Your Care

THOUGHTFUL CARE FROM OUR FAMILY TO YOURS

Meals for Older Parents & Families

Meals that still feel like home

Helping an older or elderly relative eat well, with thoughtful ideas for dementia, changing appetite and everyday family life.

7-DAY EXAMPLE + PRINTABLE MEAL PLANNER

THE FIRST USEFUL STEP

Is food becoming harder?

One missed meal does not tell the whole story. Look for a pattern, a noticeable change or anything that is making eating less safe, less comfortable or less enjoyable.

WHAT FAMILIES MAY NOTICE

- [ ] Meals left untouched or food repeatedly going out of date.
- [ ] Weight loss, looser clothes or a ring becoming loose.
- [ ] The same meal being repeated because planning feels difficult.
- [ ] Drinks staying full, a dry mouth or darker urine.
- [ ] Difficulty using cutlery, opening packets or preparing food safely.
- [ ] Coughing, choking, a wet-sounding voice or food held in the mouth.

START WITH THEIR NORMAL

1. **Favourite foods**
   What have they always enjoyed, and what do they dislike?
2. **Usual rhythm**
   Were they a big breakfast person, a light lunch eater or someone who preferred tea early?
3. **Changes**
   Is the difficulty new, gradual, linked to illness or connected to a medicine change?
4. **What helps**
   Do they eat more with company, familiar crockery, fewer choices or food already cut up?

A kind rule of thumb

Do not turn every meal into a test. Offer, encourage and notice. Choice, dignity and enjoyment matter as much as a perfectly planned plate.

KEEP IT REALISTIC

Build a helpful day, not a perfect diet

The best plan is one the person will actually eat. Familiar food can still be varied, nourishing and enjoyable.

1 Something filling

Bread, potatoes, rice, pasta, porridge or cereal can give useful energy.

2 A protein food

Eggs, fish, chicken, meat, beans, lentils, cheese, yoghurt or a suitable alternative.

3 Fruit or vegetables

Fresh, frozen, tinned or cooked all count. Choose textures the person manages comfortably.

4 Drinks through the day

Offer preferred drinks regularly. Tea, coffee, milk and sugar-free drinks can all contribute.

When appetite is reduced

- Try smaller meals more often. A full plate can feel overwhelming.
- Add nourishment to familiar food. Cheese, milk, yoghurt, eggs, nut butter or olive oil may help when suitable.
- Offer snacks between meals. Yoghurt, cheese and crackers, fruit loaf, rice pudding or a milky drink.
- Serve the favourite first. Appetite may be best earlier in the day.
- Keep drinks nearby, but avoid filling up on drinks just before a meal if this reduces appetite.
- Ask for advice if there is unplanned weight loss, ongoing poor appetite or concern about malnutrition.

Most people are advised to aim for 6 to 8 cups or glasses of fluid a day, but individual advice may differ.

LESS PRESSURE, MORE CONNECTION

Make the meal easier to recognise and enjoy

Dementia can affect appetite, attention, perception, coordination and the ability to explain what feels wrong. A few changes can make a meaningful difference.

Clear the table

Remove unopened post, patterned mats and extra crockery so the meal is easier to see.

Create contrast

Use a plain plate that contrasts with the food and the table. Avoid busy patterns.

Offer one choice at a time

Try 'soup or a sandwich?' rather than asking an open question with too many options.

Eat together

Company can prompt eating naturally and make the meal feel social rather than supervised.

Use familiar food

A recognisable favourite may work better than an unfamiliar meal chosen because it seems healthier.

Give enough time

Avoid rushing, repeated correction or taking the plate away before the person has finished.

Support without taking over

Open a packet, cut food up or place cutlery in view, then allow the person to do what they can.

Keep them involved

Simple tasks such as buttering toast, washing fruit or stirring can support interest and confidence.

Try this instead of another reminder

"I have made us some toast. Shall we sit together?" can feel warmer and easier than "You need to eat."

PRACTICAL ADAPTATIONS

Match the food to the difficulty

Do not guess at swallowing changes or make major dietary restrictions without advice. These ideas are starting points, not a replacement for an individual assessment.

If chewing is tiring

Choose naturally soft, moist foods such as scrambled egg, fish pie, casseroles, yoghurt, porridge or stewed fruit. Check dentures, mouth pain and seating.

If cutlery is difficult

Try food that can be picked up safely: sandwich fingers, omelette strips, soft fruit pieces, toast fingers or bite-sized cooked vegetables.

If the person forgets to eat

Link food to familiar routines, place a snack where it can be seen, use a simple note and arrange a family or carer check-in.

If food feels overwhelming

Serve a smaller amount and offer more if wanted. One or two foods on the plate may be easier than a crowded meal.

If taste has changed

Try stronger familiar flavours, herbs, sauces or a sweeter breakfast. Check whether medicines, a dry mouth or dental problems may be contributing.

If cooking is no longer safe

Use ready-prepared meals, labelled freezer portions, cold options or arrange help. Do not rely on someone using appliances they can no longer manage.

Swallowing warning signs

Coughing or choking, a wet or gurgly voice, repeated chest infections, breathlessness at meals, food held in the mouth or unexplained weight loss need professional advice. Contact the GP; a speech and language therapist can assess swallowing. Follow any prescribed food texture or drink thickness exactly.

DAYS 1 TO 4

A week of familiar, flexible meals

Use this as inspiration, not a prescription. Swap foods for preferences, culture, allergies, medical advice and the textures the person can manage safely.

MONDAY

BREAKFAST	Porridge with milk, banana and a spoon of yoghurt.
LUNCH	Tomato soup with a cheese toastie.
TEA	Cottage pie with peas and carrots.
SNACKS	Yoghurt; soft fruit; milky drink.

TUESDAY

BREAKFAST	Scrambled egg on toast with grilled tomato.
LUNCH	Jacket potato with tuna mayonnaise and cucumber.
TEA	Chicken casserole with mash and green beans.
SNACKS	Rice pudding; pear or tinned peaches.

WEDNESDAY

BREAKFAST	Wheat biscuits with milk and sliced banana.
LUNCH	Egg mayonnaise sandwich with vegetable sticks or soft cooked veg.
TEA	Fish pie with broccoli.
SNACKS	Cheese and crackers; fruit yoghurt.

THURSDAY

BREAKFAST	Toast with peanut butter, plus yoghurt or fruit.
LUNCH	Beans on toast with grated cheese.
TEA	Mild lentil and vegetable curry with rice.
SNACKS	Fruit loaf; custard; warm milky drink.

DRINKS Offer preferred drinks regularly across every day. Keep a drink visible and within easy reach. Follow medical advice if fluids are restricted or drinks need thickening.

DAYS 5 TO 7

Keep the plan flexible

If one meal goes well, repeat it. Familiarity can be reassuring, and leftovers can make the next day easier.

FRIDAY

BREAKFAST	Mushroom and cheese omelette with toast.
LUNCH	Creamy vegetable soup with bread and butter.
TEA	Salmon fishcake, potatoes and peas.
SNACKS	Banana; yoghurt; oat biscuits.

SATURDAY

BREAKFAST	Scrambled egg, baked beans and toast.
LUNCH	Ham or cheese sandwich with tomato soup.
TEA	Roast chicken, potatoes, vegetables and gravy.
SNACKS	Rice pudding; soft fruit; slice of fruit loaf.

SUNDAY

BREAKFAST	Porridge with stewed apple and cinnamon.
LUNCH	Sunday roast or another familiar favourite.
TEA	Jacket potato with cheese and beans, or leftover soup.
SNACKS	Cheese and crackers; yoghurt; favourite treat.

Easy swaps that still feel like a meal

NO COOKING

Ready meal + frozen vegetables; soup + sandwich; jacket potato + filling.

VEGETARIAN

Eggs, beans, lentils, tofu, cheese, yoghurt or meat-free alternatives.

SOFT OPTION

Fish pie, scrambled egg, porridge, casserole, yoghurt or stewed fruit.

FINGER FOOD

Sandwich fingers, omelette strips, soft fruit, toast fingers or cooked veg.

SMALL APPETITE

Half portion now, snack later; add cheese, milk, yoghurt or a nourishing drink.

BUDGET-FRIENDLY

Eggs, beans, tinned fish, frozen veg, oats, lentils and batch-cooked meals.

PLAN AROUND THE PERSON

Our meal plan for the week

Write in what is realistic. Add favourite snacks and note texture guidance, shopping or who is checking in beside the relevant meal.

DAY	BREAKFAST	LUNCH	TEA	SNACKS	DRINKS
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					

REMEMBER

Leave room for real life. A repeated favourite, a ready meal or beans on toast can still be a successful meal. Note what was actually eaten so the family can spot patterns.

ONE DAY AT A GLANCE

Family food & drink record

Use quick notes rather than exact measurements. The aim is to help everyone spot patterns, share what worked and notice when extra advice may be needed.

NAME _____ DATE _____ COMPLETED BY _____

TEXTURE OR DRINK GUIDANCE, IF ANY

TIME	WHAT WAS OFFERED	ROUGHLY HOW MUCH?	NOTES / WHAT HELPED
BREAKFAST		☐ All ☐ Most ☐ Some ☐ None	
LUNCH		☐ All ☐ Most ☐ Some ☐ None	
TEA		☐ All ☐ Most ☐ Some ☐ None	
SNACKS		☐ All ☐ Most ☐ Some ☐ None	
DRINKS		☐ All ☐ Most ☐ Some ☐ None	

Anything useful to share?

- ☐ Appetite lower than usual
- ☐ Chewing or mouth pain
- ☐ More confused or drowsy
- ☐ Coughing or choking
- ☐ Tummy or bowel difficulty
- ☐ No concerns today

WHAT WORKED WELL OR SHOULD BE OFFERED AGAIN?

WHO WAS UPDATED / WHAT HAPPENS NEXT?

KNOW WHEN TO INVOLVE SOMEONE ELSE

When to ask for a little more help

A change in eating or drinking can have many causes. Sharing clear, simple observations can help a professional understand what is happening.

DETAILS TO KEEP HANDY

- [ ] What was offered and roughly how much was eaten.
- [ ] What was enjoyed, refused or found difficult.
- [ ] Drinks offered and whether they were finished.
- [ ] Any coughing, choking, pain, nausea or tummy upset.
- [ ] Changes in weight, appetite, energy or behaviour.
- [ ] Who needs an update and what should happen next.

ASK FOR ADVICE IF YOU NOTICE

- [ ] Unplanned weight loss or clothes becoming loose.
- [ ] Very little food or fluid over more than a day.
- [ ] Repeated coughing, choking or chest infections.
- [ ] Painful chewing, mouth problems or poorly fitting dentures.
- [ ] Vomiting, ongoing diarrhoea or constipation.
- [ ] Sudden confusion, unusual drowsiness or signs of dehydration.

Who can help?

GP or NHS 111: new symptoms, dehydration, weight loss or sudden change. Dietitian: malnutrition, weight or medical diets. Speech and language therapist: chewing and swallowing. Dentist: mouth pain, teeth or dentures. In an emergency, call 999.

GUIDANCE USED

- NHS: How to support someone you care for with eating - nhs.uk
- NHS: Water, drinks and hydration; Malnutrition; Dysphagia - nhs.uk
- Alzheimer's Society: Eating and drinking - alzheimers.org.uk

YOUR CARE Home support and dementia day support across Bristol, South Gloucestershire and BANES 0117 947 7422