Dining at the Centre of Culture Change: The Experience of Christie Gardens

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Where we are going...

❖ Provide an overview of dining in care environments, introduce concept of relational dining.

❖ Describe how the case study was conducted and key findings.

❖ Perspectives on the dining culture change
  • Administration
  • Staff

❖ Discussion & sharing
Why does poor food intake occur in LTC?

Inadequate food Intake

- Eating Environment
- Food Product
- Inability to access/consume food
Mealtimes include...

- **Ambiance** - physical environment

- **Activities** - things that happen to support food consumption

- **Psychosocial environment** - what is said, feelings, actions and how interpreted by members at the table
‘Institutional’ Environments
(Henkusens, Keller, Dupuis, & Schindel Martin, in press)

지도 ‘Systemizing the meal’
• Lack of control, choice
  ▪ When eat, where, with whom, what
• Individual preferences are lost with the need to provide for the ‘many’
• Regulations, policies over-ride what the resident wants

지도 Adjusting to dining with others

지도 Task focused vs. relational care
What makes a meal in LTC?

- 20 RH residents; in-depth interviews

- **Being a good companion**
  - Compatible, accepting, considerate, able to communicate

**Subthemes**

- Having something to say
- Finding ways to communicate
- Developing mealtime routines and roles
- Working to get along
- Being trustworthy
What types of social interaction occur? (Curle & Keller 2010)

Types

– Making conversation
– Sharing
– Getting and giving assistance
– Joking/humouring
– Appreciation and affection
– Rebuffing/ignoring/excluding

Influences

• Tablemate roles
  ▪ Leaders, spectators
• Tablemate characteristics
  ▪ Similarities, health status
• Social and physical environment
  ▪ Meal timing, staff, noise, size
What is Person-Centred Care (PCC)?

- Valuing every resident
- Using an individualized approach
- Seeing things from the resident’s perspective
- Providing a social environment that supports psychological needs

(Brooker, 2007)
Indicators of PCC at Mealtimes…
(Reimer & Keller, 2009)

- Providing choices and preferences
- Supporting independence
- Promoting the social side of eating
- Showing respect
Flexible Dining
Home-like Dining
Fine Dining
Mealtime Cultural Shift

**Physical space**
- Home like
- Table cloths, dishes, decorations

**Organizational space**
- Resident driven (PCC), individualized, greater control
- Flexible, open dining (24/7), open access
- Meaningful activities

**Way Caring Happens**
- Relational, caring as a family (resident, staff, family)
- Family style dining, including staff & family in meal
What is ‘Relational’ Dining?

- Social, psychological and nutritional needs are met
  - The Promise/Potential of Mealtimes

- The mealtime experience depends on supportive relationships

- Meeting needs means that care partners are highly attuned to individual needs that are constantly changing

- What this looks like depends on the context and needs of the individual residents
Christie Gardens Dining Culture Change Case Study

Objectives:

➢ To describe how Christie Gardens is changing its culture of dining within its Courtyard Community (long-term care) neighbourhoods.

➢ To understand the key activities and processes so this transition can be repeated in other long-term care homes.
Dining Case Study Overview

Timelines:
• Discussions started Fall 2012.
• Case study conducted January to August 2013.
• Report finalized January 2014 after member checks.

Background:
♫ Food and dining have always been a central part of life at Christie Gardens so residents truly feel it is their home.
  • A socially inviting, nutritionally satisfying experience.

♫ Culture change process began with open-dining for its Assisted and Independent Living residents.

♫ Adapted open-dining concept into a long-term care home area, which led to rapid transitions throughout the home with the development of neighbourhoods.
Case Study Theory and Methods

Guided by Life Nourishment Theory (Keller et al., 2012):

➢ Being connected, honouring identity, & adapting to an evolving life

Case Study Evaluation & Data Analysis Methods (Stake, 1995):

➢ Dining room observations
  • 27 total, mainly during meals plus a baking activity & staff training session

➢ Interviews
  • 38 total, mainly informal individual and group interviews with senior leadership, staff, residents & family members

➢ Document reviews
  • 45 total, including job descriptions, CARF PCC standards, meeting notes, newsletters, etc.
Triangulation of Research Methods

- Life Nourishment Theory
  - Dining room observations
  - Identification of dining culture change process

- Honouring identity
  - Document reviews

- Being connected
  - Interviews

Adapting to an evolving life
Thematic Findings

Recipes for Success

Going Beyond Resident-Centred Meals to Relational Dining

Threats to Success and Solutions
Recipes for Success

Resident-centred steps that led their dining culture change:

憩 Strong leadership and supportive Board
   • They passionately and creatively drive the home’s mission, vision and values.

憩 Developing and communicating the vision
   • To provide a social model of care within the residents’ home.

憩 Building on successes by investing in dining
   • From two-hour meal windows with greater variety to relational dining with 24-hour food and drink availability.

憩 Creating culture change agents
   • From nurse-led units to levelling the staff hierarchy with cross-trained Care Partners and Neighbourhood Advocates.
Going Beyond Resident-Centred Meals to Relational Dining

Continually evolving care and meals:

 princípio Enabling resident-centred dining
 • Residents are increasingly empowered by familiar staff to choose what to eat and drink, and when and where to dine.

 princípio Moving toward relational dining
 • Relational dining is based on the needs and preferences of each resident and delivered by staff who seamlessly work together.
 • Consistently assigned staff know the residents and eat with them during or near the end of meals.
 • Dining rooms look like home rather than institutional.
Threats to Success and Solutions

Solutions to challenges and resistance to change:

🍃 Translating the vision

- Working with staff to communicate transitions, continually improve their skills and empower them to provide relational care.
- Also working with unions, residents and family members.

🍃 Resisting the vision

- Enhancing interactions with residents with cognitive impairments, working with resident preferences instead of routines, and resolving issues with agency staff and privately hired caregivers.

🍃 Creating the dining atmosphere

- Selectively administering medications, minimizing noise, encouraging conversation, and improving the physical environment.
Home Administration Perspective

Key steps, challenges and resolutions in moving from an institutional model of care to a social model of living with relational dining in households at the centre of culture change.
Household Staff Member Perspective

Dining culture changes within a household model, the opportunities, benefits and challenges and how these were resolved.
Discussion and Sharing

💡 Ask questions and share your dining culture change experiences!
References


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