



For Quality of Life of
Older People in Care

Thinking aboutImproving practice

No. 3: Mealtimes

Eating – a pleasurable activity?

Eating a meal ought to be something any of us can look forward to enjoying. It's a time when stresses and strains can be put to one side, leaving us relaxed as we talk to family or friends. It's a time that has the potential for enjoyment and satisfaction rather than simply being about refuelling a hungry body.

But for some residents rather than being a 'highlight of the day' mealtimes can be a trying time when their growing frailty and fading capacity is on view for all to see. Problems holding, or making use of cutlery become obvious and difficulties chewing or swallowing food may mean that the meal gets cold and is then less appetising. Giving up eating as a way of keeping up with the fastest in the group may mean that the main dish goes unfinished, so as to be ready for a less nutritious or enjoyable sweet course.

Going private

Eating with other people may become something of an endurance test and source of anxiety that could lead some people to withdraw from being with others as the only way of maintaining their dignity. When residents exercise their choice to stay in their room, for meals they have previously taken in the dining room with other residents it may be worth thinking about whether this has been caused by an embarrassing episode – difficulty in eating, a row with another resident or member of staff, or failure to get to the toilet in time.

Dependent on the reason it may be possible to encourage the resident back to communal eating, or it may be best to leave things as they are and work doubly hard at ensuring that s/he gets enough support when eating alone. You know the residents and are well placed to work out what may have led to the decision and can use your relationship, and the trust that residents have in you to help them do what suits them best.

Priority for action

Mealtimes really can be the highlight of the day, as long as staff think carefully about the issues and problems that can arise and take all necessary avoiding action:

- Think carefully about the seating plan, and in particular the ease with which people are able to leave the table should they need to get to the toilet in a hurry – with or without help

- Residents with difficulties feeding themselves should not be grouped together as this may only highlight their difficulties, and could lead to institutionalised practices taking hold
- Residents should, wherever this is still possible, be helped to feed themselves rather than being fed
- When assisting someone care should be taken to make this as dignified as possible, with the staff member sitting alongside of the person, rather than standing close by or doing other jobs
- You should avoid carrying on conversations with colleagues, either those nearby or in the kitchen, but conversation with other residents sharing the table should be viewed as normal and positive
- Unless there is a medical reason or the resident makes a specific request you should avoid routinely liquidising food
- Never view mealtimes as an opportunity for staff to socialise or take it easy

Obstacles to making this happen

The time and personnel necessary to provide sufficient one-to-one support may appear to be a luxury you cannot afford, but there are ways around this.

1. Think about involving relatives in mealtimes – this will provide them with something concrete to do and could yet turn an otherwise trying time into a pleasurable experience – like mealtimes are meant to be.
2. There may be scope for recruiting volunteers to provide assistance to residents who have lost the physical or mental capacity to carry on feeding themselves.
3. Consider whether there is scope for developing 2 “sittings” so that there can be more individualised attention

Think small, think personal – make a difference.

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*We are grateful to **Comic Relief** for their financial support for this programme of work*