discourage eating and try to calm residents before mealtimes, if they are anxious or distressed.
- If assistance is required with eating and drinking, try and do this in a way which will encourage eating, for example sitting those who need assistance where they feel comfortable.

Practice point

Salt and Pepper and other condiments

Residents should be able to choose whether they want salt or pepper at the table to taste. Remember that some residents may have had large salt intakes and may take time to adjust to less salty food provided.

Chefs and cooks – making food appealing

- Sight and smell can play an important role in stimulating appetite so present all meals attractively and make appetising with different flavours and colours.
- Smells of cooking and baking can stimulate conversations about food and help people look forward to meals.
- Serving smaller meals and offering a second portion might help stop feelings of being overwhelmed by a meal that is perceived as too large by a resident.
- Use different textures (where safe to) such as adding croutons to soup or syrups to ice creams.
- If a special diet such as a modified texture diet is needed; try to ensure that the food looks similar to its original shape – see section 2C.
- Ensure the food is the correct temperature. Hot meals should not be left to go cold and cold foods not left for periods to go warm.
- Be actively involved in talking to residents about food and meal preparation.

Carers – food service during meal time

- Always ask what the resident likes to eat and ensure they are served meals that they have ordered. Dish up or serve your resident a small amount of food at any one time.
- Ask residents what makes them feel most relaxed when eating. They might feel anxious, need reassurance and might be too embarrassed to ask for whatever they need to help them to eat more.
- Use encouraging and positive language as this can make food seem more appealing such as “This meal looks warming on a cold day” and describing food such as “The mousse is fresh, zingy and refreshing” to entice the senses.
- Use appropriate personal protective equipment if needed and remember that use of plastic aprons and gloves can be off-putting and clinical.
- Cut foods into small pieces for those who need it.
- For those who have weakness e.g. from a stroke, place plates and cutlery near to the stronger side of the body.
- Try to minimise distractions and interruptions during mealtimes, as distractions may mean not as much is eaten.
- It is very important to ensure that mealtimes are not rushed, this will help to reinforce the importance of mealtimes.
- If residents are struggling to eat due to having difficulties in holding cutlery, get advice on using adapted cutlery or items such as plate guards.
- Always ensure there are adequate staff to supervise meal times in case of choking or accidents.



Carers – assisting a resident to eat

- Provide assistance only where required e.g. to open packets, pour drink, cut up food with dignity and respect.
- Maintain dignity during mealtimes, only provide as much help as is needed, aiming for as much independence as possible.
- Give your resident your full attention, avoid talking to others or being distracted.
- Try to sit at the same height as the person you are helping, sit facing the person and maintain eye contact and talk to them.
- Encourage your resident to allow time between each mouthful and avoid removing your resident's plate early.
- Try prompting or reassuring your resident as appropriate rather than asking and reminding directly, use a gentle tone of voice.
- Some residents may need verbal cues to remind them to open their mouth or swallow.
- For those who have visual impairment, describe the position and appearance of food items and drink, so that they know what to expect in each mouthful. Use touch to encourage the person.

Carers – after meals

- Carers should observe what has been eaten and drunk and if ongoing concerns, follow the guidance on screening for risk of malnutrition (see section 6).
- Where appropriate, monitor food and fluid intake and complete a food and fluid chart.
- Remove spilled food or drinks after meals and help with hand-washing.
- Check that no food is left in the mouth after eating.
- Ensure good oral hygiene after eating.
- To support dignity, if any spillages have affected clothing, offer to clean or replace the item.

Manager and/or responsible individual (RI) – overall food service

For an effective food service and quality dining experience the manager and RI should ensure that there is effective communication with all staff about roles, responsibilities, specific policies and procedures, menus and menu planning and food procurement processes. Staff should feedback specific requirements that residents may have and/or enable the resident to themselves.

Clinical lead/qualified nurse – more detailed monitoring

For residents identified as being at high risk of malnutrition and/or with complex clinical needs, nursing staff should liaise with carers and chefs regarding meeting dietary needs appropriately.

Good communication

Never underestimate the importance of good communication. Listen to your resident; it may be that they are reluctant to reveal why they are eating less and feel embarrassed. It may be that they do not fully understand how important good nutrition and hydration is to overall health and recovery from any ailments.

- Talking to a resident about the meal they are eating might help encourage them to eat more. Having a conversation and being positive about the meal might help entice residents with a small appetite to eat more.
- Encourage mindful eating; talk to your resident about the look, smell and taste of the meal. Encourage them to talk about their favourite foods.
- Offer encouragement. Remind your resident that the food they are eating is good for them and eating as much as they can manage comfortably will help them to maintain good health.
- Be enthusiastic!

Remember to use the right language, using some terms can be upsetting and at worst judgemental.

Using the right language	
Negative, deficit based terminology	Positive, strengths based terminology
The frail elderly	Older people with high support needs
Elderly Mentally Infirm (EMI)	People with dementia
Dements	
People suffering with dementia	People living with dementia
People afflicted by dementia	
Wandering	Walking
Feeders	People who need help or assistance with eating
36 (i.e. naming a care home resident by their room number)	Never a number!
Not there	Still here
An empty shell	A person

Source: Good Work: A Dementia Learning and Development Framework for Wales

Additional practice points for helping residents with dementia to eat well and enjoy their food

Practice point

Crockery and cutlery

- Lightweight plates with a broad rim or lipped plates, may help a better grip.
- Specialised lightweight glasses and cups.
- Bright coloured plates that contrast with a plain table cloth to help differentiate food (plain blue, yellow, green, red) have been shown to help increase appetites. Colour requirements may vary with different individuals living with dementia.
- Weighted handle cutlery or specially adapted cutlery.
- Non slip plain colour placement mats.

Practice point

Choosing a meal

- Best practice is to offer a choice of meals at point of delivery and showing the meals on a plate.
- Picture cards on menus are also useful.
- Memory cues for different or favorite meals such as fish and chips in paper, picnics in a beach environment.



Remember to use contrasting plain table cloths.

Taste changes

Sensory changes such as changes in taste, smell and hearing can change as people age. Taste changes can occur as a result of illnesses such as Parkinson's, Alzheimer's Dementia and during treatment for cancer. Other factors such as oral thrush, gum disease and dentures can leave a bad taste in a resident's mouth that changes the way food tastes. Medications may make the mouth dry or alter a resident's sense of taste.

The following points may help care home staff to support residents with taste changes:

Chefs and cooks

- Use pepper or herbs and spices in dishes to enhance flavour.
- Ketchup, mustard and dressings can all help to add extra flavour.
- Marinating fish and meats can help to add a strong flavour.
- Strong flavoured foods, spicy foods or previously disliked foods may now be enjoyed, try adding additional spices, herbs, onion, garlic, chilli, curry sauce to meals.

If a preference for sweeter foods try:

- Naturally sweet vegetables.
- Sweet and sour sauces in cooking.
- Adding honey to vegetables.
- Adding a little sugar to mince, stews or potatoes.
- Using milk based puddings.

If sharp flavours are preferred, try adding lemon, lime or orange zest to savoury sauces or as garnish on puddings.



Carers

- Oral care: encourage residents to brush their teeth regularly. Brushing before meals or refreshing with a minty mouthwash may be helpful for some residents. Be aware that cutlery might taste metallic to a resident, try reusable plastic ones instead.
- Try to encourage residents to eat foods which have more flavour e.g. curry or foods with spice.
- If a resident has lost their appetite for certain foods, try to encourage meals you know they will enjoy.
- Encourage cold foods as these may be more palatable than hot foods.
- If a resident can no longer drink tea or coffee, encourage them to try green or fruit teas, such as lemon teas or cold drinks.
- Between meals offer ice-cubes or fresh pineapple or grapefruit pieces to help freshen a resident's mouth. Boiled fruit sweets or mints may also help but take care regarding oral health.
- Encourage residents to have a glass of fruit juice and have some fruit during or after a meal. You could also encourage them to try fizzy water/lemonade with lemon juice.
- Offer table sauces, chutney, pickle, relishes, vinegar, or mustard.

Note: The use of finger foods can help residents with dementia to maintain their food intakes; this is covered in Section 2B.

Engagement in daily activities involving food

This again is important for all residents and for those living with dementia. It can help to give people a sense of purpose and value and trigger memories of activities carried out when younger.

- If your care home has an allotment, encourage residents (who are able) to help plant and pick fruit, vegetables and herbs or grow in boxes or raised beds.
- Where possible and appropriate, encourage residents to help with kitchen tasks such as scrubbing vegetables or potatoes.
- Talk about residents past role in food, cooking and caring.
- Involve residents in some aspects of the meal preparation which are meaningful to them, laying the table, preparing vegetables, clearing away, washing or drying up, stirring cake mixes.
- Organise tasting sessions with different themes to stimulate interest, this could also include tasting new menu ideas with the chef.
- Keeping chickens (note: food safety rules) See also section 5.



Consideration for residents who may be drug &/or alcohol misusers

You may have identified some residents in your care that drink regular alcohol or mis-use drugs.

This may result in a number of nutrition related problems, such as:

- Poor appetite and weight loss.
- Nutritionally inadequate diet.
- Constipation (drug misusers in particular).
- Dental decay (drug misusers in particular).

Reasons for nutrition related problems include:

- Drugs/ alcohol themselves can often cause poor appetite, constipation, craving sweet foods (drug misusers in particular).
- Lack of interest in food and eating.
- Poor dental hygiene and dental problems from the effect of drugs on saliva.
- Irregular eating habits.
- Poor memory.
- Infection with HIV or hepatitis B and C.
- Eating disorders with co-existent substance misuse.

Prior to living in a care home they may also have experienced:

- Poor nutrition knowledge and skills.
- Low income, intensified by increased spending on drugs or alcohol.
- Homelessness or poor living accommodation.
- Poor access to food.
- Chaotic lifestyles.

Any combination of these affects prior to and living in a care home, can lead to chronic malnutrition.

It may be agreed that a resident has the capacity to decide that they wish to continue to consume alcohol, regardless of the risk to their health and wellbeing. When this is the case it is important that alcohol is not consumed in place of meals. If the resident is leaving the premises, it may be necessary to consider how meals and snacks can be suitably provided to fit around this.

Should oral nutrition supplements (ONS) be used?

Prescribing ONS for misusers of alcohol or drugs requires consideration. The following list describes examples of problems which can occur:

- ONS may be taken instead of meals and are therefore of no benefit.
- ONS may be given to other residents or visitors.
- Drug and/or alcohol misusers can be poor clinic attendees, making it difficult to weigh and re-assess need for ONS. Consider escorting to appointments or whether assessment within the care environment is more appropriate.
- Once started on ONS it is difficult to discontinue them.

Prescription for oral nutrition supplements should be used only in acute circumstances or when assessed by a dietitian and recommended.

Palliative care and supporting residents to eat and drink

A person's ability to eat or drink may deteriorate rapidly during palliative care. This can happen early on or in later stages of disease progression.

Loss of appetite and not being able to eat and drink is very difficult for both residents and those closest to them, as food is a big part of caring and nurturing. The emphasis on nutritional care should always be on the enjoyment of nourishing food and drinks and maximising quality of life. This includes focusing on all aspects of nutritional care, particularly when changes in taste, smell and appetite are affected. Good team working, planning and supporting decision making, can make the process a lot easier for the individual and their family to deal with, see also section 2A.

The MUST screening tool can be used to identify risk in early to mid palliative care stages and as disease progresses the focus should be on person centred care to manage symptoms and provide comfort.

It may be necessary to modify textures of food and drink if the resident experiences swallowing issues (see section 2C) which may add further emotional and psychological problems. This needs careful management considering the risks and benefits of eating and drinking for each individual to enable optimal quality of life.

Management of palliative residents can be divided into three stages: early palliative care, late palliative care, and the last days of life.

<p>Nutritional management in early palliative care</p>	<p>In early palliative care the resident is diagnosed with a terminal disease but death is not imminent. Residents may have months or years to live and maybe undergoing palliative treatment to improve quality of life.</p> <p>Follow local malnutrition guidelines to screen and assess residents using MUST. Early intervention will focus on 'Food First' approaches (section 2A) which could improve the resident's response to treatment and potentially reduce complications. Use of prescribed oral nutritional supplements (ONS) should be assessed on an individual basis, by a health professional.</p> <p>Awareness of the resident's wishes (for example, through an Advance Care Planning Document) should be a priority. Artificial hydration and Nutrition may be explored (e.g. fluids through a drip or tube) if it is appropriate and could make the resident more comfortable. This requires a multidisciplinary approach to assess the risks and benefits of continuing to be fed to enable optimal quality of life for that individual.</p>
<p>Nutritional management in late palliative care</p>	<p>In late palliative care, the resident's condition is deteriorating and they may be experiencing increased symptoms such as pain, nausea and reduced appetite.</p> <p>Residents should be encouraged to eat and drink the foods they enjoy. The main aim is to maximise quality of life including comfort, symptom relief and enjoyment of food.</p> <p>Nutrition screening, weighing and initiating prescribing of ONS at this stage is not recommended.</p>

**Nutritional management
in the last days of life**

In the last days of life, the resident is likely to be bed-bound, very weak and drowsy with little desire for food or fluid. Signs of symptoms which may cause discomfort, such as dehydration should be checked for every day. Help should be given to keep the patient's mouth and lips moist.

People who do want to drink should be given help to carry on drinking if they can still swallow but it is important that they are checked for problems with swallowing.

The main aim at this stage should be to provide comfort for the resident and offer mouth care and sips of fluid or mouthfuls of food as desired.

Keeping physically active

Exercise is vitally important for good mental health and well-being. Exercise leads to the release of certain hormones which can improve mood and also helps to prevent muscle loss, which in turn can help prevent falls.

In care home settings, gentle physical activity can be encouraged according to individual need and ability. Activity co-ordinators can play a huge part in helping to improve well-being, mood and increase social interaction.

Ways to encourage physical activity for those in the care home setting who are able to

- Try to encourage residents to walk as much as possible throughout the day. Ask staff or family members to help join in if you are worried about a resident falling.
- Ask your GP or Occupational Therapist about walking aids for residents who may require them.
- Encourage individuals to try standing up from their chair regularly.
- Chair-based group activity sessions with an instructor can help to improve the activity levels of residents who cannot walk.

It is important that those in the care setting are as active as they can be, as this will help maintain independence, mental and physical health. Making the activity purposeful can encourage participation. Examples include planning ahead of meal times to allow time to move to the dining area, regular toilet breaks to avoid the “last minute” rush, having a time-table of activities such as film nights, which tempt residents away from their room or usual seating area.

Encouraging gentle physical activity will help to maintain balance, strength, flexibility and co-ordination.

Exercise, food, hydration and falls are all linked

Keeping hydrated can help prevent falls and good nutrition will contribute to a person’s ability to retain the strength required to be active.

Exercise is also good to help prevent muscle loss and wasting which can increase the risk of falls. Weight bearing exercises are particularly good.



Acknowledgments and Resources

- The Caroline Walker Trust 2011, Eating Well: supporting older people and older people with dementia.
Available at: www.cwt.org.uk/
- Alzheimer's Society, 2014. Guide to catering for people with dementia.
Available at: www.alzheimers.org.uk/get-support/publications-and-factsheets/guide-catering-people-dementia
- Bournemouth University Dementia Care Programme
Available at: www.bournemouth.ac.uk/nutrition-dementia
- Course material from Improving Food and Nutrition Care, Nutrition Skills for Life, Public Health Dietitians in Wales.
- Physical activity and falls prevention 'Get up and go – a Guide to staying steady'.
Available at: www.wales.nhs.uk/sitesplus/documents/888/get_up_and_go.pdf
- Ageing Well in Wales and Falls prevention.
Available at: www.ageingwellinwales.com/en/steadyon
- Good work: A dementia learning and development framework for Wales
Available at: www.socialcare.wales/cms_assets/file-uploads/Good-Work-Dementia-Learning-And-Development-Framework.pdf

Palliative care

Resources

Macmillan Cancer Support. Macmillan Durham Cachexia Pack. 2007.
Available via www.learnzone.org.uk/courses/course.php?id=38

Further reading:

Spiro, A. (2018) Nutritional Management in Palliative Care, Nursing in Practice.
Available at: www.nursinginpractice.com/community-nursing/nutritional-management-palliative-care

Dorothy House Hospice (2016) A holistic approach to nutrition and diet in palliative care.
Available at: www.fons.org/library/report-details/70527