Food provides more than just a way to meet the physical nutritional requirements of the body. It can also be associated with memory, social occasions, and emotions, and provide a source of enjoyment, socialization, nurturing and dignity. It is therefore important to consider the role that mealtimes can play, not only to provide nutrition, but as an influence on quality of life for all people living in care settings, and especially those with dementia and cognitive impairment.

Factors that put people at risk of a poor mealtime experience include having cognitive impairment, poor self-feeding ability, and dysphagia requiring texture-modified foods or fluids. The issues of loss of control and opportunities to make choices and have individualized preferences met has also been highlighted as an issue for those with dementia.

There is much evidence that mealtimes in care settings focus on process, organisational systems and structure. This results in staff being ‘task driven’ rather than responding to the individual needs and meeting physical and social care needs of residents. A task-driven and structured approach to mealtimes is likely to have a negative impact on the resident mealtime experience, quality of life, nutritional intake and ultimately their health.

Highly important aspects of the mealtime experience have been identified as: feeling respected, independence, variety of menu options and choices, staff knowledge and attitudes, the timing of meals, a calm and comfortable dining environment, food quality and suitability.

Providing adequate staff training and staff duties are often organized to prioritise more important tasks such as medical rounds or clerical duties, resulting in a lack of staff to provide feeding assistance to residents in need of support.

NOTE:

The FFLBC ‘enhancing the mealtime experience’ training guide is an activity designed to help care settings design an approach that continually encourages current staff to reflect on their practices, as well as help new staff become aware of the importance of mealtimes and the ways the experience can be enhanced for residents.
KEY ASPECTS TO CONSIDER WHEN CREATING A SOCIAL MEALTIME AND AN ENJOYABLE MEAL EXPERIENCE:

Providing food everyone wants and that everyone can eat and dealing with all the problems that come up at mealtimes, requires a tricky balance between health and quality of life. There is often tension between food as a determinant of health, a source of risk for the individual, and a key component of quality of life.

Putting food and drink firmly on a list of top priorities will reap rewards for everyone. There are many examples of excellent care and good practice around food service among those who care for older people living in care settings. This information will help reinforce the things being done well and create ideas and strategies to enable positive changes.

Eating and drinking are so fundamental to our daily lives we often take them for granted. For those of us who can eat and drink anything on offer, there is a dazzling array of tastes and textures in the food around us. We all make choices about what to eat and how much to eat, and there are all sorts of factors that contribute to the choices we make.

WHAT’S A LOVELY SOCIABLE MEAL EXPERIENCE?

For people living in the community and in good health, answers to this question will be varied. However, most people will have memories of: family mealtimes or eating out with friends, enjoying a meal in front of the TV, an intimate meal with someone we love, or memories of food we have eaten in other countries.

All of these involve social aspects of meals that offers opportunities to enjoy food and company. Food and mealtimes also provide great opportunities for reminiscence.

Care settings can do this well and get it right for their residents by:

- Listening and finding out their needs and preferences.
- Allowing guests to choose where to sit and who they sit with.
- Providing a calm and homely eating environment.

Research has shown that settings encouraging staff to sit and chat and generally be around for conversation with residents during mealtimes have better outcomes in terms of nutrition, hydration and relationship centred care.
AWARENESS OF MALNUTRITION

All those involved in mealtimes need to be aware of residents’ eating behaviour and especially any changes that indicate someone is at risk of developing malnutrition.

HOW TO RECOGNISE THE SIGNS THAT SOMEONE IS AT RISK OF MALNUTRITION

Eating and drinking

- Has the person been eating less food over the last few weeks or months due to loss of appetite, digestive problems (including constipation), or chewing or swallowing difficulties?
- Do they leave food on their plate at most meals?
- What was the person’s normal pattern of eating meals and snacks?
- Has this changed?
- Does the person avoid particular food for any reason (e.g. people may avoid fruit if they have mouth ulcers, or they may avoid meat if they have problems with dentures or teeth)?
- Are they drinking at least 8 cups of fluid a day?
- Are they eating fruits and vegetables every day?
- Are they eating meat, fish, poultry, eggs, soya or pulses every day?
- Are they eating dairy products (milk, cheese, yoghurt) every day?

Mobility and activity

- Has the person lost their independence in eating or drinking?
- Does the person generally go outside?
- Are they bed or chair bound?
- Has the person become less active due to weakness or fatigue?

Illness and infection

- Has illness or infection been present in the last 3 months?
- Are there any pressure sores or skin ulcers?
- Are there any psychological problems such as depression or paranoia?

Drug use

- Does the person take more than three prescription drugs a day?
- Drugs may have an affect on eating and drinking:
  - People may become drowsy
  - Drugs may cause nausea or constipation
  - May cause decrease in saliva
  - May leave and unpleasant taste in the mouth (metallic taste)
  - Drugs may irritate the gut
  - Drugs may interfere with some nutrients in the body
SCREENING FOR MALNUTRITION

• Screening: staff training and awareness of the Malnutrition Universal Screening Tool (MUST) and have an action plan when score indicates weight loss and need to nutritional support.

• Other visible signs might be clothes looking too large, wedding rings lose.

Losing independence in eating and relying on others to help with eating is also an important risk factor for becoming undernourished.

If any of the above key points are noticed alert all staff and take measures outlined in the care setting policy document. This should include involving and consulting with mealtime support staff and the catering team who may need to implement a ‘food first’ approach to increasing nutritional intake.

IDEAS FOR WHAT CAN BE DONE TO RESOLVE SOME OF THESE ISSUES

• Effects of drugs: Think about the timing of the meals e.g. if meals can be arranged for times when the drugs are having least effect? Can the times drugs are given be changed so that they interfere less with meals? If someone is feeling nauseous or has other side effects, some people find ginger ale, ginger cordial or ginger biscuits helpful in tackling nausea.

• Build a picture: for example, a resident who always leaves food on their plate at meals, rarely goes outside, has ‘gone off’ fruits and vegetables and has recently been treated for a chest infection is likely to be either already malnourished or at risk of malnutrition unless efforts are made to encourage eating well.

• People with dementia and many older people often experience a range of different symptoms that may affect their senses such as a decrease in ability to see, hear, smell, taste and touch. Consequently, appetites and interest in food is diminished and may be increased by providing a range of cues. Anything that helps to orientate and remind people that it is time to eat can help people with dementia to make sense of their environment and stimulate their appetite.

Playing soothing music at mealtimes can help create a calming atmosphere that encourages enjoyment.
**CUES CAN APPEAL TO ANY OF THE FIVE SENSES:**

- **The smell** of cooking can be a powerful stimulus to the appetite. It helps if the kitchen is close to the dining room, or the final stages of cooking foods could be carried out in the dining room such as heating the soup, frying the onions, grilling the meat, or making toast.

- **Seeing** the tables being laid out for a meal can also help. It is better to set them no more than 30 minutes in advance avoid confusion.

- **Hearing** food being prepared can help e.g. the sound of chopping vegetables, sizzling of frying, or the gentle clatter of cutlery and plates.

- Cues can also involve **touch**. It may be possible for people with dementia to help with preparing foods.

- **Taste** can be stimulated before a meal with a drink such as a tomato juice (for a spicy version add lemon and horseradish), fruit juice or a glass of sherry.

**What about when people lose their sense of smell and taste?**

**MANAGING FOOD REFUSAL**

Food refusal is a common difficulty among older people in care and especially those with dementia. Some people with dementia may overeat, or forget they’ve eaten and ask for more food, but this is less common. Understanding and investigating reasons for food refusal will help carers manage the problem. Here are some common reasons:

- The person may be refusing the food because they do not like it or have never had it before. The importance of knowing the person well, keeping a record of each person’s food preferences, and being aware of dietary and religious habits can provide insights into food refusal.

- There may be a physical problem: for example, the person may have a sore mouth, or thrush in the mouth. There may be swallowing difficulties or a fear of choking.

- People with dementia may refuse food because of their dementia – they do not recognize that it is time to eat, cannot make appropriate voluntary movement to open their mouth, or are unable to communicate that they do not wish to eat.

- If people with dementia have eating difficulties and must be helped to eat, they may become frustrated and angry at this loss of self-esteem and dignity. People who feel powerless at mealtimes may end up hating the whole experience and refuse food as a way of gaining some form or control on the process.

- Depression causes loss of appetite and lack of desire to eat. Paranoid ideas and delusions may make people believe their food is poisoned and subsequently refuse to eat. Depression and paranoia can be treated – flag up with someone who can help.

- Some people may refuse food because they believe they cannot pay for it. If residents cannot be reassured that they do not need to pay, it may be worth trying a meal ticket system where residents hand over a meal ticket when they are given their meal.
LEARN TO HEAR THE WARNING BELLS AND DO YOUR HOMEWORK TO FIND IF SOMEONE IS AT RISK OF MALNUTRITION

Find out as much as possible about people’s normal eating and drinking habits, likes and dislikes, so you can build familiar patterns. A care plan not just for drugs and operations but information about likes and dislikes e.g. that a resident has never eaten fish, or that they like vinegar with their peas. Collect as much information as you can about someone’s food preferences from themselves, relatives, friends and from previous staff members, other care settings including hospitals transition.

It’s also useful to find out about lifestyle and routine around food and drink. For example, people might be used to having:

Afternoon tea, a bedtime drink, a glass of sherry before a meal, bread and butter at every meal, their main meal at 11am, at 3pm at 7pm; chips on Friday, coffee and cake on Saturday mornings.

Cultural differences are important. Food beliefs and customs should be respected. If it’s difficult to speak with someone then seek advice from relatives and friends.

Festivals and celebrations provide an opportunity to include familiar foods that may encourage eating. Ask questions around religious restrictions. Be sensitive so as not to offend. Think about how foods are served in different cultures – recently chorizo in paella – cheese with fish etc.

ENCOURAGING PEOPLE WITH DEMENTIA TO EAT

Other things that might help in encouraging those who need extreme stimulation to eat at mealtimes:

- Sit near or beside the person with dementia and eat with them. This has been shown to act as a powerful reminder about the social skills of eating.
- Touch is an important way to attract and focus a person’s attention on eating. Holding hands, giving reassuring touches and singing softly have been found to help overcome resistance to eating.
- Make sure that the person can use the utensils and crockery provided. Are they the most appropriate to encourage eating?
- Can people see well enough to find their cutlery ad see what’s on the plate?
- If someone eats too fast offer them small portions at a time, and verbal cues to take it slowly.
- If people eat slowly and reject cold food, try small portions on a warmed plate.
- If someone verbally refuses to eat or states ‘no more’ and they have eaten very little, remove the food for 5-10 minutes and then try again with the same food or a different food.
- If the person interrupts servers, or wants to help, give them a role in meal service. For example, setting the table, pouring the water or greeting guests.
- If a person with dementia mixes all the food together on the plate – but eats it – then it does not matter. If they find it unpalatable when mixed, then try and separate plates for each item or serve them one at a time.
- If someone stares at food without eating, use verbal or manual cues, e.g. placing food or utensils into the person’s hand. Make sure there are not too many distractions. Remember eating is a complex task.

Touch is an important way to attract and focus a person's attention on eating.
TIMING OF MEALS AND TIME NEEDED FOR EATING

Many people with dementia will have small appetites. It is important not to present people with too much food at a time e.g. too large helpings, apart from being wasteful, may deter someone with a smaller appetite from eating.

MEAL SPACING

It is important to allow for the appropriate spacing of meals. Breakfast should obviously be available at a time that is acceptable to residents, for example from 7.30am. Suppers should be as late as possible in the evening but early enough to leave time for a snack before bedtime. For example, at 5.30 - 6pm rather than 4pm.

ASK THESE QUESTIONS RELATED TO MEALTIMES

How long do people with dementia you care for go between meals?

Is there a gap of more than 12 hours between the last thing eaten at night and the first thing eaten in the morning?

How many hours are there each day when your resident is awake and alert enough to make the most of meals, that food is also available?

Some people may benefit from frequent small meals and snacks throughout the day – think little and often. Some may not eat between meals.

Snacks may be essential for people who are undernourished to help them get all the nutrients and calories they need.

GOOD SNACKS TO CHOOSE ARE:

- Sandwiches with fillings made of meat, fish (canned), cheese, egg, nut butters, marmite.
- Toast with pilchards, pate or cheese.
- Toasted crumpet with cheese.
- Yoghurt or fromage frais.
- Fresh and dried fruit.
- Milkshakes and enriched milk drinks.

It’s vital that staff can provide food and drinks such as these for residents whenever required and during the night if necessary.
**MEALTIMES: WHEN AND FOR HOW LONG**

It’s useful to find out the best timing to serve the biggest meal of the day. Lunchtime might be best for a main meal for most people. There are often fewer difficulties eating breakfast – if this is the case there may be an opportunity to maximize the food eaten at this time.

Allowing enough time for people to eat and offering encouragement to eat is important. Studies have shown a wide variation in the time people need to eat. This can range from 35 minutes to an hour. Finding ways to take a little bit more time for something as important as mealtimes reap benefits for all.

**IT’S USEFUL TO ASK STAFF HOW THEY FEEL ABOUT MEALTIMES BY ASKING THE FOLLOWING QUESTIONS:**

- Are they rushed?
- Could more time be taken?
- Are there enough people around to help?
- Could a main meal be staggered so that those who need extra help can have it?

**THE IMPORTANCE OF MAINTAINING EATING SKILLS AND CONSIDERING TYPES AND TEXTURES OF FOODS**

There is a lot of evidence that people who can eat independently, even if this is by hand only, should be encouraged to do so to maximize independence and dignity. Becoming dependent on someone else to help you eat is strongly related to malnutrition.

**FINGER FOODS HAVE THE ADVANTAGE OF:**

- Allowing food to be served at room temperature so people can eat at their own pace.
- Spills are minimized so it’s easier to see what someone is eating.
- Finger foods trigger people’s attention and increase their physical involvement and interaction with their meal, which may encourage them to eat more.
- People who are unable to sit still during meals or who walk about a lot can have snacks always available to them.
- Promoting independence, self-esteem, choice and autonomy.
MODIFIED TEXTURED FOOD, ESPECIALLY SOFT FOODS, FOR THOSE WITH CHEWING DIFFICULTIES

People with chewing difficulties do not necessarily need their food pureed. A soft textured diet allows many normal foods to be included and is likely to encourage a more nutritious diet.

PROVIDING SPECIALLY ADAPTED CUTLERY AND DISHES

Having the right equipment, such as appropriate cutlery and crockery, is important if people have eating and drinking difficulties. Occupational therapists can be very helpful in advising on the right tool for the job. Large handled utensils, cups with large handles and heavy bases, plate guards, suction mats and aids to help the grasping of cutlery can all be useful.

There are a range of plates and bowls designed to increase independence with eating: plates and bowls with high sides or partitions, insulated plates and bowls and plates and bowls with slip-resistant features, egg cups with slip-resistant features and plate guards.

Using cutlery effectively is essential to independence with eating. There are a range of adapted cutlery that may assist with difficulties such as reduced grip, tremor or lack of muscle control, use of one hand only, restricted movement and weakness in the arms and shoulders. There are various types of cups and mugs available that can help increase independence with drinking. Included are cups and mugs with features such as lids, larger or modified handles, insulation, and spill resistance.
LAYOUT AND ATMOSPHERE OF THE DINING ROOM

Dining rooms are often noisy, crowded, busy and confusing places with many rules that impact on staff and resident as well as resident and resident interactions. A friendly and relaxed atmosphere has been shown to encourage people with dementia to eat well. Some of the important factors that encourage eating well through the environment are:

- A ‘homely’ dining room with domestic style furniture. This could include details like tablecloths, flowers and table napkins, and seating small numbers of people together.
- Appropriate plates and cutlery should be used – of contrasting colour to the tablecloth, placed in the same position.

QUIET AND CALM IN THE DINING ROOM ARE ESSENTIAL FOR PEOPLE WITH DEMENTIA

The perfect meal

It is a useful exercise to get staff involved in group exercises at team meetings to enable them to have a voice and come up with ways that could improve the mealtime experience.

If they had to imagine a perfect setting and menu for a group of people with dementia eating lunch, think about how it would look, how the meal would be organized and what the staff member would be doing.

It is useful to imagine how an ideal mealtime might look and consider if there are adaptations to current practices that could be made. Here are some ideas for an entire mealtime that will help residents to maintain independence:

Before the meal

- Tell people it will soon be mealtime.
- Let the laying of tables and the sound and smell of cooking act as cues.
- Help people to go to the toilet before meals and ensure that dentures and glasses are available if appropriate.
- Allow people to choose where they sit.

- People should be offered a napkin or apron rather than a bib. Loose napkins should be used.
- Those who wish to help with mealtimes assist with table laying or arranging flowers for the table.

The dining room

- Respect the need for quiet and calm during meals.
- Make the room as homely and cosy as possible with tablecloths and napkins, appropriate crockery and cutlery.
- Staff members sit with people with dementia in small groups.
- Vegetables and potatoes could be served from bowls at the table.

The food

- Food should look and smell delicious and be imaginatively presented. We all eat with our eyes!
- Food with altered texture should look as much like a proper meal as possible with different foods separately served.
- Food should all be at the correct temperature – cold food cold and hot food hot. Slow eaters should have small portions at a time, so food can be kept hot.
- The meals served should reflect the needs of everyone. The foods themselves, portion sizes and amount of different foods served at a time might be different for each person.
- People should be asked about their preferred portion sizes of menu items.
- Finger foods should be served where appropriate.
- Alternative foods should be offered if foods are not liked.
Serving the food

- Meals should be served in courses rather than having the whole meal on a tray.
- Where possible, residents should serve themselves.
- Food should all be in a ready to eat form so that the person does not have to unwrap anything. Salt and pepper should be in pots rather than individual packets of condiments, no wrapped sandwiches, and no small containers of butter, jam, milk or cream.
- People should be offered a choice of drinks with their meal.
- Meals should be unhurried, with staff and people with dementia eating together and taking the opportunity for interaction.

After the meal

- If a meal or food is declined or left, try and find out why.
- Make a record of poor food intake and pass this on to staff at later meal and snack times.

Helping people to maintain independence

- Where residents need support to eat, the same member of staff should be allocated to assist them throughout the meal.
- Finger foods should be considered for those who may have trouble using cutlery or sitting still for long periods.
- Giving everyone enough time to eat and verbal encouragement is essential.
MEALTIME ACTIVITIES ‘MAKING FOOD FUN’

Activity co-ordinators can develop resources with a food theme, ideally relevant to the day’s menu. It could be related to a seasonal food such as Brussels sprouts, apples or blackberries. Ask residents, relatives and staff to share their favourite family recipes.

Turn mealtimes into special events and celebrations.

Community engagement

Refer to section 4, ‘Making Intergenerational Links’.

MAKE THE MOST OF MEALS AND TURN INTO SPECIAL EVENTS:

Afternoon tea was turned into an extended activity by one care home.

“We take our residents strawberry picking, then we do cake-decorating and cream-whipping! All for a lovely afternoon tea that we enjoy together.”

The mealtime experience can begin before food is served. Think about how you prepare residents for meals. Are they involved in mealtimes preparation or in a position to smell the aromas of food cooking? How can your home provide opportunities for sensory experience? Are there enough cues that a meal is going to be served? Do staff encourage residents to come to the dining area with curiosity and rumbling tummies? Can residents choose not to eat in the dining room?
**Mealtime observations and audit**

A mealtime observation of the dining room environment should include sensory elements such as sight, feel, sound and odour. Make notes that can be discussed at a staff meeting and with residents, friends and relatives. These encourage discussion around problems and create solutions that can lead to positive changes. For example, reducing noise, providing more choice, changing colour of the crockery or developing a more private dining space using screen.
**GOOD LIGHTING**

<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Is the dining area well lit?</td>
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<td>Is the area without shadows or glare that might cause distress?</td>
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**SIGNAGE AND SOUNDS**

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<tr>
<th>Question</th>
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<tr>
<td>Are there signs to the dining area that are clear and visible for residents and visitors?</td>
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<tr>
<td>Is background noise and activity in the dining room helping to encourage happy mealtimes, just as in any home?</td>
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<tr>
<td>If there is music, is it chosen by the residents?</td>
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<tr>
<td>Do residents prefer a buzz of activity during mealtimes or a quite calm environment?</td>
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**CHOICE**

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<th>Question</th>
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<tr>
<td>Do your residents have choice about where to sit and who to sit with?</td>
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<tr>
<td>If you know your residents well you will know who they ‘click’ with. A resident might want to sit alone or within a group of people.</td>
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<tr>
<td>Do you use pictures, or show the food on offer, to present the meal choice in an understandable way?</td>
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<tr>
<td>Do you provide other opportunities for residents to eat outside of set mealtimes?</td>
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<tr>
<td>Do you have small bowls of food or fresh fruit in living areas to stimulate appetite?</td>
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<tr>
<td>Real choice might mean adapting your mealtimes.</td>
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<td>A Commissioner commented: “One home now offers a breakfast buffet and carvery main meal. The choice has increased and so have the residents’ appetites!”</td>
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**ENCOURAGE CONVERSATION**

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<tr>
<td>Do you gather ideas for meals across the care home community?</td>
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<tr>
<td>Bring together your activities coordinator and chef to think about activities like food preparation in the kitchen or living areas.</td>
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CUTLERY, CROCKERY AND CONDIMENTS

Have you tried different sized cutlery and changing the colour of crockery to enable residents to see their meals afresh?

Do you have condiments in view on the table to give a homely feel and promote choice?

Do residents have the option of pouring their own gravy?

This may be important to some people.

You might want to try different shapes and sizes of table - some set for two and others set for a group or for a visitor to join.

OFFERING INDIVIDUAL SUPPORT (DEMENTIA RELATED)

Each resident will have their own preferences and needs during mealtimes.

A person with dementia may give you the answer they have just heard if given multiple food choices because of memory impairment. As a person’s dementia progresses, the world needs to come closer to them.

Are you mindful of food and drink being in reach?

Do you use gentle reminders to take a bite or a sip?

Swallowing food may become very difficult for residents in late stage dementia. Check their oral health in case they are experiencing any pain in the mouth. Hengoed Park Care Home, Swansea, told us of a situation where they were concerned about a resident who had stopped eating. The deputy manager told us:

“The staff couldn’t understand why (resident) wasn’t eating - it was very unlike her. She usually loved her food but because of her dementia she couldn’t tell us verbally what was wrong. We had to do a full health check and then we found the cause: she had a mouth ulcer under her denture.”

Any time can be a mealtime, especially for someone living with dementia. One member of night staff told us: “I help residents to eat at night if they are hungry. We have one resident who likes beans on toast before he goes to bed at 11pm. It is part of his routine and this is his home.”
How about setting up groups of interested residents, relatives and staff to talk about mealtimes? In our experience, people are usually very happy to talk about food.

- What’s working well in mealtimes?
- What could make your mealtime experience even better?

One manager told us: ‘I spent a whole day speaking to residents about food. This led us to changing the breakfasts, having lighter meals at lunchtime and a larger meal in the evening. Now residents are less likely to fall asleep in the afternoon and they feel better going to bed at night with a full stomach. They are also not waking up ravenous - and nobody has lost weight! The new approach has also saved us money.’

Natural food smells can be great for encouraging appetite – what about a coffee machine or toaster in the dining room?

Eating Together

Do staff eat with the people they care for? If not, is there a reason why?
Some care home staff say they feel guilty about having their lunch ‘on the job’.
Missing meals is not good for anyone including staff. We need to consider the wellbeing of everyone in our care homes.
THINKING ABOUT DRINKING

Making sure someone is drinking enough helps their mobility and skin health and prevents headaches, UTIs and tiredness. It can also potentially prevent confusion and delirium. Sometimes it’s not enough to have a jug of water out on a table. Make sure a glass is within reach and use gentle encouragement to drink.

Think about:

- Do the people living in your care home have a preferred glass or mug? Have you tried using coloured glasses? These things might make a real difference to residents’ enjoyment of their drinks.

- Sitting with someone while you both enjoy a drink can make a difference too.

- Food with a high water content should also be encouraged: watermelon, cucumber, summer berries and grapes, for example. Why not involve residents in making fresh fruit ice lollies?

Drinking enough can potentially prevent confusion and delirium
1. **Encourage involvement in food preparation.** Offer residents the opportunity to take part in food preparation and laying the tables. Ask residents, relatives and staff for favourite recipes.

2. **Feed the soul.** Familiar tastes and smells awaken pleasant memories, improve appetite, and create a feeling of belonging.

3. **Create the right ambience.** Is the dining room too busy? Too quiet? Too noisy? How does it feel for residents, families and staff?

4. **Offer choice.** Think about how you can open a conversation with residents about their preferred foods and also, where this feels appropriate, how they would like to protect their clothing during mealtimes.

5. **Consider different approaches** that might help your individual residents to eat independently. Using adaptive cutlery or coloured crockery and glasses can sometimes make a big difference.

6. **Make food fun.** Think about different options for meals. Why not ask people to construct their own pizza toppings? Get fish and chips delivered and celebrate people’s birthdays with their favourite food and drink.

7. **Mealtimes as special occasions.** Think creatively about what you can do to bring residents together with their friends and families over a special meal.

8. **Give individualised support.** Know your residents! Some will really appreciate your extra attention and support to eat and drink.

9. **Make the environment work.** Making small changes to the arrangement of the dining area can have a big impact on enjoyment of food and social interaction.

10. **Enjoy the experience.** The mealtime experience should be a time of enjoyment, conversation and sharing stories for all of us, staff included. Go with the flow!

**TOP TIPS**

**SOME ORGANISATIONS TO WORK WITH:**

Age UK, Alzheimer’s Society, BAPEN, Dignity in care campaign, FSA, Mind, The Relatives and Residents Association, Social Care Institute for Excellence (SCIE).

Take advantage of the different roles of people attending (managers, cooks, activity coordinators) and draw discussions that come up and that supports a broad understanding of what works well and what the challenges might be.