

Staff eating with residents



Staff share mealtimes on a frequent basis with individuals or with groups of residents eating the same food at the same table.



Cost effective - residents eat better so fewer nutritional supplements are needed. Staff may be calmer and less rushed. Residents eat better so are less likely to be malnourished. Residents less likely to feel isolated and depressed and so are more likely to be calm. Residents more likely to behave well. Food is tasty and well presented. Food waste is reduced.



Staff sit at separate table or eat their own food. Staff are refused their break or claim overtime beyond the budget. People are refused the choice of eating in private. Staff sit with favourite residents and avoid people who don't eat daintily. Staff refuse to eat with residents and leave the job. Staff member neglects resident's needs in order to eat own meal. Staff overeat because extra food is available.



Work towards more frequent food sharing occasions to enhance shared experiences. Check out the tax implications and amend policies to make this possible. Acknowledge the power of the human disgust response- some staff (e.g. pregnant women) may need preferential treatment but this can be balanced to meet a range of staff needs across shifts. Tackle negative culture where this exists.





Eating Together

Visitors to the home share meals in the home



Residents host their guests, with staff support if necessary, e.g. by enabling them to decide what to offer their guests in terms of food and drinks, choice of crockery and location for the meeting.



Feeling of connectedness with previous social network. Enhances personal status as host. Relatives and friends can come in and cook a traditional family meal using their own ingredients, cooking methods and serving dishes, linking the resident to old memories.



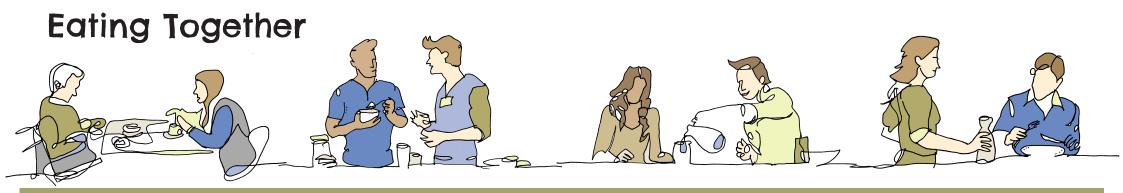
No private space available. Visitors not considerate of personal space and possessions of their relative or other residents. The guest uses the care home as way of meeting their own dietary or social needs rather than as a benefit to the resident. The resident needs support to eat and staff hand over the responsibility to guests without checking if it's OK with everyone and they know what to do.



Make available a separate quiet area that people can book that will allow people and their guests to eat at a table together. Ensure that a domestic scale kitchen can be used by relatives and the person. Bedrooms should, where possible, be maintained in such a way that they can serve as a private meeting space should the resident wish, whilst upholding the usual use of a bedroom in modern society. Provide residents with a debit card to allow them to buy their own food and some for their guests in the home's dining room or café.







Staff going out with residents to eat



Staff accompany individuals or groups to eat at restaurant, café or pub in the community, alongside the general public.



This acts as a leveller by reducing social distance between staff and residents. Provides stimulation and creates a talking point with other residents and staff. Members of the community benefit by encountering people who need support in their everyday lives. Getting to know people in ordinary settings will reduce stigma and discrimination.



Nasty, abusive or unwelcome comments or actions from a few members of the public. Staff use opportunity to get a good meal at the home's expense. Resident coerced to eat a type of food or in a place of the staff's choosing, or perhaps are denied their own preferences. Staff expected to pay for their own food or the process for reimbursement is slow and off putting. Resident has expensive taste that the staff or service can't match. Café, restaurant or pub is unwelcoming or fails to accommodate the person's support needs.



Find ways to challenge problem behaviours and attitudes from the community in a constructive way. Carefully manage the budget. Monitor individual practice to ensure that arrangements are meeting the preferences of residents. Make petty cash available to cover reasonable expenses so frontline staff do not have to pay out of their own pocket. Permit the resident to top up from their own money if their planned spending exceeds the individual allowance.

Have a decision-making agreement in place with residents and their families regarding finance for meals out. Challenge the restaurant to meet its legal responsibilities relation to the member of the public.







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