

# Share therapeutic meals

## Reporters

Alicia Doolan and Emma Atkinson at [The Huntercombe Group](#) on 17 Nov 2014.

## What do you do\*?

Nursing and care staff are on duty during all mealtimes and eat alongside patients.

## What is excellent about it?

During mealtimes on site, staff sit at the same table and eat the same food or exercise the same food choices as patients. They use the opportunity to build a therapeutic relationship, serve as a role model and encourage positive behaviour amongst residents.

The mealtime is counted as part of the worktime of staff, and so they take their breaks during another part of their shift. The service pays for these onsite staff meals as this is part of the necessary cost of creating a therapeutic environment during mealtimes<sup>1</sup>.

Residents frequently go out into the community, and this sometimes involves a cafe, pub or restaurant. Staff never sit and watch a patient eat, as this is not normal social behaviour and would lead to the pair being labelled as 'staff and client' by members of the public. Instead, the worker has a drink or a meal together with the patient, just as two friends would do, in order to offer the best chance of blending unobtrusively into the social setting. Staff do not choose alcohol so that they remain fully alert.

As well as aligning with social norms, this reduces the status hierarchy and unwanted social distance between staff and patients.

The service sets a budget for each outing, so that care and nursing staff are not out of pocket, whilst they make responsible use of the organisation's funds.

On one occasion recently, arrangements were made so that a patient could participate in a family meal at a restaurant which went on until midnight. The staff offered to sit at a nearby table but were welcomed into the family group and

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<sup>1</sup> There is some evidence to suggest that mealtime interventions are beneficial – see [here](#), although the evidence for a nutritional benefit is weak – see this [Cochrane Review](#).

# Stories of Striving for Excellence in Locked Rehabilitation Services

everyone had a great time. Relatives were pleased with the approach taken by staff and said that previous support teams had not been as flexible and sensitive.

## Even better next time?

For some patients who find it difficult to engage in structured therapeutic activities, sharing a meal is just about the only regular opportunity to connect via a positive experience, interact and shape behaviour.

Care and nursing staff are inducted into this habit from the outset of their work and understand that this is an essential part of the role. Staff have expressed no reservations or reluctance to engage in this part of their role. They have accommodated individual dietary needs amongst staff as well as amongst patients.

Eating together has been a really positive leveller that brings staff and patients together in an informal setting, and can deepen the relationships between patients and the whole team, whether administrator, doctor, nurse or handyperson. It has been especially valuable for staff who have few other opportunities for informal contacts with patients. In the future they may need to invent imaginative solutions if they start working with a patient who has unpleasant mealtime habits, whilst, if at all possible continuing to share meals together.

This therapeutic time may need to be protected as the occupancy level, demand for paperwork and need for cost savings increase. They are also aware that some patients may be referred to the service who will bring specific challenges (for example, someone with Prada-Willi Syndrome) and so they are keen to personalise these arrangements whilst holding on to the core value of therapeutic meals.

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\* [NDTi](#) was commissioned to deliver a staff development programme promoting a more personalised and inclusive approach for those living and working in locked rehabilitation services in the English East Midlands. While the current inspection routine has a focus on risk prevention, our job is to focus on sharing positive practice and innovation. Peter Bates led the programme and wrote up these stories.

The Excellence Programme is for independent and voluntary sector providers of locked residential rehabilitation services for people with mental health issues or learning disabilities living in the East Midlands. It has delivered:

- Seminars for key staff and people using services to promote a more personalised and inclusive approach
- A shared sense of what excellent services look like, captured in an [Excellence Framework](#) document.
- Learning exchange visits between members which lead to individual action plans for each service
- Excellence stories that capture and share ideas for service improvement.

These case studies have arisen from members of the Excellence programme and NDTi has not independently verified these details. Some are radical and ambitious approaches that transform the whole service, while others consist of small steps that may not seem especially exciting to other readers, but make a difference to one person. Some readers might even question whether progress is being made at all! The overall purpose is to stimulate reflection and celebration for every step forward, whether large or small.