

About independence at mealtimes session

Background

A common concern raised by residential care staff is the sometimes limited access to occupational therapy assessments and the need for adaptive equipment. However, in many cases, arranging for an occupational therapist to assess residents offers only a short term solution and would not necessarily improve the situation in the longer term, for example, when new residents arrive or when an individual resident's conditions and abilities change. A complementary and sometimes alternative approach to resident assessment, is to increase staff skills in recognising and acting on problems identified. Some staff see assistive devices as the solution to increasing resident independence at mealtimes. However, staff who have gone through a process such as the one offered in this package realise that equipment is not always the solution – in fact, for some residents equipment can reduce their level of independence.

This educational package has been developed to assist occupational therapists to conduct an information session on promoting residents' independence at mealtimes. The approach of workplace learning focuses on developing and implementing organisational structures and workplace-specific processes that foster staff learning, both formally and informally, from their work, while they work.

The package is designed to be used by people who may not have a background in education or training, but who do have specialist knowledge in occupational therapy and aged care.

How to use this package

The package is intended to be delivered as two short workshops of up to two hours each, delivered two to four weeks apart. The session is intended to be highly interactive and experiential.

Participants in the session would normally be staff members in a residential care setting who work directly with residents.

The package is designed to ensure that the facilitator has a clear and logical program to follow and to limit the amount of preparation required to deliver the session.

Aim

The overall aim of this package is to encourage opportunities for staff in residential care settings to promote residents' level of independence at mealtimes.

Participants

Participants in the session could include:

- Division 1 and 2 nurses
- personal care attendants

- activities coordinators and assistants
- therapy staff
- carers/family/resident's representatives
- any staff member who works in a direct care role.

Participants may range from very experienced to inexperienced and from highly qualified to having minimal formal education. Try to find out about the background of the group before the session. At the beginning of the session, ask some questions to get a feel for the group's understanding of the topic.

Learning objectives

At the end of the session, participants should be able to:

- apply a screening checklist and develop an action plan for an individual resident
- identify barriers to residents' success in self-feeding at mealtimes
- apply a problem solving approach with individual residents to overcome these barriers
- educate other facility staff on barriers to self-feeding and promoting independence at mealtimes.

Preparing for the session

Prior to conducting the session, ensure that:

- there is support from management to run the session
- all staff who will be attending are able to take time off from their regular duties
- management will be interested in, and supportive of, ideas generated by participants.

The best workshops are those:

- that have been developed in response to an identified need
- where participants feel they have some ownership of the program (for example, they have been involved in deciding that the program was needed)
- where participants have been consulted about how the session could be run
- that are interactive and involve participants
- that have some tangible outcomes (such as an action plan, lists of ideas to be implemented, practical strategies for working with real case examples).

Equipment/environmental requirements

To run the session, you will need:

- overhead projector (or if one is not available, sufficient photocopies of the slides to be used as handouts)

- a room large enough to hold the group seated in a circle and to allow for small group work
- tea/coffee making facilities (morning or afternoon tea)
- butchers paper or whiteboard and marker pens (for each small group)
- access to, and the agreement of, a number of residents at a mealtime to be assessed by participants (Module 2 Checklist and action plan only). A ratio of one resident to two or three group participants is required.

Suggested session format

Module	Content (what will be taught)	Method (how it will be taught)
One Introduction (10 minutes)	<ul style="list-style-type: none"> Explain why this is an important topic and why the session is being offered. 	<ul style="list-style-type: none"> Use overhead (Resource 1.1) and/or brief explanatory comments
Analysing eating (30 minutes)	<ul style="list-style-type: none"> Define why it is important for residents to feed themselves. Expecting independence versus providing opportunities to participate. Identify factors required to successfully eat and drink. Introduce participants to the importance and potential uses of a checklist. 	<ul style="list-style-type: none"> Question whole group to promote discussion. Question whole group to promote discussion. Brainstorm the factors to generate a list. Provide category headings and a prompt sheet if necessary (links to checklist design).
Analysing eating (20 minutes)	<ul style="list-style-type: none"> Understanding the practical issues associated with eating. 	<ul style="list-style-type: none"> Use role play of case studies (use Resource 1.2 or prepare your own). Two participants act out the descriptions while the group observes. Ensure the participants are allowed to debrief to the group about their experiences. Props will be required.
Tea/coffee break		
Analysing eating (continued) (20 minutes)	<ul style="list-style-type: none"> Identify the specific difficulties residents experience and strategies to improve their performance. 	<ul style="list-style-type: none"> After the activity (above), question whole group to promote discussion.
Conclusion	<ul style="list-style-type: none"> Summarise main points. Explain Module 2 (two to four weeks time). 	<ul style="list-style-type: none"> Use whiteboard or butchers paper (if necessary)
Two Introduction (10 minutes)	<ul style="list-style-type: none"> Overview of Module 1 (revision). Overview of Module 2. 	<ul style="list-style-type: none"> Brief explanatory comments.
A checklist approach to resident assessment (20 minutes)	<ul style="list-style-type: none"> Outline important areas to be covered in resident assessment. 	<ul style="list-style-type: none"> Question whole group to promote discussion.
Resident assessment and action planning (40 minutes to 1 hour)	<ul style="list-style-type: none"> Using a checklist to assess individual resident needs. Developing an action plan following assessment. 	<ul style="list-style-type: none"> Handouts of each of the resources <ul style="list-style-type: none"> – Checklist (Resource 2.1) – Action plan template (Resource 2.2) – Suggested actions (Resource 2.3) In pairs/small groups provide opportunity for supervised use of the checklist with willing residents at a meal time. Each pair/small group to prepare an action plan based on their resident assessment.
Conclusion	<ul style="list-style-type: none"> Summarise main points. Agree on facility protocols for use of resources 	<ul style="list-style-type: none"> Brief comments. Discussion.
Evaluation/ feedback (10 minutes)	<ul style="list-style-type: none"> Ensure participants have an opportunity to provide feedback. 	<ul style="list-style-type: none"> A feedback form has been prepared for this purpose (see Evaluation)

Module 1

Understanding and analysing eating

- **Understanding eating**

- **Analysing eating**

Understanding eating focuses on:

- defining why it is important for residents to feed themselves
- considering the issues concerned with expecting independence versus providing opportunities to participate
- identifying factors required to successfully eat and drink
- introducing the importance and potential uses of a checklist.

Discussion

Begin by eliciting staff perceptions of eating by asking the group: **‘why is it important for residents to feed themselves?’** Record the group’s answers on the whiteboard/ butchers paper if you wish.

Reasons that make it important for residents to feed themselves include:

- maintain level of function
- sense of independence
- autonomy
- dignity
- social nature of meals.

After focusing the group on the reasons why it is important for residents to feed themselves, ask the group: **‘is it reasonable to expect independence or is it more appropriate to maximise residents’ opportunities and ability to participate?’**

Encourage all staff to consider this question, to share their views with the group and to listen to and

respond to others’ views. Staff will probably acknowledge that some residents choose not to be independent. Clarify key points emerging from the diversity of views expressed. Responses to this question will vary. As facilitator, it is important that you are aware of the organisation’s aim in relation to this matter.

- **Understanding eating**

- **Analysing eating**

Analysing eating aims to ensure that participants understand the practical issues associated with eating.

Brainstorm

Begin by initiating a brainstorm for about 10 minutes. Ask the group to list the factors required to successfully eat and drink. Generate ideas and list all suggestions for the group to see on whiteboard or butchers paper. It might be helpful to provide categories/headings to structure the brainstorm (see Resource 1.1). The headings and some of the responses you could expect to hear during the brainstorm are listed below:

1. Environmental factors

- table and chair – type, relationship
- lighting
- distractions – noise, other activity, TV, other people
- utensils – appropriate, available
- positioning of meal
- geographical location of dining room/aesthetics of room

- climate/temperature
- appropriate food textures and types, for example, cut up meals and ‘finger foods’.

2. Physical factors

- vision
- posture
- mobility; seated, ambulant
- dexterity
- upper limb function; range of movement – arm, wrist, elbow
- swallowing ability; oral function – dentures, chewing
- hearing
- taste
- appetite
- adequate food and fluid intake
- pain
- disease state.

3. Cognitive factors

- orientation to person, time and place
- recognition of elements of meal
- memory
- concentration/distractibility
- impulse control/inhibition
- planning/sequencing
- disease state.

4. Emotional factors

- mood/attitude/interest
- sensory stimulation
- negative feeling about eating because of dependence on others and mess

- staff attitude
- behaviour – disruptive, mess.

5. Sociocultural factors

- menu caters to needs – ethnicity, religion
- involving carers/family at meal and snack times.

Exercise

A practical exercise should be included to provide experiential learning opportunities for the session participants. Two case studies have been prepared to be ‘role played’ by two participants. Ask for two volunteers to ‘play’ the residents. The case studies are given below and handouts are included as Resource 1.2.

This activity provides an opportunity for participants to analyse the issues associated with eating for residents with a range of disability types or characteristics. A range of **props** will be required for this exercise, including:

- table
- chair/wheelchair
- demonstration meal and beverage (more than one course)
- cutlery
- glasses that have the right half of both lenses covered to create the effect of a right hemianopia
- cushions to create leaning position to the right
- sling to tie right arm to side.

Case studies

Case study resident 1:

Mary has had a left cerebrovascular accident. She has some spasticity (muscle tightness) in her right arm and no useful movement. She also has a mild right facial weakness. When seated, Mary leans to the right. She wears bifocals and also has a right hemianopia which means she has trouble seeing things to her right. Mary has no obvious perceptual problems, but has found it difficult modifying how she goes about doing things for herself. Mary understands what people say to her but has difficulty expressing herself.

[Mary will be sitting in a wheelchair. Table will be positioned too far from chair. Right arm will be tied to side, positioned so leaning to the right, wearing vision occluded glasses].

Case study resident 2:

Gladys has multi-infarct dementia. She enjoys eating her food most days, but on occasions needs encouragement. Gladys’ posture is quite stooped. Often, Gladys will need prompting to start eating, but once commenced will keep going. She tends to use her utensils inappropriately, mix up her courses, put too much food in her mouth and spill food and drink. She also helps herself to other residents’ food.

At the start of the role play using the case studies, ask the group: to **observe what happens when the ‘residents’ are presented with their food and expected to eat’.**

At the conclusion of the role play, ask the group: **‘what are the specific difficulties these ‘residents’ experience and what strategies may improve their performance?’** List suggestions for all to see. Separate difficulties from strategies.

Conclusion

Summarise the main points from module 1 and explain what will be covered in module 2. Briefly explain how participants will practise their application of the checklist by assessing residents.

Example: Mary

Identified difficulties may include:	Strategies may include:
<p>Environmental</p> <ul style="list-style-type: none"> Table too high. 	<ul style="list-style-type: none"> Assist resident with correct positioning; she needs to be closer to the table so that elbows are at right angles to rest comfortably on the table. Ensure the table is at an appropriate height in relation to the chair.
<p>Physical</p> <ul style="list-style-type: none"> Unable to change position herself. Hemianopia - leaves some food on right side of plate. Can't cut food. Doesn't take normal size mouthfuls if meal not cut up. Can only use left hand (previously right handed). Slow movements. Spills some food from fork. 	<ul style="list-style-type: none"> Reposition the resident to ensure she is sitting upright and straight. Cushions or pillows may be of use. Place food and utensils within the resident's visual field, that is, slightly left of centre. Resident may require prompting to scan to right side of plate. Assist resident to cut food into appropriate sized mouthfuls. Provide hemi plate/plate guard to allow resident to assist food onto fork/spoon. Create unhurried, relaxed eating environment. Ensure appropriate protection of clothes. Encourage resident to drink soup from cup.
<p>Cognitive</p> <ul style="list-style-type: none"> Some difficulty compensating for hemianopia. 	<ul style="list-style-type: none"> Provide verbal prompts to scan to right.

Example: Gladys

Identified difficulties may include:	Strategies may include:
<p>Environmental</p> <ul style="list-style-type: none"> Table too high. 	<ul style="list-style-type: none"> Consider using a cardiac table. Use a better height table if available.
<p>Physical</p> <ul style="list-style-type: none"> Unable to position herself in the manner necessary for eating. Decreased fluency and speed of movements. 	<ul style="list-style-type: none"> Reposition the resident to ensure she is sitting upright and straight. Use cushions or pillows to provide lumbar/thoracic support. Provide physical guidance of hand to help the resident to get 'into the rhythm' of eating.
<p>Cognitive</p> <ul style="list-style-type: none"> Not orientated to person, time and place. Doesn't recognise what a meal is. Needs prompting to eat. Doesn't take normal size mouthfuls. Poor monitoring/concentration, therefore spills food and drink. Doesn't eat courses in appropriate order. Doesn't choose appropriate cutlery. Can behave inappropriately at mealtimes. 	<ul style="list-style-type: none"> Explain it is meal time, encourage resident to eat. Place appropriate utensil in resident's hand. The resident may need ongoing staff supervision to prompt eating and monitor intake. Simplify the tasks at mealtimes; presenting one course at a time and cutlery as required, to minimise confusion. If the resident makes a mess this is not necessarily a bad thing if she is obtaining a satisfactory intake. Provide appropriate protection for clothing.
<p>Emotional</p>	N/A
<p>Sociocultural</p>	N/A

Module 2 - Checklist and action plan

• A checklist approach to assessment

• Resident assessment and action planning

A checklist approach to assessment focuses on:

- ensuring an understanding of the areas covered in the assessment checklist
- providing an opportunity for each participant to have supervised application of the checklist for a resident
- practising developing an action plan based on applying the checklist and the 'suggested actions' resource.

A checklist approach to assessment helps to ensure:

- consistency in assessment of residents
- that all important and relevant factors are considered
- information from carers/family that may assist in the assessment is included, for example likes and dislikes, cultural foods
- there is a framework to assist the person undertaking the assessment.

Discussion

Ask the group **'what are the important areas to be covered in resident assessment?'**.

After the initial brief discussion, hand out copies of:

- the mealtimes screening checklist (Resource 2.1)
- action plan template (Resource 2.2)
- example checklist, action plan and suggested actions (Resource 2.3).

These resources were developed in a workshop with residential care staff. Individual facilities may choose to modify the scope of the suggested actions or action plan to suit their particular needs or resident characteristics.

The mealtimes assessment checklist is provided as Resource 2.1. By placing a tick or cross in response to each question under the five category headings, an assessor is recording their impressions of the resident's needs for each item. A tick indicates no problems in relation to that point; a cross identifies an area of concern that requires action.

New residents will require a baseline assessment and all residents need to be reviewed regularly or as required if they deteriorate in health/function or develop new health problems.

This checklist aims to help staff identify and resolve some of the difficulties residents may have at mealtimes. However, it is important to emphasise in the session that some issues do need to be addressed by other professionals (see Contacts). For example, if there are any queries about:

- posture or positioning, seek help from a physiotherapist
- about swallowing, seek help from a speech pathologist and an accredited practising dietitian
- adequacy of food and fluid intake, seek help from an accredited practising dietitian
- about residents' functional capacities and the need for assistive

devices, seek help from an occupational therapist.

When the checklist is completed, an action plan can be developed. Resource 2.2 is a template for an action plan. This could be included on the back of the checklist for easy use. The action plan requires the assessor to circle the category relevant to the resident's problem, record the identified problem, and then describe the proposed action. There is space for any comments to be added, for example, 'medication to be given an hour before lunch'. An appropriate review date needs to be set and written on the form.

A completed checklist, action plan and suggested actions (Resource 2.3) are provided as examples. The examples are based on resident 1 from the role play in module 1. The suggested actions provide a range of options for assessors to consider in developing their action plans.

While it may not be possible to solve all problems, increased staff awareness of ways to assess and optimise residents' ability to feed independently is always beneficial.

• A checklist approach to assessment • Resident assessment and action planning

Resident assessment and action planning provides practice:

- using a checklist to assess individual resident needs
- preparing an action plan for individual residents.

Exercise

For this exercise, you will need access to, and the agreement of, a number of residents at a meal time to participate in an assessment process. A ratio of one resident to two or three group participants is required. As facilitator, you will need to supervise the assessment process by moving between each group of participants. You may also need to enlist another appropriately qualified staff member to assist with supervising the assessments.

Break the group into pairs or groups of three. Give each pair/group some time to examine and discuss the resources. Each pair/group should record any suggestions they have for modifications to the suggested actions resource.

The next step will be for each pair/group to observe and assess a resident using the checklist. Allow up to 20 minutes for this process. As this should be a supervised process, you will need to spend some time with each assessing pair/group. The checklist should be completed based on the observation (assessment).

After each pair/group has completed their assessment, they should return to the workshop venue. Allow a further 20 minutes for each pair/group to complete an action plan using the suggested actions resource and the action plan template.

Discussion

Bring the group back together to discuss their experiences using the resources. Ensure that everyone has an opportunity to voice their comments. You may wish to record some of them on the whiteboard/butchers paper.

To conclude this discussion, it would be useful to gain agreement/suggestions from the group about how the checklist and other resources will be applied in the facility in future. For example:

- Where will they be located?
- When should they be used and by whom?
- Who should be responsible for ensuring that all relevant staff are able to use the resources effectively?

Conclusion

Check that the learning outcomes have been achieved prior to bringing the session to a close. If you feel that the group has not grasped the concepts satisfactorily, then it may be necessary to discuss what else may need to be done to meet the learning objectives. The learning objectives are that participants should be able to:

- apply a screening checklist and develop an action plan for an individual resident
- identify barriers to residents' success in self-feeding at mealtimes
- apply a problem solving approach with individual residents to overcome these barriers

- educate other facility staff on barriers to self-feeding and promoting independence at mealtimes.

Mealtimes screening checklist

Date: _____

Resident's Name: _____ Assessment Performed By: _____

Category	What to consider	✓ Or X
Environmental		
Tables and chairs	• Is the table at the right height to comfortably reach the meal?	<input type="checkbox"/>
	• Can resident be positioned close to the table as we would position ourselves?	<input type="checkbox"/>
Positioning of meal	• Is food and drink positioned within reach?	<input type="checkbox"/>
	• Is there enough space to reach for food/drink without knocking items over?	<input type="checkbox"/>
Lighting	• Is the room appropriately lit in order to clearly see the meal? (glare/darkness)	<input type="checkbox"/>
Temperature	• Is the room temperature pleasant? (too hot/too cold)	<input type="checkbox"/>
	• Is the resident appropriately dressed for the temperature?	<input type="checkbox"/>
Noise	• Is noise volume conducive to conversation?	<input type="checkbox"/>
Aesthetics	• Is the meal room a pleasant environment?	<input type="checkbox"/>
Physical		
Pain	• If the resident shows signs of pain, is this adequately controlled at mealtimes?	<input type="checkbox"/>
Posture and stability	• Is the resident sitting up straight?	<input type="checkbox"/>
	• Is the resident able to change position themselves?	<input type="checkbox"/>
	• Does the chair support the resident?	<input type="checkbox"/>
	• Can the resident maintain their posture in order to feed themselves?	<input type="checkbox"/>
Appetite	• Does the resident have a good appetite?	<input type="checkbox"/>
Thirst	• Is the resident's fluid intake adequate?	<input type="checkbox"/>
Vision	• Is the resident's vision adequate to see the meal?	<input type="checkbox"/>
	• Has the resident's vision been checked recently?	<input type="checkbox"/>
	• If the resident wears glasses, do they use them at mealtimes?	<input type="checkbox"/>
	• If the resident is blind, do they have strategies for eating?	<input type="checkbox"/>
	• Does the resident take food from the left and right side of the plate/table?	<input type="checkbox"/>
Upper limb range	• Can the resident use two hands to eat?	<input type="checkbox"/>
Strength and co-ordination	• Can the resident reach forward, sideways to access all necessary items on the table?	<input type="checkbox"/>

Dexterity	<ul style="list-style-type: none"> • Can the resident bend their elbow in and out (touch the table and touch their mouth)? <input type="checkbox"/> • Can the resident grip normal cutlery? <input type="checkbox"/> • Can the resident pick up cutlery and manipulate it into position? <input type="checkbox"/> • Can the resident manipulate food onto cutlery? <input type="checkbox"/> • Can the resident place food in their mouth? <input type="checkbox"/> • Can the resident cut food? <input type="checkbox"/> • Can the resident prevent spilling drinks or food? <input type="checkbox"/>
Chewing and swallowing	<ul style="list-style-type: none"> • If they have a noticeable tremor, is this adequately controlled at mealtimes? <input type="checkbox"/> • Can they effectively chew all foods offered? <input type="checkbox"/> • Is the resident able to retain food and fluid in his/her mouth? <input type="checkbox"/> • Is the resident able to swallow food and drink without coughing? <input type="checkbox"/>
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Cognitive and perceptual	<ul style="list-style-type: none"> • Is the resident oriented to time and place i.e. do they understand it is meal time? <input type="checkbox"/> • Does the resident recognise what a meal is? <input type="checkbox"/> • Does the resident understand what they need to do to feed themselves? <input type="checkbox"/> • Can the resident commence eating without verbal or physical prompts? <input type="checkbox"/> • Does the resident choose appropriate cutlery for the task and use it correctly? <input type="checkbox"/> • Does the resident concentrate on the task? <input type="checkbox"/> • Can the resident continue to eat their meal without reminding? <input type="checkbox"/> • Does the resident take normal size mouthfuls and eat at an appropriate pace? <input type="checkbox"/> • Does the resident eat courses in an appropriate order? <input type="checkbox"/>
<hr/>	
Emotional	
Mood	<ul style="list-style-type: none"> • Is the resident interested in food? <input type="checkbox"/>
Behaviour	<ul style="list-style-type: none"> • Does the resident behave appropriately at mealtimes? <input type="checkbox"/>
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Sociocultural	<ul style="list-style-type: none"> • Does the standard menu cater for the special needs of the resident? (cultural, likes/dislikes, dietary preferences) <input type="checkbox"/>

If 'x' see 'Suggested Actions' and write up Resident Action Plan

Evaluation

It is important to obtain feedback about the session.

Distribute the following form at the conclusion of the session, and allow about ten minutes for the forms to be completed. Participants should have the option of completing the evaluation anonymously.

Promoting independence at mealtimes: feedback form

1. Was this session relevant to your work? (tick one only)

- highly relevant
- relevant
- limited relevance
- no relevance

2. Was this session relevant to this type of facility? (tick one only)

- highly relevant
- relevant
- limited relevance
- no relevance

3. How much do you think you learnt from this session about promoting resident independence at mealtimes? (tick one box only)

- learnt a great deal
- learnt some new information
- not much was new
- learnt nothing new

4. Is this a useful way to access information? If yes - why? If no - why not and what other ways would be more useful?

5. How confident are you in using the mealtimes screening checklist? (tick one box only)

- very confident
- somewhat confident
- not at all confident

6. If you feel less than very confident in using the checklist, what do you need to build your confidence?

7. Have you (or will you) use any of the information from the session in your work? Please describe.

8. How could this session be improved?

9. Would you recommend this in-service session as a useful resource to other facilities?

recommend highly

recommend

not recommend

**10. Do you believe that your facility needs to change its practice to promote resident independence at mealtimes?
If yes, in what ways?**

11. Please describe any difficulties or barriers to making these changes.

12. Any other comments?

Thank you for your time and participation in this session.

Resource 1.1

Analysing eating categories

1. Environmental factors:

2. Physical factors:

3. Cognitive factors:

4. Emotional factors:

5. Sociocultural factors:

Resource 1.2

Case studies

Case study resident 1: Mary

Mary has had a left cerebrovascular accident. She has some spasticity (muscle tightness) in her right arm and no useful movement. She also has a mild right facial weakness. When seated, Mary leans to the right. She wears bifocals and also has a right hemianopia which means she has trouble seeing things to her right. Mary has no obvious perceptual problems, but has found it difficult modifying how she goes about doing things for herself. Mary understands what people say to her but has difficulty expressing herself.

[Mary will be sitting in a wheelchair. Table will be positioned too far from chair. Right arm will be tied to side, positioned so leaning to the right, wearing vision occluded glasses].

Resource 1.2

Case studies

Case study resident 2: Gladys

Gladys has multi-infarct dementia. She enjoys eating her food most days, but on occasions needs encouragement. Gladys' posture is quite stooped. Often, Gladys will need prompting to start eating, but once commenced will keep going. She tends to use her utensils inappropriately, mix up her courses, put too much food in her mouth and spill food and drink. She also helps herself to other residents' food.

Resource 2.1

Mealtimes screening checklist

Date: _____

Resident's Name: _____ Assessment Performed By: _____

Category	What to consider	✓ Or X
Environmental		
Tables and chairs	• Is the table at the right height to comfortably reach the meal?	<input type="checkbox"/>
	• Can resident be positioned close to the table as we would position ourselves?	<input type="checkbox"/>
Positioning of meal	• Is food and drink positioned within reach?	<input type="checkbox"/>
	• Is there enough space to reach for food/drink without knocking items over?	<input type="checkbox"/>
Lighting	• Is the room appropriately lit in order to clearly see the meal? (glare/darkness)	<input type="checkbox"/>
Temperature	• Is the room temperature pleasant? (too hot/too cold)	<input type="checkbox"/>
	• Is the resident appropriately dressed for the temperature?	<input type="checkbox"/>
Noise	• Is noise volume conducive to conversation?	<input type="checkbox"/>
Aesthetics	• Is the meal room a pleasant environment?	<input type="checkbox"/>
Physical		
Pain	• If the resident shows signs of pain, is this adequately controlled at mealtimes?	<input type="checkbox"/>
Posture and stability	• Is the resident sitting up straight?	<input type="checkbox"/>
	• Is the resident able to change position themselves?	<input type="checkbox"/>
	• Does the chair support the resident?	<input type="checkbox"/>
	• Can the resident maintain their posture in order to feed themselves?	<input type="checkbox"/>
Appetite	• Does the resident have a good appetite?	<input type="checkbox"/>
Thirst	• Is the resident's fluid intake adequate?	<input type="checkbox"/>
Vision	• Is the resident's vision adequate to see the meal?	<input type="checkbox"/>
	• Has the resident's vision been checked recently?	<input type="checkbox"/>
	• If the resident wears glasses, do they use them at mealtimes?	<input type="checkbox"/>
	• If the resident is blind, do they have strategies for eating?	<input type="checkbox"/>
	• Does the resident take food from the left and right side of the plate/table?	<input type="checkbox"/>
Upper limb range	• Can the resident use two hands to eat?	<input type="checkbox"/>
Strength and co-ordination	• Can the resident reach forward, sideways to access all necessary items on the table?	<input type="checkbox"/>

Dexterity	<ul style="list-style-type: none"> • Can the resident bend their elbow in and out (touch the table and touch their mouth)? <input type="checkbox"/> • Can the resident grip normal cutlery? <input type="checkbox"/> • Can the resident pick up cutlery and manipulate it into position? <input type="checkbox"/> • Can the resident manipulate food onto cutlery? <input type="checkbox"/> • Can the resident place food in their mouth? <input type="checkbox"/> • Can the resident cut food? <input type="checkbox"/> • Can the resident prevent spilling drinks or food? <input type="checkbox"/>
Chewing and swallowing	<ul style="list-style-type: none"> • If they have a noticeable tremor, is this adequately controlled at mealtimes? <input type="checkbox"/> • Can they effectively chew all foods offered? <input type="checkbox"/> • Is the resident able to retain food and fluid in his/her mouth? <input type="checkbox"/> • Is the resident able to swallow food and drink without coughing? <input type="checkbox"/>
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Cognitive and perceptual	<ul style="list-style-type: none"> • Is the resident oriented to time and place i.e. do they understand it is meal time? <input type="checkbox"/> • Does the resident recognise what a meal is? <input type="checkbox"/> • Does the resident understand what they need to do to feed themselves? <input type="checkbox"/> • Can the resident commence eating without verbal or physical prompts? <input type="checkbox"/> • Does the resident choose appropriate cutlery for the task and use it correctly? <input type="checkbox"/> • Does the resident concentrate on the task? <input type="checkbox"/> • Can the resident continue to eat their meal without reminding? <input type="checkbox"/> • Does the resident take normal size mouthfuls and eat at an appropriate pace? <input type="checkbox"/> • Does the resident eat courses in an appropriate order? <input type="checkbox"/>
<hr/>	
Emotional	
Mood	<ul style="list-style-type: none"> • Is the resident interested in food? <input type="checkbox"/>
Behaviour	<ul style="list-style-type: none"> • Does the resident behave appropriately at mealtimes? <input type="checkbox"/>
<hr/>	
Sociocultural	<ul style="list-style-type: none"> • Does the standard menu cater for the special needs of the resident? (cultural, likes/dislikes, dietary preferences) <input type="checkbox"/>

If 'x' see 'Suggested Actions' and write up Resident Action Plan over leaf

Resource 2.2

Action plan

Problem 1 (*Circle Category*)

Environmental	Physical	Cognitive and Perceptual	Emotional	Sociocultural
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List Resident Problem:

Describe Action:

Problem 2 (*Circle Category*)

Environmental	Physical	Cognitive and Perceptual	Emotional	Sociocultural
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List Resident Problem:

Describe Action:

Problem 3 (*Circle Category*)

Environmental	Physical	Cognitive and Perceptual	Emotional	Sociocultural
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List Resident Problem:

Describe Action:

Problem 4 (*Circle Category*)

Environmental	Physical	Cognitive and Perceptual	Emotional	Sociocultural
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List Resident Problem:

Describe Action:

Problem 5 (*Circle Category*)

Environmental	Physical	Cognitive and Perceptual	Emotional	Sociocultural
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List Resident Problem:

Describe Action:

Comments:

Review Date:

Resource 2.3

Example checklist, action plan and suggested actions

These examples are based on case study 1 from module 1.

Mealtimes screening checklist

Date: 8/2/2003

Resident's Name: Mary Assessment Performed By: Nurse Smith

Category	What to consider	✓ Or X
Environmental		
Tables and chairs	• Is the table at the right height to comfortably reach the meal?	<input checked="" type="checkbox"/>
	• Can resident be positioned close to the table as we would position ourselves?	<input checked="" type="checkbox"/>
Positioning of meal	• Is food and drink positioned within reach?	<input checked="" type="checkbox"/>
	• Is there enough space to reach for food/drink without knocking items over?	<input checked="" type="checkbox"/>
Lighting	• Is the room appropriately lit in order to clearly see the meal? (glare/darkness)	<input checked="" type="checkbox"/>
Temperature	• Is the room temperature pleasant? (too hot/too cold)	<input checked="" type="checkbox"/>
	• Is the resident appropriately dressed for the temperature?	<input checked="" type="checkbox"/>
Noise	• Is noise volume conducive to conversation?	<input checked="" type="checkbox"/>
Aesthetics	• Is the meal room a pleasant environment?	<input checked="" type="checkbox"/>
Physical		
Pain	• If the resident shows signs of pain, is this adequately controlled at mealtimes?	<input checked="" type="checkbox"/>
Posture and stability	• Is the resident sitting up straight?	<input checked="" type="checkbox"/>
	• Is the resident able to change position themselves?	<input checked="" type="checkbox"/>
	• Does the chair support the resident?	<input checked="" type="checkbox"/>
	• Can the resident maintain their posture in order to feed themselves?	<input checked="" type="checkbox"/>
Appetite	• Does the resident have a good appetite?	<input checked="" type="checkbox"/>
Thirst	• Is the resident's fluid intake adequate?	<input checked="" type="checkbox"/>
Vision	• Is the resident's vision adequate to see the meal?	<input checked="" type="checkbox"/>
	• Has the resident's vision been checked recently?	<input checked="" type="checkbox"/>
	• If the resident wears glasses, do they use them at mealtimes?	<input checked="" type="checkbox"/>
	• If the resident is blind, do they have strategies for eating?	<input checked="" type="checkbox"/>
	• Does the resident take food from the left and right side of the plate/table?	<input checked="" type="checkbox"/>
Upper limb range	• Can the resident use two hands to eat?	<input checked="" type="checkbox"/>
Strength and co-ordination	• Can the resident reach forward, sideways to access all necessary items on the table?	<input checked="" type="checkbox"/>

Dexterity	<ul style="list-style-type: none"> • Can the resident bend their elbow in and out (touch the table and touch their mouth)? <input checked="" type="checkbox"/> • Can the resident grip normal cutlery? <input checked="" type="checkbox"/> • Can the resident pick up cutlery and manipulate it into position? <input checked="" type="checkbox"/> • Can the resident manipulate food onto cutlery? <input checked="" type="checkbox"/> • Can the resident place food in their mouth? <input checked="" type="checkbox"/> • Can the resident cut food? <input checked="" type="checkbox"/> • Can the resident prevent spilling drinks or food? <input checked="" type="checkbox"/> • If they have a noticeable tremor, is this adequately controlled at mealtimes? <input checked="" type="checkbox"/>
Chewing and swallowing	<ul style="list-style-type: none"> • Can they effectively chew all foods offered? <input checked="" type="checkbox"/> • Is the resident able to retain food and fluid in his/her mouth? <input checked="" type="checkbox"/> • Is the resident able to swallow food and drink without coughing? <input checked="" type="checkbox"/>
Cognitive and perceptual	<ul style="list-style-type: none"> • Is the resident oriented to time and place i.e. do they understand it is meal time? <input checked="" type="checkbox"/> • Does the resident recognise what a meal is? <input checked="" type="checkbox"/> • Does the resident understand what they need to do to feed themselves? <input checked="" type="checkbox"/> • Can the resident commence eating without verbal or physical prompts? <input checked="" type="checkbox"/> • Does the resident choose appropriate cutlery for the task and use it correctly? <input checked="" type="checkbox"/> • Does the resident concentrate on the task? <input checked="" type="checkbox"/> • Can the resident continue to eat their meal without reminding? <input checked="" type="checkbox"/> • Does the resident take normal size mouthfuls and eat at an appropriate pace? <input checked="" type="checkbox"/> • Does the resident eat courses in an appropriate order? <input checked="" type="checkbox"/>
Emotional	
Mood	<ul style="list-style-type: none"> • Is the resident interested in food? <input checked="" type="checkbox"/>
Behaviour	<ul style="list-style-type: none"> • Does the resident behave appropriately at mealtimes? <input checked="" type="checkbox"/>
Sociocultural	<ul style="list-style-type: none"> • Does the standard menu cater for the special needs of the resident? (cultural, likes/dislikes, dietary preferences) <input checked="" type="checkbox"/>

If 'x' see 'Suggested Actions' and write up Resident Action Plan over leaf

Action plan

Problem 1 (Circle Category)

Environmental Physical Cognitive and Perceptual Emotional Sociocultural

List Resident Problem: **Mary leans to the right.**

Describe Action: **Use cushions to assist Mary to sit straight.**

Problem 2 (Circle Category)

Environmental Physical Cognitive and Perceptual Emotional Sociocultural

List Resident Problem: **Mary is unable to change position.**

Describe Action: **Assess Mary regularly to determine whether she is slipping. Re-position Mary if necessary.**

Problem 3 (Circle Category)

Environmental Physical Cognitive and Perceptual Emotional Sociocultural

List Resident Problem: **Mary can only use one hand.**

Describe Action: **Ensure cutlery, plates, meal etc. are accessible by Mary's left hand.**

Problem 4 (Circle Category)

Environmental Physical Cognitive and Perceptual Emotional Sociocultural

List Resident Problem: **Mary cannot cut food.**

Describe Action: **Assist with cutting of food when required.**

Problem 5 (Circle Category)

Environmental Physical Cognitive and Perceptual Emotional Sociocultural

List Resident Problem: **Mary cannot prevent spillage.**

Describe Action: **Ensure Mary's clothes are protected. Provide Mary with a cup with a lid/ spout or lid/ straw to prevent spillage of drinks.**

Comments:

Review Date: 8/6/2

Suggested actions

Category

Suggested Actions

1. Environmental factors:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Table and chair; type, relationship | <ul style="list-style-type: none"> • Ensure table and chair are appropriate height for the resident to reach their meal. Position the resident as you would position yourself – with elbows at right angles to rest comfortably on the table. • Use cushions if chair is not adjustable. • Use cardiac table if table/chair cannot be adjusted. • If you have any concerns organise an occupational therapy assessment. |
| <ul style="list-style-type: none"> • Positioning of meal | <ul style="list-style-type: none"> • Place the meal within comfortable reach of resident. For those residents with a neglect, hemianopia etc, meals need to be positioned to be within sight and reach of the appropriate side of the body. • If you have any concerns organise occupational therapy assessment. |
| <ul style="list-style-type: none"> • Lighting | <ul style="list-style-type: none"> • Lighting should be adequate for those with impaired vision. Avoid glare and darkness. |
| <ul style="list-style-type: none"> • Climate/temperature | <ul style="list-style-type: none"> • Ensure adequate heating/cooling. |
| <ul style="list-style-type: none"> • Noise | <ul style="list-style-type: none"> • Minimal distraction, activity and unpleasant noise is essential to create an enjoyable eating environment in which conversation can occur. |
| <ul style="list-style-type: none"> • Aesthetics of dining room | <ul style="list-style-type: none"> • The dining room will ideally be located away from toilets, bathrooms etc. Design, decor and colour scheme should help create a pleasant eating environment. |

2. Physical factors:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Pain | <ul style="list-style-type: none"> • To ensure adequate nutritional intake and enjoyment at mealtimes, residents should be pain free or have pain controlled with pharmacological or non-pharmacological methods. |
| <ul style="list-style-type: none"> • Posture | <ul style="list-style-type: none"> • To promote safe eating, residents should be seated upright with both feet on a supportive surface. • Use cushions to assist with positioning if necessary. |
| <ul style="list-style-type: none"> • Appetite | <ul style="list-style-type: none"> • Encourage food intake. • Monitor residents to ensure adequate intake occurs. • Observe for any changes in appetite, intake and weight loss/gain. Identify factors that may be contributing to this. |
| <ul style="list-style-type: none"> • Thirst | <ul style="list-style-type: none"> • Encourage fluid intake. • Monitor residents to ensure adequate intake. • Observe for any changes in intake and signs of dehydration/fluid retention. Identify factors that may be contributing to this. |
| <ul style="list-style-type: none"> • Vision | <ul style="list-style-type: none"> • Ensure the resident wears glasses if required. • Monitor residents for deterioration in vision. • Organise for residents to have their eyes tested when necessary. |
| <ul style="list-style-type: none"> • Mobility; seated, ambulant | <ul style="list-style-type: none"> • Reposition resident if they are unable to maintain ideal eating position. |
| <ul style="list-style-type: none"> • Upper limb function; range of movement – arm, wrist, elbow | <ul style="list-style-type: none"> • Position meal within resident's range of movements |

Category	Suggested Actions
<ul style="list-style-type: none"> Dexterity 	<ul style="list-style-type: none"> If a tremor exists, use cups with lids, encourage resting elbows on table to provide extra stability. If resident has a weak grip, try a built up handle.
<ul style="list-style-type: none"> Swallowing ability; oral function <ul style="list-style-type: none"> dentures, chewing 	<ul style="list-style-type: none"> Monitor residents to observe any difficulty or problems with the oral stage of eating, for example, choking, gagging, dribbling. If you have any concerns organise speech therapy assessment.
<ul style="list-style-type: none"> Disease state 	<ul style="list-style-type: none"> Ensure disease symptoms are controlled at mealtimes with pharmacological/non-pharmacological methods.

3. Cognitive factors:

<ul style="list-style-type: none"> Orientation to person, time and place 	<ul style="list-style-type: none"> Remind resident of what meal it is.
<ul style="list-style-type: none"> Recognition of elements of meal 	<ul style="list-style-type: none"> Describe food on the plate.
<ul style="list-style-type: none"> Memory 	<ul style="list-style-type: none"> Provide regular verbal or physical cues/feedback to the resident.
<ul style="list-style-type: none"> Concentration/distractibility 	<ul style="list-style-type: none"> Minimise distraction and confusion for dementia residents. For example, provide one course at a time, rather than present the resident with a tray consisting of three courses and ensure each course is provided to minimise opportunities to be otherwise distracted.
<ul style="list-style-type: none"> Impulse control/inhibition 	<ul style="list-style-type: none"> Provide regular verbal or physical cues to modify resident's approach.
<ul style="list-style-type: none"> Planning/sequencing 	<ul style="list-style-type: none"> Prompt and monitor the resident at mealtimes when necessary.
<ul style="list-style-type: none"> Disease state 	

4. Emotional factors:

<ul style="list-style-type: none"> Mood/attitude/interest 	<ul style="list-style-type: none"> Promote sensory stimulation.
<ul style="list-style-type: none"> Staff attitude 	<ul style="list-style-type: none"> Alleviate negative feelings about eating because of dependence on others and mess. Allow residents to take time eating, encourage independence, supervise and provide prompts when required. Staff attitude and behaviour should encompass patience, encouragement, support and supervision. Behaviour – disruptive, mess. Seat resident in a position where they do not disturb other residents. If the resident has a tendency to wander, provide regular verbal cues to encourage continued sitting at the table.

5. Sociocultural factors:

<ul style="list-style-type: none"> Menu caters to needs – ethnicity, religion 	<ul style="list-style-type: none"> Residents are provided with choice and variety of nutritional meals. Involve carers/family.
<ul style="list-style-type: none"> Remember to access occupational therapy, physiotherapist, speech pathologist, accredited practising dietitian, nurse specialist, doctor etc for assessment if necessary. 	