Improving dining experience for people with dementia

Industry summary sheet for a Flinders University study, funded by the Cognitive Decline Partnership Centre

The problem
It has been well publicised for years that malnutrition is a large problem among people with dementia living in residential care. Individualised dietary care is essential to ensure quality of life for people living in residential care, including those with cognitive impairment. However budgetary and staffing constraints can make it difficult to find the time to provide a personalised approach in all care aspects.

The study
This qualitative study by Flinders University asked residents with dementia and their families, during one-on-one interviews and focus groups, their opinions on what aspects of food and dining in residential care homes support or impact on the quality of life for people with cognitive impairment.

The results
Residents indicated that they wanted more flexibility in the timing and size of meals. When texture-modified food (i.e. smooth puree or minced meals) was required, people felt that they completely lost any choice with regards to meals and perceived that there was a ‘one-size fits all’ approach to the level of modification that was recommended for people with dysphagia (difficulty swallowing). They also felt that the poor presentation of these meals contributed to people refusing them.

Suggested Improvements
• Involving residents and family members in discussions regarding timing, size and choice of meals.
• The presentation of texture modified foods could be improved. New techniques include using moulds to form food back into familiar shapes – this requires some outlay in terms of buying moulds and training of staff, but otherwise could be incorporated into current systems.
• Individualised assessment of need for texture-modified diet could be carried out by a trained professional (e.g. a speech pathologist) and a more step-by-step approach should be implemented for texture-modified diets for individuals. Dietitians and speech pathologists can assist with this.
• Ways to implement choice available to residents on texture-modified diets could be evaluated and improved. A speech pathologist or dietician can provide advice, or you can refer to available education resources (e.g. cookbooks or training for kitchen staff).