

Montessori Mealtimes: A Pathway to Person Centred Care for People with Dementia



Research Team:

Dr Jade Cartwright
Associate Professor Anne Whitworth
Ms Elizabeth Oliver
Ms Karen Roberts
Dr Michelle Bennett



Curtin University



Catholic Homes

VMCH

Learning Outcomes



- Understand what Montessori mealtimes look like in residential care, and how they differ from a more traditional meal service
- Consider how 'Quality of Choice' can be enhanced during mealtimes
- Explore ways to measure change in the mealtime experience
- Evaluate whether Montessori mealtime interventions can lead to more engaging, respectful and person centred dining experiences for residents living with dementia



Curtin University

Acknowledgements



Villa Maria Catholic Homes, VIC and Catholic Homes, WA:

- ▶ Montessori project leaders (Sonya Smart, Peter McHale, Julie Smith, Elizabeth Oliver, Carey Bray, Helen Haynes)
- ▶ Residents, families and staff

Research Team:

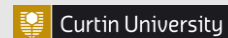
- ▶ Dr Jade Cartwright (Curtin University)
- ▶ A/Prof Anne Whitworth (Curtin University)
- ▶ Ms Elizabeth Oliver (Curtin University)
- ▶ Ms Karen Roberts (Curtin University)
- ▶ Dr Michelle Bennett (Australian Catholic University)

Curtin Research Assistants:

- ▶ Emma Wrobel, Rose Dekker, Vi Tran, Regina Fitzpatrick

Montessori Consulting:

- ▶ Anne Kelly



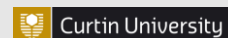
The Project



- Organisational wide cultural change programs at Catholic Homes, WA and VMCH, VIC
- Implementation of the Montessori Approach
- Outcomes measured in two memory support units
- Focus on meal times

“The Montessori method as applied to persons with dementia is a good example of the person-centred approach.”

(Erkes et al., 2017, p.3)

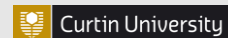


Importance of Meal Times



- Nutritional intake
- Social interaction
- Orientation, routine and structure
- Honouring of preferences, culture and identity
- Change of environment
- Sensory stimulation
- Observation, reporting
- Team work
- Care model

Opportunities to
promote
personhood



Montessori Meal Times



Environment	Policies, Procedures & Care Practices	Leadership & Training
<ul style="list-style-type: none"> • Tables set • Condiments available • No bibs • Drink/snack stations • No plastic • Quality crockery • Organised cupboards • Minimised noise • Choice of seating • Access to kitchen • Families welcome • Buffet style with under bench heating • Memory prompts e.g. task breakdown, menu board, labels, signage 	<p>Resident job roles Collect from kitchen Cooking in House Food displayed by staff Increased choice Choose meal at service time Self service Residents eat together One course served at a time Relaxed pace Meals outdoor System for eaten / not eaten No medication during meal, not woken up Feedback to Chef</p>	<ul style="list-style-type: none"> • Flipper file of pertinent information • Each resident reviewed by SP student • Meal procedure file • Daily communication • On the floor mentoring • Lead carer • Regular team meetings • Montessori training • "Learning hub" • Solution based problem solving

Quality of Choice



Coordinated Approach

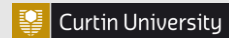


- Requires collaboration and trouble shooting between Departments
- Constantly evolving

COVID-19



- Food safe guidelines
- No new legislation regarding meal service
- Requires common sense approach



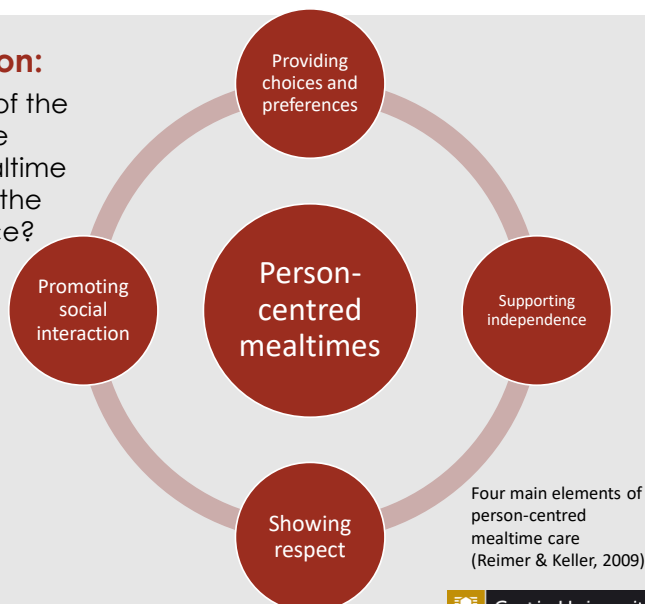
Evaluation



Evaluation

Research Question:

What is the impact of the Montessori mealtime intervention on mealtime care practices and the mealtime experience?



Methods: Video Footage

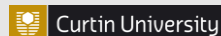
- Video footage of mealtime care collected before and after implementation of the Montessori mealtime intervention (*with required consent and research ethics approval*).
- Videos transcribed and coded using a purposefully developed coding tool.
- Interviews completed with 32 staff members across the two organisations.

Video footage	CHI	VMCH
Pre implementation (baseline)	2 x videos 51.25 mins Nov 2015	4 x videos 9.41 mins June 2019
Post implementation	1 x video 23.18 mins Aug 2017	7 x videos 10.11 mins Feb 2020
Maintenance	2 x videos 60.59 mins Aug 2018	

Methods: Video Coding



Categories of coding	Category of Person-centred Mealtimes	Indicators	Levels of coding
Providing choices and preferences	Providing choices and preferences	<p><i>Direct Evidence</i></p> <ol style="list-style-type: none"> Evidence of staff providing visual/verbal choices for food/drink/seating during mealtimes. Evidence of residents displaying choosing behaviour with meal/drink/seating choices during mealtimes. <p><i>Personal Enhancing Actions and Personal Detractors</i></p> <ol style="list-style-type: none"> Evidence of staff using personal enhancing actions that promote resident choice during mealtimes. Evidence of staff using personal detractors that oppose resident choice during mealtimes. 	<p>Direct counts of resident and staff behaviours</p> <p>e.g., Staff provide visual / verbal choices for food / drink / seating; Resident displays choosing behaviour</p>
Promoting social interaction	Promoting the social side of eating	<p><i>Direct Evidence</i></p> <ol style="list-style-type: none"> Evidence of positive social interactions between staff and resident's (verbal/visual) during mealtimes – resident perspective. Evidence of positive social interactions between staff and resident's (verbal/visual) during mealtimes – staff perspective. Evidence of positive social interactions between residents at the table (verbal/visual) during mealtimes. <p><i>Personal Enhancing Actions and Personal Detractors</i></p> <ol style="list-style-type: none"> Evidence of staff using personal enhancing actions that promote the social side of eating during mealtimes. Evidence of staff using personal detractors that oppose the social side of eating during mealtimes. 	<p>Staff use of personal enhancing actions (PEs) vs. personal detractors (PDs)</p> <p>e.g., Validation vs. invalidation; empowerment vs. imposition; Including vs. ignoring – <i>positive person work</i> (Kitwood, 1997; Reimer, 2012)</p>
Supporting independence	Supporting independence	<p><i>Direct Evidence</i></p> <ol style="list-style-type: none"> Evidence of staff providing appropriate mealtime assistance (physical/verbal/visual prompts) that supports independence during mealtimes. <p><i>Personal Enhancing Actions and Personal Detractors</i></p> <ol style="list-style-type: none"> Evidence of staff using personal enhancing actions that promote independence during mealtimes. Evidence of staff using personal detractors that oppose independence during mealtimes. 	
Showing respect	Showing respect	<p><i>Personal Enhancing Actions and Personal Detractors</i></p> <ol style="list-style-type: none"> Evidence of staff using personal enhancing actions that show respect towards residents during mealtimes. Evidence of staff using personal detractors that fail to show respect towards residents during mealtimes. 	

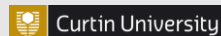


Results – Direct Counts



Category	Staff providing visual/verbal choices	Residents display choosing behaviours
Providing choices and preferences	<p>Pre 1: 13, Pre 2: 8, Post: 18, M1: 39, M2: 37</p>	<p>Pre 1: 5, Pre 2: 3, Post: 15, M1: 22, M2: 28</p>
Promoting social interaction		
Supporting independence		
Showing respect	<p>Pre: 5, Post: 17</p>	<p>Pre: 2, Post: 9</p>

Legend: Pre 1 (orange), Pre 2 (red), Post (dark red), M1 (grey), M2 (dark grey)



Results – Direct Counts



Providing choices and preferences		Pre implementation “Would you like salt and pepper?” “Would you like coffee?” “Would you like veal or lamb chop... there's only veal”
Promoting social interaction		Post implementation “We've got lamb chops, and pork and lentil” “Would you like a little bit of both?” “What would you like to drink? Orange juice or lemon?”
Supporting independence		
Showing respect		

Curtin University

Results – Staff Interviews



Providing choices and preferences	<p>“Some of the residents they can pick their own food... so it's giving them choice, it's not like you know ok this is the dinner you eat that one. Not like that. So, you know they can come to the hot plate area and they can pick their own food whatever they want to eat” (VMCH)</p>
Promoting social interaction	
Supporting independence	<p>“Just to have the mind-set of, you know, giving residents choice.” (CHI)</p>
Showing respect	

Curtin University

Results – Direct Counts

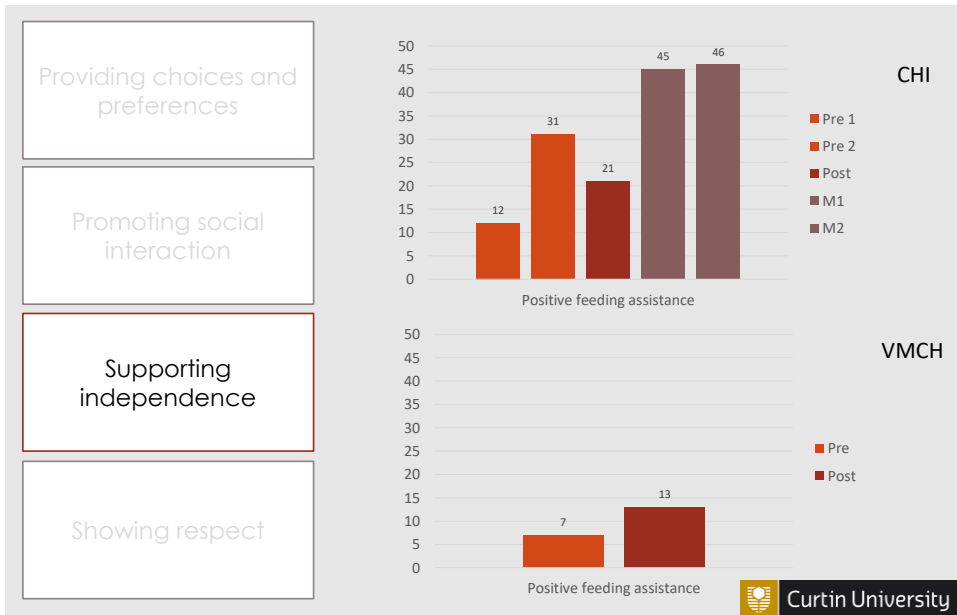


Results – Staff Interviews



Providing choices and preferences	<p>“We just take time with the residents. Ah, um even with the ah we just talk with them talk with them and we just listen to them more what they talking about and their history and some people are like story tellers and...” (VMCH)</p>
Promoting social interaction	
Supporting independence	<p>“Most of the residents eat by themselves and yeah and the dining tables are set up and all the residents can come out and have their meals so they can have a chat, yeah.” (VMCH)</p>
Showing respect	

CHI Results – Direct Counts

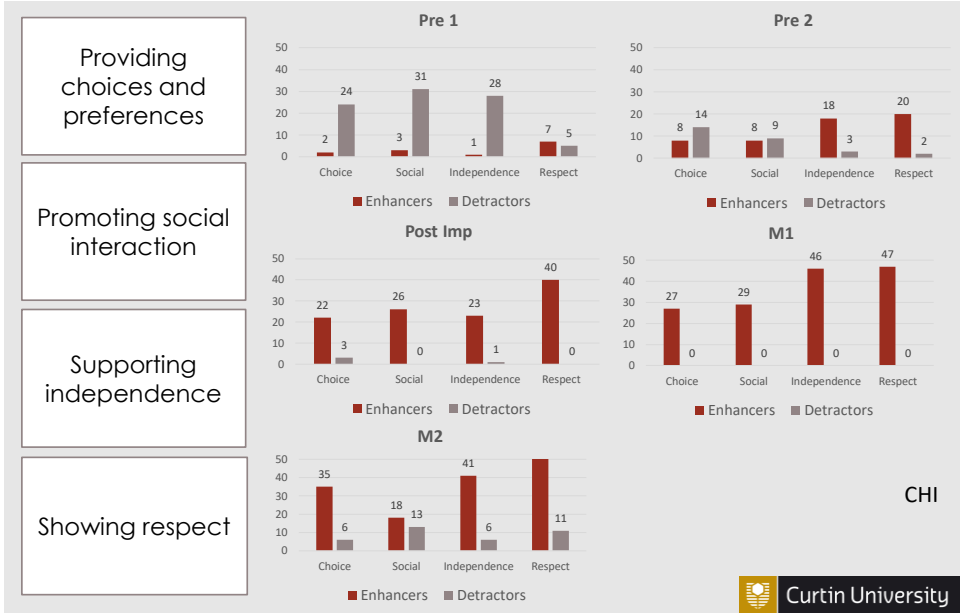


CHI Results – Staff Interviews

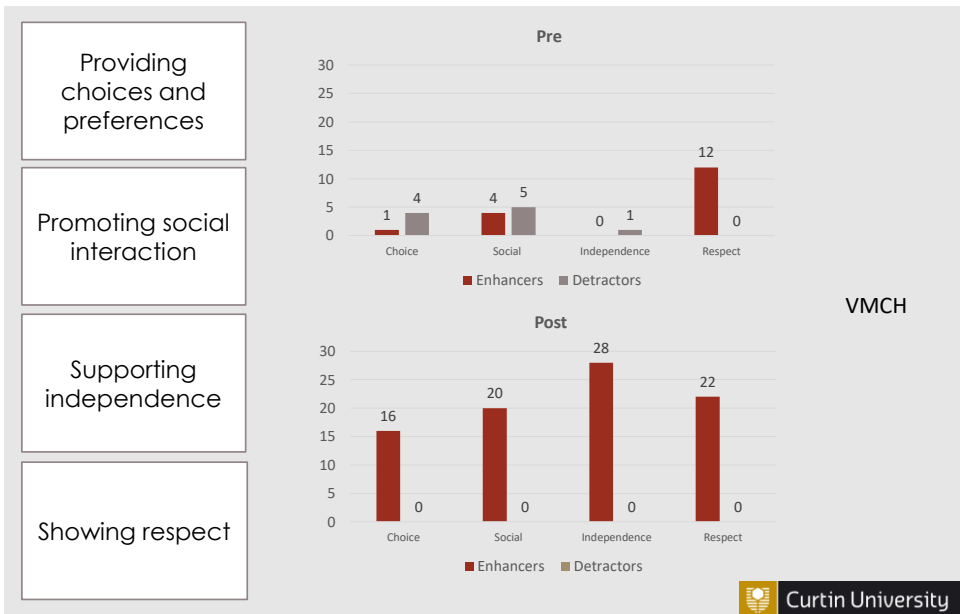


Providing choices and preferences	“getting the person to do as much for themselves, the more you do for them the more you steal from them those sorts of things, the mantras” (VMCH)
Promoting social interaction	“They’re up, they’re doing the dishes.” (CHI)
Supporting independence	“So, we have a signage everywhere so they know where to go... the bathroom, toilet, their clothes, kitchen and how to make tea so they can do everything who ever can read. Um they can do almost, like they can guide themselves throughout the building.” (VMCH)
Showing respect	

Results – PEs & PDs (CHI)



Results – PEs & PDs (VMCH)



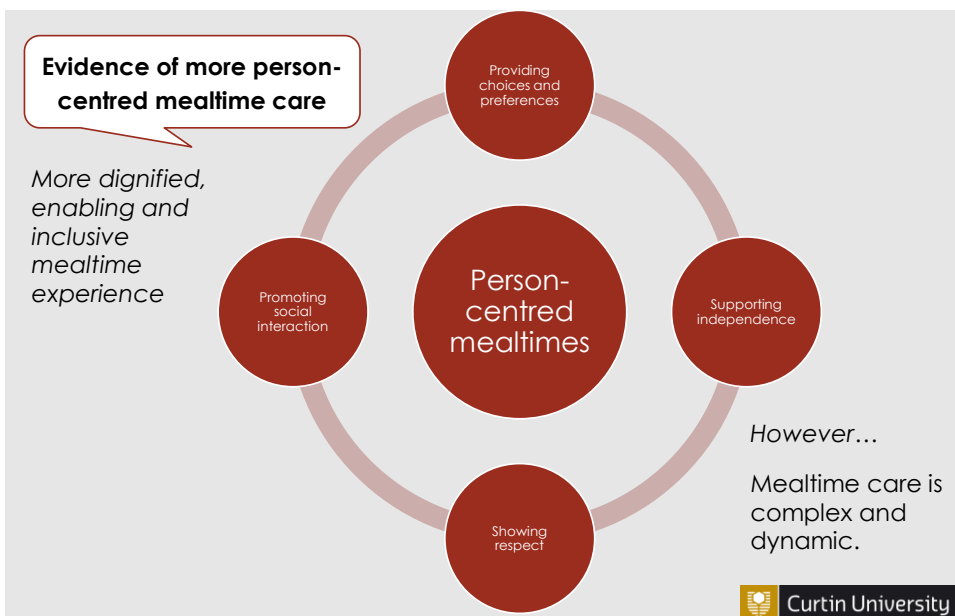
Results – Staff Interviews



Providing choices and preferences	“Staff here are not task orientated. So they care about the residents more than the task” (VMCH)
Promoting social interaction	“Helping them to be, feel validated and valued and um do what works for them” (VMCH)
Supporting independence	“Everything that a person deserves in aged care” (VMCH)
Showing respect	“We just can't not do it. It's simple. It seems simple and it is simple.” (CHI)

Curtin University

Summary of Findings



Case Study

Take Home Messages



- Culture change is possible!
- Mealtimes provide a pathway to more person-centred care
- Coding tool was useful in measuring change
- Progress needs to be tracked and fed back to staff
- Staff require ongoing training, support and mentoring
- Allied Health can play an important part in the change

Thank you



Questions and Feedback

Project:

Elizabeth Oliver

0427837111

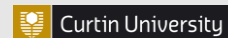
elizabeth@memoryboxcollective.com.au

Research:

Dr Jade Cartwright

(08) 9266 4631

j.cartwright@curtin.edu.au



References



- Brush, J., Douglas, N., & Bourgeois, M. (2018). Implementation of the Montessori program in assisted living: Positive outcomes and challenges. *Journal of Nursing Home Research*, 4, 64-70.
- Camp, C.J. (2010). Origins of Montessori programming for dementia. *Non-Pharmacological Therapies in Dementia*, 1, 163-174.
- Chaudhry, H., Hung, L., Rust, T., & Wu, S. (2017). Do physical environmental changes make a difference? Supporting person-centered care at mealtimes in nursing homes. *Dementia*, 16(7), 878-896.
- Erkes, J., Camp, C.J., Raffard, S., Gely-Nargeot, M.C., & Bayard, S. (2017, online). Assessment of capabilities in persons with advanced stage of dementia: Validation of The Montessori Assessment System (MAS). *Dementia*.
- Fetherstonhaugh, D., Haesler, E., & Bauer, M. (2019). Promoting mealtime function in people with dementia: A systematic review of studies undertaken in residential aged care. *International Journal of Nursing Studies*, 96, 99-118.
- Kitwood, T. (1997). *Dementia reconsidered: The person comes first*. Open University Press: Buckingham.
- Reimer, H.D., & Keller, H.H. (2009). Mealtimes in nursing homes: Striving for person-centred care. *Journal of Nutrition in the Elderly*, 28, 327-347.
- Reimer, H. (2012). *Providing person-centred mealtime care for long term care residents with dementia* (Doctoral dissertation). <https://atrium.lib.uoguelph.ca/xmlui/handle/10214/3945>

