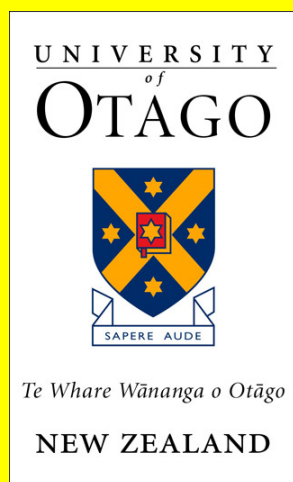


The Dining Environment in Residential Care : Making mealtimes matter

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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

The study protocol

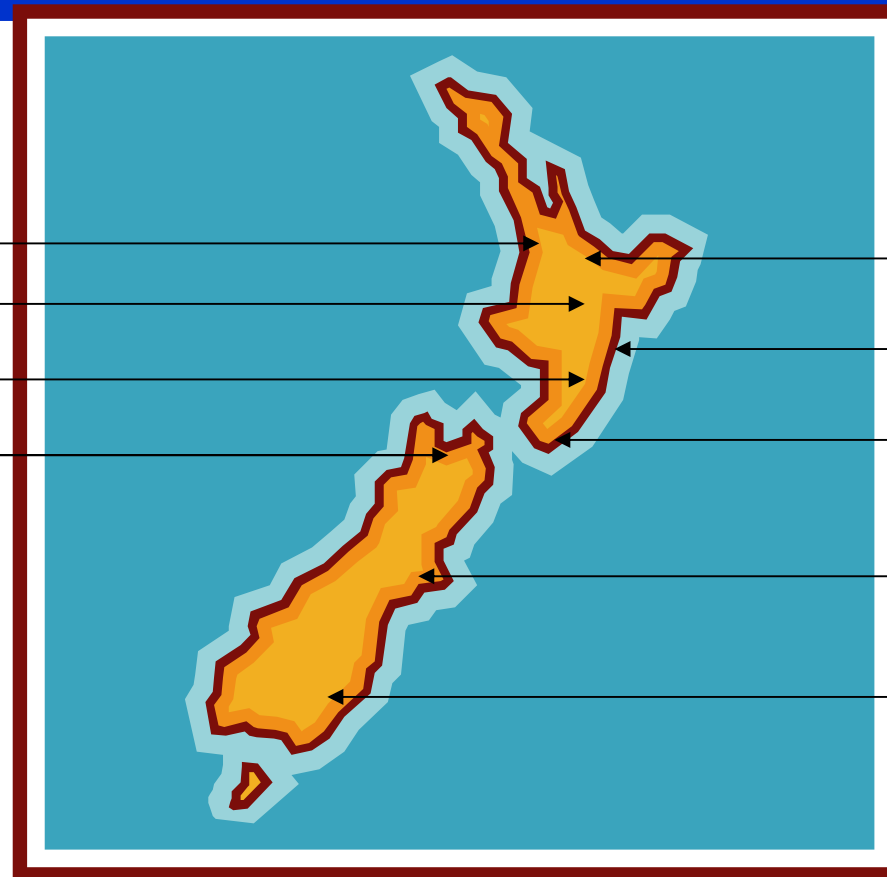
- An **evidence-based questionnaire** for rest home managers, comprising 19 major survey items
- **Observation** of the eating environment
- **Informal discussions** with some residents
- **Ethical approval** was obtained from the Central Regional Ethics Committee

Sample

- A convenience sample of Rest Homes caring for residents assessed as SNL 3 & 4.
- NZRDs provided a list of possible facilities
- 100 approached by mail
- 54 responded positively
- 52 selected
- Two withdrew

Data Collection: 10 Students 9 Locations

Auckland
Hamilton
Palmerston North
Nelson



Tauranga/Bay of Plenty
Hawke's Bay
Greater Wellington
Christchurch
Dunedin/Otago

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 dining room
 - Staffing at mealtimes
 - The foodservice
 - The residents' views

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.

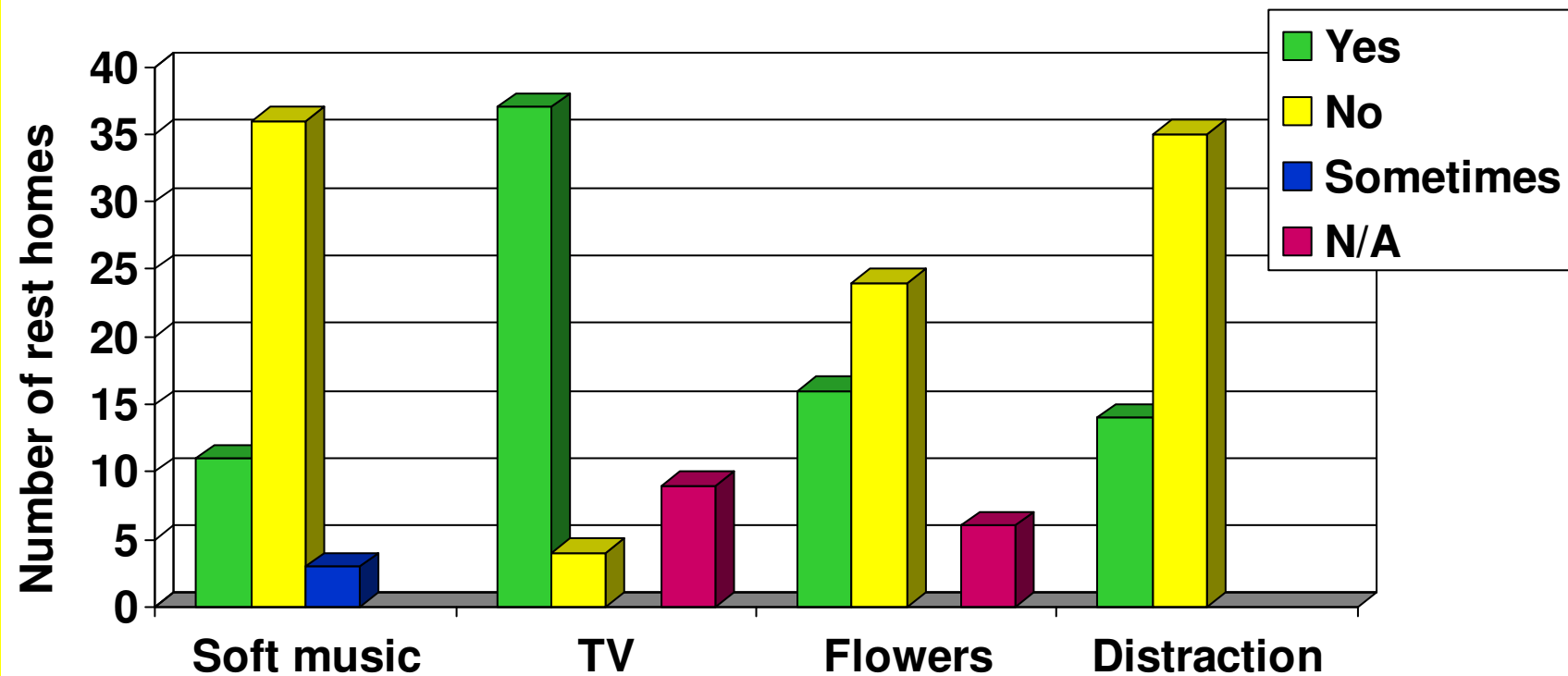
Definition of the eating environment

- The physical facility
 - Ambience
- Staffing
 - Assistance and supervision
- Foodservice
 - Good systems
- The residents
 - Feedback and satisfaction

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

- Minimal visual confusion
- Adequate low glare lighting
- Plants and flowers
- Limited distractions and noise
- Cleaning outside meal times
- Tablecloths and serviettes
- Porcelain tableware
- Unobtrusive floral or other centrepiece
- Age appropriate background music
- People eating together in a social environment

The dining environment



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)

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

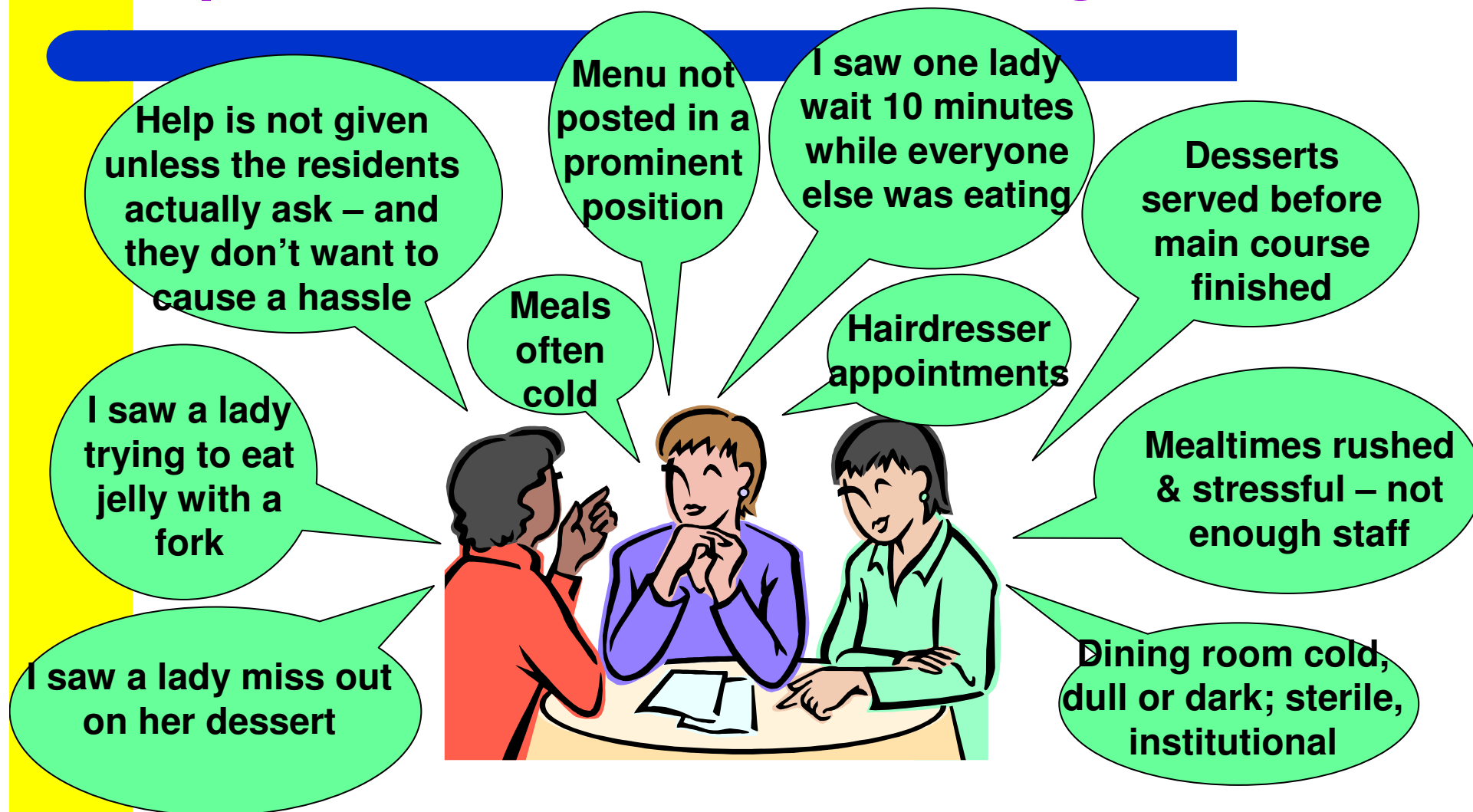
Staff take mealtimes and eating very seriously, and take care to ensure residents receive a meal they enjoy!



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

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



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

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

The literature: staffing factors contributing to barriers to optimum nutrition

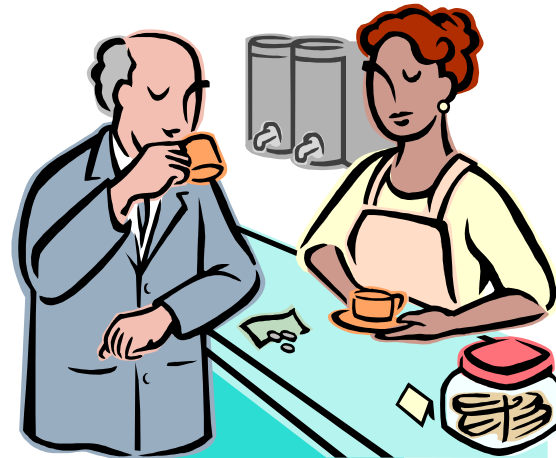
- Inadequate staffing is a significant contributor to malnutrition and dehydration in the elderly living in residential care
- A 2007 study in the USA found that “in some poorly staffed nursing homes, the level of dehydration and malnutrition was similar to that found in poverty stricken countries”.

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

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.



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

- Appropriate length of menu cycle
- Restrictive diets minimised
- Food systems that allow food choice
- 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

What we found – foodservice practices – promoters for optimum nutrition

Most menus
at least 4
weeks long

Cook willing to
individualise meals
as much as
possible

Caterers seek
feedback from
residents at
mealtimes &
complaints taken
seriously

Appropriate
portion
sizes;
different
sized plates

Theme &
special
meals a
feature

Colourful
attractive
meals – presentation
good; pureed menu
items separate

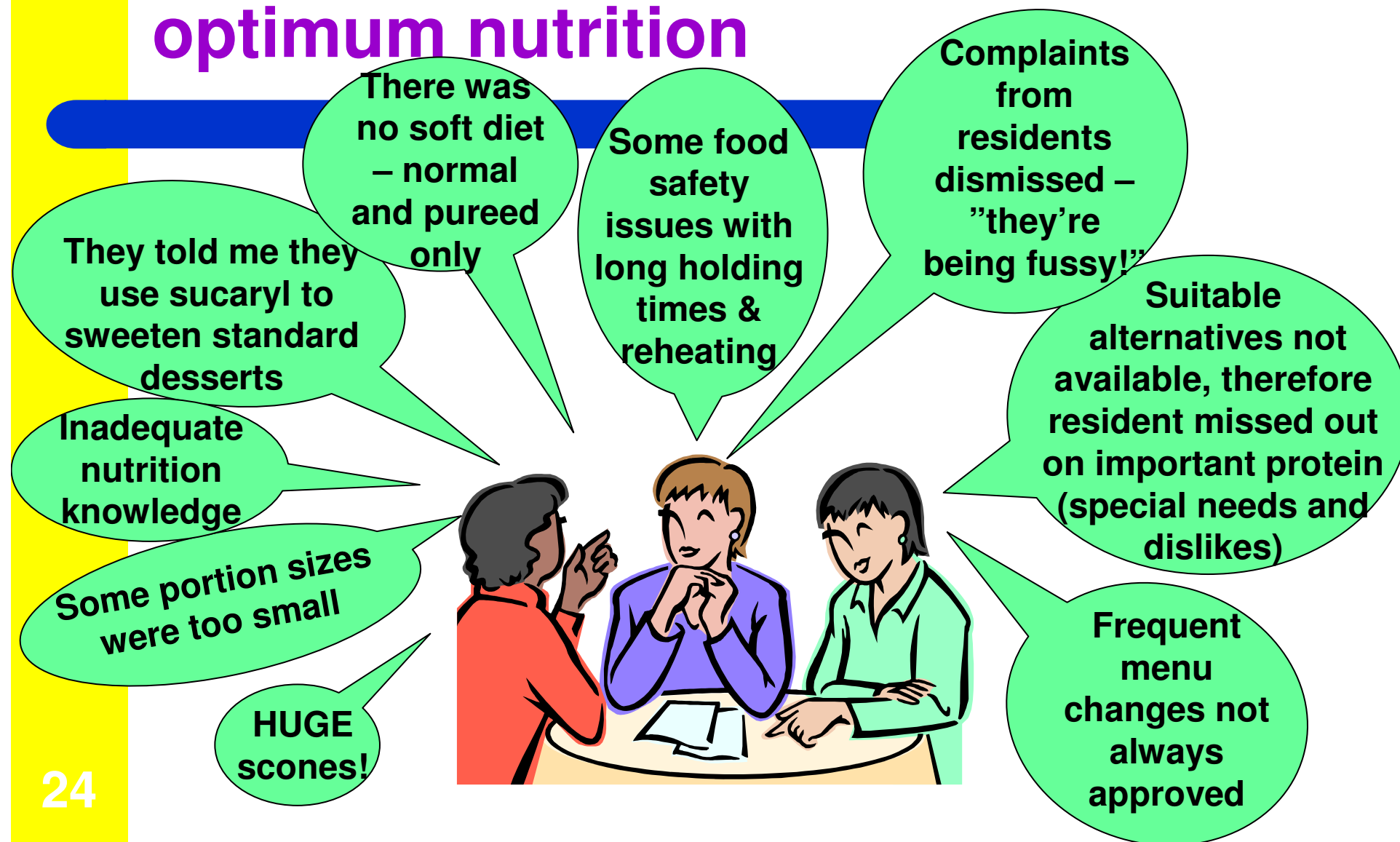
Location of
kitchen meant
that residents
could see
what was
going on, and
smell the
food cooking



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.

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



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

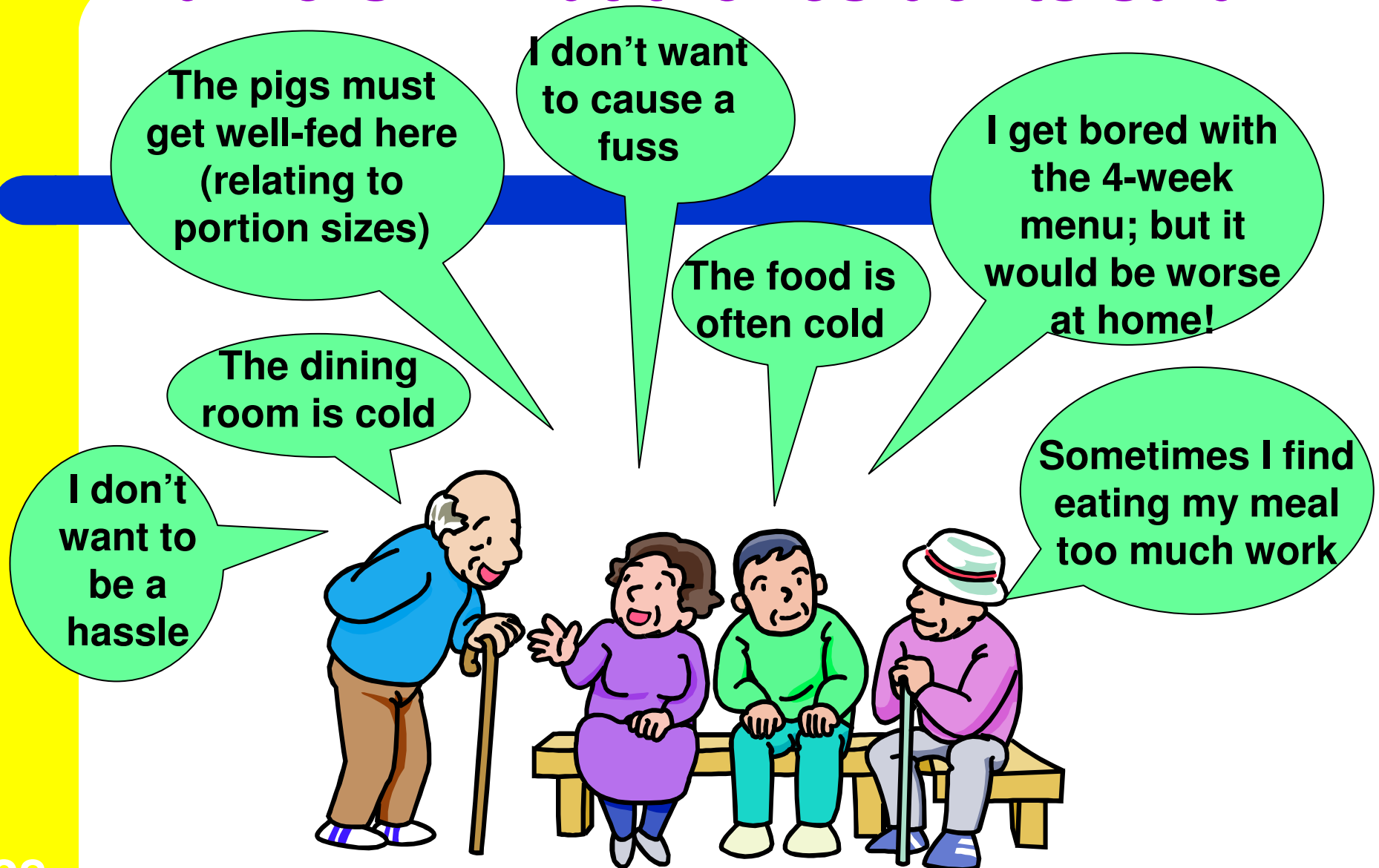
Promoters : what the residents said:



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

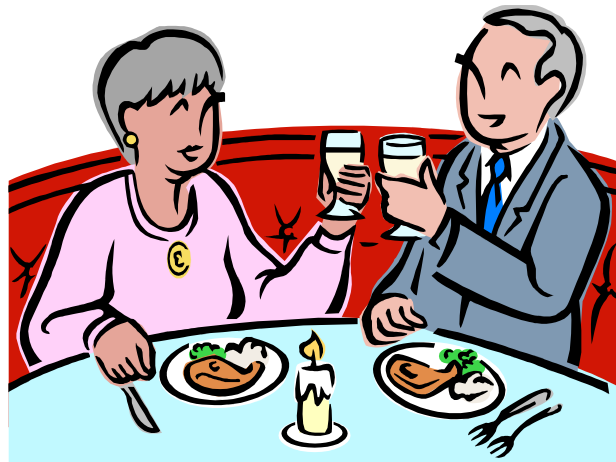
- Limited meal times result in increased staff-enhanced dependency, simply because slow eaters cannot finish meals in the time period allocated.
- They are therefore fed, for no other reason than that they are slow.

Barriers : what the residents said:



Barriers to optimum nutrition

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

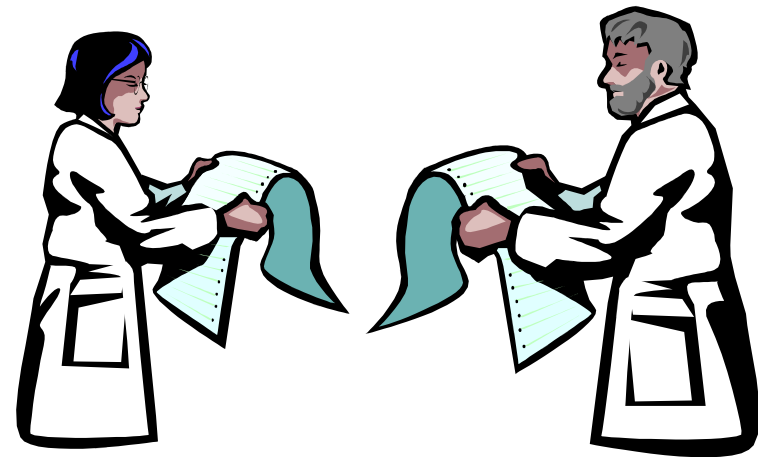


Making meals matter : Take Home messages

- Many positive attributes promote optimum nutrition.
- The dining environment encouraged good nutrition
- Major barriers related to issues where people needed help.
- Develop an enhanced awareness for the 'non-standard resident'
- Understand older people's culture of not asking/not complaining

Limitations

- Inter-personal and intra-personal variation among researchers
- A convenience sample
- Responder bias



Conclusion

- The potential nutrition risk in older people and how this can be managed in rest homes raises challenges
- This presentation has focussed on a segment of the data collected in this observational study.
- Overall, the study has provided a springboard for further investigation, in different levels of care, or in different settings

Acknowledgement

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



Selected References

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