



Improving the food, nutrition and mealtime experience in aged care

A submission to the Aged Services Industry Reference Committee

2 October 2020

About Dementia Australia

No matter how you are impacted by dementia or who you are, Dementia Australia is here for you.

We exist to support and empower the estimated half a million Australians living with dementia and almost 1.6 million people involved in their care. Dementia is the second leading cause of death in Australia, yet it remains one of the most challenging and misunderstood conditions.

Founded by carers more than 35 years ago, today we are the national peak body for people impacted by dementia in Australia.

We involve people impacted by dementia and their experiences in our activities and decision-making, to make sure we are representative of the diverse range of dementia experiences across Australia. We amplify the voices of people impacted by dementia through advocating and sharing stories to help inform and inspire others.

Dementia Australia is the source of trusted information, education and support services. We advocate for positive change for people living with dementia, their families and carers, and support vital research.

We are here to support people impacted by dementia, and to enable them to live as well as possible.

Introduction

Dementia Australia welcomes the opportunity to provide a submission to the Aged Services Industry Reference Committee (ASIRC) in response to the discussion paper *Improving the food, nutrition and mealtime experience in aged care*. In preparing our response we sought feedback from people impacted by dementia about their experiences of food, nutrition and mealtimes, and their views are reflected in our submission.

Rather than answer every consultation question, we have responded to the broad themes outlined in the discussion paper. Our response focuses on the need for mandatory dementia education for all aged care staff. Crucially, personal care workers and other staff who support aged care residents living with dementia require dementia education that addresses the mealtime experience.

“Food is essential to life. Food is also a reflection of one's culture and family practices. The people with dementia in aged care are not sheep. There are many strategies that could be employed in aged care to make meals and meal times more enjoyable and help the residents maintain their health and their weight as much as possible.” Former carer

The impact of dementia on food, nutrition and mealtime experiences

Dementia is the term used to describe the symptoms of a large group of neurocognitive conditions which cause progressive decline in a person's functioning. Dementia is not just memory loss - symptoms can also include changes in speech, reasoning, visuospatial abilities, emotional responses, social skills and physical functioning. There are many types of dementia, including Alzheimer's disease, vascular dementia, frontotemporal dementia and Lewy body disease.

For people with dementia, maintaining good nutrition can be challenging. A person with dementia may:

- Experience a loss of appetite
- Develop an insatiable appetite or a craving for sweets
- Forget to eat and drink
- Forget how to chew or swallow
- Experience a dry mouth, or mouth discomfort
- Be unable to recognise the food and drink they are given

Malnutrition and dehydration can exacerbate the symptoms of dementia. In addition, negative mealtime experiences can create responsive behaviours such as agitation and aggression which are variously labelled as 'changed behaviours', 'challenging behaviours' or 'behavioural and psychological symptoms of dementia' (BPSD) but are often a response to an unmet need. A person could be confused about what is happening, not happy with their meal, or in physical distress but be unable to communicate this. The 'behaviour' is a way of communicating confusion, anxiety, unease or distress.

The need to upskill the aged care workforce

There is a critical need to upskill the aged care workforce in order for them to be able to respond to the nutritional challenges people with dementia may face, but also to facilitate successful and positive mealtime experiences.

From Dementia Australia's perspective the single most practical/realistic action to improve the food, nutrition and mealtime experience for people living with dementia would be for all aged care staff to undertake mandatory dementia education that includes a focus on the mealtime experience.

Dementia Australia's A Day in the Life – Mealtime experience training program was launched in December 2019. It is an immersive workshop that enables participants to experience a mealtime in residential aged care through the eyes of a person living with dementia and their care worker. Using virtual reality and avatar technology, A Day in the Life explores the multifactorial influence of food and mealtimes on quality of life for people living with dementia. Participants explore strategies for improving mealtime and nutritional outcomes for people living with dementia.

It is essential that all aged care staff have an understanding of dementia and then, according to their specific role, receive specialised training which can help them support the food, nutrition and mealtime needs of people living with dementia.

Personal care workers

Personal care workers have an essential role to play in ensuring that the mealtime experience is pleasant, enjoyable and dignified for residents with dementia. Personal care workers need to understand the challenges that mealtimes may present for people living with dementia and provide appropriate support. Food is not just about nutrition – it is experiential.

“People with dementia may forget names of food and relatives, but they don't stop loving them. My mother loved cauliflower, fried chicken thighs, chocolate and cream cakes. The more we try to give people living with dementia the food they like, the more we enable them to live a good life.” Former carer

The mealtime experience is inherently based on individual personal preferences – who I sit with, where I sit, what I eat, when I eat, how I eat, how much I eat. If aged care staff do not know the person, they will be unable to meet their needs. A screening process for new residents could be an effective starting point to document this information and the person's preferences. Person-centred care specifically around food and nutrition should include:

- considering cultural sensitivities around food,
- preferences,
- allergies,
- chewing ability,
- co-morbidities (e.g. diabetes),
- time of meals – flexibility,
- physical abilities (e.g. ability to use cutlery) and

- appetite.

Personal care workers can enable these preferences through person-centred approaches to mealtime, which should include:

- listening to the person with dementia and/or their family and carers,
- documenting their likes and dislikes in care plans,
- appreciating the role food and meals have historically played in their lives,
- understanding and respecting their cultural background and associated food preferences or needs

“The food looked very unappealing and unappetising; no consideration was given to residents' cultural background or personal preferences as communicated by family members. The staff were mainly helpful but some were very loud and rushed residents to finish their meals and they were a bit rough feeding the ones who could not feed themselves.” Former carer

The cultural components of meal times are rarely considered. For example, cutlery choice e.g. knife fork, spoon fork, chopsticks, use of only fingers; seated on the floor; finger bowls for washing hands; grace/prayer time; and who the person sits with (male/female).

“Staff are in task focused mode, so getting food on the plate and serving it up as fast as they can as they are time poor and short staffed. Individual needs are not met as a result. Strangely the dementia unit where many can't cut food for themselves are served up meals that require full cognitive and physical capacity to eat, such as Puff pastry pies, chicken legs, and slices of hard to chew pizza. Just strange. Residents therefore don't eat as a result! They certainly can't complain as they are unable to, so family carers who visit have to manage and constantly be monitoring mealtimes. Very stressful and unreasonable. We place our loved ones in residential aged care as we assume expertise guides their care, however there is constant, exhausting management on the part of family and carer. Also, several residents require feeding however there weren't enough staff to feed them so family carers come in each day at lunch and dinner. There must be enough trained staff to feed residents.” Carer

Personal care workers need to be empowered by service management to support mealtimes using a person-centred approach which identifies and responds to cultural needs. People living in aged care should be provided with choice and control in their mealtimes. This includes flexible mealtimes and choice of foods. The aged care sector could learn lessons from the disability sector where the predominant model is based on the human rights of individuals – people with disability have a right to make their own decisions about what they eat and staff have an understanding and are informed by this belief.

“There is soup every night. There was a soup survey some time ago for all residents but the residents in the dementia house (or family/carers) were not included/asked. Annoying but typical - their opinions and input is never requested.” Carer

Homemaker or cottage models in residential aged care can facilitate choice and control, and can enable people living with dementia to continue to participate in the food preparation and

cooking processes. Staff working within these models would require additional skills/experience in food preparation and training in food safety.

Mealtimes also present an opportunity to support residents with dementia to maintain their independence, yet too often staff can reduce the capacity and dignity of people living with dementia by using controlled feeding practices or by putting people in clothing protectors (essentially bibs) unnecessarily. Often these approaches are taken to make the task of mealtimes easier for staff at the expense of resident choice, dignity and respect. However, there are other strategies and tools which can support people with dementia to maintain independence during meals. Examples of these include modified cutlery, plate bumpers and cutlery straps, as well as a picture menu for people who can no longer read and for those with communication difficulties to ensure that choice is still maintained.

“The dementia dining room was very small so all residents fitting in meant they were squashed up and no space at between tables or residents at all. Mealtimes are not a mentally or physically healthy experience by any standard.” Carer

“In the facility where my wife lived the food increased in quality and variety when new kitchens were installed. All food is now prepared on site by three experienced chefs, trained in preparing meals in aged care facilities. There is always a choice of meal and special requirements are noted in kitchens and by staff. The dining area is well laid out, tables and chairs are suitable and residents can sit where and with whom they choose.” Former carer

Personal support workers, and certainly nurses, should have the skills to identify why a person is not eating and know where to refer to for support/whether to escalate their concerns.

“I know in some cases with understaffing food often put out of reach of a person living with dementia or not return to assist with eating and if they cannot access often meal is removed and the person does not eat – therefore nutrition needs not met.” Former carer

Families and loved ones often support residents with dementia during mealtimes and fear that their loved one will not eat/be served if they are not there. Indeed, this has been a particular concern during the aged care facility lockdowns that have occurred during the COVID-19 pandemic. Aged care staff and management need to recognise the importance of carers being involved in mealtimes and recognise the important role they can play in supporting nutrition and dining experiences.

Chefs

The role of chefs and catering staff in supporting people living with dementia is considerable. In order to provide food that meets not only the nutritional needs of people living with dementia but also their cultural and lifestyle needs, chefs should be provided with dementia education. They need to recognise the role that food plays in a person’s day – food is not just a source of nutrition, it can be an important source of pleasure and enjoyment.

For people living with dementia, food may taste bland and therefore stronger flavours and/or extra salt, seasonings and sugar (pending any comorbidity) may be required to improve eating practices and enjoyment of meals. Food should look and smell appealing and people living with dementia should be given additional time to eat their meals. The texture of food may need to be modified for ease of consumption, for example chopping, grating, blending or mashing.

Chefs also need to have the skills to be innovative, for example using moulds for presentation of textured foods, the provision of portable finger foods for people who like to 'eat on the run', and the provision of buffet style meals which offers choice (noting the possible workplace/food safety issues that this option may present). They also need to appreciate that how food is served dependent on personal preference and ability – for example, serving smaller portions may mean that a person might actually eat more as they may be overwhelmed by too large a portion; limiting the number of items in front of the person may make meals less confronting; ensuring any packaging is accessible will ensure that food can be accessed. Feedback from aged care chefs who have completed Dementia Australia education is overwhelmingly positive in this regard, with reports that it improves their ability to cater to the diverse needs of residents with dementia.

“The menu at this facility is described as "gourmet" and it appears so, with an emphasis on seasonal produce and nutritional balance. Three cooked meals are offered every day (including breakfast which is available "in room"). Wine and/or beer is served with lunch and dinner for those who want it. The food is prepared on-site by chefs who visit and talk with residents. The dining room is set out in restaurant fashion with tablecloths, napkins etc., and those unable to sit at a table have their Regency chairs or wheel chairs positioned such that they still feel engaged with the other residents. This is a high cost facility but it appears "you get what you pay for" - unfortunately, life in aged care is as equally socio-economically divided as it is in the normal community.” Carer

Leadership and culture change

Aged care staff they must be enabled to respond to the needs of people living with dementia in a supportive workplace environment. Organisational culture plays a key role in improving the food, nutrition and mealtime experience. Leaders and management should encourage and enable all staff to be innovative and flexible so that the personal preferences of residents can be accommodated. This ensures that residents not only eat well to avoid malnutrition, but enjoy and look forward to the mealtime as an experience. The task oriented nature in many organisations negatively impacts on nutrition and meal times – for example, a lack of flexibility in when meals and how they are served can significantly impact on the response of a person living with dementia.

Conclusion

Dementia Australia hopes that this information informs the development training products to address the skills gaps in the area of nutrition and mealtime experiences in aged care and the practical application of skills to ensure that the needs of people living with dementia are responded to. We would welcome the opportunity for further discussions with the Aged Services Industry Reference Committee.