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Developing Practice through Action Learning to Improve the Nutritional Status of Nursing Home Residents

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Nutrition, nursing home, action learning, action research

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Summary of project
This project used action learning to enhance nutritional care for older residents in a nursing home. In addition to improvements in nutritional assessment, screening and monitoring, residents now experience increased choice, improved food presentation and availability and a more conducive eating environment. The use of action learning as a method for supporting developments is not without its limitations. Barriers to change were experienced and there was a tendency for staff to focus on 'failures' rather than achievements.

Background
The importance of appropriate nutrition for the older person is well documented in both the health literature (Ghalili and Amella, 2005; Coull, 2003) and at a strategic level (Department of Health, 2001; NHS Modernisation Agency, 2001). Adequate nutrition for the elderly is important for a variety of reasons including disease prevention, promotion of wound healing, general health promotion and psychological well being (Sandars, 2001; Smith, 2001; Kelly, 2001; Clay, 2001).

According to Berkley and Prentice (1999: 455): 'many residents in nursing homes are likely to be very frail, suffer from multiple disabilities and have increased nutritional needs.' Yet, food and nutrition have been reported as having a low status in residential and hospital settings (Kelly, 2001). Indeed, Copeman (2005:277) states that: 'malnutrition and dehydration are serious and common problems among older people in nursing and residential care homes.'

An inspection of Horton Cross Nursing Home by the Commission for Social Care in August 2005, identified issues concerning nutrition that needed to be addressed. These included improving the monitoring of food and fluid intake, especially for those deemed at high risk of malnutrition and improving the availability of food between 5pm and 9am. In March 2006, further issues pertaining to nutrition were highlighted e.g. lack of menu display, the need for more adequate documentation and the need to more closely address the service users' preferences (see www.csci.org.uk for details of both reports).

In order to help address these issues, whilst simultaneously providing an opportunity for the development of staff, support and funding was granted from the Foundation of Nursing Studies for a small project to be undertaken.

Aim of the project
The aim of this project was to improve the nutritional status of residents at Horton Cross Nursing Home. It was proposed that this could be achieved through action learning to initiate and sustain developments and changes in practice.

Methods
The principles of action research, i.e. cycles of planning, action and evaluation, were adopted as an overarching framework to guide the progress of this project (Sandars and Waterman, 2005), with action learning identified as the most appropriate mechanism for achieving this. Given the 'real life context' within which this project was undertaken, the ideas concerning flexibility and flexible designs as proposed by Robson (2002) in respect of 'real world' research also informed the approach to this work.

Action learning is: 'a continuous process of learning and reflection that happens with the support of a group or 'set' of colleagues, working on real issues, with the intention of getting things done,' (McGill and Brockbank, 2004:11). In addition, we suggest that action learning is an approach to practice development where the method itself makes a difference to practice, and is transformatory for those involved. Action learning and action research are inextricably linked in terms of the reflection on complex problems and experiential learning through cycles of action.

The action learning group
To create the action learning group, individual staff were approached by the project lead and invited to join. These staff were advised of the purpose of the action learning group and the proposed project plan. In selecting staff to invite, the project lead considered both the operational role and level of professional development attained. Given that action learning has both change and development as its focus, some staff were invited in order to compliment their current professional studies. In addition, it was deemed to be important to have representation from across the multidisciplinary team hence a range of staff were included. Staff who expressed interest in becoming members of the group were assured that they would be provided with the time to attend meetings.

The importance of good facilitation is noted in the literature (Zuber-Skerritt, 2002). This group was facilitated by an external facilitator with experience in both nursing and facilitating organisational change. In this context, the primary role of the facilitator was as an 'enabler'. Harvey et al (2002:581) consider an enabling role as 'more likely to be developmental in nature, seeking to explore and release the inherent potential of individuals.'

Initially, meetings were planned for every two months over a period of 12 months, with some additional meetings convened as deemed necessary. However, given the real world nature of the project and understanding of the constraints often affecting a rigid meeting schedule, some meetings were cancelled and re-

scheduled whilst others were held without an external facilitator. All meetings were held in a day room at the home.

The process

A total of seven action learning group (ALG) meetings were held over a twelve month period. Five of these were facilitated, two were not.

The first ALG meeting was held in June 2006. At this meeting, the aims and objectives of the project and proposed methodology were discussed, with members being given time to contribute their thoughts and ideas for future work. Ground rules for the group were agreed. The main agreements concerned the need for a non-judgmental approach in discussion and when challenging ideas, agreement regarding confidentiality, the need for commitment to attending and contributing to the group and finally the recognition of the equal status of each member. It was felt that this was important given the composition of the group e.g. home manager and health care assistant involvement.

At this first meeting, the external facilitator introduced a systematic approach to considering the priorities of the group in developing and changing practice. An issue tree and implementation matrix (see http://interactive.cabinetoffice.gov.uk/strategy/survivalguide/skills/s_issue.htm)were devised through whole group discussion. This approach was used to provide some structure to further work and to assist in crystallizing the thinking of members, many of whom were new to action learning.

Following the compilation of the issue tree, members were asked to consider solutions and actions which could be implemented in order to address the issues arising from their issue tree. They were asked to write their ideas on post-it notes and to place them on a large matrix with two axis, one labelled 'impact' the other labelled 'ease of implementation' depending on how easy they thought it would be to implement their idea whilst being cognisant of the impact it would have in practice. Group members then discussed each idea/solution in turn and each agreed to take forward the associated actions.

One of the actions agreed at meeting one was to devise a survey to ascertain the preferences of the residents, given that much of the discussion held at the meeting was based on the anticipation of resident preferences. It was concluded that with support, a questionnaire would be devised and piloted with a couple of residents in the first instance, to then be rolled out across the home. It was decided that the health care assistants in the group would be best placed to support the administration of the questionnaire given their more frequent interaction with residents. Literature provided by the project's academic supervisor informed the questionnaire design and administration (Fehily et al, 2004; Drennan, 2003).

During subsequent meetings, the group used the findings from the survey and the matrix to stimulate reflection on the actions that had been taken and the resulting changes and developments and also individual and group learning. New actions were identified and reviewed. Barriers to change and potential resolutions were also considered including those relating to concerns over the commitment and motivation of the group in terms of agreeing continued support from home management.

Practice developments

In order to capture the extent of the changes which occurred at the home both directly and indirectly as a result of this project, we have chosen to report these developments using the framework provided by Essence of Care, as it 'provides a tool to help practitioners take a patient-focused and structured approach to sharing and comparing practice', (NHS Modernisation Agency, 2001:1).

Screening and assessment to identify patients nutritional needs
During ALG meetings, the need for provision of training sessions for staff to improve nutritional assessment and screening was highlighted and some discussion centred on the use of current documentation. The need for closer links with other members of the multi disciplinary team was also noted as important. Consequently, links with a local speech and language therapist for the assessment of residents requiring a liquid diet were strengthened, and training needs discussed. As a result of improved assessment and raised staff awareness, some residents previously on a pureed diet, were able to move to a soft diet.

Planning, implementation, and evaluation of care for those patients who require a nutritional assessment
The group identified that in addition to improving nutritional assessment and screening, better evaluation of on-going care would be vital to enhancing the nutritional status of residents. Therefore, more staff training was proposed with all group members planning to raise the awareness of other staff through general daily interaction.

One issue of concern was the oral health of residents. Given the obvious links with adequate oral health and the desire/ability to eat and drink, (Touger-Decker, 2005) it was deemed an essential issue to address. As a consequence of ALG activity, more support was provided for health care assistants in communicating the oral states of residents to registered nurses, and more training was provided for staff to refresh their oral assessment and mouth care skills.

Overall, the training and development needs of both health care assistants and registered nurses have been identified and further self directed learning workbooks in addition to more teaching sessions are planned.

A conducive environment (acceptable sights, smells and sounds)
This was an area where it was felt a great deal could be achieved by the group in addressing what appeared to be 'small' issues but which would prove to be major factors in improving the nutrition at the home.

Achievements have included providing a more conducive environment to eating to encourage more residents to eat in the dining room. Residents were asked for their views about the eating environment in the residents' survey and a number of items were purchased to enhance the setting e.g. new serving dishes and tray cloths. Changes were also made to the seating arrangements.

Staff have been encouraged to alter routines to enable more 'protected time' for meals thereby enabling residents to be supported and motivated to eat their meals either out of bed but in their room, or in the dining room with other residents. Although this has proved to be difficult as some staff have been resistant to change, a marked increase has been noted in the numbers of residents taking their meals in the dining room and this has had a noticeable effect on the mental well-being of residents as they socialise more frequently with one another during meal times.

Assistance to eat and drink
An issue identified by the group related to the way in which drinks were often too hot for residents to drink straight away and some carers would add more cold milk in order to cool the drink. Group members felt that encouraging carers to change their practice and pour the drink earlier and allow it to cool naturally rather than adding milk, and returning to assist with drinking, would result in a more acceptable drink for the resident. This would also provide a space for the carer to work with the resident more closely, thus building a more therapeutic relationship. This required a change in routine which was encouraged and supported by management. In addition to assisting residents to eat and drink, group members

discussed the benefits of assessing need and purchasing specialist cutlery, cups and plate guards, to enable residents to feed themselves more easily, thus empowering them to make their own choices about eating their meals, more readily.

The appointment of an Activities Co-ordinator during the life of the action learning group provided discussion as to the importance of their involvement at mealtimes. Therefore, this member of staff was soon involved in meal times to assist and support residents.

Obtaining food (includes having sufficient information)
The ALG members examined the way in which residents chose their meals. As a result, the menu forms were redesigned and piloted to ensure better understanding and to provide a more reasonable choice. Following feedback from both staff and residents, they were further developed and are now in daily use. Resident menu choices are now made one day in advance, with kitchen staff assisting residents in the morning, and health care assistants in the afternoon. This is deemed to be more acceptable in terms of the amount of information managed by residents, and also fosters better relationships with kitchen assistants, health care assistants and residents.

Food provided
During the initial ALG meeting, it was decided that the variety of food and drink, the soft diet options and the temperature of the liquidised food needed to be considered. Consequently, over the life of the group, a number of key changes were made in relation to providing alternatives and enabling resident choice. These included purchasing nutritional supplements in both sweet and savoury flavours, offering alcoholic drinks more frequently to residents and introducing fruit smoothies and orange juice at breakfast. Cooks are beginning to add more salt to meals to enhance flavour, adding cream and butter to mashed potatoes to raise calorific content, offering more choice of toppings for toast, providing more salad options, supplying a two course tea instead of sandwiches and offering a choice of three vegetables at lunch time. In addressing the issues with liquidised food, communication between health care assistants and kitchen staff is better and liquidised meals are being provided at a lower temperature than before. In addition, the home has purchased some liquidised food moulds in order to improve the presentation of food. Cooks have also devised new menus, based on a 4 week cycle and in keeping with the preferences of the residents.

Food availability
Residents have traditionally had their meals at set times and the group members discussed the need for residents to be given flexibility around mealtimes. Consequently, breakfast has been made more flexible and in order to address the evening hunger of those residents who eat tea early and stay awake late, snacks are more readily available during the evening and night.

Food presentation
The importance of presentation cannot be overestimated and afternoon tea has been changed as a result. The cake, which used to be a 'slab' of cake, is now a choice of individual cake, presented on a cake stand. Morning coffee and biscuits is now served with the biscuits on a side plate, rather than balanced on the saucer. What appear on the surface to be small changes in practice have been well received by residents. Other changes include residents now having the option of using a china cup rather than a beaker; the use of nicer day to day china for plated meals and serving dishes for vegetables enabling residents to have more choice and control over their portion size.

Monitoring
It is clear that monitoring of food and fluid intake is important in the holistic care of the resident. The ALG highlighted documentation as an important issue in monitoring and assessing nutrition and as such, the raised levels of awareness has ensured that appropriate monitoring continues.

Eating to promote health
In addressing the impact of nutrition on the health of residents, it has been demonstrated that it is not just physical health that improves as a result of better nutrition. The social element to sharing meals has had a marked impact on the lives of some of the residents resulting in some residents becoming friends.

There have been other developments at the home with regard to promoting health through nutrition. Recipes which incorporate more fibre, such as fruit cake with figs, is helping to reduce constipation, and kitchen staff have purchased new cookery books to help them with creating new dishes in order to promote variety. In addition, a fruit cake has been developed specifically to cater for the diabetic residents.

Evaluating the process

Methods
It was proposed that the overall evaluation of this project would be undertaken through audit and survey of service users. However, following further consideration and development of the project, the action research nature of the work began to lend itself to ongoing evaluation. This on-going evaluation was complimented with interim stage individual interviews with ALG members in order to ascertain both evaluation of changes in practice and their experiences of action learning. Included in this interim evaluation was the external facilitator who provided a written reflection of the work from her perspective. To add to the ongoing evaluation, members were initially asked to complete a written evaluation at the end of each meeting, in confidence for the project supervisor. However, this proved ineffective due to poor response rates and in keeping with the flexible 'real world' approach to the work, a more informal approach was adopted.

In addition to eliciting the views of the residents and ALG members, it was felt that staff views could be examined in terms of any improvements they had seen in practice. A short questionnaire was attached to staff payslips at the midway point of the project with a letter updating staff on the project and indeed, asking for any suggestions they felt may improve practice at the home with regard to nutrition and hydration. Disappointingly, there were no appropriate responses to either the questionnaire or the request for ideas.

Other materials utilised in this evaluation include documentary evidence gathered from official inspection reports published by the Commission for Social Care Inspection, and examples of adapted and developed policy and practice documents e.g. menu forms and meal planning policy.

The final evaluation work undertaken at the end of this project was completed in the form of a focus group, conducted at the end of the last action learning group meeting. Members were asked to reflect on their experience of action learning in this project, but also to consider what they felt were the successes of the work, and indeed, what the limitations were. Discussion was also directed to consider what the members would do differently next time and what they would like to continue to do.

Findings
The evaluation has identified many changes to practice and to the way in which the multidisciplinary team at the home work together. Engagement with action learning not only enabled practice to be developed, but it also provided a forum in which the group members could challenge the assumptions that they held about residents' preferences, reflect on their practice and challenge that of their peers. Additionally, it enabled a better understanding of different roles and responsibilities leading to a

greater appreciation of the factors which constrain the development of practice in different positions.

The act of creating and working with the issue tree and implementation matrix was very positively evaluated by group members following the initial meeting and indeed, has been cited as one of the major learning experiences of this project and an approach likely to be used in future development work at the home. This method of critically examining the issues surrounding nutrition appeared to provide members with a safe space in which to clarify their thinking and provide motivation in order for 'action' to be important to them.

The use of action learning as a method of supporting developments and changes in practice is not without its limitations. There are many reasons why action learning can fail to support practice development and in this project, barriers to action learning were faced. These included a lack of organisational support which periodically impacted on communication and commitment and a tendency for group members to focus on what had not been achieved rather than what had been achieved. Strategies were explored and implemented to address both of these issues with a measure of success.

Conclusions

By improving the nutrition at the nursing home, this project has met its initial intention. However, there are other issues that have been highlighted as a result of this project. Through the action learning and action research approach, it has become clear that training and education of staff in nutrition and hydration is necessary for standards to be maintained and developed further. It is documented in the literature that nurses working in nursing homes often have issues in accessing both funding and opportunities for education and professional development, Nazarko (2007). What is important to remember is that professional development and education does not need to be expensive and can be supported through robust systems of clinical supervision and reflective practice.

One of the key barriers to action learning in this project concerned the way in which the group often relapsed into focussing on the perceived 'failures' rather than rejoicing in their achievements. It is suggested that future development work could be supported by the underpinning philosophy and methodology of appreciative inquiry such that: 'Instead of focusing on deficits and problems, the appreciative inquiry focuses on discovering what works well, why it works well and how success can be extended throughout the organisation', (Johnson and Leavitt, 2001:129).

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Further reading

A copy of the final report can be downloaded from the FoNS website: www.fons.org/ahcp/grants2006/nutrition.asp

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