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# CHOICE+

Best-Practices for Relationship-Centred Dining  
in Residential Care

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# How to use CHOICE+ best practices

This document is intended to provide creative ideas to those who eat and work in a dining room who wish to make the mealtime experience more relationship-centred. These are not an inclusive list, but rather some of the practices observed as part of the research and observations conducted by Dr. Heather Keller, Schlegel Research Chair in Nutrition and Aging and her team, as CHOICE+ was developed, implemented and evaluated in a variety of homes.

Each best practice has been organized into six CHOICE+ Key Principles to help you focus your change efforts. You may find that some best practices are repeated in different sections, as often many are related and/or help to support one another.

# Connecting

Mealtimes are just as much about spending time with others as they are about eating. For those who live in residential care settings, mealtimes are often the most socially interactive times residents have in their day. It is important to make the most of these opportunities to spend time with others. The objective of social engagement is that residents & family feel welcomed and that they belong in the dining room.

## Nature of Social Interactions

### Best Practices

- Staff verbal and non-verbal interactions with residents are positive
- Staff show affection to residents either with non-verbal cues (e.g. smiling), or gentle touch (e.g. rub arm, pat back, give a hug)
- Staff engage in both meal preference talk, talking about the food itself and how the resident enjoyed it, as well as social talk (e.g. happenings in their lives or the community)
- Staff do not use chastising or negative verbal or non-verbal communication
- Staff try to limit exclusively talking to residents about task-focused processes

## Examples of Positive Social Engagement

### Best Practices

- Say hello to residents as they come into the dining room
- Introduce table mates to each other, or help those with dementia remember the names of those they are sitting with
- Use every opportunity when passing food as time for social interaction, for example when passing beverages talk about the weather or ask a resident how they are feeling that day, or how was the visit with the family member yesterday
- After the main plates are served, the dietary staff can circulate through the dining room and say hello to residents and ask how they enjoyed their meal
- For residents who do not have verbal communication and are being assisted with eating, the team member can use light touch, let the resident know what they are eating, or comment on how they are enjoying the food

## Encouraging Socialization

### Best Practices

- Cue cards or other interactive activities at the table can help to support residents to have social conversations with one another
- Make every interaction a social one; speaking a few kind words when serving goes a long way
- Residents are clearly included in social conversations with staff; staff make efforts to invite residents into conversation whenever possible, ask them what they think or relate what is being discussed to their experience
- Socialization includes listening; remember that even if a resident has their eyes closed and is not verbal, they can still hear what is going on around them

## Connecting with Family

### Best Practices

- Family members are encouraged to participate in mealtimes, such as eating food or providing eating assistance
- Special dinners are planned for families to participate in mealtime routines, such as baking cakes, muffins, or other delicious treats

## Sensitive Conversations

### Best Practices

- Discussions related to a resident's health or other sensitive topics are discussed discreetly with low volume or outside of the dining room
- Team members do not discuss a care activity for a resident during the meal
- Residents who are expressing their needs through responsive behaviours are met with positive verbal and non-verbal communication to determine what can be done to meet their needs

# Honouring Dignity

Mealtimes meet social/personal expectations around table manners and culturally-sensitive dining etiquette. In some situations, there may be added steps to ensure that residents' dignity is honoured, especially if they have difficulty eating independently.

## Responding to Resident Expressions

### Best Practices

- Residents who are expressing their needs through responsive behaviours are met with positive verbal and non-verbal communication to determine what can be done to meet their needs
- Residents needs are met quickly when evident that they need additional support
- Residents are not restrained while dining
- Residents are not chastised for making a mistake such as a spill; team members quickly address the issue and let the resident know that it is okay

## Exercising Autonomy

### Best Practices

- Residents are provided food quickly/within a reasonable amount of time
- Residents are allowed to choose not to eat
- Residents have the choice to receive their medications outside of mealtimes or are discreetly provided these during meals
- Residents receive assistance fairly quickly when they are ready to leave the dining room
- Residents are informed of actions done to them before they are taken, even when they typically do not communicate verbally
- Residents are encouraged to eat independently with tools provided at the table to do so

## Respectful Communication

### Best Practices

- Residents are addressed respectfully; terms like 'honey' or 'momma' are avoided
- Staff do not use chastising or negative verbal or non-verbal communication
- Discussions related to a resident's health or other sensitive topics are done so discreetly or not done in the dining room

# Dignity in Eating Assistance

## Best Practices

- Residents do not have to wait for assistance with food in front of them
- Residents mouths are wiped using a napkin and not a spoon or clothing protector
- Residents are informed of what they are eating while being assisted, particularly if they eat modified textured diets
- Even when a resident does not communicate with words, the resident is addressed by team members so they know what is happening or what to expect
- The pace of eating is based on the desire and capacity of the resident
- Residents are continually assisted throughout their meal (i.e., not left mid-meal); if the team member needs to leave, they inform the resident

# Offering Support

Offering residents the right type of support at the right time can help them feel independent and autonomous during meals. This can be done in many different ways from one-on-one assistance to ensuring orientation cues are in place to let them know mealtime is about to begin. It's important to remember that the type of support a resident may need may change from meal to meal.

## Presenting Choices

### Best Practices

- Condiments are within reach (e.g., sugar, salt, ketchup)
- Table settings look pleasant with supportive eating tools provided (e.g., adaptive dishes and utensils)
- Meal menu is on table or provides so that residents are informed about their choices
- Beverage and course options (including therapeutic diets) are presented to residents clearly so they can make informed decisions
- Team members wait patiently for preferences to be determined; if a resident does not communicate with words, they watch if a resident looks at one option vs. another, if they are still unclear they say something like "I know you like the chicken when we had it last. Shall I get it again for you?"

## Cuing the Senses

### Best Practices

- Pleasant food aromas help to cue residents that it's time to eat
- Food is nicely plated and pleasant to the eye

## Navigating the Table

### Best Practices

- Colour contrast between food and plate helps residents with visual impairments to identify their food
- Colour contrast between plate and tabletop help residents with visual impairments to locate their plate of food

## Encouraging Socialization

### Best Practices

- Cue cards or other interactive activities at the table can help to support residents to have social conversations with one another

## Arriving and Leaving the Dining Room

### Best Practices

- Residents are given a choice as to where they want to sit (not assigned seating)
- Residents are asked if they want a clothing protector and/or if it should be put on for them
- Residents are encouraged to stay and linger in the dining room after meals
- Residents are informed of actions before they are taken by staff (e.g. “Clare I am going to pull out your chair now and take you back to your room.”)

## Eating Assistance

### Best Practices

- Residents receive one-on-one eating assistance
- Residents have enough time and aren’t rushed through their assisted meal
- Residents are informed of what they are eating while being assisted
- Families are encouraged and supported to join residents during meals, whether to eat or to provide eating assistance
- Residents are encouraged to self-feed or provided graduated assistance (e.g., hand-over-hand, hand-under-hand)

# Identity

Food, mealtime routines and rituals are very much tied up with who a person is – their life history, their culture, and their ethnicity. This means that while there are certain aspects of meals that are routine for your whole dining room, special attention does need to be given to meeting individual preferences and needs.

## Celebrating Different Cultures

### Best Practices

- Staff and residents work to plan regular theme-nights; residents suggest or provide their home recipes for taste testing
- Eating utensils are offered to match resident preferences, such as eating out of bowls or providing chopsticks and spoons
- Residents are routinely asked to describe their personal dining preferences and team members attempt to meet these
- Condiment and other favourite food choices are on hand for residents
- Provide opportunity for family members to bring in special food items for residents

## Sharing Histories

### Best Practices

- Cue cards or other interactive activities at the table can help to support residents to have social conversations with one another
- Residents are given opportunities to share and/or talk about cultural/ethnic food and mealtime traditions with their peers
- Identify preferences for conversation and past experiences that help to identify potential table mates
- Allow residents to choose their tablemates

## Shared Mealtimes

### Best Practices

- Family members are encouraged to participate in mealtimes, such as eating food or providing eating assistance
- Special dinners are planned for families to participate in mealtime routines, making special dishes, baking etc.
- Opportunity is provided to have family get-togethers; arrangements are made available to bring food into the home for consumption by the family
- Staff eat or drink at the table with residents to partake in participatory mealtime rituals
- Staff talk about meal rituals and reminisce with residents

# Recognizing each Individual

## Best Practices

- Individual preferences for food items, when and how one eats and with home are respected e.g. sleeping in late and having a continental breakfast, providing a condiment brought in by family for the resident at each meal, setting up the table with condiments and other preferences
- When a resident expresses a preference, team members work to identify if this preference can be met immediately e.g. applesauce for a pork dish; discuss as a team how to make the preference available if it is currently not
- Team members do not refuse, chastise or embarrass residents who have routines that vary from the norm e.g. resident brings their own
- condiments to the table, brings a book to read, etc.

# Creating Opportunities

Everyone has a long-developed relationship with food and dining with others. People form routines and rituals that give meals meaning and significance, even if they may seem unremarkable or mundane – like setting the table. Some residents will continue to take pleasure in playing a part in these mealtime-routines and will help them feel like they are doing something special for their peers.

## Ways to be Involved in the Meal Service

### Best Practices

- Residents act as dining room greeters at the start of meals, welcoming their peers to mealtimes
- Residents are encouraged to offer hand-sanitizer to their peers at the start of meals
- Residents hand out clothing protectors before meals start, and when possible, help to put them on their peers
- Residents who are interested are supported in assisting staff with mealtime clean-up

## Making the Dining Room Home-like

### Best Practices

- Residents are encouraged to create decorations and table center-pieces especially for culturally important meals
- Residents are supported in setting the tables
- Staff and residents work together to plan regular theme-nights
- Families are encouraged and supported to join residents during meals, whether to eat or to provide eating assistance

## Cooking Up a Storm

### Best Practices

- Programming is offered to encourage residents to engage in regular mealtime routines, such as peeling potatoes or carrots
- Residents have the opportunity to either watch or get involved in preparing food, such as baking cookies or a cake

# Promoting Conversation

## Best Practices

- Resident seating arrangements are reviewed regularly to promote meaningful social interaction among residents
- Cue cards or other interactive activities at the table can help to support residents to have social conversations with one another
- Staff eat or drink at the table with residents to partake in participatory mealtime rituals
- Staff start conversations at tables by discussing community events etc.

# Enjoyment

The physical environment plays an important part in supporting enjoyable mealtime experiences. Light, noises, dining room set up, and decorations, for instance, have a big impact on how people are able to interact with one another during meals.

## Adequate Lighting

### Best Practices

- Lighting is sufficient at table level so residents can see food
- Access to natural lighting compliments artificial lighting
- Glare from tabletops and flooring is minimized (e.g., tablecloth)

## Comfortable Temperature

### Best Practices

- Temperature is comfortable for residents (i.e., not too hot; not too cold)

## Reducing Excess Noise

### Best Practices

- TV is turned off if no one is watching
- Radio is turned off if exclusively talk-radio
- Staff move closer to one another to talk; no calling out across the dining room
- Dirty dishes are scraped quietly into bins using a rubber spatula and dish clearing is done away from residents' tables
- Hallway traffic is reduced during meals (e.g., floor cleaners/vacuums)
- Grinding of medication at medication cart is kept to a minimum; medication carts are not viewable from the dining area
- Intercom is only used when necessary during meals to reduce distraction
- Alarm bells are kept as low as possible to reduce distractions
- Majority of mealtime clean-up is left towards the end of meal to reduce amount of excess noise
- Trays are used for clean up rather than trolleys

## Playing Music

### Best Practices

- Music is played from a dedicated music player/speaker
- Genre of music is cohort-specific, calming (e.g., classical instrumental, nature sounds) or meets residents' preferences
- Music is played at a level that residents can hear without disrupting conversations

## Decorating the Table

### Best Practices

- Placing decorations on the table, such as flowers, painted bowls, or theme-specific decorations (e.g., St. Patrick's Day, Chinese New Year) can make an everyday meal a special occasion

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