Family-Style Dining

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Contents

Introduction

Older adults in long-term care (LTC) and assisted living (AL) settings experience increased social isolation and are more susceptible to poor nutrition intake [1, 2]. A lack of protein, fibre, micronutrients, and proper hydration may result in residents experiencing low energy, malnutrition, dehydration, decreased quality of life, hospitalization, morbidity, impaired healing and immunity, or even death [2, 3]. Thus, mealtimes are an integral part of resident's daily routines to ensure each resident's physical health and well-being are maintained.

Beyond physical care needs, mealtimes are also a key point of socialization for residents, encouraging engagement through social facilitation. During this period, residents are meant to practice independence through choice and partake in social interactions [1, 4]. Moreover, mealtimes are an opportunity for residents to connect to identity and culture as meals hold biological, social, cultural, behavioral, and symbolic meaning [1, 5]. Residents who experience a loss of food traditions and familiarity around customary routines have decreased appetites [5]. Similarly, low social engagement during meals has been associated with lower body weight in residents [1].

The current task-focused approach to mealtimes and dining in LTC and AL settings limits the number of daily social interactions residents experience [1]. This approach also reduces the quality of the exchanges, as mealtimes have become rushed and institutionalized rather than being opportunities for meaningful connection [3, 1]. For example, while tray service is efficient for distributing meals, there is minimal engagement and little resemblance to eating or socializing with loved ones [5]. As a result, the quality of life of residents is no longer optimized during this time [6].

Family-style dining is an alternative form of dining in continuing care that focuses on the promotion of independence, choice, social connectedness, a sense of belonging, as well as community [7]. Individuals are seated at a table where dishes

are brought in serving bowls or platters that are passed to diners who choose what they would like to eat and transfer it to their own plates. With this service style, residents are less isolated and more likely to eat, therefore upping nutritional intake and appetite [8]. Furthermore, there is an increase in the quality of life for residents [4, 5, 8].

Care Approaches and Dining

Person-centered care has been utilized in LTC and AL facilities as part of a culture change that focuses on the individual rather than a medical or diagnosis-focused model of care [9]. Person-centered care recognizes the inherent worth, individual uniqueness, and personal perspectives of individuals; though there is an absence regarding the social and political contexts of care [6, 9]. To address this critique, relationship-centered care has risen as an alternative care approach.

Relationship-Centered Care

Relationship-centered care is a component of person-centered care which focuses on interdependence and meaningful relationships between residents, staff, and families [9]. Emphasis is placed on the reciprocal nature of relationships, resulting in strong bonds and quality care [3, 9]. Quality care also develops from residents having a sense of security, belonging, continuity, purpose, achievement, and community [9]. Within the relationship-centered care framework, efforts are made to build and nurture relationships with all the individuals involved in care, effectively enhancing the overall experience of residents [9].

In relation to dining, relationship-centered care ensures that residents encounter supportive environments and interpersonal connections. Unlike the task-focused service approach often found in LTC and AL settings, the priority becomes autonomy and choice for residents and staff. Through this intentional engagement, both residents and staff enhance their relationships with one another.

Person-centered and relationship-centered care are both necessary when considering mealtimes and dining as integral periods of social connectedness for residents [9].

Implementation

The implementation of family-style dining will require careful consideration and planning for both residents and staff. This service style also has equipment and atmospheric needs for successful implementation.

Considerations

Residents

To have the most successful experience with family-style dining, residents are encouraged to serve and feed themselves, voice their individual needs, socialize well with others, understand infection control in passing and serving food, understand portions, and have knowledge on their diet and texture limitations [8, 10]. To ensure residents have the appropriate knowledge, education sessions may need to be implemented prior to partaking in the service style. Food should be nutrient-dense and prepared for self-feeding, such as bite-sized pieces, to ensure resident safety and allow for easy management during meals [3, 11]. Additionally, foods and fluids must be modified for texture needs and consistency, respectively [12]. Lastly, having cultural or religious food options available through theme nights, condiments, and utensils will allow for diversity amongst residents to be acknowledged [12, 13].

Residents with more complex care needs or those that are unable to eat independently may partake in family-style dining with the necessary support staff in attendance [8]. Assistance from staff can include modifying textures and consistencies of food and drinks, utilizing adaptive utensils and dishes, and feeding residents [8]. Further, residents that require supplemental assistance with feeding

may be seated together to allow staff the opportunity to aid residents with more ease [8].

Another important consideration for residents is to recognize and ensure they have a firm understanding of their preferred dining style [10]. For residents interested in family-style dining, opportunities to be involved in the meal service can be explored such as acting as dining room greeters, offering hygiene products like hand sanitizer, distributing clothing protectors, and assisting in after-meal cleaning [13]. If a resident is uninterested in family-style dining, another service style may be more suitable.

Staff

Staff are knowledgeable about residents' eating habits, including preferred portions and skipped meals, and are the first to recognize changes in residents [10]. Changes can appear in the form of the volume and selection of food, cueing, motor function, communication, comprehension, and weight [10]. Due to this, their involvement is crucial for successful implementation of family-style dining. Staff should regularly assess and gain residents' feedback to ensure the dining style is fitting both their care and social needs [11]. It is important to note that staff are discouraged from discussing resident's care during service and to distribute medications before or after the meal to prevent disruption [12, 13].

Furthermore, family-style dining will also require interdisciplinary collaboration from staff members for menu development as well as learning familiarization of resident needs and preferences [3, 12, 13]. To ensure staff are adequately prepared for a socially based dining style, training on relationship-focused eating assistance would also need to be scheduled [3, 12]. Training may include overviews on positive social interactions, verbal and non-verbal cues, methods to connect with the resident and their family members, skills to navigate sensitive conversations, as well as the importance of honouring the dignity and autonomy of the resident [13]. Other than training and care needs, staff participation is necessary during the dining period. Staff members are encouraged to sit at the table and eat or drink with the residents to enforce a participatory mealtime ritual [13]. Invitations to

include residents within conversations, verbally or non-verbally, should occur whenever possible to ensure that interactions are as social as possible [13].

Another key area of consideration is the time commitment needed from staff to implement and participate in family-style dining. Sufficient time is needed for meals and residents cannot feel rushed as leisurely paced eating allows for the meal to be focused on socializing, rather than task completion [3]. If possible, dining times should be flexible to accommodate resident preferences and can include a time range for meals or multiple service seatings [12]. Further, preparation of food must be considered when planning menus or considering numerous mealtime seating opportunities. To ensure there is little food waste, kitchen staff should consider the portion of food dishes beforehand. Staff should also encourage residents to engage in appropriate grooming, to utilize sensory aides, and to partake in mealtimes [12].

Atmosphere and Equipment

The dining atmosphere is crucial as residents' engagement and service style in the meal is dependent on the physical and psychosocial environment [12]. Improved ambience in the dining space prevents decline in physical performance and body weight of residents [4, 12]. If possible, dining rooms should resemble a homelike environment and should be set up to show that the space is intended for meals, such as having placemats and silverware on display [11]. Rooms must include adequate lighting and temperature, accessible pathways to tables, low noise levels, soft music, open entryways, appropriate seating for residents using mobility aides, proper seating for staff, as well as suitable seasonal decorations [3, 12]. A preset element to the meal can be available for residents when they enter the room, such as bread or salad [11].

For successful mealtimes, lightweight dishes and utensils, including assistive devices, should be available for residents to make participation more accessible [10, 11, 12]. Similarly, lightweight platters and lids that are cool to the touch but will maintain food temperatures will be necessary, as well as storage containers and appropriate methods of transporting food to and from the seating area [10, 12].

Tables should be adjustable and sturdy to support residents using various mobility aids, and to serve as an ambulatory aid when residents move throughout the space [11]. The size of the table must also be considered to ensure that comfortable conversation can occur between residents [11]. Tables that are no more than forty-eight inches across, seating around five to six individuals, is recommended [11]. The number of residents seated at the tables will also be dependent on the use of mobility aids as wheelchairs and powerchairs will occupy more space. Tablecloths and placemats are recommended to be contrasting colours, especially to aid residents with vision impairments [12]. Cloth napkins are recommended over bibs and aprons to give residents a more homelike feel to the dining experience, but the choice can be left to the resident or family to decide which is best [12]. Other elements include clocks and signage [6].

Impact

As a service style, family-style dining is both beneficial and challenging. Whereas residents experience an overall improvement to their quality of life, staff face challenges in terms of workflow.

Benefits

Regarding physical health, residents partaking in family-style dining experience maintained or increased weight, increased food/nutrient intake, increased fluid intake, more energy, and a better appetite [4, 10, 11]. Additionally, due to the nature of the dining style where lifting and passing of plates happens regularly, residents experience an improvement in or maintain motor and muscle skills [3, 8, 10, 14].

Family-style dining also supports the independence, dignity, and autonomy of residents while promoting choice by allowing residents to select what and the amount they would like to eat [2, 6, 10]. Further, residents who feed themselves and dine with others are more likely to eat more and make healthier food choices [1, 11, 15]. Other benefits include improved socialization in the form of more

meaningful conversations and friendships, reductions in loneliness and agitation, and fosters feelings of enjoyment around food [3, 5, 10].

Finally, unlike tray service, family-style dining leads to a reduction in food waste [5, 11]. As residents are selecting their portions, they are more likely to finish their meals [11].

Challenges

Challenges that arise with implementation include maintaining food temperatures, residents being susceptible to infections, as well as the time commitment and level of staff involvement [7, 8, 10].

To combat concerns around food temperatures, appropriate preparation and using insulated storage solutions is crucial to ensure food is being safely consumed and enjoyed [7]. Additionally, residents are more susceptible to infections due to the proximity to others and shared surfaces [16]. A few methods to reduce the risk of infection include proper hand hygiene, health screenings, sanitation of the dining area, personal protective equipment, laundry management, and documentation. Additionally, communication about new or temporary dining protocols may be useful [16].

Lastly, as family-style dining requires the collaboration of the entire interdisciplinary team, staff schedules may be unable to accommodate the time commitment of mealtimes. In addition to development of menus and regular tasks, staff members will need to adjust their schedules to fit the duration of the meal (i.e. approximately one hour). As the purpose of the dining style is not to rush residents, this period can vary, leading to ambiguity in staff schedules. Additionally, training for other interdisciplinary teams would be required, further impacting schedules.

Conclusion

Mealtimes are essential to the daily routines of residents in long-term care and assisted living facilities. Beyond being necessary for physical health and wellbeing, mealtimes provide key moments of connection and socialization for residents. It is essential that staff ensure that residents are engaging with others appropriately during mealtimes and have adequate time to enjoy each meal.

Implementation will require appropriate considerations for residents and staff to ensure success. Residents' health, safety, and abilities need to be considered for this dining style as it is more independent and individual-led than other service styles. Residents with the ability to feed themselves and interact appropriately in social settings will benefit the most from this service style. For residents with more complex care needs, staff will need to evaluate residents' eligibility and prepare to make potential adjustments, such as seating plans and adaptive utensils.

Family-style dining enhances residents' quality of life, improves eating and nutrition habits, and decreases isolation. Through this service style, residents can build meaningful relationships with their peers and other staff members, ensuring a connectedness that is overlooked with traditional dining styles. Additionally, residents can become more involved with mealtimes which resembles their past experiences in a homelike environment.

For staff, family-style dining strengthens their relationships with residents and allows for an increased sense of community within the care process. Nonetheless, the incorporation of this service style will require staff to consider their workflow and schedule. Given the time and commitment required for adequate planning and implementation to occur, staff must have the appropriate time available to participate. Further, interdisciplinary collaboration is necessary to ensure the success of the service style, as well as allow for the opportunity to develop meaningful relationships with staff and residents.

Overall, family-style dining enhances the daily lived experience of residents in continuing care settings. With appropriate planning, this style can be successful and sustainable for residents and staff member relationships.

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