healthwatch Barnet

Mealtimes in care homes

Thematic Report
October 2025

Contents

Executive summary

This report is based on six Enter and View visits to care homes, which were conducted by Healthwatch Barnet. During each visit, our team interviewed care home residents, their relatives, staff members and managers, to learn about how mealtimes operated in each home. We also observed the delivery of a mealtime.

In the care homes we visited, we observed many examples of mealtimes being delivered well. Where we found areas for improvement, we provided detailed feedback to individual homes and worked with them on implementation. We also shared the findings from each visit with local commissioners and the Care Quality Commission.

On the basis of the good practice we observed, we have put together some guidelines which we hope will be useful to the dozens of other care homes in Barnet, These guidelines are set out on pp.4-8. Some of the key points are listed below.

- **Environment:** to create a welcoming atmosphere, homes can make use of bright and inviting décor, textured artworks, plants and flowers. Co-designing themed décor with residents adds further personalisation.
- **Social connection:** to help build relationships between residents, it is helpful to organise special meals for occasions such as birthdays, religious holidays and events such as Black History Month.
- **Accessibility:** residents' independence can be maximised through tools such as large print, pictorial menus, easy-grip cutlery and the provision of ergonomic side tables for residents who choose to sit in armchairs or wheelchairs during mealtimes.
- **Feedback:** valuable information can be gathered through regular resident feedback meetings, one-to-one conversations with residents and periodic surveys to inform meal planning.
- **Food and drink:** the best menus include a good level of variety and choice and some culturally diverse options. In consultation with residents, homes can work to find ways to make healthy food options more appealing, for example via flavoursome vegetable side dishes.
- **Health and safety:** it is important to ensure that only experienced staff serve meals, particularly to residents with specific needs. Wherever possible, this should be done by employees who know residents well rather than agency staff. In rare instances where agency staff are used for this work, homes should ensure they are experienced carers and are thoroughly briefed.
- **Mealtime support:** staff can enhance residents' mealtime experiences by encouraging them to eat at their own pace, seeking feedback, refilling drinks and offering second helpings. It is important to offer help whenever needed, while at the same time supporting residents to maintain some independence.

Mealtimes: what works

In the care homes we visited, we observed many examples of mealtimes being delivered well. Where we found areas for improvement, we provided feedback to individual homes and worked with them on implementation. On the basis of the good practice we observed, we have put together some guidelines which we hope will be useful to the dozens of other care homes in Barnet.

Create a welcoming environment:

- Make use of bright and welcoming décor, plants and flowers. Ensure rooms are warm and well lit. Co-design themed décor with residents.
- Ensure that rooms are dementia-friendly by providing simple, clear room layouts, wide walkways, textured artworks and warm colours.
- Design seating arrangements on the basis of residents' needs. Wherever possible, encourage residents to choose a seat, including in either the dining or living area if both are used for meal service. In cases where this is unhelpful for residents with dementia, agree assigned seating arrangements in consultation with residents and consider labelling seats with name tags.
- Where appropriate, play gentle music during meals. One home advised that, due to the number of their residents who had difficulties swallowing, they did not play music during meals for health and safety reasons. However, in several homes where residents had different sets of needs, we found that background music and singalongs helped to create a positive atmosphere.

Support social connection:

- Encourage staff to support social interaction among residents. For example, where appropriate staff could gently prompt residents to share stories.
- Arrange seating to support socialising during meals while also respecting residents who wish to sit alone or in a quieter space.
- Organise special meals and parties for occasions such as birthdays, religious holidays and events such as Black History Month.
- Where possible, offer food-related activities such as:
    - Baking sessions
    - Food growing using accessible garden equipment
    - Meal 'exchanges', whereby residents who choose to participate can travel to other care homes to share organised meals.
- During meals, if conflict arises between residents, ensure this is sensitively deescalated. Where the conflict concerns a substantive issue, facilitate discussions between residents outside of mealtimes and broker compromises.

Meal setup:

- Prepare dining areas in advance so they are well-organised. Develop a system to ensure that meals are served efficiently and kept hot, using heated trolleys if relevant.
- If residents have a range of dietary needs, consider whether implementing staged mealtimes would be useful.

- Offer residents high quality, cloth napkins and bibs during mealtimes and ensure they can choose whether or not to use them.
- Ensure that, after dessert, residents who wish to leave are supported to do so promptly, while accommodating those who choose to stay for tea and coffee.
- Place hand hygiene posters and stickers in hand wash areas. Before each mealtime, provide staff with clean aprons. Support residents with handwashing, making sensitive sanitiser gel available for staff and residents.

Accessibility:

- Put sauces and garnishes on tables, so residents with sufficient mobility can help themselves and others can be served their choice of condiment.
- Wherever relevant, offer residents easy-grip cutlery and cups, wide, shallow bowls and plate guards.
- Use large print, pictorial menus with pictures of plated up meals for all residents with visual or cognitive impairments and non-English speakers.
- Ensure that staff explain menu options to residents when meals are pre-ordered. Then, at the start of the meal, ensure that carers continue to communicate options to residents including by showing them plated up meals to check they are happy with their order and the portion size.
- Arrange meal set ups to maximise accessibility for residents with dementia. Use place mats with distinct colours to set them apart from the tablecloth. Consider options such as coloured aprons with name tags for staff.
- Provide ergonomic side tables for residents who choose to sit in armchairs or wheelchairs at meals. Where relevant, consider using height adjustable seats and dining tables, and chairs with adjustable arms and lumbar support. Involve Occupational Therapists in helping to choose furniture.

Special diets:

- Ensure staff have a good understanding of which meals should be served to each resident.
- While different systems will work in different settings, the key is to ensure consistent, safe outcomes. Some homes find the following useful:
    - Developing an information board in the kitchen which displays each resident's dietary needs using colour coding and infographics. Clearly marking all relevant allergens on the menu.
    - Using colour-coded chopping boards and/or dedicated areas for preparing different food types. Labelling resident meals and employing colour-coded trays to ensure residents receive the correct meals.

Resident feedback:

- Hold regular resident feedback meetings – we suggest agreeing a schedule with residents. To develop effective meetings, it is important to have chefs attend where appropriate, to share accessible minutes with residents and to clearly communicate the changes resulting from feedback.
- Gather input from relatives. Carefully consider whether relatives should join all, or only some, residents' meetings. Where there are differences of opinion,

it is vital that residents have a full opportunity to voice their views. Conversely, some residents may find it helpful to have their relatives present.

- Gather one-to-one feedback from residents about their likes and dislikes and feed this into care plans. In cases where residents are non-speaking, staff can use pictorial aids, communicate non-verbally and discuss with relatives.
- Regularly survey residents and relatives to gather mealtime feedback. Where necessary, staff should help residents to complete the surveys.
- Monitor resident satisfaction by checking food waste after meals.
- In addition to thorough consultation on menus, where individual residents have one-off meal requests, seek to accommodate these as chef's specials.
- Consider arranging for chefs to visit the dining room during some mealtimes to ask for resident feedback.

Food and drink:

- In addition to rotating the menus every few weeks, change these rotational menus completely two or three times a year, to increase variety.
- Provide at least two main menu options for each meal, alongside a range of hot and cold drinks.
- Ensure that residents have the opportunity to change their mind if they do not wish to eat the meal they pre-ordered, and that they can access simple alternatives to menu items, such as omelettes or sandwiches.
- In consultation with residents, find ways to make healthy food options more appealing, for example via diverse, flavoursome vegetable side dishes.
- Include some culturally diverse options in menu plans and offer optional seasoning and sauces.
- Use food moulds for pureed food, to enhance the visual appeal of the meal.

Snacks:

- Ensure that residents have access to drinks and snacks throughout the day.
- Where practical, provide residents with access to a kitchenette where those with sufficient mobility can serve themselves. Consider providing rise up worktops and accessible sinks.
- Ensure that, in addition to residents having the option of serving themselves, staff are available to support residents with accessing snacks and drinks.
- Arrange regular snacktimes when a staff member goes around the home with a trolley offering snacks to residents.
- At snacktimes, alongside sweeter options, consider offering residents healthy alternatives such as fruit, crackers and fruit and nut bars with no added sugar.

Nutritional needs:

During visits, staff mentioned steps which had been introduced to manage the risk of choking, particularly in homes with higher numbers of residents who had difficulty swallowing. In addition to thorough staff training, these steps are listed below:

- Ensure that only experienced staff are involved in serving meals, particularly to residents with specific needs. Wherever possible arrange for this to be done by staff who know residents well rather than short-term agency staff. In rare instances where agency staff are used for this work, ensure that these are very experienced individuals who are thoroughly briefed by the home.
- Use staggered mealtimes, so that residents with specific dietary needs are served at a point where they can be offered focused support.
- Prominently display food safety posters in kitchen, dining and/or living areas, for example setting out how to relieve a resident who is choking.
- Where necessary, ensure that music is not playing in the dining room, so that staff can hear residents well.
- While all staff must watch for signs of choking during meals, in addition some homes found it helpful to have a designated staff member in the lounge/dining area during mealtimes looking for signs of choking.

Staffing:

- Ensure that staff are provided with all the formal training they need, as well as informal support in staff supervisions and flash meetings.
- Seek to minimise the use of agency staff across the home, so that residents are supported by staff who have high levels of knowledge of their needs.
- Assign a team member to keep an overview of each mealtime and ensure that staff are being deployed efficiently to meet emerging needs.

Mealtime support for residents:

- Encourage residents to eat at their own pace.
- During meals, ask residents if they would like support with anything, refill drinks and offer second helpings. With non-speaking residents, make use of non-verbal communication. Promptly attend to issues such as food spills.
- Uphold resident dignity. For example, ensure that residents - particularly those living with dementia - are not left after meals with clothing soiled by food.
- Ensure that particular support is given to residents receiving end of life care as these individuals often benefit from tailored assistance.

Support with eating:

- Gently engage residents in conversation while supporting them. Elicit feedback and listen attentively. Ask for the resident's consent each time before assisting them with eating.
- Offer help whenever needed, while at the same time supporting residents to maintain some independence. For example, some residents may be able to partly serve themselves if their food is cut up.

About the project

‘Enter and View’ visits are part of the local Healthwatch programme. Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (known as ‘authorised representatives’) to visit health and care services, such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

This report is based on six Enter and View visits to care homes, which were conducted by Healthwatch Barnet. During each visit, our team focused on dining experiences, interviewing residents, relatives and staff and observing a mealtime.

Following each visit, we shared the findings from our Enter and View with the service provider, local commissioners and the Care Quality Commission.

The purpose of this report is to present a collective overview of our observations and the trends that we noted across the homes that we visited.

We would like to thank the management and staff of the following care homes for their support in arranging our Enter and View visits:

- Eastside Care Home
- Heathgrove Lodge Care Home
- Lansdowne Care Home
- Meadowside Care Home
- Rosetrees Care Home
- Shaftesbury Brookside House

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We would like to thank:

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- The Healthwatch Barnet volunteers who assisted with our Enter and View visits to care homes – this report would not have been possible without their generous support.

1 Room layout and atmosphere

Across the homes we visited, a number of residents advised us that there was a sociable environment in the dining and living areas during meals and that they valued this.

Selected quotes: residents

"I like to eat in the lounge for the social aspect. Most people eat in the lounge, to see people, unless they're not well and they need to spend time in their rooms."

"It's very nice to have people together in the room."

"The dining room looks really nice - it makes you feel like sitting here for a while."

We found that important ways to encourage a positive mealtime environment included:

- Bright and welcoming décor. Across multiple homes we noticed thoughtful touches such as flower arrangements. One home had invited residents to bring items from their own furniture with them when they moved in, and if they wished to place some of these in communal spaces, adding a personal feel.
- Ensuring the communal areas have plenty of warm light. In many of the homes we visited, this was supported by large windows which allowed for ample natural light. In one home, where the dining area did not have windows, a skylight and additional lamps provided extra illumination, helping to create an inviting feel.
- Staff working to create an inclusive and supportive environment during mealtimes. In a number of instances, we observed examples of staff encouraging social interaction among residents, so that residents chatted and shared stories, facilitated by gentle prompts from staff.
- Music – as is noted on p.4, one home highlighted that, due to the number of their residents who had difficulties swallowing, they had a policy of not playing music during mealtimes for health and safety reasons. However, in several homes where residents had different sets of needs, we found that quiet background music helped to create a calm and pleasant atmosphere. In some cases, we heard residents singing along, which added a touch of joy to the environment.

In one home, in our interview with the Manager, we were given a specific example of staff supporting resident autonomy in this area. The Manager explained that while some residents lived on one floor, they chose to take part in activities or eat meals on a different floor where they had friends. This included one resident who had a bedroom on one floor but spent most of their time and dined on another floor.

Seating arrangements

We observed a range of practices in relation to seating arrangements. In one home, staff informed us that residents were seated according to their preferences during meals. In this home, while some individuals preferred to sit alone - an option that was respected - the majority chose to dine in small groups.

In another home, staff explained that consistent seating arrangements were in place, with residents having assigned seats. They went on to explain that these were especially important for residents with dementia, as they helped foster familiarity and reduce anxiety around mealtimes.

Selected quotes: residents

"You have your assigned seat [in the dining room]. I think if everyone could just pick that would lead to a lot of confusion."

In a third home, we noted that some residents opted to eat in the living area rather than at the dining tables. Several of these residents had mobility impairments that made sitting at a table difficult, and we were pleased to see that small tables were attached to armchairs to support them in eating comfortably. A staff member mentioned that the home had worked with an Occupational Therapist who had provided advice on adapted seating.

Dementia-friendly room layouts

In several homes, we noted a variety of initiatives which had been introduced to make mealtimes more enjoyable and peaceful for residents with dementia. At one of the homes, most of the residents with advanced dementia occupied one floor of the building. It was positive to see that the dining room has been adapted to meet the needs of residents: each resident had a designated seat, which was labelled with their name tag. We note that, as well as helping people to remember where their seat is, this may help other residents to remember who they are sitting with.

Another home made good use of dementia-friendly decor in the dining room, which had a 1950s theme and included textured artworks, bright colours and photos of 1950s actors. There was a music listening station with songs from the period. At this home, staff wore coloured aprons with their names written on them, which helped residents to recognise the employees who were assisting them with their meals. We spoke to a member of staff at this home and they highlighted the need to maintain a calm atmosphere for residents with dementia. They said that, because the team knew the residents well, they were familiar with the things that might help each individual at times of distress. This member of staff went on to explain that residents had particular seats and parts of the communal areas where they felt comfortable and that this was respected.

A third home demonstrated a strong commitment to maintaining a dementia-friendly environment throughout all of its dining spaces. Simple and clear room layouts and wide walkways helped to support residents with dementia and visual impairments. Framed artwork and indoor plants added warmth and character to the space without overwhelming the senses. Residents who we interviewed at this home spoke positively about the dining experience, with one describing the room as 'nice and peaceful'.

Relationships between residents

During our visits, we had a few discussions with managers and staff about their experiences of managing conflict at mealtimes. In these interviews, we were told that arguments between residents were quite rare. At one of these homes, the Manager

explained that if and when conflict arose between residents, staff took steps to deescalate the situation, for example by joining the conversation and bringing in a new topic.

At a second home, we had a conversation with the Manager about residents' differing needs and preferences, in terms of how much socialising each person felt comfortable with. The Manager said that, when spending time in the communal space, there was one resident who found the noise from others' conversations challenging, and that there had been a bit of conflict around this. The Manager advised that staff had taken steps to de-escalate this conflict by speaking to the residents involved and facilitating compromises and resolutions. The Manager went on to say that they felt it was important to be honest with residents and set expectations, for example by being clear that it would not be possible for communal spaces to be quiet at all times.

Other resident involvement

During our visits to care homes, we asked whether any initiatives were in place to build social connections and engagement with residents.

The most common feedback we received was that during birthdays and holidays such as Christmas, special dinners and parties were organised. One Manager mentioned that, throughout the year, residents could make requests for particular meals and staff would seek to accommodate these as chef's specials. Another Manager noted that specific dishes, such as Pavlova, could be prepared at residents' request.

In one home, the Manager shared details of two specific food-focused activities. First, the home holds weekly baking sessions for residents who are interested and able to participate. Secondly, we observed that the home has a large garden with accessible raised beds. Residents were being supported to grow food in these beds, which was then being used by the kitchen in meal preparation. This project had been developed by a maintenance worker who, as an enthusiastic gardener, had worked to involve interested residents in food growing and garden-based activity.

In another home, the Manager described efforts to foster a strong sense of community through mealtimes and other social events. These included special dining activities, such as an initiative involving meal 'exchanges' with a nearby care home. Residents who choose to participate were travelling between the two homes to share meals together. This was a positive example of promoting connection and interaction amongst residents.

2 Meal set up

Across the homes that we visited, we found that mealtimes were generally well organised and set up ahead of time.

For example, at one home, we witnessed staged serving being implemented and noted that it was carried out well. In this home, residents who could eat independently were served first, while food was also delivered to those preferring to eat in their bedrooms. Once the initial serving was completed, staff assisted residents who needed help with eating, and desserts were served promptly after the main course. Sauces were offered to residents with their meal at the serving stage.

Selected quotes: residents

"Yes, there's plenty of time to eat. There is coffee and tea after the end of the meal."

In another home, meals were prepared in the kitchen and then transported to multiple dining rooms using heated trolleys. This home made good use of the kitchenettes which were adjacent to each dining room – meals were plated up in the kitchenettes which opened onto the dining rooms. This meant that the dining rooms were not cluttered up with food service, but that the staff doing the plating were still able to see the residents due to the open-plan layout.

In addition to the points set out in the sections below, we found two specific areas worth noting in relation to meal setup:

- In terms of napkins, we found that the best dining layouts included use of cloth napkins and bibs.
- In relation to hand cleaning aids, we noted that most homes used either sensitive anti-bacterial wipes or hand sanitiser, but in a small number of cases baby wipes were used. In the latter cases we had dialogue with staff and they immediately agreed to purchase sensitive anti-bacterial wipes and sanitiser gel, which are suitable for delicate skin while maintaining the best cleaning standards, when used in combination with regular hand washing in sinks.

Resident choice

We observed a number of examples of resident choice being built into homes' meal setups. For instance:

- After dessert, residents who wished to leave being supported to do so promptly, while those who chose to stay and chat also being accommodated.
- In some cases, sauces and seasoning being provided on dining tables, so residents with sufficient mobility were able to help themselves and those who were less mobile could be served their choice of condiment by staff.
- Across all the homes we visited, residents being offered choices about where to eat their meal. In all cases, we noted that the majority of residents ate their meals in the dining room or in the common areas, however, at each home some residents chose to eat in their bedrooms.

In one case, a care home Manager advised us that some residents wore aprons during mealtimes, but if residents did not wish to wear an apron this was

accommodated, and if the resident spilt food on their clothes, after the meal they would be respectfully supported to go to their bedroom and change their clothes. We were pleased to note these examples of staff working to support resident choice and dignity.

Accessibility

Many of the homes we visited made use of easy-grip cutlery, to support residents with limited mobility to eat more comfortably and independently. For example, at one home we noted that a number of residents were using easy-grip cutlery and mugs during our visit. In our interview with the Manager they advised that, in addition, each resident had their own large adapted water bottle to support them to stay hydrated.

At another home we were pleased to see that a good proportion of residents were using adapted crockery and cutlery, including wide, shallow bowls rather than plates. As this home, residents were also provided with colourful place mats, and plate guards for those residents who needed them. Place mats in distinct colours, setting them apart from the tablecloth, can be helpful for residents with dementia. In cases where homes were making less use of adapted cutlery and crockery or coloured place mats, we provided the managers with feedback on this, and they agreed to amend this.

The homes that we visited used various methods to communicate menu options to residents. These included explanations from staff, accessible menus and staff showing plated up meals to residents. The best examples that we saw included all of these elements. For example, one home provided residents with large print, pictorial menus which included very clear pictures of plated up meals, to support residents with visual or cognitive impairments and non-English speakers.

Special diets

Across the homes that we visited, we observed a range of approaches to managing special diets and ensuring food safety, with several common themes. At one home, we saw an information board in the kitchen displaying detailed dietary guidelines, including newly added puréed food infographics for a recently admitted resident. The Manager noted that meals for residents with special diets were labelled in the kitchen to ensure they were served to the correct individuals. In another home, we spoke to a staff member who explained that, at the time of our visit, the home had very few residents with allergies, but that all relevant allergens were clearly marked on the menu and there were effective processes in place to ensure that residents were not served food which they were allergic to. This staff member added that some residents required gluten-free meals and that the kitchen followed strict food safety protocols to prevent cross-contamination. These included the use of colour-coded chopping boards for different food types.

At two of the homes, staff used colour-coded trays to help ensure that residents received the correct meals. In one of these settings, coloured trays were also used to differentiate between meal consistencies - for example, blue trays were used for puréed meals. During a tour of the kitchen at one of these homes, we were shown a large board listing residents' names alongside individual recipe cards, which were colour-coded according to dietary requirements. At another home, we were not made aware of a specific coding system being used for special diets, such as coloured

trays, however staff members appeared to have a good understanding of which meals should be served to each resident.

In dialogue with homes, we found that in some cases there were specific reasons why one system rather than another was being used. For example, some of the homes that we visited had dozens of residents while others had much smaller numbers. The key is to ensure that, in each setting, there is a procedure is in place which can be effectively applied and consistently provides safe outcomes for residents.

Volunteers and family members

At three of the homes we visited, staff advised us that volunteers and/or family members were sometimes in attendance during mealtimes. In some of these cases we observed this directly, as relatives and/or volunteers were present on the date of our visit.

At one of these three homes, the Manager told us that the home encourages families to assist residents during mealtimes where appropriate. At the time of our visit, they said there were two families who were visiting regularly during meals to support their relatives. The Manager went on to explain that the home has one mealtime volunteer who does not provide one-to-one support with eating but instead helps with tea and refreshments.

At another of these three homes, a staff member advised us that, occasionally, family members and volunteers did join the residents for meals and in some cases assisted residents with eating, but that this normally only happened during specific holidays or festivals. This staff member went on to explain that that these guests had to book their place at the meal in advance.

At the homes where relatives and volunteers did not visit during mealtimes, staff explained the reasons for this to us. In one case, the Manager advised us that some residents found it disorientating when people who they did not know well were present during meals and often would not eat their food in this situation.

In another home, the Manager told us that a decision had been made not to include relatives or volunteers in mealtimes because this was a particularly busy time of day, with a large proportion of residents requiring one-to-one support with eating. They went on to explain that, given their home's particular situation, they felt they were able to provide better standards of service and safety by not having visitors present. We note that homes' circumstances vary, and homes where greater numbers of residents need one-to-one support with eating will have different needs to those where this is not the case.

3 Food and drink

As is set out below, we found that important areas in relation to food and drink included thorough consultation with residents and offering a variety of menu options.

Consultation with residents and relatives

At all the homes we visited, the managers advised that when residents were admitted to the home, a thorough needs assessment was undertaken. This included recording information about the resident's dietary needs, likes and dislikes which was then fed into the resident's care plan. At one of the homes, the Chef also told us that each resident's first meal after admission is tailored to their favourite dish, where possible, to help them feel welcome and cared for, setting a positive tone for their stay.

All six managers said that, following the initial assessment, processes were in place to continue to collect feedback from residents to input into the menu planning process, including regular resident feedback meetings. In most cases, residents' meetings took place once a month and covered a variety of topics including meals. In a minority of cases, where these meetings took place less often, we recommended that the managers developed more frequent meetings and they agreed to do so.

Several managers noted that, in order to develop effective dialogue in residents' meetings, it was important to have chefs attend some of these meetings, to share accessible minutes with residents and to clearly communicate the changes resulting from feedback.

Selected quotes: residents

"Yes, we have [residents'] meetings where we talk about the menus."

A number of staff members told us that careful thought had been given as to whether relatives were invited to join in all, or only some, of the residents' meetings. For example, in cases where there may be differences of opinion between residents and relatives, it is vital that residents have a full opportunity to voice their views. On the other hand, some residents may find it helpful to have their relatives present in the meeting with them.

Staff also advised us that one-to-one feedback from residents was another key source of information. We were advised that, in these discussions, carers would elicit details about each resident's likes and dislikes and feed this into their care plan. In some interviews we were informed that, in cases where residents were non-speaking, staff would use pictorial aids, gather information from the resident's non-verbal cues, and discuss their preferences with relatives.

Several homes also had periodic surveys in place to gather feedback both from residents and relatives. One Manager advised that, where necessary, staff members would help residents to complete the surveys and another said that recently, new questions about meals had been added to their annual survey. A third Manager informed us that they carried out a comprehensive resident survey after coming into their post.

At some of the homes we visited, the Chef visited the dining room during the mealtime to ask for feedback from residents and check on their satisfaction with the

meal. One Manager mentioned an example where a resident advised that they were not happy with the food, the Chef spent some time meeting with them one-to-one, and the resident was now able to pick certain meals on each day.

At another home, we were told that the chefs also monitor resident satisfaction by monitoring food waste after meals. The Manager provided us with an example of food waste monitoring being used to respond to resident preferences: after a change of ingredient supplier the residents were leaving a lot of their food uneaten, which was noticed and after consultation with residents the home went back to the original supplier.

Menu structure and choice

At all of the homes that we visited, the managers advised us that there were weekly menus, with set dishes for each day. They went on to explain that these menus operated on a rotation basis, for example changing every three or four weeks.

Some homes advised us that these rotational menus changed completely two or three times a year, to allow for seasonal changes and increase the variety for residents. In addition, one Manager advised us that their home's menu was currently undergoing a complete overhaul based on feedback from residents and relatives.

At all six homes, the managers described systems whereby residents were provided with more than one menu option and asked for their meal preferences either the day before or on the morning of the day when lunch or dinner would be served. Several managers highlighted that if a resident changed their mind while the meal was being served, this could be accommodated because chefs made extra portions of all the food available. A number of managers also provided examples of residents being able to order simple alternatives to the options on the menu, such as omelettes.

Selected quotes from residents

"If I don't like the dessert, they give me something different."

"The chef made me a plain pork chop when I asked."

"I find tough food difficult to chew, but the food here is usually soft and it's easy to eat with a drink and a cup of tea."

During our visits, we saw numerous examples of staff members checking with residents at the start of the meal that they still wanted the menu option that they had ordered the previous day. We also observed instances of a resident changing their mind at the start of lunch and being provided with an alternative meal that could be prepared quickly, such as a sandwich.

We found that the following strategies were particularly effective in offering residents choice:

- Offering a variety of drinks with the meal including water, different fruit juices, tea, coffee and hot drinks and offering refills during the meal. As well as catering to individual preferences this encourages residents to stay well hydrated.

- Providing optional seasoning for meals through sauces, condiments and garnishes on tables, which can be added according to each individual's taste.
- Finding creative ways to make healthy food such as vegetables more appetising. For example, by providing a good variety of different types of savoury vegetables and tasty seasoning, as well as healthier desserts such as stewed fruit.

In relation to the final point about healthy eating, some managers advised us that a proportion of residents had a preference for fatty and sugary foods. They went on to explain that, particularly as these residents had capacity, ultimately it was their choice what they decided to eat. However, they said that staff had taken a number of successful steps to encourage these residents to eat more healthy food, by consulting with them offering appetising options.

In one home, a chef had found ways to include extra vegetables in a wide variety of dishes, for example by including pureed vegetables in sauce for macaroni and cheese. In addition, the Manager of this home advised us that staff had engaged in discussions with residents about dessert options, and residents had agreed to have a more sugary dessert once a week, with healthier options such as fruit salad on other days. The Manager went on to explain that, in addition to the desserts, residents had access to sweet snacks in between meals.

Snacks

All the managers we spoke to confirmed that residents had access to snacks and drinks in between scheduled mealtimes.

Some of the larger homes had kitchenettes adjacent to communal areas, in addition to the central kitchen. At one of these homes the Manager explained that residents could help themselves to drinks and snacks from the kitchenettes if they wished, but that in practice most residents preferred for staff to prepare the snacks for them.

At another home, the Manager advised that there was a specific afternoon snack time at 3pm, during which a staff member would go around the home with a snack trolley. At a third home, the Manager told us that the kitchen was open all day, allowing residents to request food if they are hungry outside of standard mealtimes.

Selected quotes: residents

"After lunch, there is tea in the middle of the afternoon."

At one home, the Manager advised us that staff offered residents fruit, savoury crackers and biscuits during snacktime alongside sweeter options, in order to provide some healthier alternatives.

Finally, one home had a rise up worktop, accessible sink and quooker tap fitted in a kitchenette, in order to enable some residents with limited mobility to serve themselves with snacks and drinks if they wished.

Culturally diverse food

Across the homes we visited, we observed a range of practices aimed at meeting residents' cultural preferences around food.

For example, in one home, staff told us that the family of a Sri Lankan resident had requested the use of turmeric and black pepper in this resident's side dishes, and this had been implemented. At this home, the Manager went on to describe a number of other ways in which the mealtime experiences of residents had been enriched by occasional food-centred initiatives. These included birthday cakes, celebrations of cultural holidays, coffee mornings and the home occasionally arranging exotic fruit or takeout meals for all residents to enjoy. The Manager went on to say that, for example, during Black History Month, one resident collaborated with the home's Activities Coordinator to organise a celebration featuring African cuisine, including jollof rice. We noted this as a good practice example of taking particular care to provide a diverse food offer to residents.

Selected quotes: residents

"It would be great to have some West Indian, Chinese or Indian food."

At a couple of the homes we visited, there were areas where the provision of diverse meals could be further developed. In one of these homes, some residents expressed a desire for more meal options inspired by international cuisines. In another home, with a number of residents of Caribbean heritage, the Manager told us that many family members bring in Caribbean food for their relatives. In both cases, we suggested that the homes could explore adding a few more culturally diverse dishes to their regular menus, and the homes agreed to implement this.

Nutritional needs

Key routes towards meeting residents' nutritional requirements include regularly weighing residents and carrying out frequent assessments of individual needs using the Malnutrition Universal Screening Tool (MUST).

The managers of the care homes we visited advised us that, if a resident had lost weight, this would be flagged for further investigation. Managers described steps that would be taken including consulting with the resident and where appropriate their relatives and seeking to encourage the resident to eat more by offering different meals options. Managers explained that, if these measures were not successful, further steps could be taken including the provision of food fortification supplements, the use of food and fluid charts to monitor intake and/or seeking a GP referral to a dietician or an external Multi-Disciplinary Team.

During our visits to care homes, we observed measures taken to meet specific dietary needs including the provision of milkshakes and 'Ensure' nutrient drinks during meals. Staff advised that these drinks were offered to residents who experienced particular difficulties with eating to help maintain their intake of fluids and nutrients. In other cases, thickener was added to the beverages of residents who had difficulty swallowing, and diluted drinks were provided for diabetic or pre-diabetic residents.

In one home, staff advised that several residents had been diagnosed with Type 2 Diabetes. They went on to say that the home was following a diabetic meal plan for these people, including, where relevant, providing diabetic ice cream, squash and sweetener. During the mealtime we observed, we noticed that most people, including these diabetic residents, were served a fruit juice with high sugar content. While these residents had capacity, and it was therefore ultimately their choice whether to have sugary food and drink, we recommended that the home offered more low sugar juice options – the home advised that they had implemented this shortly after our visit.

There were no residents who required Percutaneous Endoscopic Gastrostomy (PEG) tubes at any of the homes we visited. However, at one of the homes the Manager mentioned that previously, a former resident who was using a PEG tube wanted to chew food and spit it out just to get the experience of eating, and they were supported to do this. We were pleased to hear about this positive example of support for resident choice, given how challenging these dietary changes can be for residents.

Another home took special care with pureed food, which was moulded into shapes resembling familiar items - such as flowers or steaks - to enhance visual appeal. We noted this as an example of good practice.

Staff advised us about steps which had been introduced to manage the risk of choking, particularly in the homes where there were higher numbers of residents who had difficulty swallowing. In addition to the provision of thorough training for staff, these include:

- Ensuring that only experienced staff are involved in serving food to residents, particularly those with specific needs. In addition, wherever possible arranging for this to be done by staff who know residents well rather than, for example, short-term agency staff. In rare instances where agency staff are used for this work, ensuring that these are very experienced individuals who are thoroughly briefed by the home.
- The use of staggered mealtimes, so that residents with specific dietary needs are served at a point where they can be offered focused support.
- Prominently displaying food safety posters in the kitchen, dining and/or living areas, for example setting out how to relieve a resident who is choking.
- Where necessary, ensuring that televisions, radios and music are not playing in the dining room, so that staff can hear residents well and immediately assist them if they have any difficulties.
- While all staff must be watching for signs of choking during meals, in addition in some cases homes found it helpful to have a designated staff member in the lounge/dining area during mealtimes looking for signs of choking.

4 Staff supporting residents

As is set out below, we found that key areas in relation to staff interactions with residents were promoting resident autonomy and providing effective support to residents who were not able to eat independently.

In our interviews with care home managers, we discussed the support that was provided to staff in relation to developing best practice during mealtimes. All six managers underlined the crucial role of formal training for staff. In addition, several interviewees stressed the importance of informal support being provided in staff supervisions and flash meetings as and when needed.

We found that the best mealtimes we observed were delivered by teams of experienced staff who knew the residents well. This approach was particularly valuable in ensuring that, for example, residents with complex needs were well served. Within this model, some homes consistently assigned particular employees to specific roles. However, at one home a staff member advised us that certain responsibilities were rotated amongst various members of the core team. This person felt this helped to provide both residents and staff with variety and different types of interaction, which they saw as beneficial.

While certain team structures will work better in individual environments, we identified some key principles that are likely to be helpful in a variety of settings:

- Oversight – a member of the staff team being assigned to keep an overview of each mealtime, identifying areas where additional support is needed and ensuring that staff are being deployed efficiently to meet this.
- Proactiveness – all staff taking initiative in offering assistance to residents and checking they have what they need.
- Promptness – attending to issues such food spills efficiently.
- Dignity – upholding resident dignity. For example, at one of the homes we visited the Manager emphasised that after mealtimes, staff were careful to ensure that residents - particularly those living with dementia - were not left with clothing soiled by food, demonstrating a thoughtful approach to personal care and presentation.

In addition, some managers advised us that in recent years their home had made a concerted effort to recruit and retain more permanent staff and reduce the number of agency staff being used. They said that this supported the development of staff across the board, including in relation to mealtimes.

Autonomy

We found that important ways to encourage resident autonomy included:

- Encouraging residents to eat at their own pace.
- Finding ways to offer residents choice in relation to portion size. Where residents are sufficiently mobile, they can be offered the opportunity to serve themselves. In cases where residents had limited mobility, we saw examples of staff showing residents plated up meals to check whether the portion size was suitable and later offering second helpings of food to residents.

- Checking in with residents during the course of the meal and asking if there is anything else they would like support with. For instance, we observed an interaction between a carer and a non-speaking resident where the staff member noticed that the resident was not enjoying their meal and responded by offering an alternative, using effective non-verbal communication.

Selected quotes: residents

"Two or three people check what I want and get it all ready for you, it's lovely"

"Sometimes the carers help me walk into the dining room instead of coming in my wheelchair. I use a walker [walking frame], and they push the wheelchair behind me."

"We usually get enough time to eat, but sometimes the staff hurry you a little bit."

During the vast majority of the mealtimes we observed, residents were given plenty of space to eat their food in their own time. However, we did see a small number of instances where the meal was delivered at a slightly faster pace, as can be seen from the quote above where a resident describes being hurried. In these cases, we recommended that the care home address this with individual staff. Managers agreed to do so.

In one home, we observed a specific example of a staff member promoting resident choice. In this situation, a resident left the dining table halfway through the meal. A staff member initially asked if they would return to finish their dessert, but when the resident chose to sit on the sofa instead, the staff member brought the dessert to them and gently encouraged them to eat it there. This was a positive example of staff using initiative while respecting resident choice.

Support with eating

During our visits, we noted that carers' relationships with residents were a key factor in the delivery of effective support with eating. A number of the staff members who we interviewed advised that they made a conscious effort to build personal connections with residents. Across multiple homes, we observed chatting warmly with residents as meals were served. However, in some instances, there were a few employees who appeared less engaged in conversation. In these cases, we recommended to the home that more confident team members be engaged in supporting their colleagues to develop stronger communication skills with residents.

Selected quotes: residents

"They make sure I'm comfortable before starting to help me."

"If there's meaty food, they chop it up for me or give me things I can use to chop it up."

"It's nice that they remember what you like—you don't have to keep asking."

Important factors in effective support with eating included:

- Consistently asking for a resident's consent each time before assisting them.
- Gently engaging residents in conversation while supporting them.
- Seeking resident feedback and listening attentively.

In our interviews with managers and staff, several people highlighted the particular attention that was needed when supporting residents who were receiving end of life care, noting that these individuals often had low appetites and benefitted from gentle encouragement and tailored assistance.

We observed a number of examples of cases where residents with limited mobility were offered help whenever needed, while at the same time being supported to eat as independently as possible. For instance, in one case, at the end of the meal residents were given napkins and helped to independently clean their faces and hands. In another home, staff were observed helping residents who were unable to cut their food, doing so in a way that enabled those residents to continue eating independently.

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