



# Choosing eating and drinking equipment

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DLF Factsheet

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## INTRODUCTION

The aim of this factsheet is to provide 'first stop' information on eating and drinking difficulties, and details of some of the more popular items of equipment that may provide solutions.

For up-to-date product and supplier information, contact our equipment helpline which is open Monday to Friday, from 10am to 4pm - tel: 0845 130 9177 (calls charged at local rate); or if you use a textphone 020 7432 8009 (calls charged at standard rate).

Alternatively, you can write to our letter enquiry service or contact us via e mail at [advice@dlf.org.uk](mailto:advice@dlf.org.uk) . To help us give you a concise and informative reply, please provide us with as much detail as possible including information on the difficulties you are having and any solutions you have considered, including equipment ideas.

## WHERE TO GET HELP AND ADVICE

Before making any decisions about using or buying equipment, you may like to seek advice from an expert.

A speech and language therapist can give advice if the feeding difficulties are caused through chewing and swallowing food or liquid. Most speech and language therapists work within NHS hospitals or clinics and can be contacted via your G.P. or health visitor, or you can contact your local service directly.

An occupational therapist can advise on feeding and drinking techniques, and equipment to overcome various difficulties.

The therapist will assess you and work with you to find solutions, and can sometimes provide items of equipment on loan. Occupational therapists work in the NHS and for local authorities. If you are living at home and you are not currently receiving hospital treatment, you will need to contact the local authority occupational therapist who will be based within the social services department.

You have the right if you have a disability, or if you are caring for someone with a disability, to ask social services for a community care assessment. The council assessor considers the type and level of need and appropriate community care solutions, including provision of equipment. Usually the council helps fund a community care service, including equipment, if you have many needs or if they assess them as essential or complex.

Since April 2003, you have the choice and right to ask for a direct payment of money instead of a community care service; this includes the right to ask for money towards alternative equipment if this is preferred to the equipment offered by the council.

A council is unlikely to help directly if needs are few or simple, but may advise on alternative ways of meeting the need, e.g. where you can buy equipment locally, visit a local independent living centre or obtain suitable mail order catalogues.

A Disabled Living Centre displays and demonstrates equipment, and employs

experienced staff to give advice to help choose equipment that will best meet your needs. There are approximately 50 centres around the country and the Disabled Living Centres Council can give you the address of the one nearest to you (see 'Useful organisations').

There may be a support group for your condition which will be familiar with the types of difficulties that you are experiencing and can offer you advice. It may also be able to put you in contact with other people with similar difficulties so that you feel less isolated and can exchange experiences and ideas. Contact the DLF helpline for addresses.

## PRACTICALITIES

Whilst it is essential to match the user's personal needs to items of equipment that are helpful, and which he/she like and want to use, there are some practical issues around choosing and using equipment

that you should to think about. Consider:

- whether cutlery and crockery items can be washed in a dishwasher;
- whether parts are easy or fiddly to clean, e.g. drinking spouts;
- suitability for microwave use, if meals and drinks are prepared earlier and will need reheating;
- if the system is modular, think about the ease or difficulty of assembly, particularly if the parts need to be dismantled before washing;

- how robust items are if they are likely to be subjected to heavy handling.

## THE DINING ENVIRONMENT

Eating a good and balanced diet is essential to our health and wellbeing, but sitting down to a family or group meal also provides us with an opportunity to socialise. And, since enjoying good food and pleasant company contributes to our psychological wellbeing, group or family mealtimes should be encouraged.

Sometimes, particularly if the task of eating is very messy and personal dignity is at stake, the diner may choose to eat alone, with help at hand, if necessary.

People who live alone obviously have no choice but to eat alone; and the task of preparing a meal will invariably fall on them. If cooking is no longer a safe or practical task, contact your local social service department for information on meals on wheels services and/or local dining clubs.

To optimise independence, the dining area should be close to the kitchen so that transferring the prepared food to the eating area and clearing away is made as easy as possible. Think about:

- using a one-handed or slip-resistant tray, or a walking trolley to transfer food to the table;

- the type of flooring both on the way through to the dining area and the dining area itself. To minimise accidents, level thresholds and low pile carpet are less hazardous. Vinyls are easier to clean although, when wet, they can become slippery unless they have been chosen for their slip-resistant properties. Smoother floor surfaces make moving a chair close to and away from the table, before and after a meal, easier;
- the table position and design - this should be appropriate to the user, to give him/her easy and close access to it. The table height should allow the user to comfortably rest his/her forearms on the table edge, with shoulders relaxed (not hunched);
- the practicality of the dining chair . Full length armrests provide support when sitting down and standing up from the chair, but can prevent close access to the table. A fabric upholstered chair may look more attractive than a vinyl one and be more comfortable than a chair without padding, but will be more difficult to clean. A skid base will make pushing an occupied chair into and away from the table easier. When seated, the diner will feel most stable if both feet are supported on the floor (or on a foot stool) with ankles, hips and knees at approximate right angles. If necessary, specialised seating can

- offer postural support to the user so that he/she can function easily and independently.

## WAYS TO ENCOURAGE INDEPENDENCE

As mentioned previously, appropriate seating that can be pushed in close to a table of suitable height will position the diner ready for the meal; and the use of specialised crockery and cutlery can help. But in addition, consider the following:

- a regular routine and familiar placement of items (e.g. salt, napkin, drink) will help someone with memory problems;
- a partially sighted or blind person can be guided to what is on the plate by relating the position of different foods to a clock face so, for example, meat is at 12 o'clock, potato at 3 o'clock.
- a thoughtful menu appropriate to the diner's physical ability will make it easier for him/her to manage eating independently. For example, rather than serving a whole steak to someone who has difficulty cutting food, serve a casserole because the meat is already cut up; thicker sauces and soups are less likely to spill than thin ones; soft foods will be easier for someone who has difficulty with chewing and swallowing.

## **ASSISTING WITH FEEDING**

There may be occasions when the diner is unable to manage the tasks of eating and drinking without help from a family member or carer. Help should be thoughtfully provided, and the diner should, whenever possible, be in control of the proceedings, eating at his/her own pace and selecting what next to eat. If you are helping someone to eat a meal or to take a drink, position yourself in front or slightly to one side of the diner, so that you can see each other and communicate more easily.

Make sure the diner is adequately supported in the chair. Poor seating can contribute to eating difficulties if the seating does not position the user so that he/she can function easily. For example, opening the mouth, chewing and swallowing food is very difficult if the diner is sitting in a slumped position with head forward and chin on chest.

Position the meal in front of the diner so that he/she can see what the meal comprises and more easily indicate what he/she would like to eat next. A shallow table, such as a cantilever table, can be usefully employed for this purpose.

Encourage people to do as much as they can for themselves; for example, your role may be simply to cut up the food and load the fork, leaving the person eating to do the rest.

An overloaded fork may make it difficult for

someone to eat the food without spillages; smaller mouthfuls will be more manageable. Regular sips of a drink accompanying a meal will help the diner to keep his/her mouth moist and swallow food.

When dining, particularly in company, try to give help in a discreet way. For example, if you know food needs to be cut up, perhaps do this before the meal is brought to the table rather than in full view of the other diners.

If the eating process is messy, some form of protection may be needed for the diner's clothes. For advice on the use of bibs, refer to the following section.

## **USE OF BIBS**

Some conditions, for example those that affect the muscles and nerves around the mouth, can make chewing and swallowing food more difficult, and you may need to consider using protective clothing to keep the diner's clothes clean during meal times. There are many bibs and aprons to choose from and you should keep in mind personal dignity when selecting the best garment to use. Traditionally, bibs are associated with feeding infants and therefore using a bib that is 'childish' in appearance is not appropriate for an adult.

You should also look at the way the bib fastens: ties can be fiddly, particularly if the diner has long hair that may get in the way of fastening; pull-over styles have to

be managed carefully when a soiled bib is removed; popper or Velcro fastening may be more convenient, although Velcro fastenings should be closed during laundering to avoid collecting 'fluff'.

Styles that are available include:

- disposable bibs - useful if regular laundry is a problem;
  - plastic-backed bibs - to prevent fluid seeping through the bib onto the diner's clothing;
  - bibs with an integral trough at the lower edge to catch spilt food;
  - tabard styles - these have a wide neck opening for easier removal;
  - aprons and capes - that cover the diner's lap.
- a reduced grip because of pain, stiffness or joint deformity;
  - lack of muscle control, e.g. tremor or spasticity;
  - pain or stiffness in the arms and shoulders making bringing a cup or mug up to the mouth difficult;
  - stiffness in the neck making tipping the head back more difficult;
  - loss of sensation in the hands so that the drinker has difficulty 'feeling' the cup he/she is holding;
  - sight loss;
  - an inability to control the amount of liquid transferred into the mouth;
  - slowness of movement.

Bibs should be used only at meal times and must be removed after each meal. If there is a problem between meals with swallowing saliva, for example, it may be appropriate to use an electronic reminder that beeps at pre-set intervals to remind the user to swallow. Advice on swallowing difficulties is also available from a speech and language therapist.

## **DRINKING EQUIPMENT**

Difficulties in handling cups and mugs, and drinking successfully, could be caused by:

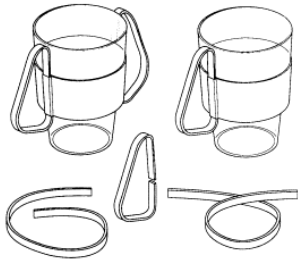
### **REDUCED GRIP**

If you have difficulty holding a cup, there are several items that may help you.

### **Cups with enlarged handles**

These allow people to use all of their hand to grasp the handle, or they can put their fingers through the handle and grasp the cup so that a tight grip is not necessary. When taking a hot drink, a cup made of a material that is slow to conduct heat (i.e. plastic rather than china) may be safer to handle.

## Cups with two handles



These allow the weight of the cup to be distributed evenly between two hands. The size and shape of the handles are important to enable the user to get a comfortable grip. Handles are often large so that all the fingers can grip the handle.

## Cups with moulded or mouldable handles

These give a more personalised grip, fitting the shape of the user's hand.. Some cups are designed with comfort in mind, others have bendable handles and are modular so that they can be tailored to suit individual requirements. A personalised grip can be added to an existing cup using a mouldable resin.

## LACK OF MUSCLE CONTROL

An over-full cup will be difficult to manage. Filling to three-quarters depth may be more practical.

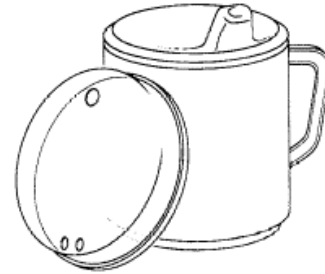
## Heavy or weighted cups

These may help to reduce tremor.

## Cups with two handles

Control of the cup might be improved by using two hands, rather than one.

## Cups with lids and spouts



A cup with a lid can be used to prevent the contents spilling. Some cups have 'commuter' lids - a flat lid with a drinking hole which is fairly unobtrusive. Other cups have spouts, either perforated or with a drinking hole at the end. Some drinking holes are wide enough to accommodate a straw.

## Anti tremor device within the cup

These inserts prevent the liquid in the cup from slopping if the user has a tremor.

## PAIN OR STIFFNESS IN THE ARMS OR SHOULDERS

This may make it difficult or painful to lift a cup to the mouth.

## Cups with two handles

Using a cup with two handles converts a one-sided action into a symmetrical one with both arms contributing to the movement of raising the cup to the mouth.

### **Angled cups**

There is less need for the user to raise his/her shoulders if cups with angled handles and/or a top edge that slopes away front to back are used.

### **Insulated cups**

An insulated cup will enable drinkers to rest their second hand on the base of the cup to assist and steady the manoeuvre of raising the cup to the mouth.

### **Straws**

A long straw can be used to completely avoid lifting.

## **STIFFNESS IN THE NECK**

### **Angled or cut-out cups**

These cups either slope downwards front to back, or they have a cut-out at the back of the cup, enabling the cup to be tilted without tipping the head back.

## **LOSS OF SENSATION IN THE HANDS**

In addition to having difficulty maintaining a continuous and strong grip on the cup, people with reduced sensation in their hands may need to observe more closely what they are doing, because automatic feedback from receptors in their hands is unreliable.

### **Cups with large handles**

Large handles will enable the user to

place all their fingers through the handle so that a continuous, strong grip is not essential. Care needs to be taken when putting the cup down and removing the hand(s).

### **Insulated cups**

An insulated cup may be safer to use if the heat of the drink cannot be felt, thus reducing the risk of scalding.

## **SIGHT LOSS**

### **Brightly coloured cups**

A brightly coloured cup used against a plain or contrasting surface will help a person with sight loss to focus on its whereabouts. When filling a cup, if the colour of the cup contrasts with the colour of the liquid, the liquid level will be easier to see.

### **Patterned drinking glasses**

A glass with a pattern on, rather than one that is completely transparent, will be easier to locate.

## **INABILITY TO CONTROL THE AMOUNT OF LIQUID TRANSFERRED TO THE MOUTH**

Some people may find it difficult to control the angle at which the cup is tipped, so that too much liquid is dispensed; or the muscles of the lips and mouth may be weak so that an effective 'channel' (or seal around a spout) is not produced when the cup is brought to the lips.

### **Cups with large spouts**

The user will find it easier to form an effective seal around a longer, wider spout, rather than a small spout.

### **Vacuum cups**

These cups have a valve in the lid, operated by finger pressure, which controls the flow of liquid.

### **SLOWNESS OF MOVEMENT**

This may result in the drink cooling before it has been finished.

### **Insulated cups**



An insulated cup will help to retain heat.

### **Narrow-top cups**

This style of cup will help to reduce the amount of heat loss.

## **DRINKING SYSTEMS**

People who have minimal hand and arm movement, or who have difficulty controlling the amount of fluid drawn up into their mouths, may be very dependent

on a carer for help, with the result that they feel they are no longer in control of when they can have a drink. Special systems are available that make it possible for people to drink via a straw that incorporates a non-return valve and/or a pump so that they can regain a degree of independence. All systems are free standing on a table top and do not need to be lifted or tilted in any way by the user.

Specialist advice on overcoming complex drinking difficulties is available from the Association for Rehabilitation of Communication and Oral Skills (ARCOS) (see 'Useful organisations').

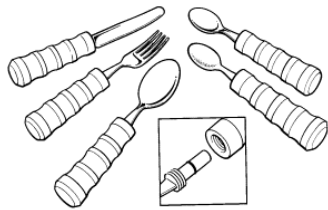
## **CUTLERY**

Holding and handling cutlery effectively is essential to independence and, if standard cutlery can no longer be used with ease, you can look at ways of adapting the grip to make management easier. Simply increasing the girth of a hand grip, for example, can make it easier for someone with a painful grip to handle cutlery, or adding a hand strap that incorporates a pouch for the cutlery handle will assist someone with a weak grip. Generally, short handled cutlery is easier to manage, but longer handles will give a greater reach. Serrated blades are more effective at cutting food so, if cutting with a standard table knife is proving difficult, consider switching to a steak knife or a small, serrated kitchen knife.

There is also a fairly extensive range of specialised cutlery to help people with the following difficulties:

- a reduced grip because of pain, stiffness, loss of sensation or joint deformity;
- lack of muscle control, for example tremor or spasticity;
- the use of one hand only, for example because of a stroke;
- restricted movement of the wrists, arms and shoulders;
- weakness of the arms and shoulders.

## REDUCED GRIP

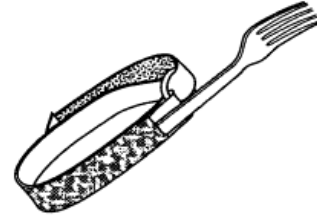


### Large grip cutlery

A larger grip means that the user's fingers do not need to be wrapped tightly around the cutlery handle to hold it securely; this will be particularly helpful if someone has painful hands.

**Cutlery with moulded handles** This style of cutlery has handles that are shaped to fit the contours of the hand so that the user can grip the handles more securely. Some moulded handles have a hilt to prevent the hand slipping forwards towards the cutlery head.

## Cutlery that incorporates a hand strap



If maintaining a grip on the handle is a problem a hand strap with a slot to hold the handle of the cutlery running over the back of the diner's hand will retain the cutlery in the hand.

## LACK OF MUSCLE CONTROL

### Weighted cutlery

People with tremor can find heavier cutlery particularly helpful as the extra weight can suppress unwanted movement. A weighted wrist cuff may produce the same effect.

### Swivel cutlery



This cutlery has a swivel joint between the head of the fork or spoon and the handle, which helps the head to stay horizontal despite uncontrolled movement.

**Plastic or plastic coated cutlery** Spoons made of plastic or with a plastic coated head may prevent damage to the teeth if the diner has a strong bite reflex or poor control when bringing the spoon up to the mouth.

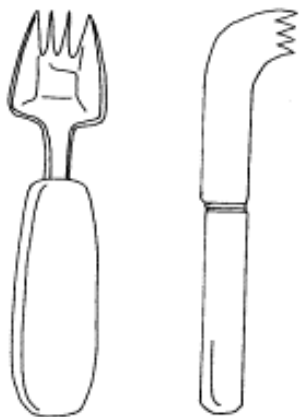
### **Deep bowl spoons**

Food can be kept more securely on the spoon if the bowl of the spoon is deep, although it may be more difficult to take food from the spoon. Some deep bowl spoons are specially shaped to make sipping from them easier.

### **USE OF ONE HAND ONLY**

Using cutlery is usually a two handed task - the food is secured by a fork in one hand, whilst the other hand uses a knife to cut the food. The following items may overcome this problem:

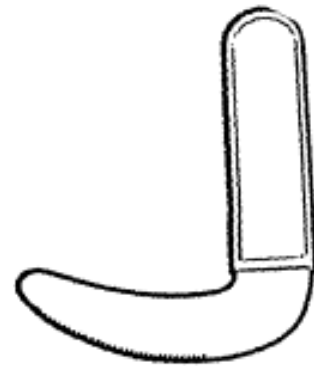
### **Combination cutlery**



This combines the features of two or more pieces of cutlery so that the user does not need to swap from a fork to a knife when

eating. The cutlery may combine a knife edge and a fork; a spoon and a fork; or all three implements. Because of the obvious risk of injury, care should be taken if the cutlery to be put in the mouth incorporates a knife edge.

### **Knives with rocker blades**



These knives cut food using a rocking action rather than the conventional way of drawing the knife forwards and backwards over the food (which requires a fork to stabilise the food). Some versions have horizontal handles, others have vertical handles.

### **RESTRICTED MOVEMENT OF THE WRISTS, ARMS AND SHOULDERS**

This may make it difficult for the diner to bring food up to his/her mouth.

### **Angled cutlery**

This style of cutlery has the head positioned at an angle to the handle so that less movement is required to bring the fork or spoon up to the mouth. Some versions are modular, some are set at a pre-fixed angle, others are mouldable.

Available for right and left handed use.

## **WEAKNESS OF THE ARMS AND SHOULDERS**

### **Lightweight cutlery**

Cutlery made of polypropylene or some other lightweight material may make eating easier.

## **PLATES, BOWLS AND FEEDING TRAYS**

Careful selection of standard crockery can make independent feeding easier. For example, a heavier plate is less likely to slip; a partially sighted person may find it helpful to use a brightly coloured plate that gives a contrast against the table surface and the food held on the plate. There are also ways of adapting standard items: a slip resistant mat can help to stabilise a plate or bowl; or a plate guard, that clips onto the plate edge, will give a vertical surface to push food up against when loading a fork or spoon.

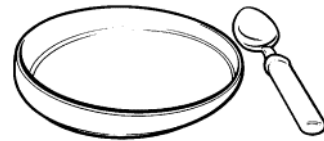
Special needs crockery incorporates these ideas into their design. Items are available to help people with:

- the use of one hand only, for example because of a stroke;
- lack of muscle control, for example tremor or spasticity;
- slowness of movement.

## **THE USE OF ONE HAND ONLY**

Having the effective use of only one hand means that picking up food from a plate can be difficult, particularly items that need to be scooped up, rather than prodded with a fork.

### **Plates and bowls with high rims**



These items incorporate a high rim around part or all of their perimeter, providing a barrier to prevent food falling off the plate, and to give an edge to push food up against when loading a spoon or fork. Some versions are made of plastic, others are ceramic.

If the plate slides on the table surface, a slip-resistant mat can be placed between the plate and the table.

### **Plates and bowls with sloping bases**

These function in a similar way to a raised edge. The base of the plate or bowl slopes away to one side making it easier to scoop up food.

### **Partitioned bowls**

These bowls have compartments to separate food and which also provide walls to push food against to help pick it up. They may be considered 'child-like' in appearance and not acceptable for adult use.

## **LACK OF MUSCLE CONTROL**

If someone is unable to completely control and co-ordinate movement, there is a risk that the plate may move whilst the diner is attempting to pick up food, making the task more difficult; or the plate could be knocked off the table.

### **Heavy crockery**

Some ceramic plates are heavy and therefore more likely to stay in one position.

### **Anti-slip plates and bowls**

These have an anti-slip or suction base to help keep them in position on the table.

### **Unbreakable crockery**

Unbreakable crockery may be more practical if breakages are commonplace, although many items are made of lightweight materials such as plastic, and are therefore more easily knocked out of position.

## **SLOWNESS OF MOVEMENT**

If someone eats very slowly, the meal will cool down before it is finished. There are items available to help keep food warm.

### **Insulated bowls**

These bowls have a double-skinned wall to help retain heat. Others have a reservoir to take hot water to keep the plate warm.

### **Insulated trays**

These trays have double walls and a recessed upper surface to take crockery.

### **Heated trays and mats**

These incorporate a low voltage heating element to keep the food warm.

## **FEEDING SYSTEMS**

People who have very little hand and arm movement, or who have poor control over their muscles, may be very dependent on a carer for feeding. There are systems available that can give the disabled person back a degree of independence although, if they are at risk of choking, someone should always be nearby. Equipment of this type is often expensive and an assessment may well be necessary to determine which system best meets the individual's needs. Equipment that may be helpful includes:

- mobile arm supports - these support the user's forearm in a trough-shaped device that tilts to bring the hand down and upwards. Some are also mounted on a swivel that moves horizontally, and powered versions will raise and lower the whole device;



- Feeding systems – these systems deliver food to the diner's mouth via, for example, a rotating plate and a mechanical or electronically controlled spoon. Some systems are powered, others are hand- or foot-operated.

Specialist advice on overcoming complex feeding difficulties is available from the Association for Rehabilitation of Communication and Oral Skills (ARCOS).

## USEFUL ORGANISATIONS

Association for Rehabilitation of Communication and Oral Skills (ARCOS),  
Whitbourne Lodge, 137 Church Street,  
Malvern, Worcestershire WR14 2AN  
tel:01684 576795 Fax:01684 576895  
email: [enquiries@arcos.org.uk](mailto:enquiries@arcos.org.uk)  
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