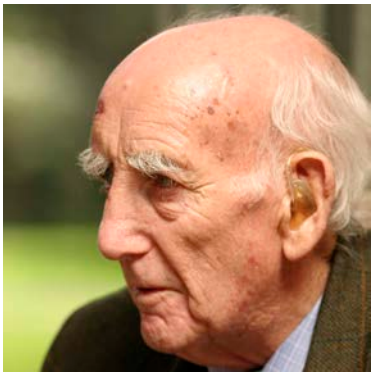
healthwatch North Tyneside

Making mealtimes matter
in care homes in North Tyneside

Report by
Healthwatch North Tyneside

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North Tyneside Council monitoring team.

Healthwatch North Tyneside staff and board.

Helen Johns, HMJ Consultancy, who took the lead in writing this report.

Healthwatch North Tyneside

Healthwatch is the independent consumer champion for health and care. We gather and represent the views of people who use health and care services.

We feed back this information to the people responsible for commissioning and providing services so that they can take action to address people's concerns and improve the service in their area.

Local Healthwatch have been set up in each local authority area in England creating a national network to make sure the voices of the people who use health and social care services are heard at the highest level.

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Summary

Enter and view volunteers, working in teams of two, visited 31 care homes in North Tyneside between June 2016 and January 2017. During their visits, our enter and view volunteers spoke to residents, families, friends and staff.

We spoke to 302 residents, 81 visitors and 250 staff. We also received responses from families and friends through the online survey.

Our findings are detailed in the full report. Below is a summary of 'what went well' and 'what needs to improve'.

What worked well

Overall we saw examples of residents' food and drink preferences being gathered and we saw evidence of menus providing variety and choice. Staff were able to describe the home's range of meal options and their flexibility in accommodating each resident's choice and changes of mind.

Most homes have feedback systems in place to gather the views about food and drink from their residents, families and friends.

The everyday mealtime environment was viewed as a positive one and many residents were supported to enjoy the social opportunities available at mealtime.

In most homes residents enjoyed their food and gave lots of positive feedback about the quality of food.

We noted the availability of everyday food and drink throughout the whole day in most homes. Many staff told us that residents could have extra drinks, food and snacks whenever they wanted.

Some homes provided good examples of how they differentiate weekends from weekdays by creating special events and routines. The opportunities to create 'something special' were enhanced where:

- Homes understood the importance of creating a variety of special events as a regular part of care home life.
- Homes demonstrated good communication between the kitchen staff, the Activity Coordinator and other staff in creating food-based events, celebrations and links with the community.
- Staff demonstrated they were always looking for ways to 'make an occasion'.
- Family and friends were included to create a social aspect to food and drink activities.

What needs to improve

Homes need to show that they have a clear process in place which shows that they use the information collected about resident's food preferences and needs when deciding on menus and that the menus reflect what the residents need and want.

Menus are not consistently available in a range of formats that residents can access. To support residents in making choices, homes should provide menus in formats appropriate to their residents' needs and abilities including cognitive impairments.

Feedback systems don't always use methods that support all residents to give their views. In many cases, rich opportunities to capture real-time informal feedback were missed. Not all homes can demonstrate how feedback is used to inform future menus and improve practice.

The experience of mealtimes could be improved by increasing opportunities for residents to exercise choice and control, for example in terms of portion sizes, condiments.

For those who need assistance, those who need to be fed directly or those residents who stay in their rooms, experience varied across the homes. Consistency of the mealtime experience needs to be addressed for these groups.

Some practices at mealtimes were impersonal and did not focus on the residents' experience. These are likely to have a negative impact on residents' wellbeing and should be eliminated in homes.

Homes should adopt the relevant principles of protected mealtimes to emphasise that non-urgent activity in the home should stop and interruptions should be minimised. Relatives should be encouraged to support mealtimes if this would improve the nutrition and hydration of the resident or enhance the social aspect of the occasion.

Some homes lacked consistency in the quality and substance of food across individual meal choices and mealtimes throughout the day. In addition, the quality and appearance of meals across the home was not consistent for all residents. This disparity should be addressed to provide equally appetising meals to all residents whatever their dietary requirements or location within the home.

Residents were usually reliant on staff to observe their needs and respond, or to serve snacks and drinks according to home routines. Homes need to provide the opportunity for residents to exercise choice and control by helping themselves to food and drink throughout the day.

We found disparity across the homes and within individual homes in terms of providing 'something special'. Homes need to consider whether an occasion 'feels special' when planning events to support resident's emotional wellbeing through food and drink.

Background and context

The Independent Observer Scheme

Healthwatch has the power to 'enter and view' services in their area. Enter and view visits are conducted by teams of trained volunteers to find out how services are being run and identify areas for improvement. For the last six years Healthwatch North Tyneside enter and view volunteers have visited residential care homes for older people in the borough as part of an 'Independent Observer Scheme'. The volunteers report on the way the care is delivered in the homes and this information is shared with North Tyneside Council and the Care Quality Commission to support their quality monitoring.

Previous Independent Observer Scheme (IOS) visits have focused on a broad spectrum of people's experience in residential care. In 2015 we focused on how homes provided activity for residents. In 2016 we looked at residents' experience of food and drink.

Why look at food and drink in care homes in North Tyneside?

> "Meals and mealtimes affect the quality of life for older people and are indeed the 'Highlight of the day' for many people in residential care (Commission for Social Care Inspection, 2006). A small study into care homes found that, for residents, food is a definer of the quality of a home (PG Professional and the English Community Care Association, 2006)".
>
> Dignity in Care Guide 15: The Social Care Institute for Excellence (SCIE) (Updated 2013) The Dignity Factors, Eating and Nutritional: Policy and Research in more detail.

The aim of the visits was to gain an understanding of **older people's experience** of food and drink in residential care homes in order to identify good practice and make recommendations for improvement. We wanted to understand:

- how homes perform in supporting **resident's emotional wellbeing** through food and drink; and
- how homes enable residents to **exercise choice and control** in eating and drinking.

Our approach and scope of the visits

Care homes in North Tyneside are commissioned by North Tyneside Council to deliver services. Homes are required to comply with relevant legislation including:

- The Care Act 2014;
- Health and Social Care Act 2008;
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;
- Care Quality Commission (Registration) Regulations 2009.

North Tyneside Council representatives in conjunction with the North Tyneside Clinical Commissioning Group (CCG) carry out monitoring activity on care homes and nursing homes using a Quality Monitoring Tool which includes specific elements in relation to nutrition.

The Care Quality Commission (CQC) also inspects the nutrition and hydration of people living in care homes. Care homes are also expected to implement the nutritional aspects of National Institute for Health and Care Excellence (NICE) Guidelines: Older People with Social Care Needs and Long Term Health Conditions.[1]

Standards

The role of the National Institute for Health and Care Excellence (NICE) is to improve outcomes for people using the NHS, public health and social care services by developing guidance and quality standards. These standards and guidance are a useful tool to compare services against to see if they are delivering good quality care. In some cases providers are required to meet the standards by commissioners.

Many of these regulations and standards focus on the physiological indicators of nutrition and hydration. Most also refer to the need to enable residents to exert choice and preference of food, particularly in relation to cultural and religious needs.

Enter and view visits focused on the 'mealtime experience' for residents rather than the nutritional standards expected by the above regulations and contracting arrangements. Enter and view volunteers considered the quality of food from a lay-person perspective and its impact on the mealtime experience.

How we gathered our information

Enter and view volunteers, working in teams of two, visited 31 care homes in North Tyneside between June 2016 and January 2017. In preparation for our visits we asked care homes to supply details of annual spend on food per resident, the number of residents receiving prescription for food supplements and the number of residents on fortified diets.

During their visits, enter and view volunteers spoke to residents, families, friends and staff. They also looked at menus and other resources, which gave an indication of how menus were planned.

We produced an online survey for family and friends to complete. This was advertised in care homes, through social media and in our enewsletter and website.

[1] https://www.nice.org.uk/guidance/ng22/resources/older-people-with-social-care-needs-and-multiple-longterm-conditions-1837328537797 accessed on 30.03.17

We spoke to 302 residents, 81 visitors and 250 staff. Of the 302 residents we spoke to 127 (42%) were able to give us their star rating for the food in the home. We also received 6 responses from families and friends through the online survey.

After the visits, enter and view volunteers produced individual reports for each care home. We gave homes an opportunity to comment on their report and their comments were added to their individual report. All individual reports were shared with North Tyneside Council. Appendix 1 provides more details on what we looked at during the visits.

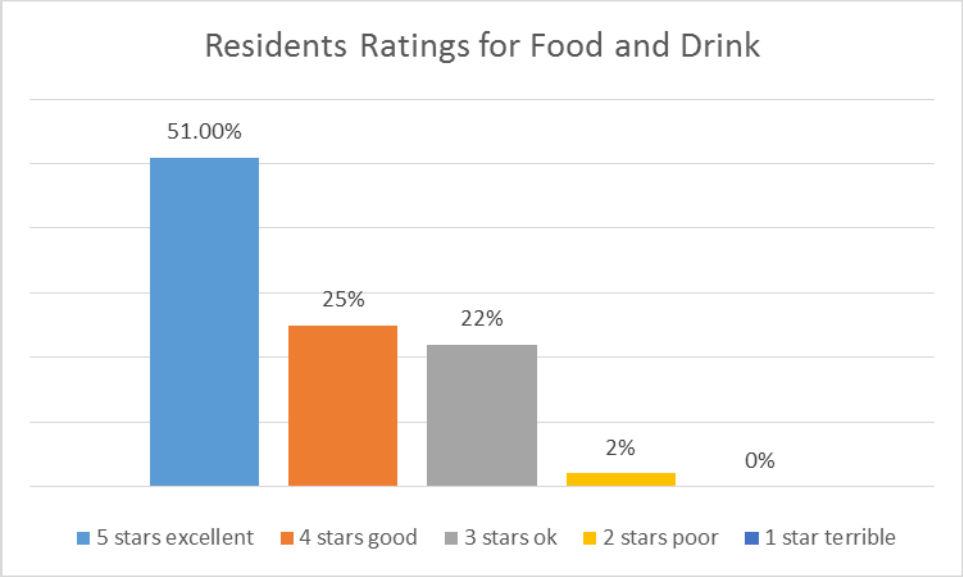
Questions we asked

During the visits, enter and view volunteers looked at four aspects of the mealtime experience and asked questions to ascertain current practice on the overarching topics below.

1. **Engagement, feedback and planning:**
    - How are residents supported to exercise their preferences and choice and how is this incorporated into the home?
    - How accessible are menus and other methods used to engage residents about food and drink in the home?
    - How are residents enabled to have their say about food and drink?
2. **Everyday mealtime experience:**
    - Are the dining environments pleasant?
    - What are the social aspects of mealtime?
    - How are people supported to eat with dignity if they need assistance?
3. **Quality of food:**
    - What is the quality of the food on offer?
    - What are the opportunities for everyday food and drink at other times?
4. **Something special – food and drink outside of the regular home routine:**
    - How are weekends distinguished from weekdays?
    - How is food used to mark special occasions?
    - What are the food-related links with the community?

What we found

127 residents gave us a rating of 1-5 stars for their overall experience of food and drink in residential care homes.



The majority of those who gave a rating were very positive about their experience of food and drink. However, further discussion with residents highlighted a number of areas where things could be improved.

We analysed the trends across the data gathered by enter and view volunteers and categorised findings into four key themes which are explored below:

- Engagement feedback and planning of food and drink
- Every day mealtime experience
- Quality of food
- Something special

Engagement, feedback and planning

Enter and view teams explored how homes supported residents to be actively engaged in making food and drink choices and how they were included in any feedback and planning process. In particular, we asked questions about:

- How residents are supported to exercise their preferences and choice and how this is incorporated into the home.
- How accessible menus and other methods are used to engage residents about food and drink in the home.
- How residents are enabled to have their say about food and drink.

Determining preferences and providing choice

Several homes collated information on resident preferences in the form of an individual 'likes and dislikes' document. Some also identified dietary needs (for example allergies) within the care plan on admission. However in many homes, we did not find clear evidence of how information gathered was used to influence menus or was incorporated into daily life in the home.

We found a good range of choice available in homes with most offering two options at each main meal. We found menus that rotate on a four week cycle and evidence that these changed with the seasons. One resident told us "the range of choice is pretty good". In some homes it was difficult to determine the level of choice available over a period of time as we only saw daily or weekly menus.

We saw evidence of several homes responding to individual preferences, and we heard examples of how resident's special dietary needs were being met, for example, through soft, pureed, fortified, diabetic and vegetarian diets.

Kitchen staff told us that they would buy Halal and Kosher foods when needed however this was seldom identified as a need in the homes we visited.

Good practice

In one home, as one resident requires Halal butchered meat, all the meat served within the home is prepared that way. (Enter and view report)

Overall we saw examples of residents' information being gathered and separately we saw evidence of menus providing variety and choice. However homes need to demonstrate that there is a clear process in place which brings these two elements together to create a menu that reflects the needs and wants of the resident population.

Accessibility of menus and opportunity to exert choice about food and drink

The effective communication of meal options is reliant on two factors:

- how menus are published and shared with residents; and
- how residents are supported to 'order' their choice of food from the menu or select an alternative.

Several homes publish menus in a range of formats to make details of the choices available accessible to all residents. For example menus on the tables, chalk boards, white boards, large print, daily and week-at-glance. We also found that in a few homes staff trial different approaches to menus to identify what works well.

However, in other homes choice was limited by a failure to follow best practice and their contractual guidance on menu formats. Some homes provided menus in only one format which may not be suitable for all residents. In particular accessible information for those living with dementia was not routinely provided.

> "A group of residents and home visitors said it would definitely be of benefit if there were pictures of their meals, especially for people with communication difficulties and dementia." (Enter and view report)

In some instances, residents had to rely on information from carers and had no means of finding out menu choices for themselves.

Our external research[2] identified a number of common design features for accessible written materials for those living with dementia including:

- Use a large text size
- Use bold and colour to highlight important information
- Use plain backgrounds to avoid distraction
- Avoid using lots of different fonts and fancy designs
- Use pictures that are meaningful and relevant
- Pictures should be simple and clear.

This list is not exhaustive and further guidance on can be sought from publications listed in the useful reading and resources section of this report.

Other areas where resident choice and control was limited included:

- No publication of second food options.
- No menu plans for the week ahead displayed.
- Discrepancies between the various menu formats, for example discrepancies between the picture menu and the chalk board.
- A difference between the published menu for the day's menu and what was served. For example a menu showed egg custard but ginger sponge was served.

[2] http://dementiavoices.org.uk/wp-content/uploads/2013/11/DEEP-Guide-Creating-websites.pdf accessed on 25.04.17

In some instances staff ask residents to select their food choice for the day either the evening before, the same day or in a few cases at the point of serving the food. The 'ordering' system usually includes a summary sheet that is transferred to the kitchen ready for service. In one home there are individual notes made for each resident (including the portion size required) which are returned at the point of service.

Several homes provide some 'staple' alternatives to the daily menu options for those who do not want that day's option. These include sandwiches, soups, baked potatoes or omelettes which were available at any time.

In some homes, staff indicated that where residents are unable to communicate their preferences, they refer to other records or previous experience to assist them to make daily choices.

In most instances staff re-confirmed the resident's choice at the time of serving the food. Most staff indicated that if a resident wanted to change their mind at this point they could accommodate their requests. However, this appears dependent on the resident's assertiveness, cognitive function or communication abilities.

Good practice

"In one home we saw how staff showed residents plates of the food on offer to provide a strong visual clue and to assist residents making choices."
(Enter and view report)

Generally, staff were able to describe to enter and view teams the home's range of meal options and their flexibility in accommodating residents' choice. However as there is lack of consistency in how menu options are communicated to residents, it is difficult to ascertain how, in practice, residents can:

- realistically exercise choice and control; and
- how often this opportunity is taken up.

In order to support residents in making choices, homes should provide menus in formats appropriate to their residents' needs and abilities.

Other ways to engage residents in food and drink

We also sought to find out how homes used other ways to engage residents around food and drink in the home.

A few homes engaged residents through the provision of food-based activities and daily living tasks. Some examples are shown in the Ideas Bank on page 14. These examples illustrate ways in which a resident's interest in food could be stimulated and emotional wellbeing enhanced by involvement in daily living tasks. Whilst these examples were encouraging, this practice was not a regular feature of home life in many of the homes we visited.

Having your say about food and drink

Most homes gathered feedback from residents and relatives about food and drink. We found many examples of formal feedback methods such as surveys, questionnaires, residents or relatives' meetings. We also saw lots of examples of informal feedback sought at the point of food consumption such as verbal feedback or comments books in the dining room.

Examples of ways that homes gain feedback are shown in the Ideas Bank on page 14. Some homes gave examples of where feedback gathered had led to improvements such as:

- Items were taken off the menu as a result of resident feedback, for example pizza.
- The supper menu was changed as a result of feedback gained at a residents' meeting.
- The introduction of a Communication Book in one home was as a result of a survey

Good practice

There is a 'Mealtime Communication Book' used to document any issues related to food, nutrition, preferences etc. This is used to plan future menus. The benefit of this system is that it can record the nuances of the mealtime experience and allow kitchen staff to make adjustments accordingly. (Enter and view report)

However, homes appear less well equipped to obtain feedback from residents with dementia. We found little evidence to demonstrate the use of relevant tools and techniques to enable people with dementia to have their say. In particular, surveys and questionnaires that ask residents' opinion at a later date would be unreliable for those with memory impairment. Where we saw informal methods, such as obtaining immediate verbal feedback, we heard no evidence of how it was recorded or linked to any feedback system.

In addition, feedback obtained was not always used as well as it could have been. For example, only a few homes published the results of surveys, such as on notice boards. And in many homes it was not clear how the feedback gathered was then used to inform future practice. A few relatives reported that improvements as a result of direct feedback have not been sustained.

Although most homes demonstrated that they obtained feedback across the resident population, very few homes indicated that they gather individual feedback about food and drink in resident care plan reviews.

Whilst most homes have feedback systems in place, the reliability of the systems and their effectiveness in leading to improvements could not be always be demonstrated. In many cases, rich opportunities to capture real-time informal feedback were missed and therefore the option to use this information in future planning was lost.

Homes should employ feedback systems that reflect and support the abilities of their resident population.

Ideas Bank: Engagement, feedback and planning

The following is a summary of ideas given to enter and view volunteers during the visits.

Determining preferences and providing choice

- Homes using a range of tools including 'This is me' and other admission documents, to gather information not only about resident food 'likes and dislikes' but also their dietary needs.

Accessibility and opportunity to exert choice about food and drink

We found examples of food-based activities as part of a wider activity programme or as part of daily living tasks:

- Bread baking session, making cakes, biscuit making peeling vegetables, popping peas.
- The Activity Coordinator had started a home cooking programme with the chef.
- Residents involved in making refreshments for the monthly family social events.
- The dessert on the day of the visit (fruit salad, Eton Mess) was made by the residents.
- Residents supported to take part in kitchen activities as part of everyday tidying kitchen area, helping to clear tables.

Having your say about food and drink

- Staff get direct feedback from residents at the time of the meal.
- The Deputy Manager takes note of the food that is eaten and shares information with the cook.
- The cook gathers feedback direct from staff and residents.
- Homes use a quantitative approach by keeping a record of the portion size eaten of the main course (for example half or quarter).
- One home introduced a comments book in the dining room as a result of previous feedback.
- A quarterly food survey is sent out to family and friends.
- Activity Coordinators get feedback from those who are unable to complete questionnaires.
- One home has a regular 'Food Forum'.
- Results of surveys go on notice-boards.

Everyday mealtime experience

Enter and view volunteers asked questions to find out:

- How homes create pleasant dining environments and support the social aspects of mealtimes.
- How homes support residents to eat with dignity if they need assistance.

Creating a pleasant environment and supporting the social aspects of mealtimes

Many homes have created pleasant environments in which residents can dine. Dining rooms were generally clean, bright and airy with space for residents to move around the room comfortably.

One manager explained his view of the mealtime experience:

> "It's an activity and I want it to be as relaxed and enjoyable as possible."

Some homes have a variety of locations for dining which provides a degree of choice. For example residents could choose to dine in the main dining room, the lounges, small areas outside the lounge or their own room.

> "One resident who couldn't decide (where to dine) moved freely between the dining room and the lounge and the meal followed. There was no fuss about this and it was done in a relaxed and respectful manner." (Enter and view report)

We saw dining tables dressed with a combination of accessories such as table cloths, placemats, napkins, flowers, and menus. Most had cutlery and condiments already on the table although in some homes, staff gave out cutlery as they served the meal. Some tables had gravy boats, serving dishes and water jugs from which residents could serve themselves.

In a few instances we found evidence of residents contributing to the dining environment by being involved in setting tables and folding serviettes. In one home a resident said "The tables always look nice".

Enter and view teams found that, in a small number of homes, the dining rooms on different floors were of a different standard. When comparing rooms they noted that tables were a little bland in their appearance and decor was sparse.

> "One relative said she felt the downstairs room for the more mentally alert residents looked better" (Enter and view report)

In many homes residents were able to select where to sit within each dining area and we noticed that some enjoyed the familiarity of their 'own' seats. We saw that friends were sitting together and this increased the social aspect of the mealtime. In one home we were told that residents "tend to sit with whoever they are chatting with on that day". We also noticed lots of informal chats between residents at the start of the mealtime.

Some homes improved the atmosphere in the dining room by playing music in the background and by the staff interaction with residents. We saw lots of examples of positive relationships between staff and residents who introduced discussions and were chatting to residents throughout the mealtime service.

Most homes welcome families and friends to dine with residents. We observed relatives joining residents for meals and in some cases this was a daily or weekly occurrence. We also saw relatives assisting their family member to eat which contributed in both a practical and a social way.

Good practice

"In one home the mealtime experience appeared to be led by the residents and how they wanted to have their meal – there appeared to be no pressure for organisation routines and processes to dominate.

The overwhelming impression of the home is that they are focussed on the residents' needs and feelings. We saw this in operation throughout the visit in the way staff responded to residents and the way the mealtime experience was managed". (Enter and view report)

However in some homes the social aspect to mealtimes was not supported. In particular, where residents have difficulties communicating or where there was a mis-match in residents' cognitive abilities, there was little conversation and staff did not always contribute by stimulating discussion. Sometimes conversation between staff and residents was limited to the task of serving the meal or giving instructions.

In a few homes we observed that residents had a considerable wait between being seated and getting their food which impacted on the social aspect of the mealtimes. For example conversations 'dried up' as people waited. In the most extreme example we saw residents waiting for over 30 minutes for their meal.

We found delays relating to: the logistics of getting everyone seated; the sequence in which different meals options were served; the speed of service; the prioritising of serving those who needed assistance to eat; and the availability of sufficient staff to support mealtimes.

Residents who dine in their own rooms

Some residents dine in their own room as a preference, but others are confined to their rooms because of mobility or other health issues.

Food is transported to residents' rooms on trays or on single plates. In a few homes the tray included all the food for that mealtime served at once which observers felt would be problematic in maintaining their temperature, for example ice cream and hot drinks. Residents ate from trolleys, some with adjustable heights, or on their lap.

We observed instances where carers ensured that food and equipment were all appropriately in place before leaving the resident. However, we also observed instances where there was minimal support for those dining in their rooms.

> "I observed one lady who was eating alone in her room. No one went in and she eventually fell asleep having eaten very little." (Enter and view report)

"Some relatives felt that not enough support was offered to people eating in their own rooms (of whom there were many) and that although these issues were raised no long term resolution occurred". (Enter and view report)

For residents who dine in their room, we found very few examples of any social element to mealtimes or ways in which the experience was enhanced. If this aspect is not addressed at other times of the day there may be a risk of social isolation for those residents.

Supporting residents to eat with dignity

We observed lots of positive examples of staff supporting residents to eat with dignity. These included:

- Providing appropriate tools and equipment for those who needed them, Examples include plate guards, coloured plates, plates with non-slip feet, special cutlery, cups with handles and cover ups for people to wear.
- Cutting food up unobtrusively, such as in the kitchen, so as not to draw attention to this 'special request'.
- Helping residents to maintain as much independence as possible whilst anticipating and meeting support needs for example encouraging a resident to use the spoon themselves.
- Ensuring support is low key and informal to provide the appropriate amount of support but minimise the feeling of interference.

Relatives also commented on how residents were supported to eat with dignity:

"Those with dementia are served on green and red plates and cups. Assisting by actually feeding residents is always the last option as residents are allowed to eat the way they want...no matter how long that takes." (Family and friends survey)

We observed staff assisting those who needed support to eat by:

- Serving those residents first so that food didn't get cold.
- Supporting people to eat at their own pace.
- Taking time to support individuals and focusing solely on them.
- Using a sensitive and caring approach and demonstrating their caring relationship with residents, for example by chatting and joking.
- Assisting those who were restless at mealtimes to eat at a quieter time of the day.

Good practice

"I saw a resident being assisted to eat (pureed food). This was an example of excellent practice done sensitively, at the resident's pace and with shared humour. The carer made sure the resident was comfortable first, placing an extra cushion behind the resident's back and putting an apron on her so her clothes were protected from spillages. The carer engaged fully with the resident throughout telling her what the food was, asking 'Is that nice?' and chatting pleasantly to her." (Enter and view report)

Conversely, we observed practices that did not support people to eat with dignity including:

- Residents who needed specialised cutlery struggling with ordinary cutlery.
- Food cut up at the table in ways that drew attention to the process, for example by the carer standing over a resident.
- Carers overloading a spoon whilst assisting a resident to eat.
- A carer handing food to residents without protective gloves or a plate.
- Staff referring to people by their eating styles such as 'eaters',' feeders', and 'purees' rather than by name.

In a few instances we saw carers assisting residents to eat whilst standing over them, sitting at awkward angles, leaning over tables, assisting two people at once, performing another task whilst assisting a resident (which involved walking away), changing staff halfway through the meal. These practices are impersonal, do not focus on the resident's experience, and do not protect people's dignity.

Staffing levels varied at mealtimes across the homes. In some homes extra help was provided at mealtime by the Activity Coordinator, managers and nurses and we saw some examples of families supporting residents.

Relatives also noted the importance of sufficient staffing levels at mealtimes:

> ".....would need more staff to sit by residents that need encouragement to eat more." (Friends and family survey)

The everyday mealtime environment was viewed as a positive one and many residents were supported to enjoy the social opportunities available at mealtime. However, for those who needed assistance or those residents who stay in their rooms, their experience varied across the homes. This appeared to differ depending on: the order in which residents were served; the pressures on staff to meet the dining needs of all residents that day; the amount of people available to provide assistance (staff and relatives) and the skill and empathy shown by those staff allocated to assist residents.

In addition, practices that were impersonal and did not focus on the resident experience are likely to have a negative impact on resident wellbeing and should be eliminated in homes.

Homes should therefore adopt the principles of Protected Mealtimes similar to those in place in hospitals to emphasise that non-urgent activity in the home should stop and interruptions should be minimised. Relatives should be encouraged to support mealtimes if this would improve the nutrition and hydration of the resident or enhance the social aspect of the occasion.

Quality of food on offer

Enter and view teams looked at the quality of food provided. More specifically they commented on the taste, texture, smell, temperature, portion size and presentation of the food on offer. Volunteers sampled some of the food on offer at varying times of the day in the homes they visited and gathered the views of residents, family, friends and staff.

Homes structured the food across the day in a range of ways. Some provided a main meal at lunch-time with a lighter tea-time service. Some provided a light lunch-time menu with the main meal being served late afternoon or early evening.

As described above, the menus we saw showed a good variety of choice.

Enter and view volunteers sampled lots of good quality, well-cooked (often home-cooked) meals which residents appeared to enjoy. We saw food that was well-presented, served at the correct temperature and appetising. Volunteers often described the food as tasty, delicious or wholesome.

In some homes the cook or other members of the kitchen staff co-ordinated the service and were able to see first-hand how the food was being served and gain immediate feedback from the residents.

We found portion sizes to be appropriate and matched residents' individual preferences. One home used smaller plates and in another home they used serving dishes so that residents could help themselves with support as needed.

In some homes residents were supported in making choices about how they prefer their food served, for example in terms of dressings or gravy, either by staff asking at the point of serving or condiments and dressings being available at the table.

For many homes, residents gave very positive comments about their food:

"I love it" **"Bit of alright isn't it?"** **"Wonderful"**

"Lovely" **"That was nice"** **"It was lovely"**

"The fish and chips are lovely" **"Plenty to eat"**

"Definitely. They're good on food" **"Can't fault it"**

"Perfectly happy with the food" **"It's all nice"**

"I like the meals. I like the food" **"The food is good"**

"Just right for me (fish goujons) because I have difficulty seeing things"

Comments from relatives and friends included:

"It's lovely. My mum eats everything put down to her and she's put on weight"

"I'd come in every day for lunch"

"…well-fed and well cared for".

We heard a range of ways in which kitchen staff served pureed food to make it look attractive including shaping food (sometimes with moulds) or ensuring each item was presented separately. One home had recently purchased equipment which processes pureed food into realistic shapes, for example pureed tomato looking like a tomato. One relative said that the home make her mum's experience excellent even though it is pureed.

Good practice

"Some homes used the support of the NHS SALT Team, practice nurse and dieticians for advice for those with special dietary needs. Care home staff are working together creatively with these healthcare professionals to make food and drink a pleasure for residents with a range of needs. An example of this was where staff were helping a resident who is PEG fed a sensory experience by providing flavoured lip salves and researching other possibilities"
(Enter and view report)

However, in some other homes the food was not so impressive or the quality was inconsistent. We found foods that did not look appetising and portion sizes that did not seem to relate to individual resident's choice.

On tasting this food, enter and view teams found examples of pies with little filling, curry with little meat and mince that was hard. Observers described some food as "tasteless", "bland", or "overcooked" and "processed rather than fresh (turkey)".

In some homes there was little or no opportunity for residents to choose how their meals were seasoned or how sauces, gravy or dressings were added. In one home some residents commented that everything was 'swimming in gravy'.

On some occasions, enter and view volunteers found inconsistencies in the meal quality within an individual home. Examples include:

- A difference in quality between meals at the same service such as "the curry was lovely and tasty....the pasta was a little bland ....some portions appeared very watery and thin" (Enter and view report)
- A difference in substance – some volunteers reported that the alternative to the main meal was less substantial.
- Varying quality at different times of the day, for example residents reported that breakfast was good but other meals not as good.
- A difference in the availability of the full menu choice across all dining rooms, for example more choice in one than another.
- Some residents who dined in their room said that the food wasn't warm enough when it got to them.

In most homes residents enjoyed their food and gave positive feedback about the quality of food. However, their experience of meals could be improved by providing more opportunities for residents to exercise choice and control in terms of portion sizes, sauces, dressings.

Some homes lacked consistency in the quality and substance of food across individual meal choices and meal times throughout the day. In addition, the quality and appearance of meals across the home was not consistent for all residents. This disparity should be addressed to provide equally appetising meals to all residents irrespective of their dietary requirements or location within the home

Providing everyday food and drink at other times

Enter and view volunteers explored how care homes provide everyday food and drink outside fixed mealtimes.

Most homes provide drinks and snacks from refreshment trolleys at regular specified intervals throughout the day. However, opportunities for residents to help themselves to drinks or snacks were only available in a few homes.

In these homes there were jugs, drinks dispensers or water coolers visible in communal areas (with glasses nearby). In others there were jugs in resident's rooms. These provided visual prompts for residents who may need additional hydration or who may simply be thirsty.

Staff in most homes indicated that meals or snacks are provided at other times of the day for those who weren't hungry at mealtimes. However, observers found very few instances of snacks on display in homes.

In addition, very few homes have a 'tuck shop' or other facility where residents can buy their own drinks or snacks.

Standards

"In one home the cook prepares snack trays of fruit batons, crisps, biscuits as finger food during the day. In the same home a visitor told us about the healthy snacks available during the day and remarked that her relative often had a 'pocketful of raisins'." (Enter and view report)

We also heard of other instances in which homes make food available such as:

- Between mealtimes for people who need fortified diets such as high calorie milkshakes.
- Throughout the night so that night staff could make sandwiches, cereals etc.
- As packed lunches when residents went to hospital appointments.

Overall, we noted the availability of everyday food and drink throughout the day in most homes. However, residents were usually reliant on staff to observe their needs and respond, or to serve snacks and drinks according to home routines.

Homes did not maximise the opportunity to support residents to exercise choice and control by helping themselves to food and drink throughout the day.

Many staff told us that residents could have extra drinks, food and snacks whenever they wanted. But it was unclear as to how residents (especially those with cognitive or communication impairments) could access this facility without physically having free access to these items.

Food and budgets

We analysed the data we received from care homes in relation to annual spend on food per resident and compared it to national and regional data available.

The 'Care Home Benchmarking Report 2016/2017' (NatWest, 2017) which outlines benchmarked costs in care homes across the UK has assessed the average spend per bed on food and drink per care homes in the North East as £1,356. Based on the data provided to us by 11 care homes in North Tyneside, the average spend falls below this at £1172 per bed. Spend per bed ranges from the lowest of £864 to the highest of £1787 which is well above the average. Where the average spend is well below the North of England average, concerns that not enough importance is being placed on the experience of food and drink in those homes should be addressed.

Something special – food and drink outside of the regular home routine

Enter and view teams looked at how homes create special events and occasions. We wanted to understand how homes use these opportunities to support residents' emotional wellbeing through food and drink. We considered:

- How weekends are distinguished from weekdays.
- How food is used to mark special occasions.
- What the food-related links are with the community.

Making weekends special

Many care homes mark the start of the weekend with traditional fish and chips served on a Friday. Some homes offer this as a lunch-time meal and others as a takeaway night on a Friday.

Many also serve a tea-time buffet meal at weekends which includes food such as pies, sausage rolls, sandwiches and gateaux.

Every home served a traditional Sunday roast and some provide a roast dinner mid-week as well. One home varies the meat option each week (such as chicken, beef, or pork) and most homes ensure that there is an alternative for those who don't wish to have Sunday lunch. However we found some alternatives are either not comparable (such as soup instead of a full meal) or there was no hot alternative to Sunday roast.

One visitor commented about the Sunday roast "That it was better than you'd get in a hotel" (Enter and view report). In another home a resident said they were impressed by the 'sky-high' Yorkshire puddings. Another resident said it was a "proper Sunday dinner".

The weekend is used by some homes as an opportunity to invite family and friends to join residents at meal times.

A few homes provided a range of examples of how they differentiate weekends from weekdays which are shown in the Ideas Bank on page 26. However, the majority of homes were unable to give examples of something 'different' at the weekend other than fish on Friday, Sunday roast and standard buffet teas. Homes could increase the sense of a weekend being different to weekdays by using food and food based 'events' at weekends.

Celebrating special occasions

All homes celebrate birthdays by providing a birthday cake for residents to share and in some homes they extend this to a birthday buffet or a party. Relatives, in one home, spoke about celebrations of special birthdays (90th, 100th) and parties catered for by the staff with families and friends involved.

Good practice

In addition to the usual individual birthday celebrations, one home holds an event at the end of each month to celebrate all those residents who have had a birthday that month.

We heard examples of several homes celebrating other special occasions throughout the year such as annual events and holidays or by creating their own regular (weekly or monthly) food related features. Examples of these are on shown in the Ideas Bank on page 26.

Some homes encourage family and friends to join in food-based events and celebrations and provide special meals for couples or family groups on occasions such as Valentine's Day or Mothers' and Fathers' Days.

> "Relatives are encouraged to join residents for meals "to help continue the relationships (such as between married couples)" (Enter and view report)

Good practice

Those homes that provide a wide variety of celebrations have made considerable efforts to ensure residents feel a sense of celebration. One resident described what the home did:

- Halloween - "parkin buns with faces on"
- Bonfire Night - "pies and peas"
- Christmas - "Christmas was beautiful. We all got a present from Santa"
- Easter - "we got an egg each"
- Queen's 90th birthday - "a mug, or a tin of sweets with a picture on top"

Food links with the community

We asked homes for examples of links with the community which provide opportunities for residents to enjoy snacks, meals and drinks outside of the home. These are shown in the Ideas Bank on page 26.

Some homes took full advantage of their location and ensured that residents were regularly involved in outings, for example to local shops, pubs, beach front or the Fish Quay. Other homes, which were in a less central location, made extra efforts in order to get residents out in their community. For example:

> "Groups of residents have started attending a new 'Meet and Eat' venture run by Age UK. There are also fortnightly trips to Earsdon Community Centre for lunch." (Enter and view report)

Some homes had access to their own or a shared minibus, which helped them to support residents to go out for mealtime experiences. Others relied on taxis and minibus taxis, which have a cost implication.

In some homes, community outings are a regular feature of the wider activity programme. However, in others outings were not a recent or regular feature of home life and in some cases, they did not seem to take place at all.

For those homes that do have community links it was difficult to establish whether all residents had access to them or whether they were only for the most able or most mobile.

Whilst we found several examples of residents going out, there were very few local members of the community coming in to the homes on a regular basis to enjoy food and drink experiences. However, two homes reported a success in this area:

Good practice

One home described how the local church Lunch Club members dine with residents (at their home) once a month.

"Another home explained that families can use a lounge for parties and buffets are provided (at a cost). An example of such was a party after the wedding of a grandchild. A seventieth wedding anniversary party is also planned."
(Enter and view report)

We also found a few homes held seasonal events such as summer or Christmas Fayres in which families were invited but there was no evidence of wider community involvement.

In terms of 'something special", we found disparity across the homes and within individual homes. For example, some homes performed well on one element, such as creating a good variety of special occasions, but under-performed in another element such as food links with the community.

The perception of special events was clear for residents in some homes but in others, the 'special' nature wasn't as evident. We acknowledge that individual residents' ability to recall events will be variable but we wanted to highlight this finding as a consideration when planning events to support residents' emotional wellbeing through food and drink. The home should check 'Does this event feel special?'.

Our view is that efforts to create 'something special' were enhanced where:

- Homes understand the importance of creating a **variety** of special events as a **regular** part of care home life.
- Homes demonstrated good communication between the kitchen staff, the Activity Coordinator and other staff in creating food-based events, celebrations and links with the community.
- Staff demonstrated they were always looking for ways to 'make an occasion'
- Family and friends were included to create a social aspect to food and drink activities

Ideas Bank: Something special - food and drink outside of the regular home routine

The following is a summary of ideas given to enter and view volunteers during the visits.

How homes **marked the weekend as special:**

- Saturday matinees including popcorn and ice cream.
- 'The bar' is open on a Friday night with different theme nights.
- A drinks trolley is brought out in the evenings.
- A 'Tuck Shop' cart.
- 'Special Sunday Breakfasts' including scrambled eggs with smoked salmon.
- 'Special requests' meals such as spaghetti on toast are provided.
- Residents involved in making part of the meals such as a fresh fruit salad.

How homes celebrated special events:

- Calendar events such as Burns night, St. Patrick's Day, Easter, Halloween, Bonfire night and The Queen's Birthday.
- Events around Wimbledon tennis fortnight (serving strawberries and cream) and other sporting events.
- Themed events such as 'foods from around the world'.
- Regular food-related weekly or monthly features such as: "Tipple Thursday" where residents enjoy an alcoholic drink, Pie and Pea suppers, Cheese and Wine evenings, social evenings for residents and their families and one home has an ice cream van visit on every week.

How homes created food **links with their local community**:

- Shopping trips which incorporate visits to coffee shops for refreshments.
- Trips out for Afternoon tea.
- Regular visits to a local tea dance.
- Regular visits to the pub which includes a meal as well as a game of bingo, draughts or dominoes.
- Trips to a Jazz club where residents can have an alcoholic drink if they wish.
- Trips to 'Mind Active' events where a meal was part of the event.
- Regular take-away evenings coordinated by the home.

Recommendations for residential care home providers

Our recommendations relate to the standards that apply to the provision of food and drink in care homes. A list of the standards we have used as guidance is included in appendix 2. In order to deliver these standards we make the following recommendations.

We acknowledge that some recommendations are a direct reflection of requirements of the contract specification or monitoring tools however they are included in the report for re-emphasis where we found homes were it appears may not be in compliance with these.

Engagement feedback and planning

Standards

The Council of Europe identified the following as one of the '10 key characteristics of good nutrition and hydration care':

"People using care services are involved in the planning and monitoring arrangements for food service and beverage/drinks provision" **Council of Europe (Revised 2015)**

Standards

The registered person ensures that there is a menu (changed regularly), offering a choice of meals in written or other formats to suit the capacities of all service users, which is given, read or explained to service users.
National Minimum Standards for Care Homes for Older People, Department of Health, 2003

Recommendation 1 (care home providers)

1. Homes need to develop and implement a range of techniques and systems to engage residents, families and friends in feedback and planning.

They should develop and implement the following:

1.1. Upon admission to the home, they must gather information from residents on both dietary needs **and** preferences and record this in the individual's care plan. This should be regularly reviewed with the individual to reflect any change. The needs and preferences of an individual should be available to staff and used at the point of supporting a resident to make a choice from the menu (for example in the resident's room).

1.2. Care home managers must regularly audit the accessibility of menus for residents (including those with cognitive impairment) using the recognised design features checklist on page 11 and guidance on providing accessible information (see the useful reading and resources section page 35)

1.3. Feedback on food and drink from residents must: include methods that gather information in real-time (that is during or immediately after the meal); be documented in a systematic way; and fed back to the kitchen or catering teams and those responsible for menu planning.

1.4. People with additional support needs (including cognitive impairment) should be assisted to give feedback in a meaningful way as part of this process.

1.5. Homes must establish a systematic process to use a) the information gathered on needs and preferences; and b) the feedback given from residents, to influence the menus and the experience of food and drink at the home. This should be evidence through record keeping of views gathered and action taken.

Everyday mealtime experience

Standards

Managers should ensure that mealtimes are given h priority and adequate staff time to give help to those needing support. A pleasant eating environment and opportunities for social interaction will greatly enhance mealtimes."
The Social Care Institute for Excellence (SCIE)

Standards

"People should be able to eat and enjoy their meals in an environment conducive to eating, and staff should be focused on encouraging and supporting a safe meal experience"
10 key characteristics of good nutrition and hydration care Fact Sheet. National Reporting and Learning Service (March 2009)

Recommendation 2 (care home providers)

2. Home managers and activity coordinators need to review meals and the mealtime experience to assess their status as a meaningful 'activity' for residents rather than a functional routine or task to provide nutrition. Planning and delivery of the mealtime 'activity' should also focus on:

   - how residents are supported to **exercise choice and control;** and
   - the impact of the experience on **resident's emotional well being**.

Recommendation 3 (care home providers)

3. Managers should develop and implement the following:

3.1 Managers should identify and address any disparity in the standard of dining accommodation throughout the home to ensure that all residents are offered a pleasant environment at mealtime.

3.2 All residents are to be offered the opportunity to enjoy their meal with like-company to enhance their social experience.

3.3 Managers must review how all staff within the care home can contribute to the mealtime experience and in particular how non-catering staff can assist at meal times.

3.4 Managers to carry out regular reviews of the dining experience for those who dine in their room and ensure any risk of social isolation is minimised.

3.5 Managers to actively encourage family, friends, volunteers and other advocates to be involved in mealtimes.

Quality of food

Standards

"(a) a choice of suitable and nutritious food and hydration, in sufficient quantities …b) that meet(s) any reasonable requirements arising from a service user's religious or cultural background" **(CQC, Regulation 14(1)a of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010)**

Standards

Food, including liquefied meals, is presented in a manner which is attractive and appealing in terms of texture, flavour, and appearance, in order to maintain appetite and nutrition. **National Minimum Standards for Care Homes for Older People Department of Health 2003**

Recommendation 4 (care home providers)

4. Home managers need to review the quality and presentation of meals for all residents regardless of physical or cognitive impairment or special diets. Care home providers should ensure that:

4.1 Managers regularly carry out spot meal-taste checks to ensure that food is appealing in terms of texture, taste, flavour and appearance.

4.2 Care homes provide access to everyday food and drink at other times. This should include opportunities for residents to help themselves to drinks and snacks.

4.3 Care homes provide other opportunities for residents to exercise choice and control in eating and drinking. For example a 'shop' or similar alternatives for residents to choose their own snacks or treats.

4.4 Care homes should provide opportunities for cooks or Nutrition Champions to network across the borough to share good practice around food and drink.

Recommendation 5 (care home providers)

5. Care homes should contribute to resident wellbeing through the regular provision of a variety of 'special' occasions complemented by food and drink.

5.1 Managers should work collaboratively with Activity Coordinators, kitchen staff and care staff to enhance residents' experience of food and drink outside of regular mealtimes, at weekends and for special events.

5.2 Homes should maximise opportunities to engage in food and drink experiences out in the community as part of a planned approach to meaningful activity.

5.3 Homes should actively encourage family, friends, volunteers, other advocates and members of the local community to be involved in special events to create a sense of community.

Recommendations for commissioners

Our visits identified that resident involvement in decision making in the homes is a weak area. This reflects similar findings in Healthwatch North Tyneside's report 'Living Life to the Full', April 2016.

Recommendation 6 (commissioners)

6. Given the importance of choice and control to wellbeing, North Tyneside Council should consider how they can strengthen the care home contract specification and monitoring tool to ensure that homes have a structured, measurable approach to resident choice, engagement, feedback and planning.

Recommendation 7 (commissioners)

7. In addition North Tyneside Council should change the contract specification (section 7.21 in the specification) and monitoring tools to address the following areas:

7.1 At present the specification requires providers to undertake nutritional screening and requirements but does not specifically mention preferences. It is not clear that this should be recorded or used in decision making. Likewise the monitoring tool does not accommodate preferences (likes and dislikes) clearly enough (7.1a/ 7.1b).

7.2 The specification does not clearly specify the need for providers to capture feedback about food and drink in 'real time'. Likewise the monitoring tool does not focus on 'real-time' feedback about food, instead focusing on the involvement in planning before the menus are agreed (7.1f)

7.3 The specification does require that providers enable residents to take their meals into their own rooms where appropriate. However without requiring providers to take measures to prevent social isolation, there is a risk that residents who are unable to leave their rooms are not supported with a social experience in day time.

Therefore the specification and monitoring tool (7.1e) should reflect that residents who are confined to their room or who choose to eat in their room should be regularly assessed for the risk of social isolation

7.4 The specification states that residents should have access to purchase drinks; however, it does not specifically require the provision of snacks outside of mealtimes. The monitoring tool (7.1g) does monitor if this is available, but does not monitor the right to purchase items. The specification and tool should be altered to ensure both are required and monitored.

Recommendation 8 (commissioners)

8. North Tyneside Council should publish information for residents, family and friends about what they should expect from food and drink in care homes (including the mealtime experience). This information should focus on enabling residents to exercise choice and control.

Recommendation 9 (commissioners)

9. North Tyneside Council should carry out an audit of spend per bed across care homes to ensure that adequate provision is being made for people. They should, where appropriate, investigate why some homes are spending well below the average for the region to ensure that this is not having a negative impact on wellbeing.

Recommendations for the Care Quality Commission (CQC)

Healthwatch North Tyneside selected and reviewed a small sample of CQC inspection reports for five local care homes which were included in the enter and view visits. We specifically considered how the 'mealtime experience' was addressed within the inspection of these care homes.

The CQC reports highlighted several important aspects around mealtimes such as the choices available to residents and how their preferences were taken into account when preparing meals. The reports mentioned how residents' choice was facilitated, for example how choices from the menu were ascertained, but sometimes lacked consideration of how residents engaged with broader choices around mealtimes such as the design of menus and dining environment.

The reports also highlighted the quality of food available and the consideration of residents' dignity whilst eating. The most significant element of the inspection was to address whether the residents' nutritional and hydration needs were being met and this was covered thoroughly within the sample.

Recommendation 10 (Care Quality Commission)

10. Overall, the CQC inspections cover a broad range of elements. However, we recommend that inspections consider the mealtime experience in more depth by assessing how care homes facilitate social participation and inclusion.

Useful reading and resources.

Relevant legislation and standards

Council of Europe (Revised 2015) **Council of Europe Resolution Food and Nutritional Care in Hospitals: 10 Key Characteristics of good nutritional care in hospitals.** Available at: www.bapen.org.uk/pdfs/coe_leaflet.pdf (Accessed on: 05.05.17)

Department of Health (2003) (3rd edn.) **Care Homes for Older People, National Minimum Standards.** Norwich: The Stationary Office.

National Institute for Health and Care Excellence (NICE) (2015) **Older people with social care needs and multiple long-term conditions.** NICE guideline (NG22)

Social Care Institute for Excellence (SCIE) (2009) **Adults' Services SCIE Guide 15: Dignity in Care: Nutritional care and hydration.** Available at: www.scie.org.uk/publications/guides/guide15/files/guide15-nutrition.pdf (Accessed on: 02.05.2017)

Social Care Institute for Excellence (SCIE) (2009) **At a glance 03: Nutritional Care and Older People.** Available at: www.scie.org.uk/publications/ataglance/ataglance03.pdf (Accessed on: 02.05.2017)

The Care Act 2014, c.23. Available at: www.legislation.gov.uk/ukpga/2014/23/contents/enacted (Accessed on: 02.05.2017)

The Care Quality Commission (2009) **The Care Quality Commission (Registration) Regulations 2009.** Available at: www.cqc.org.uk/sites/default/files/2009_3112s-care-quality-commission-regulations-2009.pdf (Accessed on: 02.05.2017)

The Food Standards Agency (2007) **Guidance on food served to older people in residential care, October 2007.** Available at: www.food.gov.uk/sites/default/files/multimedia/pdfs/olderresident.pdf (Accessed on: 02.05.2017)

The Health and Social Care Act 2008, c.14. Available at: www.legislation.gov.uk/ukpga/2008/14/contents (Accessed on: 02.05.2017)

The Health and Social Care Act 2008, Regulated Activities, Regulations (2014): Available at: www.legislation.gov.uk/uksi/2014/2936/contents/made (Accessed on: 02.05.2017)

Further reading

Alzheimer's Society (2016) Factsheet 511: Eating and Drinking. Available at: www.alzheimers.org.uk/download/downloads/id/1799/factsheet_eating_and_drinking.pdf (Accessed on: 02.05.2017)

Barnes, S. et al., (2013) 'Exploring the mealtime experience in residential care settings for older people: an observational study', **Health and Social Care in the Community,** 21(4), pp.442–450.

Bundgaard, K.M. (2005) 'The Meaning of Everyday Meals in Living Units for Older People', **Journal of Occupational Science,** 12:2, pp.91-101.

Commission for Social Care Inspection (2007) **Commission for Social Care Inspection Annual Report and Accounts 2006-07.** Available at: www.gov.uk/government/publications/commission-for-social-care-inspection-annual-report-and-accounts-2006-to-2007 (Accessed on: 02.05.2017)

Help the Aged (2006) **My Home Life: Quality of Life in Care Homes**. Available at: www.scie.org.uk/publications/guides/guide15/files/myhomelife-litreview.pdf (Accessed on: 02.05.2017)

National Reporting and Learning Service (2009) **Factsheet:10 key characteristics of good nutritional care.** Available at: www.nrls.npsa.nhs.uk (Accessed on: 02.05.2017)

Natwest (2017) Care Home Benchmarking Report 2016/2017. Available at: www.rcpa.org.uk/wp-content/uploads/2016/12/NAT00339_Healthcare_Report_Midres.pdf (Accessed on: 02.05.2017)

Northumberland Tyne and Wear Trust (Sept 2015) Nutrition Policy Practice Guidance Note Protected Meal Times – V02

PG Professional and the English Community Care Association (2006) **Care Homes: through the eyes of the consumer.** London: English Community Care Association.

Social Care Institute for Excellence (SCIE) (2009) **At a Glance 03: Nutritional care and older people.** Available at: www.scie.org.uk/publications/ataglance/ataglance03.pdf (Accessed on: 02.05.2017)

Resources offering guidance on providing accessible information

Alzheimer's Society (unknown) **Dementia Friendly Audit.** Available at: www.alzheimers.org.uk/download/downloads/id/3126/do_a_dementia-friendly_audit.pdf (Accessed on: 02.05.2017)

Dementia Action Alliance (unknown) **Dementia Friendly Physical Environments Checklist.** Available at: www.dementiaaction.org.uk/assets/0000/4336/dementia_friendly_environments_checklist.pdf (Accessed on: 02.05.2017)

Dementia Care Matters (2009) **Improving the Mealtime Experience.** Available at: www.dementiacarematters.com/pdf/4-12.pdf (Accessed on: 02.05.2017)

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The Dementia Engagement and Empowerment Project (2013) **Creating Websites for People with Dementia.** Available at: www.dementiavoices.org.uk/wp-content/uploads/2013/11/DEEP-Guide-Creating-websites.pdf (Accessed on: 02.05.2017)

The Dementia Engagement and Empowerment Project (2013) **Tips for organisations wanting to consult people with dementia about written documents.** Available at: www.dementiavoices.org.uk/wp-content/uploads/2013/11/DEEP-Guide-Consulting-about-written-documents.pdf (Accessed on: 02.05.2017)

The Dementia Engagement and Empowerment Project (2014) **Dementia Words Matter: Guidelines on Language about Dementia.** Available at: www.dementiavoices.org.uk/wp-content/uploads/2015/03/DEEP-Guide-Language.pdf (Accessed on: 02.05.2017)

Appendix 1: Visit checklist

1. Everyday mealtime experience

Pleasant environment?

- ✓ Residents involved in laying table or other daily living tasks related to mealtimes?
- ✓ Equipment- insulated crockery, non-slip plates, cutlery, coloured plates
- ✓ Good atmosphere, mealtimes are generally a pleasant experience
- ✓ Pleasant dining area

How are people supported to eat with dignity if they need assistance?

- ✓ Enough staff/volunteers/relatives?
- ✓ How/where is food cut up if needed?
- ✓ Staff focused on resident when supporting (not talking over their head to others)
- ✓ Appropriate cover up used to protect clothes?
- ✓ How easy is it to ask for assistance if you only need it sometimes?

Social aspects of mealtime?

- ✓ Can you choose who you sit with?
- ✓ Does someone have a chat with you at mealtimes?
- ✓ Can relatives/friends join you for a meal? £cost?
- ✓ Can you choose where you eat? Is there another place you can have your meal?
- ✓ How do staff ensure people who are confined to their rooms have a good mealtime experience?

Everyday food and drink at other times?

- ✓ What if you don't fancy anything at mealtime?
- ✓ Snacks available throughout the day? Supper if you want it?
- ✓ Drinks? Fresh water and cups easily available, more than just the tea trolley, ice lollies?
- ✓ Can residents buy sweets?
- ✓ Are finger foods available?
- ✓ What's provided outside mealtimes for people who need fortified diets? For example might include high calorie milkshakes, cakes etc.

2. Food on offer?

- ✓ Food served soon after residents are seated
- ✓ How are residents shown choices on offer? (Especially where there is an additional need e.g. visual impairment or for people whose food needs to be pureed)
- ✓ Taste, texture, smell, temperature
- ✓ Presentation, how is food served, can residents add their own gravy or dressings?
- ✓ Portion size, choice of portion size
- ✓ How do staff find out if residents enjoyed their food? For example if food is left on plate, was portion too large or food not enjoyed?
- ✓ What happens if you don't like your meal?

3. Something special? Food and drink outside regular mealtimes

At weekends?

- ✓ How are mealtimes different from during the week?
- ✓ Sunday lunch?

Food links with the community?

- ✓ Are you involved in any food based activity with the wider community? For example community coming into home or going out?
- ✓ Do you go out for meals? How often? When was the last time?

What's the food like on special occasions?

- ✓ For example birthdays, movie night, example of food provided for special occasion
- ✓ What about alcohol?

4. Engagement, feedback and planning

Preferences and choice

- ✓ Clear process to find out about preferences and incorporate these into daily life at the home
- ✓ Good range of choices on offer
- ✓ Different diets and preferences catered for in a way which maximises inclusion, for example given or observed Halal, kosher, pureed, vegetarian, gluten free, fortified etc

Accessible information and ways to engage about food and drink in the home

- ✓ Menu published within home such as on a notice board
- ✓ Picture menus
- ✓ Info about food based activities
- ✓ Opportunities to contribute or get involved in food and drink related activities, daily living tasks, planning food for a celebration

Having your say about food and drink

- ✓ Range of ways to give feedback and opinions about food and drink, formal and informal
- ✓ Opportunities for relatives to give feedback
- ✓ Relevant tools used to enable people with dementia to have their say
- ✓ Evidence that feedback influences practice or reasons given if not possible (for example menu)

Remember to record anything else you notice, particularly examples of good practice or where improvement needs to be made.

Appendix 2: Summary of standards

When exploring mealtimes within the care home setting, it is important not only to consider how residents' nutritional needs are being met, which has been the primary focus of most guidelines, but additionally to think about residents' experiences of mealtimes.

Mealtimes can be viewed as a 'social and cultural event' (Bundgaard, 2005) with the potential to significantly improve residents' wellbeing and quality of life (Barnes et al, 2013). Furthermore, mealtimes can provide both an opportunity for socialisation and promoting independence through participating in 'meaningful activity' (Help the Aged, 2006). This section will provide an overview of the key standards that care homes should abide by in relation to the 'mealtime experience':

1. **Engagement**

"People using care services are involved in the planning and monitoring arrangements for food service and beverage/drinks provision" (Council of Europe, Revised 2015).

2. **Choice**

"[There is] a) a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs;

b) that meet any reasonable requirements arising from a service user's religious or cultural background" (Regulation 14, Health and Social Care Act, 2008).

3. **Control**

"Ensure that people are fully involved in any decision that affects their care, including personal decisions (such as what to eat, what to wear and what time to go to bed), and wider decisions about the service or establishment" (SCIE, 2010).

4. **Accessibility**

"The registered person ensures that there is a menu (changed regularly), offering a choice of meals in written or other formats to suit the capacities of all service users, which is given, read or explained to service users" (National Minimum Standards for Care Homes for Older People, Department of Health, 2003).

5. **Everyday mealtime experience**

"Managers should ensure that mealtimes are given a high priority and adequate staff time to give help to those needing support. A pleasant eating environment and opportunities for social interaction will greatly enhance mealtimes" (The Social Care Institute for Excellence (SCIE)).

"People should be able to eat and enjoy their me**a**ls in an environment conducive to eating, and staff should be focused on encouraging and supporting a safe meal experience" (National Reporting and Learning Service, March 2009)

6. **Social environment**

"…the care home environment and layout are used in a way that encourages social interaction, activity and peer support, as well as providing privacy and personal space;

Encourage social contact and provide opportunities for education, entertainment and meaningful occupation" (NICE, 2015).

7. Dignity

"Provide assistance discreetly to people who have difficulty eating. Use serviettes, not bibs, to protect clothing. Offer finger food to those who have difficulty using cutlery, and provide adapted crockery and cutlery to enable people to feed themselves where appropriate" (SCIE, 2010).

8. Availability of food

"Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24 hours a day, every day" (Council of Europe (Revised 2015)).

9. Food

"Food, including liquefied meals, is presented in a manner which is attractive and appealing in terms of texture, flavour, and appearance, in order to maintain appetite and nutrition" (National Minimum Standards for Care Homes for Older People, Department of Health, 2003).

10. Food links with the community

"Provide appropriate opportunities, encouragement and support to service users in relation to promoting their autonomy, independence and community involvement" (Regulation 17, Health and Social Care Act, 2008).

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