Enhancing the Mealtime Experience in Dementia Care

Reflections on Conducting Action Research within NHS Continuing Care Settings

Why Research on Mealtimes in Dementia Care?

Important part of people’s lives:
- For people with or without dementia
- But especially for people with dementia…

National priority:
- CQC ‘Essential Standards’ for dementia care
- CQC ‘Position Statement and Plan for Older People, Including People Living with Dementia’
- DOH ‘Living Well with Dementia: A National Dementia Strategy’
- DOH ‘Prime Minister’s Challenge on Dementia’
- Alzheimer’s Society ‘Dementia Priority Setting Partnership’
**Why Research on Mealtimes in Dementia Care?**

Important part of people’s lives:
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National priority:

“What are the most effective ways to encourage people with dementia to eat, drink and maintain nutritional intake?”

~ one of TOP 10 Dementia Priorities, Alzheimer’s Society

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**Why Action Research?**

Immediate Impact:
- Justifies doing research
- Encourages cooperation
- Ensures findings are applied in practice

Relevance to the ‘Here & Now’:
- Accounts for the micro-cultures within and across settings
- Specific settings allow for a board and in-depth research setting

Collaboration and Ownership:
- Brings patients, staff and relatives together
- Is led and owned by the above groups
- Researcher as informant and facilitator
**Why NHS Continuing Care Settings?**

Few CC Settings across the UK:
- Under-researched

Compared to other forms of dementia care, NHS CC settings are characterized by:
- (highest) level of need
- Hospital environment
- Institutional goals and biases

**Research Aims**

- To collaboratively develop small-scale interventions that will improve mealtime experiences for people with dementia, their relatives, and ward staff in two NHS Continuing Care facilities

- Possible interventions might involve:
  - Changes to when and what type of food is available
  - Mealtime environment (e.g. table layout)
  - Opportunities to share and interact during mealtimes
**Research Hypotheses**

- Interventions which lead to a more positive experience of mealtimes are more likely to also lead to greater consumption of food and drink and lowered risk of malnutrition.
- Interventions collaboratively developed with service users, relatives/carers and staff are likely to be adopted and effective.
- The impact of the interventions will extend beyond the mealtime especially in relationship to mood, engagement and Quality of Life of service users.

**Participants & Researcher**

**Participants:**
- Patients, relatives/friends and staff (ward based and visiting) on 2 NHS Continuing Care Wards

**Researcher:**
- 7 years experience of working in dementia care in:
  - The NHS
  - Private Care Facilities
  - Live-in Care
- Knowledge of Mental Capacity Act (2005)
- Dual role within the research project
MEASURES

- Focused Ethnographic Observations of the setting
- Structured Mealtime Observations (Service Users only)
- Semi-Structured Interviews (where possible including people with dementia)
- Recording Weight/BMI (SUs only)
- Measuring Quality of Life, Mood and Engagement (SUs only; including one staff initiated assessment)
- Staff initiated assessments of nutrition (MNA-SF) and feeding (EdFED)
STAGE 1: Pre-Intervention
Baseline measures around food, nutrition, meals and mealtime experiences will be collected to explore the micro-culture of the ward environment. Findings will be routinely shared with stakeholders.

STAGE 2: Intervention
Findings from Stage 1 will be used to discuss with stakeholders, who will collaboratively develop and implement site-specific small-scale interventions to improve mealtime experiences on the ward. Data collection will continue during the stage to evaluate the implementation process.

STAGE 3: Post-Intervention
Data collection will continue to investigate whether the interventions improved mealtime experiences, which aspects of mealtimes improved, and how the changes affected service users, relatives and/or staff.

Research Ethics:
- Extended Ethics Application to the Social Care REC
- NHS Research & Development and Site-Specific Forms

Consent:
- Consent issues are particularly prominent in research with PWD
  - Assessing capacity to consent
  - Seeking advice from personal and nominated consultees
  - Maintaining 'Ongoing Consent'
- Gaining Consent
  - A long, multi-step process
  - The process has to be as informed and accessible as possible
  - Need to effectively communicate the relevance and potential individual benefits of the research

Flexible Timelines:
- Inventive use of time
- Overestimation
Research within the NHS & with people living with dementia is likely to be:

- Time-consuming
- Resource-consuming
- and at times challenging

But it is also:

**HIGHLY REWARDING & MUCH NEEDED!**

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The study has been approved by the Social Care Research Ethics Committee.  
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