



# DINING AT HOME

## THE DETAILS OF REDESIGNING DINING

*Dining plays such an important role in culture change. There are as many different options for redesign as there are nursing homes. However, there are some particulars that everyone will face in one way or another: making elders aware of their choices, time and schedules involved in new dining, logistics of new meal plans, moving food preparation closer to residents and the many small things which make for an enjoyable dining experience.*

*Action Pact has put together these articles for you to use in your organization as you study, work through and create a new dining culture.*

### LET'S DO LUNCH - IMPROVING MEALS ONE LITTLE CHAT AT A TIME

First steps toward culture change are so very important in letting both residents and staff know things will be different, and better. The dietary department of Jewish Convalescent and Nursing Home in Baltimore, MD got the ball rolling toward improved relations between staff and residents with visits in the dining room.

“We wanted to try to make meals better,” said Richard Coleman, Dietary Manager. “So we started having dietary staff help nursing staff pass out trays to take a few minutes to sit and talk to residents before the meals.” It did make life better and made dietary staff realize they can have an effect, he said.

At first, the residents wanted to know how long this visiting was going to last. Richard assured them at a resident counsel meeting that it was permanent and they were very receptive. The staff were a little apprehensive at first. “They’d say, ‘I don’t know what to say, what to do,’” Richard said. “Now they know all the residents really want

is just a extra minute of time [to talk when staff is passing out trays].” Both the staff and residents are enjoying the company now, and small talk has grown into real relationships.

In the beginning, Richard was the one encouraging the staff to go out and talk every day. To his pleasant surprise, others have now taken up the lead. The office clerk, Julia Thompson has now been the one to get folks out and talking. Originally, this new way of doing meals wasn’t planned for the weekend, Richard said. But soon, Ebony Blackwell and Monique Jones, both dietary aides, picked up and lead the charge on Saturdays and Sundays as well. This is a great example, not only of person-centered care, but also growing leadership in others by walking the talk.



Elders dining at Pennybyrn at Maryfield,  
High Point, NC

## THE HEART OF THE HOME AT PENNYBYRN AT MARYFIELD

For decades at Pennybyrn, as in most nursing homes, the meal tray has been the center of institutionalized food service. The tray goes down the tray line, onto the tray truck, and rumbling down the hall to the dining room at 7 am. Residents are awakened from a sound sleep and taken to a breakfast offering them no choice, no variety, and generally, no appeal.

Life at Pennybyrn continued in this institutional vein until the traditional department heads learned about culture change and knew they had to do something about this dining situation. And they realized they needed to get all stakeholders involved in doing so.

As roles, responsibilities and relationships changed, two self-led interdisciplinary teams of caregivers and residents were formed to carry out the residents' choices in dining. One team would handle dining in general, while another team would take on breakfast to help everyone start the day out in a way that is most enjoyable to them.

The breakfast team created warm, inviting breakfast spaces and a system for fulfilling residents' choices at

breakfast time. Residents now eat when they choose, either in their room or in one of several welcoming breakfast areas, and they order whatever they want for the meal. Eggs (any style), pancakes, grits, sausage, bacon, and all the traditional choices are made to order every day from 7:30 to 9:30 am just like breakfast at home. When walking toward the residents' living areas in the morning, the smell of coffee, toast and bacon fills the air.

Residents are assisted by the traditional nursing and dietary staff during meals, but housekeepers also join in the experience. In addition to the usual duties of a housekeeper, those in that role at Pennybyrn are also trained as dining assistants and hosts. All staff actively assisting residents in the dining areas are invited to join the residents in the meal.

As part of their transformation, Pennybyrn is undertaking physical renovation as well as new construction to make their vision of a home environment a reality. Of course, these renovations include changes in dining spaces. One of the first steps in decentralizing dining was to eliminate the traditional separate dining room for "feeders." Instead, small, inviting dining rooms were created to be shared by two hallway neighborhoods for use by the residents who choose not to eat in the large, central, "independent" dining room. These separate dining areas were named, decorated and proudly enjoyed by the residents they served.

With the assistance of an Enhancement Grant from the State of North Carolina, the dining team recently worked to further enhance the dining experience at Pennybyrn by assisting a group of residents in selecting their new tableware and glassware to replace the traditional plastic, china to replace the traditional melamine, and cloth napkins to replace the disposable paper napkins. Now the table settings look like those in a home instead of a

cafeteria.

Rob Creel, Dining Services Leader explained how the choices were made. "We had a learning circle and passed around various sample glasses, discussing the resident likes and dislikes on everything from ease of holding to amount of beverage the glass would hold. Then we filled each one with water to judge the weight. One resident tried each glass of water to see if it contained his beverage of choice (a clear liquid often associated with Russian origins.) None did, but he made his decision known anyway, making everyone aware that he would like the glass even more if the beverage were of his choice!"

Behind the "dietary department only, hairnet protected area" of the main kitchen, the dining services department is now cooking from scratch. "It took about a year, but things have really changed. It was a great day to see a cook peeling potatoes, and another making marinara sauce. Through some attrition and a lot of stepping up, we now cook everything from scratch. All of our cooks are formally trained, or are in school. They take pride in their work and enjoy meeting resident needs. Why? By making our food from scratch, it enables us to give our residents true choice," Creel said.

The residents, offered choices, had a few surprises for staff. "I remember when Mr. W. came to Maryfield," Creel said, "Our kitchen manager, Mark, noticed that he was not eating. He talked to him, and got him to drink a homemade banana milkshake. Then we learned he does not like cheese, and that he loves hamburgers. So Mark started making him a half-pound hamburger, and Mr. W. ate the whole burger. Before cooking from scratch, we could have only offered a pre-formed three ounce burger.

"Another resident, Mrs. T, spoke out and said she wanted to have break-



Tableware BEFORE, Pennybyrn at Maryfield, High Point, NC

fast items for dinner. We assured her that we always have breakfast items available and she could request them at any time. Now, about once a week, she orders two eggs over easy, toast, bacon and sometimes a pancake. The cooks make it to order. Admittedly, at first, they didn't see all the benefit of cooking special items for the resident, but once they started hearing compliments, rather than complaints, they were sold. Mrs. T. lets everyone know they can order special things, and her whole table will often order breakfast. It is easy to cook, and well worth the effort as she never complains about our food any more."

But that final big step, the total elimination of trays and transformation to decentralized steam table service did not come quickly. For two years at Pennybyrn at Maryfield, there were more questions than actions on enhancing resident choice in dining. In spite of the completely successful transition to an open buffet breakfast with grilled items to order, tray service continued to be the norm for more than half the residents at breakfast and all at lunch and supper.

In May of 2007, leadership teams, made up of folks from nursing, dietary and life enhancement (activities and social services), in each of the four hall neighborhoods, prepared for their move to new households with the guidance of the policies, procedures

and forms in the *Household Matters* toolkit. There was much to consider since each of the new households would have not one, but two full kitchens. These two kitchens reflect the commitment of the organization to create true home in response to the regulatory requirements in Guilford County and the State of North Carolina which mandate that staff cannot cook on household equipment and residents cannot cook on institutional equipment.

Each household includes a "front of the house" family kitchen with an accessible breakfast bar, a residential refrigerator with 24/7 resident access, a household dishwasher to support resident assistance in clean up, a coffee pot, a microwave, lots of ledge space and cabinets. The "back of the house" institutional kitchen features the typical institutional range (complete with griddle for pancakes at all hours of the day and night), an institutional refrigerator, a fully equipped pantry, a steamer, an ice machine, an institutional dish washer, a pot sink, and (again due to the local regs) a three compartment sink. It's the best of both worlds – true home and institutional efficiency, when required.

Obviously, there is a lot to consider when a facility overhauls its dining service. But, the folks at Pennybyrn stepped up to the challenge with high involvement, an eye on regulations and an ear tuned in to residents' desires. Executive Leader, Rich Newman explains, "I think one of the most exciting aspects of this transformation of dining has been that it has all been team led, and team executed. It was the team that initiated the effort and it was the team that went deeper and deeper over time to find new and better ways to serve our residents.

"The vision for dining at Pennybyrn has grown dramatically over time. With each new household having a full commercial kitchen, the possibili-

ties are endless. It is, however, the vision and commitment of our Dining Services Leader, our homemakers and the rest of our household teams that has, and will allow residents to experience meal time with all the flexibility and excellence that is possible.

"In our design process, we spent endless hours and significant dollars to work with the various regulators to achieve a design that would allow for commercial kitchens in each household, and with those kitchens in view and available to interact with our residents in a meaningful way. The commitments we made to training were key to the regulator's granting approval. With six individuals who have been working through the process to become Certified Dietary Managers, we are confident of meeting the challenges of maintaining compliance and excellence in the nine commercial kitchens that are now part of the Pennybyrn at Maryfield community. The approval and construction of these commercial kitchens were not without significant financial cost, but we believed that whatever it took was worth the quality of life our residents would experience in their new home."

Today, all residents enjoy true choice at point-of-service – choice of beverages, breads, salads, desserts, entrees and alternatives to traditional entrée offerings. Meals are brought to their table or room and are served from decentralized dining rooms complete with steam table service. All residents share in the dignity of point-of-service choice and fellowship with their friends, just like one would at home.

All of these changes have not come quickly. In fact, the journey so far has been over three years of steady steps toward home. Still, life at Pennybyrn just keeps getting better, as what was once an institution moves closer and closer to the ideal of home. It is this vision of home that guides all involved through change and making team de-



Tableware AFTER, Pennybyrn at Maryfield, High Point, NC

cisions. This most recent change of eliminating the tray line entirely has made a significant impact with positive outcomes experienced by residents and staff alike.

Any facility committed to enhancing the dining experiences of its residents must carefully consider the steps toward decentralized steam table service and the elimination of trays. The right answer may be different for each facility, but the universal truth is this: the sooner, the better for resident-centered care.

## STAFF AT PENNYBYRN HAD SOME QUESTIONS AND CONCERNS WHEN REDESIGNING DINING. THEY'VE SHARED SOME OF THEM HERE:

Why would we do this?  
Who will benefit from it?  
Just how will it be better for residents?  
We don't have enough staff to walk that far with room trays.  
We don't have enough staff at supper and on weekends.  
There's not enough room for the steam table in the dining room.  
We don't have enough carts.  
We can't serve and feed everyone in time.  
We might miss someone.  
How do we know their diet and consistency?

## THE STORIES, AS SHARED BY THE NURSING ASSISTANTS AT PENNYBYRN:

“Mary, who really never eats at all, ate breakfast and lunch in the dining room. She said that it was really a treat to have her breakfast and lunch this way and it made her feel good about herself.”

“Susan said she never was a big breakfast eater but she used to enjoy a soft fried egg, years ago. I told her we would be happy to serve her one now. She said it sounded wonderful and afterward told me she enjoyed the breakfast so much and asked when we were going to do this again. She said she felt like royalty.”

“Sally was smiling ear to ear and talking with staff and other residents about the wonderful buffet.”

“Esther said she really enjoyed sitting with the ladies at her table and having her breakfast together instead of eating in her room.”

“Everyone I spoke to said they enjoyed their hot cup of coffee, tea, etc. when they arrived while waiting for their meal.”

“Jane used to eat most of her meals in her room alone, prior to the dining changes on her hall. Once she passed by and saw familiar friends eating in the Plaza dining room, she stopped and joined them and has not eaten in her room since. She has also taken on offering the evening meal prayers and has continued to delight in this special opportunity to serve her resident friends.”

“The first day of breakfast in A's dining room, Sarah asked for eggs. The aide serving her panicked, saying ‘She never gets eggs, she can't have eggs.’ We checked her allergies and preferences sheet, and sure enough, eggs were listed under dislikes, so she hadn't been served them on the breakfast trays. We talked to the dietary manager and learned that a couple of years ago, she had mentioned she was tired of eggs, the dietary manager charted them as a dislike, and with our efficient tray line, she never received them again. But to our delight, when she asked for them, we served them, and she ate them all, both the first morning, and many mornings to follow.”

## IS THE “FIVE-MEAL PLAN” FOR US?

The five-meal plan is a great service to offer residents. But, in no way is it necessary (or even recommended) for facilities in any stage of culture change to implement the five-meal plan. It is simply one of many approaches that facilities should consider to achieve the goals of increasing resident choice, individualization and resident satisfaction with dining in long-term care. In fact, some facilities find that anything other than the three-meal plan does not fit their culture or residents' habits. This five-meal plan choice could be available to any facility, traditional to household, but to be successful, should be considered thoughtfully, and based on resident and family acceptance as determined through learning circles and other team approaches to care.

There are many variations of the five-meal plan, but most include a continental breakfast, offered by nursing at the time of rising, a “big” breakfast brunch served from the main kitchen, an early afternoon healthy snack often served by activities, the traditional dinner/supper “main” meat and potato meal in the late afternoon from the main kitchen, and a substantial bedtime snack often served by nursing as part of the evening routine. The same number of food group servings that

are used in the traditional three meal/two snack meal plan are used in the five meal plan. This does not change the budget as the same food cost for the day is spread over five meals instead of three.

It's all about opportunity for resident choice and pleasant dining environment whether at three, four or five meals a day, depending upon the physical plant limitations, and the regulations of the state on alternative meal service. The Action Pact workbook *Life Happens in the Kitchen* offers additional approaches to resident centered dining at every stage of transformation, and might assist facilities in considering the implementation of resident-centered dining practices that are less stressful systemic changes than the five-meal plan. Because it impacts every system in the facility, the five-meal plan requires a successful team approach to develop and implement successfully.

The high involvement approach to consideration of implementation is essential for its success, whether the facility is committed to culture change or has a more traditional approach to quality. In the absence of team, high involvement, commitment to resident centered care, and other features of deep commitment to culture change, the five-meal plan may well offer no advantages in satisfaction over the traditional three-meal plan, and in fact, may detract from success due to the complexity of the implementation process.

Other earlier efforts can be taken to increase choice including the addition of a continental breakfast, expanding the breakfast time and/or providing breakfast to order one day a week.

All-hands-on-deck dining is a salient feature of many culture changed facilities, and the commitment to assist at meal times, especially with widespread cross training to the dining as-

sistant role, is of significant assistance to achieving positive outcomes in resident-centered dining. Successful implementation of the five-meal plan is best supported by the active involvement of many departments, with dietary, activities and nursing working together to most effectively serve each of the five meals. Each facility may find a different approach based on their traditional staffing pattern. But the reality is that traditional facilities have always been expected to serve bedtime snacks to many if not all of their residents, at the same staffing ratio they currently implement. So the five-meal plan may simply focus more attention on the traditional failed practice of the snack cart coming out from the kitchen at 6:30 or 7, sitting unserved to residents who are either already in bed or not hungry because they just finished eating.

The right meal plan for your organization is the meal plan most of your residents prefer. Brainstorming, trial and error, resident input and family involvement will help your team figure out what works best for you.



Residents enjoying breakfast at Pennybyrn at Maryfield, High Point, NC

## THE LOGISTICS OF CHOICE

When trying to offer more menu items and give residents choices of their meals a facility can struggle with how to make residents aware of their options. Sometimes the aides don't seem to know some of the menu options until mealtime so they can't let the residents know ahead of time. In some cases, residents are not being told of all the choices or they struggle with the process of choosing from a verbal list of foods. But a little troubleshooting and trial and error can help pull off this important offering of choice.

The source is a good place to start. Residents should be involved in deciding the menu and which alternatives will be offered. Staff should note their contributions to the process and learn individual residents' preferences. This will give you a good starting point for going over the meal's options.

The best way to ensure that each resident's preferences are honored is the way that works best for each resident, and this will rarely be the same way for each resident in the facility.

Of course, regulations require the posting of the menu for the week in a space accessible for resident viewing, but even that simple regulation

requires consideration of proper height, proper size and proper type to ensure readability for the largest number of residents. Best practice has become to also post alternates on the menu for the week, but posting the alternates for the day in a prominent accessible place is also acceptable in many states.

Depending on the style of service, the facility commitment to honoring preference and residents' abilities, individual residents' preferences can be sought in a variety of ways.

Some facilities share the entire week's menu individually with a resident or family at the beginning of the week and encourage choice for the week at that time. Others offer the next day's menu individually with the opportunity for more timely choice. Of course, this advance selection requires the ability to choose and communicate choice in this manner, and is subject to "change of mind" at point-of-service.

Some offer point-of-service choice from a restaurant-style menu, others with a table tent menu, and still others with verbal choice. Again, the right way is the way that allows for each resident to best exercise their choice in a meaningful way.

Buffet service and family-style service offer inherent choice, but it is not meaningful choice if the resident is overwhelmed by the process and their enjoyment of the meal is distracted by the choice process. The service style that offers the most facilitated choice is the waited table service style where true choice of two like food group items is offered, food by food, at table side by a wait staff committed to encouraging intake. In this service style, the resident can even try a bite before choosing – like the little pink spoon at Baskin-Robbins.

The traditional facility may still be

collecting resident preferences upon admission, updating them at care conferences, and sending trays with selections based on likes and dislikes expressed in the preference system. While meeting regulations, that system does not meet the expectations of choice in a facility truly committed to resident-centered care. At the least, a facility could consider adding point-of-service choice of beverage, bread, salad and dessert with the "pre-plating" of entrée items only, and served banquet-style.

It's true, some residents may find point-of-service choice overwhelming, whether written or a verbal list of the menu's options. However, a staff member who knows the resident well from consistently caring for the resident, can make selections for the resident based on that experience if the resident cannot express his or her preferences in other ways.

For other residents, a full menu selection may be the best choice. Most best practices will lie somewhere in between these two extremes in a manner honoring resident dignity, individuality and functionality. In the end, it is not about the menu, but the staff commitment to resident choice and resident-centered care.



Dining Room at Pennybyrn at Maryfield, High Point, NC

## WHAT'S COOKIN'?

with Linda Bump MPH, RD, LD

### Time to Eat

When nursing homes enhance their dining features it may seem to some that the whole day revolves around meals or that residents eat their way through the day. While this may concern some, it can also be a sign of resident satisfaction with dining.

The traditional mealtime routine focuses on efficiency. It is all about getting elders to the dining room, getting them their food and getting them back to their rooms or the cluster at the nurses' station. The quality of the elders' dining experience is reliant upon the schedule of the dietary department and the nurse aides.

There are many ways to alter traditional dining practices to offer residents more choice: extended breakfast hours, a continental breakfast offered early and a larger breakfast offered later, the five-meal plan, household or neighborhood kitchens, even kitchens open 24/7 and many others. These options lend more flexibility to the when, how and what of dining.

These plans offer options to residents so that they may continue the dining

habits they had at home. Instead of being herded in and out of the main dining room, elders can take their time to relax and socialize during meals, perhaps lingering over the dirty dishes at the table with a cup of coffee. Dining becomes an experience, not just a way of getting nutrition into the body.

While some may hold tight to an early morning cup of coffee or a midnight snack, others enjoy eating several small meals throughout the day, in effect, snacking every few hours. In homes where elders have a say about their dining routine, we have seen decreased weight loss, and increased resident and family satisfaction. In fact, for most residents with true choice in dining and 24/7 availability of food, the real problem becomes "potential for undesirable weight gain." For those of us who have been working for years to reduce weight loss, that is a nice problem to have! Remembering that a well planned nourishment or snack is equal to a supplement in nutritional value, and far surpasses a supplement in satiety, the goal of virtual elimination of canned supplements is a reasonable one.

Of course, new dining practices also mean new staff logistics. Most facilities adopt an "all hands on deck for dining" philosophy in support of enhancing the dining experience. New

best practice guidelines center on the role of non-traditional staff in support of resident dining. Activities often play a pivotal role in enhancing snack service while nursing helps in offering, encouraging and assisting residents. All staff can support the many new dining options that are being introduced to residents through the increasing recognition of the importance of quality dining to quality life.

Many of us were schooled by our grandmothers that "the way to a man's heart is through his stomach." We are now finding that truth equally evident for elders as we work together in traditional, transforming and culture changing facilities around the world to honor resident dignity in their final decades of life through quality dining experiences.

*Linda Bump, a licensed administrator and registered dietitian, is the author of the workbook "Life Happens in the Kitchen." She has led major transformations to households as administrator and as operations director as well as guiding many others through her consultant role with Action Pact.*

## FROM CULTURE CHANGE IN PRACTICE BLOG BY STEPH KILEN

I don't think I need to say "the kitchen is the heart of the home and therefore, the heart of culture change." If you have so much as dunked three toes of interest into culture change, you know that. We know elders should have choice in what foods they eat. (That one is so obvious, it is a little embarrassing that we didn't do something about it sooner and that other-determined meals served on trays is still the norm for many nursing homes) But, it is important that we think about all the other aspects of having a pleasurable dining experi-

ence, not just about what elders eat.

Linda Bump, MPH, RD, LD is our guest blogger today and shares her thoughts about the dignities of a dining experience in long-term care:

There is a lot to consider when thinking about how a meal is served, what it is served on or in and how meal service can be adapted to support dining with dignity, regardless of functional ability. Following are a few things to think about:

**DRINKING** – How embarrassing it is to spill, how frustrating to not be able to drink when we are thirsty. Cups that are too heavy, handles that are too small, glasses that are too large or too small to hold tightly and glass too thick or too thin to drink without dripping can challenge elders. When liquids must be thickened for safe consumption, the challenges increase exponentially. So take the time to assess carefully, trial the options and keep searching for just the right vessel for dignified drinking, as independently as possible.

**STYROFOAM** – It's not the ware of choice, even when disposables are required for infection control, or preferred for picnics. Yes, they are lightweight, but today's products often do not hold their shape in the elders' hands, leading to undignified spills. They do not work well for drinking with weakened muscles, and in some cases may be unsafe as they break off with uncertain bite. If disposables must be used, consider quality products that not only look better, but also support increased intake and independence in dining.

**REAL CHINA** – At home we eat on plates that we have chosen, not cafeteria trays. Consult with residents to find out what's the right weight for best holding the cup and keeping the plate safely on the table. What color helps to identify food and stimulate appetite? What material won't chip or break in an unsafe manner? What pattern will remind the elder of wonderful meals at home and make every meal a special meal?

**TRAYS** – Just like wheelchairs are for transportation, trays are for delivery, not for dining. Delivery of meals to the room may be best accomplished with tray service (think of hotel room service, a lovely tray with linen). But only for residents who truly choose to dine in their room, for their own privacy, not to avoid an atmosphere in the dining room that is not pleasing to them, and certainly not for the convenience of staff rushed for time to assist them to the meal in a gentle manner. Also, placemats can provide the table definition sought by some residents, adding dignity, even elegance, to the dining experience.

**CLOTHING PROTECTORS** – How is it that our elders wear bibs, and even ask for them in dining, while our grandchildren wear bibs most often under protest? Consider large napkins, tucked in or tied, like with a lobster dinner in a fine Boston dining experience. Consider high-necked aprons for the ladies and wide ties for the gentlemen. What an opportunity still exists in our industry for the first company to market a truly dignified "clothing protector!" In the meantime, if "clothing protector" it must be, let's ban the terycloth stripes and whites, and seek a dignified design and absorbent material with choices for residents that add fun to the dining experience.

In general, we want to use products and assistance that honors each individual resident's quality dining experience above all else. Here is an activity that will help your team create that enjoyable experience.

## DIGNIFIED DINING ACTIVITY

(Adapted from Action Pact's workbook *Life Happens in the Kitchen* by Linda Bump)

After reviewing the information in the blog, pose the following questions to the group. You may want to post them on a board so folks can refer back to them. Ask everybody to take 10 minutes to write down their own answers to the questions. Bring the group back together and ask for volunteers to share some of their answers. Once everybody who wanted to share has, see if the group can identify some of the common themes and ideas that came out of the answers. Is there some way you can act on them? Plan another meeting to work on changes.

### QUESTIONS

When I think of the dining experience of our residents...

I am most proud of...

I would most like to change...

In a perfect world of unlimited budgets and staff, my dream vision for dining in our home would be...

When I'm old, I want my meals to include....

## SOUP'S ON!

### Food focus enables residents to give rather than always receive

A few years ago when Franco Diamond saw his residents losing interest and withdrawing from life, he took his mother's advice—he made chicken soup.

“‘If you are sick,’ my mom would say, ‘maybe a little soup can help.’ Soup was always the answer,” recalls Diamond, Administrator at Idylwood Care Center in Sunnyvale, CA. Today, his soup epiphany has evolved into a cal-dron of food-related activities that are enabling residents and staff to build relationships, improve their health and share their culinary and gardening skills with the broader community.

“We see better outcomes related to appropriate weight loss, nutritional awareness and more involvement by residents,” says Diamond.

One of the program's more dramatic outcomes involves a resident who was fed through a gastric tube for 17 years until motivated to begin eating again by the delicious meals now served at Idylwood. In all, half a dozen residents have traded in their ‘G-tubes’ for a seat at the table.



### A Challenging Resident Population

Previously, there seemed to be no easy answers for improving the quality of life for residents at the 180-bed facility. Their needs are especially challenging; they typically suffer deep cognitive loss from dementia, mental illness or brain injuries, in addition to having severe medical problems. Nursing homes usually don't want them because of their behavioral issues, and mental health programs cannot care for them because of their medical conditions.

Most nursing homes have two or three such residents, says Diamond. “We have a whole facility full.” Before adopting the soup and salad approach, Idylwood had begun a paradigm shift from the traditional model of care by trying to meet residents' individual needs.

The new philosophy: “The more positive things that happen in our environment, the less negative behavior our residents will exhibit,” says Diamond.

For example, if a resident awakens and wants a peanut butter sandwich at 3 a.m., she gets a peanut butter sandwich. Otherwise she may be agitated the rest of the day. “It was almost like we started implementing resident-centered care without even knowing we were doing that,” says Diamond.

Though such changes greatly improved conditions for residents, still missing was a way to get them more involved in life. “I felt we were lacking creativity in how we were addressing this problem,” Diamond says.

While reading a book on aroma therapy, he thought about the power of food – the savory smell of simmering soup and freshly baked bread spreading throughout the household and the emotions it elicits. It was something everyone could participate in merely

by sitting in the room, inhaling and letting memories arise with the aroma.

To stir up interest in his idea, Diamond developed a “soup-of-the-day” contest. Staff, residents and family members submitted their favorite chicken soup recipes. Residents judged the entries. The winning recipe was then added to the organization's regular menu.

More changes followed as interest by staff and residents grew. Dining rooms were remodeled to make them more inviting as gathering areas.

Still, involvement by residents was lacking. Those who formerly had planned their family meals, shopped for food, cooked it, set the table and served their loved ones were now wheeled into the pretty, new dining room to do nothing but be fed. “They need to be more involved in the entire food experience and the socialization that goes with it,” thought Diamond.

Thus the “family table” emerged. An activities space was converted into a kitchen with a stove, sinks and other amenities “just like at home,” says Diamond. Now, daily discussions of current events—a common morning activity in many conventional nursing homes—are held by residents while sitting around the table in the “activities” kitchen where coffee is brewing, toast is toasting and pancakes (and of course, soup) are cooking.

In addition, some 30 to 40 activities are held each week where residents and staff teach each other about meal preparation, cooking, tasting and the history and culture of foods.

One such activity is the sharing of traditional family recipes which are published and distributed in an annual resident cookbook. Even the television in the common area is tuned to the food channel.

## Sprouting Relationships with Fava Beans

One resident who initially refused to take part in the new food-related activities had become increasingly isolated. She regularly complained about the meals at the facility, and her poor eating habits led to a serious decline in her health. But some staff members were beginning to see food as a way to a resident's heart, and one caregiver sat down for a chat with the woman.

The 93-year-old woman, it was learned, had enjoyed preparing Italian food at home and was especially fond of fava beans. The caregiver subsequently planted a handful of fava beans outside the her bedroom window so she could watch them grow. The beans matured, and the resident ventured outside to harvest them.

Since most of the staff knew next to nothing about fava beans, the resident showed them how to pick and clean them. At their urging, she also conducted a fava-bean cooking class for the other residents and staff.

Suddenly other interests began to blossom. She would come out of her room more frequently and played cards in the kitchen with other residents. Her nutrition and her outlook on life dramatically improved.



Her success, in turn, motivated staff to consider what other food-based strategies might be grown to enhance the residents' quality of life. As a result:

- A professional chef was hired to replace a head cook who retired, and a couple of new dietary technicians were brought on staff so that more cooking classes could be held.

- A "test kitchen" was established as a means of developing more nutritious menu items and encouraging residents to eat their vegetables. A survey was conducted to determine the residents' likes and dislikes, and from that new recipes are being developed. So far, eight new recipes have been established by the residents through the test kitchen.

- Idylwood joined Slow Foods, an international movement that advocates locally produced, organically grown food, sustainable agriculture, biodiversity and "taking time to slow down and enjoy life with family and friends," according to the Slow Foods website ([www.slowfood.com](http://www.slowfood.com).) Diamond hopes membership in the organization will lead to more ways for residents to teach their gardening skills to others, including children.

- Organic gardens are being developed so residents can help grow food for use in the cooking classes, to supplement the facility's menu and to sell at a farmers market.

- A horticultural therapist was brought on staff to enhance the facility's gardening activities. The therapist plans to develop cultural gardens that grow vegetables particular to areas of the world that reflect the staff's cultural diversity.

- Idylwood is approaching local growers with plans to establish a farmers market this summer that will enable residents to go into the community to sell what they grow.

"We're creating opportunities for our residents to be seen not just as a person who is always being given something by someone else, but as individuals who also give back to others by teaching," Diamond concludes.