

## Improving mealtimes for patients and staff within an Cotswold House eating disorder unit in Oxford

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**Aim: To reduce eating disordered behaviours at mealtimes in Cotswold House by 50% by 1<sup>st</sup> March 2021.**

### Why is this important to service users, carers and staff?

Mealtimes form a core part of patient treatment that occurs six times daily (three main meals and three snacks). Historically on the unit, the dining room has been an area identified as difficult for staff and patients. The stressful nature of being in the dining room is raised repeatedly by patients in weekly clinical team meetings and staff meetings. The impact of this was high levels of distress and anxiety experienced by both staff and patients, effect on wellbeing and sometimes barriers to forming therapeutic relationships. An observed effect of the levels of distress and anxiety experienced by patients was a high number of eating disorder behaviours exhibited at mealtimes, which are maintaining factors for eating disorders.

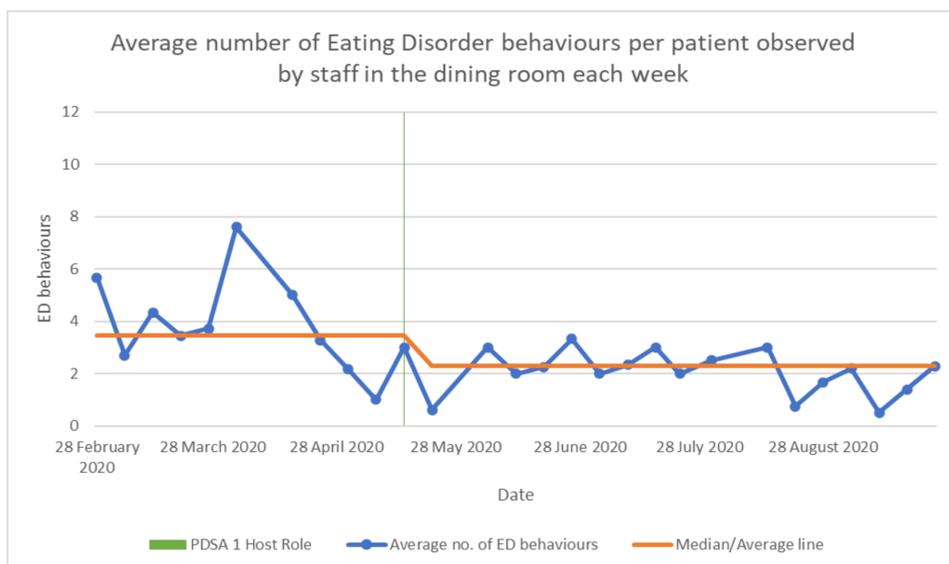
### Test of change

Work was conducted to try and better understand the problems in the dining room, this included five days' observation of the dining room at meal and snack times, conversations with patients and staff, surveys and team and community meetings. The observation period identified 38 different types of interruptions during meal and snack times and over 150 interruptions in total across the five days. Conversations with staff and patients identified inconsistency in approach and support and a general chaotic and disorganised nature. This information was used to co-produce the driver diagram with patients and staff and choose the first test of change idea: introducing the host role.

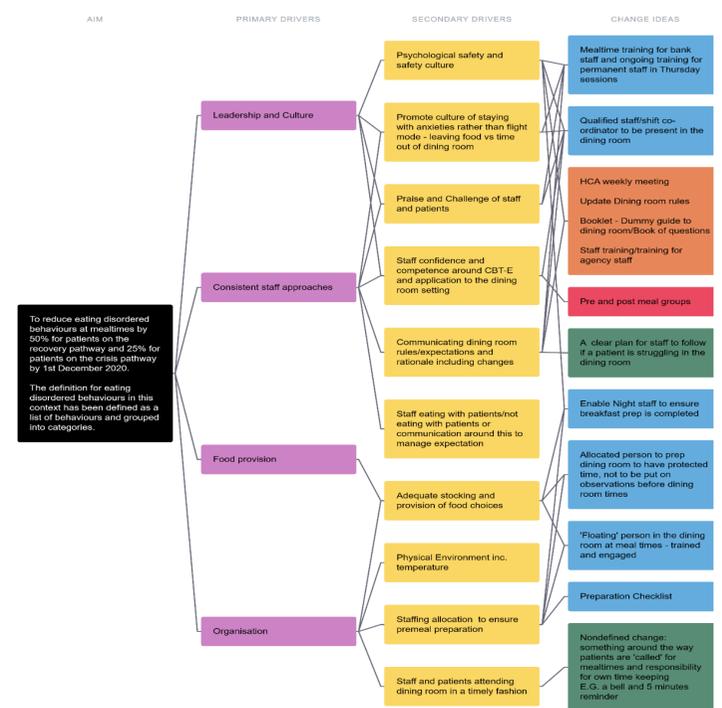
Overall purpose of the host role is an additional staff member present to direct the flow of the dining room and be present in the dining room from the start of the meal or snack to the end of service. To support patients to be seated during the meal/snack and minimise interruptions.

### Data

Together staff and patients developed a checklist of the most common eating disordered behaviours around and during mealtimes, which were then completed for each patient at one lunchtime each week. Baseline data was gathered for 10 weeks before the host role was introduced. The run chart below shows a sustained improvement in eating disorder behaviours after the introduction of the host role, a 35% reduction towards the project aim.



### Driver Diagram



### Learning and what next?

The first change has received positive feedback from staff and patients, the planning stage of the host role had many iterations and we think that the thinking and time spent on this phase was invaluable and why the host role was so easily accepted, combined with existing staff buy in

The decision was taken two weeks into the first lockdown as a team to continue with the project to give the team and patients something positive to focus on and although at times it has been difficult, it has continued going. This highlights the positive impact of the project during unsettling times.

One of the benefits and a real strength of the project is that it has leant itself to a lot of patient involvement and the patients have been really enthusiastic in embedding change. The core working groups for patients worked well and this is an approach we would use again and is a fabulous example of how patients can be involved in steering change in their care. The main challenge identified at the outset of the project and which continues is staff engagement. Core working groups, whilst an ideal way of working and disseminating information to the wider team were not sustainable for staff. This is due to the shiftwork nature of the nursing team.

The next test of change has been identified as the 'Newcomers Guide to the main dining room'. This will be a written guide introduced during induction of staff. This is linked back to the driver of consistent staff approaches and is based on the idea that simplifying and standardising is a reliable and sustainable method of change. The patients continue to be involved and are working on content, compiling strategies that are helpful in the dining room, before, during and afterwards.