



# Dining with Dementia

**Sophie Murray, head of nutrition and hydration at Sunrise Senior Living and national deputy chair of the NACC, uses the senses to create a dining environment that positively supports people with dementia.**

Think about your favourite, most relaxing dining room. Is it at home, a restaurant or perhaps a family member's or friend's house? The dining environment is as important as the food itself. The décor, the room size, the tables and chairs, the music and brightness of the room, the condiments and the small details that bring it to life.

For someone with dementia, dining may not be an easy or pleasurable experience, and this creates a need for even more comforting but directed dining environments. The dining room may be used three times a day, so the right setting that supports simplicity, memory and dignity can really help those with more complex needs.

By stimulating all the senses and ensuring residents understand what is available, we can help to maximise all the abilities and skills a person has so that they can dine with dignity and purpose.



## WHAT DO YOU SEE?

We create a first impression quickly with sight. The dining room needs to be a visual delight. Does it have a WOW factor that entices without intimidating? Is it well maintained and easy to navigate?

People with dementia have said how bolder colours can help define dining rooms. Tablecloths with different coloured napkins, for example, offer contrast and show that a level of care and effort has been made, but make sure they're good quality in both fabric choice and condition. Items on tables also need to be easy to identify and use. Condiments should be clean and easy to use, and matching knives and forks and the correct size and type of spoon must be available. The details count!

If offering a jug of water (or other drink), it's essential that it's not clinical. A common area where standards can fall is in the use of opaque plastic jugs and beakers instead of glass. Perhaps this is the result of an overused risk management system that deems everyone with dementia unable to use glass? This is a grossly inaccurate view, which steals dignity. Drinking from a plastic beaker when someone has used glass all their life is demeaning and may not create the same lip sensation, which can discourage them from drinking altogether.

Plates may be a defined colour that contrasts with the food, to help identify items more easily. Blue plates and blue glasses are used by some to give colour definition and aid eating and drinking, although research isn't conclusive as to which colour is best.

A display plate or show plates in a monitored area can really help residents understand their food choices. Visual or picture menus, in my experience, can confuse when used at main mealtimes as they often don't resemble the food enough and some foods look very similar, such as a sweet or savoury pie. Having an actual plated dish that can be seen and smelt will be far more reassuring and tempting for residents. This is one of the biggest single areas that can increase appetite and really challenges the pre-order system. The pre-order system is inappropriate for someone with dementia and can make dining a faceless, task-orientated experience where food is distributed with little contact or care.

Visual menus do have a place where food cannot be shown, such as an always-available menu, an alternative menu, or for food identification in place of the spoken word or visual display.



**Left:** An example of a bold table cloth with contrasting napkins

**Middle:** A show table can help residents understand food choices

**Right:** A porridge picture that increased consumption greatly when used



### A SOUND APPROACH

Sounds in a dining room include three distinct areas; music, the absorption of sound with soft furnishings and clatter and movement in a disorganised dining service.

Music will not please everyone but a beat that is generally accepted is a good start. Appreciating the eras and preferences of residents is crucial. Playlists stored with personalised tracks may be a great way to engage some residents. Poorly selected music or an inferior sound system can quickly have a negative effect on a dining environment, so an investment in this can make a huge difference. Having sound tracks ready can really help care and dining staff make music a beneficial feature of every mealtime.

Soft furnishings are ideal for absorbing excess sound. Hard surfaces do not lend themselves to sound absorption and can create very distracting and unnecessary noise. An easy and effective change that will reduce noise is in the act of clearing tables; use plastic mats to stack plates and plastic tubs of soapy water for cutlery, instead of the sink. Curtains can help with sound absorption, as can soft wall coverings and cushioned seats.

Clatter can be reduced through a no loitering rule for staff. If staff are seated with residents and joining in the dining experience, distracting noise will be reduced. Having one waiter/clearer per 16 residents seems to work at lunchtimes, although this depends on the meal and the requirements of residents. Every second they spend waiting on their feet is a wasted second that could be spent engaging with a resident. If there is one server, there only needs to be one waiter (or two maximum) to keep a steady flow at point of service.

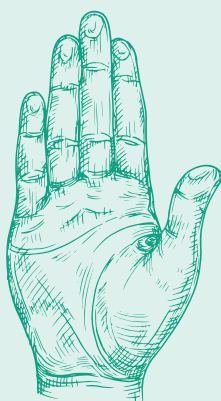
### THE SMELL OF SUCCESS

The smell of food can only be given if food is served in dining rooms. There are some food smells that can be created before mealtimes to help stimulate residents' interest and appetites, such as the use of bread machines or strong-smelling fruit-infused water, like lemon water. Smell evokes memories so the use of visual plates can help again by allowing residents to smell the food they are about to eat.



### IT'S ALL ABOUT THE TASTE

Taste needs to be encouraged in a dining environment where food is visual so that residents are tempted to try things. An aperitif before a meal is thought to be an appetite stimulant and could be a great way to encourage taste. When helping a resident to taste food, think about using adaptive cutlery or making foods that can be eaten with fingers. A roast dinner, for example, can be cut into small pieces with a gravy jug to dip the food in.



### A POSITIVE TOUCH

Touch is the final sense and the dining environment needs to invite tactile responses. Breakfast buffets, for example, can help and still be health and safety compliant with a bit of careful management. Many residents eat if they can see food presented attractively. Opaque plastic tubs with cereal that can't be seen and an array of messy items on the worktop will not help residents with dementia make clear choices. Don't assume that residents will always have the same breakfast. Do you? I certainly change my choice of breakfast according to the weather and how I feel on the day.

The care staff's use of touch with a resident is also relevant, perhaps especially in the latter part of someone's dementia journey. Tactile care at mealtimes to gently encourage consumption and provide reassurance can be so effective.

### REVIEW AND FLEX

Creating a conducive dementia dining environment requires careful planning. Dining rooms are far more than practical places to sit and eat, they are a main contributory factor to whether a person with dementia is happy to eat the food offered. It's important to regularly review the dining environment to ensure it creates a positive experience that encourages eating with dignity. Event days that introduce temporary changes are good opportunities to re-evaluate the dining room and approach to mealtimes and to make permanent changes if necessary.