

The Dining Environment in Residential Care : Making mealtimes matter

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NZ Nutrition Foundation Seminar: July 29, 2010

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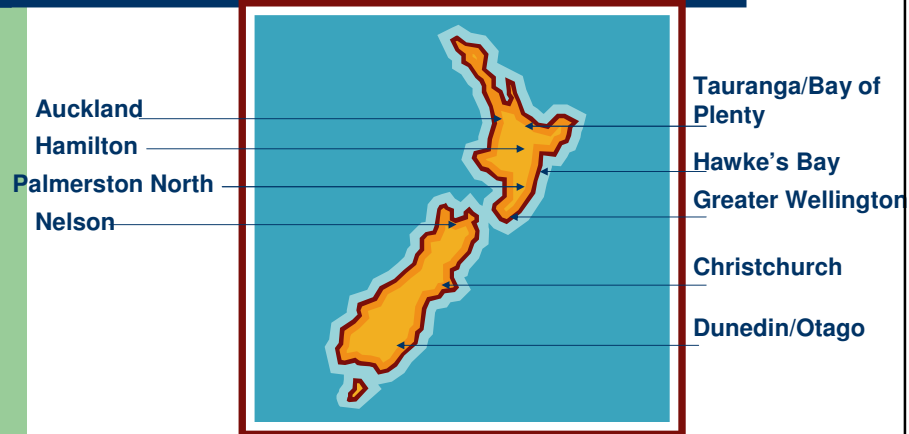
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Project Name & Aims

- **‘The Eating Environment and Nutritional Risk : Promoters and Barriers to achieving optimum nutrition in the Residential Care Setting’**
- To investigate the eating environment in the residential care setting
- To identify promoters and barriers to achieving an optimum diet

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**Data Collection: 10 Students
9 Locations
50 Rest homes**



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Introduction

- Malnutrition risk has been shown to be high in residential care facilities.
- Figures suggest 39-61%
- Nutrition status for the less frail residents can be better in a rest home than when they lived in the community, especially on their own.
- The eating environment plays an influential role.

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Focus for today

- Identify key promoters and barriers in the residential care eating environment
- Informed by the results of the study in 4 areas
 - The foodservice
 - The dining room
 - Staff influence and training
 - The residents' views
- How can we respond? – Action plans

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Definition of the eating environment

- Foodservice
 - Good systems
 - Menu and meals to suit residents' needs
- The dining room
 - Ambience, homeliness, comfort
- Staffing
 - Assistance and supervision, well-trained staff
- The residents
 - Feedback and satisfaction

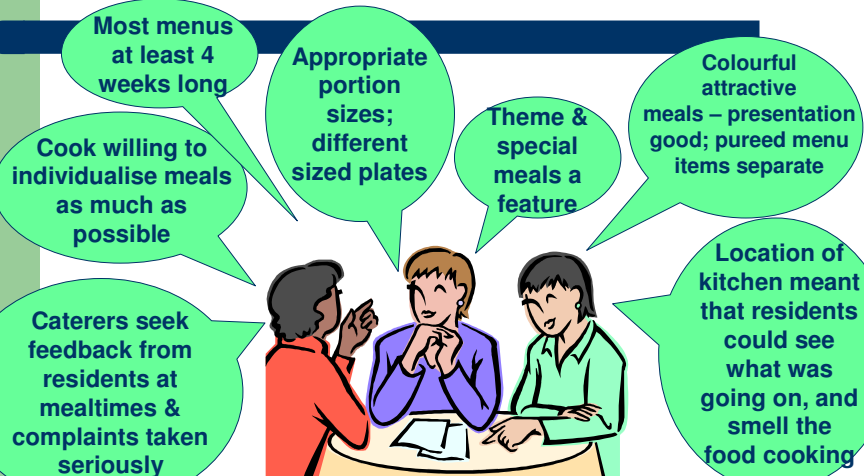
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The literature: Foodservice factors for a positive effect on appetite and eating:

- Appropriate length of menu cycle
- Restrictive diets minimised
- Family style meals
- Serving residents all at the same time
- Self-service to enable greater autonomy
- Choice – residents able to choose food items and quantities
- Buffet style foodservice increases resident choice
- Having food and hot and cold beverages available outside regular meal and snack times

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What we found – foodservice practices – promoters for optimum nutrition



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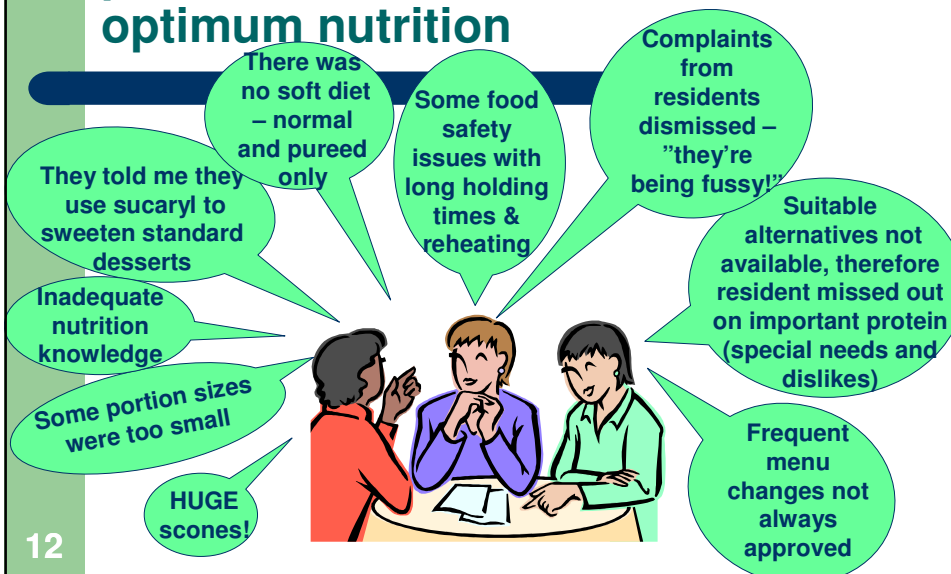
The literature: foodservice system & factors contributing to barriers to optimum nutrition

- Factors such as staffing quality, inadequate assistance and supervision, poor food quality (presentation, temperature), lack of sensitivity to individual needs and preferences and food choices are associated with under-nutrition in rest homes.



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What we found – foodservice practices – some barriers to optimum nutrition



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Action Plan - Foodservice

- Implement seasonal cycle menu – at least 4 weeks long
- Listen to comments from residents
- Make sure there is enough to eat, and offer second helpings
- Ensure that there are alternatives for those who need them
- Allow for some self service – especially gravies, sauces, custards
- Surprise them – plan for theme days, special occasions, fine dining, wine with dinner



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- Ensure special needs are planned for and met – especially for texture modified diets and fortified diets for the frail
 - Milky drinks, milk shakes and smoothies
 - Nutrient dense options
 - Porridge made with milk and added milk powder
 - Vegetables served with sauce
 - Ban the sucaryl, use standard or 'lite blue' milk rather than trim
 - Energy dense options
 - Between meal baking – small and attractive
 - Cream, butter/margarine, chocolate garnishes

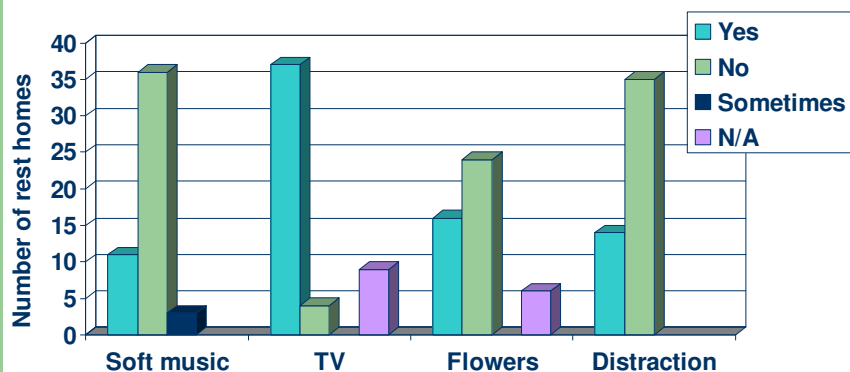
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The literature: Dining Room factors with a positive effect on appetite and eating:

- Minimal visual confusion
- Adequate low glare lighting
- Plants and flowers – in room and on tables
- Limited distractions and noise
- Cleaning outside meal times
- Tablecloths and serviettes
- Porcelain tableware
- Age appropriate background music
- People eating together in a social environment

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The dining environment



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Eating together in the dining room

- All facilities encouraged people to eat in the dining room
- 84.7% (n=1512) ate their midday meal in dining rooms
- 83% (n=1482) ate the evening meal in dining rooms
- In 2 facilities, ~ one-third of residents ate meals in their own rooms
- 27 rest homes had people eating breakfast in the dining room
- Breakfast in the dining room was a feature in 10 facilities (at least 50% residents up for breakfast)

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What we found: dining room promoters for optimum nutrition

The Eden Philosophy promoting active and involved life

One facility had a café where residents, friends and family could socialise

Relaxed & friendly staff who chatted to residents

Relaxed & comfortable dining rooms – especially the smaller ones

Newly refurbished dining room

It was great to hear the menu read out before the meal started

Staff take mealtimes and eating very seriously, and take care to ensure residents receive a meal they enjoy!



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The literature: dining room factors contributing to barriers to optimum nutrition

- Noise
- Blaring televisions, radios, PA systems
- Loud staff conversations
- Visual confusion – loudly patterned carpets and walls/furnishings, glaring light
- Disturbances from other residents

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What we found: some barriers to optimum nutrition – the dining room



Action Plan – The Dining room

- Initiate a protected meal policy
 - Meal times should be free from interruptions by
 - Doctor's visits
 - Hairdresser appointments
 - Disruptive residents
 - Vacuuming, cleaning of the area at meal time
 - Noise from lawn-mowing, dishwashing
- Make sure the dining room is warm and inviting
- Play soft, age appropriate music, rather than TV
- Make sure tables are attractively set with all the tableware required
- Allow residents ample time to eat and enjoy their meals
- Make sure the menu is posted for the day, read it out at the beginning of the meal, and if appropriate, say Grace or karakia

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The literature: Staffing factors for a positive effect on appetite and eating:

- Schedules to enable more staff available at meal times
- Staff attitude and perception
 - unobtrusive assistance
 - helping with opening packages
 - assisting with feeding so resident maintains some dignity
- Positively encouraging
- Handing medications out before the meal – to separate medical care from meals
- Staff training and knowledge affect quality of care

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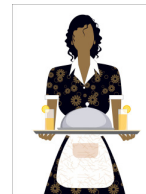
The literature: staffing factors contributing to barriers to optimum nutrition

- Inadequate staffing is a significant contributor to malnutrition and dehydration in the elderly living in residential care
- A 2007 study in the USA found that “in some poorly staffed nursing homes, the level of dehydration and malnutrition was similar to that found in poverty stricken countries”.

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What we found – staffing at mealtimes

- There was always a staff member in the dining room at mealtimes.
- The ratio of staff to residents varied widely
- A small study by Taylor in Christchurch in 2007 found staffing ratios to residents in rest homes was 1:8 – 1: 12



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What we found: Caregiver : resident ratio

- Midday meal
 - Median 1:7
 - Mean 1:6
 - Range 1:2 – 1:13
- Evening meal
 - Median 1:11
 - Mean 1:8
 - Range 1:3 – 1:19
- More staff available over midday meal.



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Staff In-service

- Generally low uptake of training reported
 - Food safety provided in 35 rest homes for cooks, and 36 for caterers
 - Preparation/presentation
 - 7 only rest homes for nurses and caregivers – presentation most common
 - 6 rest homes offered this for cooks and 9 for caterers – with preparation being the most common
 - Management topics – only for 1 cook

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- Nutrition topics covered in

- 14 rest homes for nurses,
- 13 for caregivers,
- 5 for cooks,
- 3 for caterers



- Special diets

- Diabetes the most frequently reported across the staff levels
 - Nurses and caregivers predominate
 - Cooks and caterers much less
- Wound care

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Promoters and Barriers to optimum nutrition in rest homes relating to staff training

- Promoters

- Enhanced staff awareness of nutrition risk associated with ageing.

- Barriers

- Nutrition status not recognised, lack of awareness
- Poor knowledge of nutritional care among staff when inadequate staff training

- Recommendation

- Implement a comprehensive, compulsory staff nutrition in-service programme

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Action Plan – Staffing

- Ensure there are enough staff available at mealtimes to assist residents in a timely manner.
- Chat to the residents, not among each other
- Be observant to the needs of residents, especially those who are less able.
- Don't rush residents over mealtimes – check that they have finished before removing plates, and don't serve second courses until first course is finished

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- Plan for staff in-service or external training on food and nutrition.
- This should be compulsory and regular.
- A dietitian should be involved
- Foodservice, caterers and nursing staff need to understand the nutritional needs of older people and how to adapt the menu and encourage residents to meet these needs
- Refer to Sarah's presentation

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- Smaller appetites – so:
- Protein – higher requirement than other age groups – so need good quality protein at both lunch and dinner most days
 - Protein from meat, fish, poultry, eggs, beans etc
- Calcium – need more than at any other time in life – so encourage at least one milky drink per day, desserts and porridge made with milk, or with a yoghurt or custard accompaniment
- Keep dietary restrictions to a minimum – as these can limit adequate intake – strict diets often contra-indicated in older, frailer people. Check with dietitian.

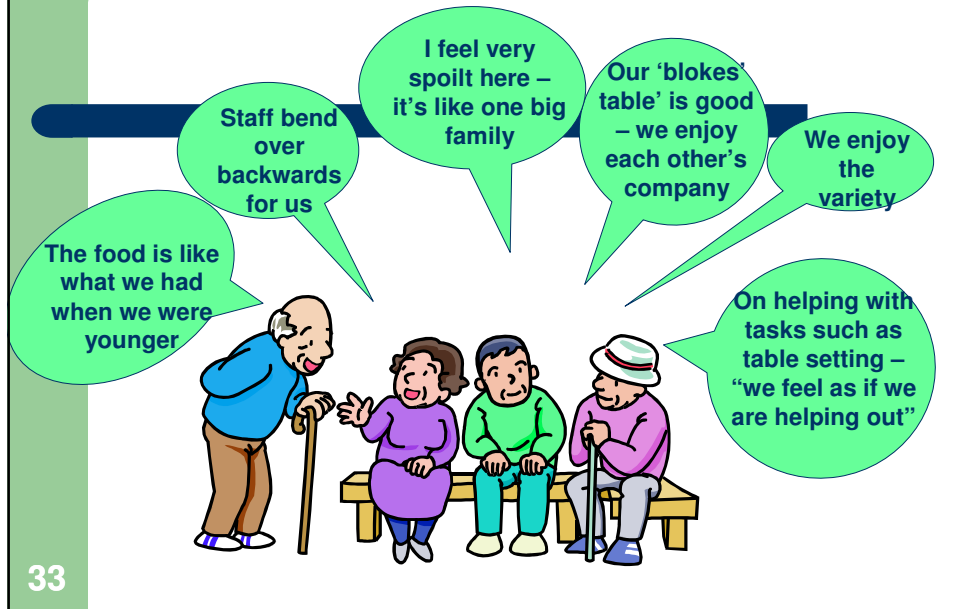
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The literature: Resident Feedback and satisfaction for a positive effect on appetite and eating:

- Residents' opinions taken into account
- Food is served at the correct temperature, and of appropriate quantity, quality and texture for individual needs
- Consider compatibility of table companions – unpleasant eating habits, dementia, disability, unpleasant smells and noise can seriously compromise food intake and mealtime enjoyment

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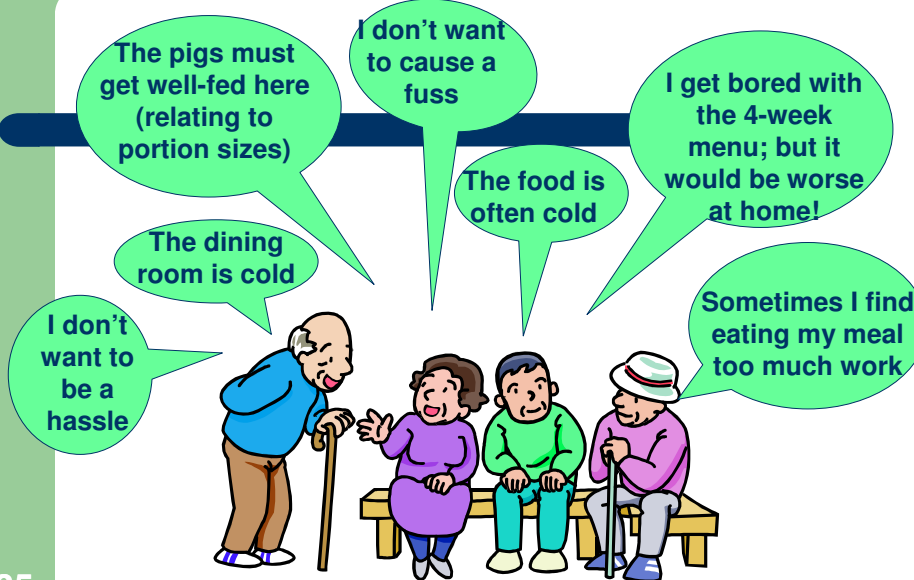
Promoters : what the residents said:



The literature: resident-related factors contributing to barriers to optimum nutrition

- Limited meal times result in increased staff-enhanced dependency, simply because slow eaters cannot finish meals in the time period allocated.
- They are therefore fed, for no other reason than that they are slow.

Barriers : what the residents said:



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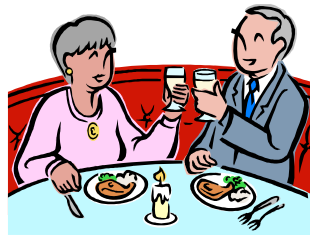
Action Plan – Respecting resident autonomy

- Ask for, listen to and respect feedback
- Understand the culture of the age group – many will not ask for help, so offer it; also offer second helpings
- Ensure food is at the correct temperature, and offer to reheat food for slow eaters
- Don't rush meals – they should be a relaxed and social occasion
- Encourage people to eat in the dining room and accommodate seating requests
- Ensure dignity is maintained

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Achieving optimum nutrition

- Undesirable physiological, psycho-social and environmental factors make the population vulnerable to risk of malnutrition.
- **The total eating environment plays an influential role.**



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Making meals matter : Take Home messages

- Many positive attributes promote optimum nutrition.
- The dining environment encouraged good nutrition
- Major barriers related to issues where people needed help.
- Understand older people's culture of not asking/not complaining
- Develop an enhanced awareness for the 'non-standard resident' – train staff
- Ensure you have access to a dietitian – budget for this!

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Promoters to optimum nutrition relating to Dietitian input



- Menu advice and auditing
- Nutrition assessment and review of residents' specific nutrition needs
- Education of nurses, caregivers and cooks
- Enhanced staff awareness of nutrition risk associated with ageing.
- Assistance with implementation of nutrition policies
- Help with kitchen design and equipment, staffing levels

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Acknowledgement

- Grateful thanks is expressed to the 50 rest homes from throughout the country, for their willingness to be part of this study.



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