The Dining Environment in Residential Care: Making mealtimes matter

Julian Jensen, MS
Alexandra Chisholm, PhD
Penny Field, MBA
et al

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Student Dietitian Researchers 2008-09

- Emma Bennett
- Lucy Benoît
- Sarah Bosma
- Ashley Calkin
- Julie Hennessy

- Danielle Lingard
- Tracey Little
- Kathryn Loh
- Sarah-Jane Westbrooke
- Caroline Worth
Professional Supervisors

- Sue Benny
- Fiona Boyle
- Sharon Carey
- Vivienne Dykes
- Cathy Khouri
- Sarah Ley
- Annette Nistor
- Alison Pask
- Gaye Philpott
- Robyn Richardson
- Marion van Oeveren
- Frances Wong
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

- Soft music
- TV
- Flowers
- Distraction

Number of rest homes

- Yes
- No
- Sometimes
- N/A
Eating together in the dining room

- All facilities encouraged people to eat in the dining room
- 84.7% (n=1512) are 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

- Help is not given unless the residents actually ask – and they don’t want to cause a hassle
- Menu not posted in a prominent position
- I saw one lady wait 10 minutes while everyone else was eating
- Desserts served before main course finished
- Meals often cold
- Hairdresser appointments
- Mealtimes rushed & stressful – not enough staff
- Dining room cold, dull or dark; sterile, institutional
- I saw a lady trying to eat jelly with a fork
- I saw a lady miss out on her dessert
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

Appropriate portion sizes; different sized plates

Colourful attractive meals – presentation good; pureed menu items separate

Theme & special meals a feature

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

Caterers seek feedback from residents at mealtimes & complaints taken seriously

Cook willing to individualise meals as much as possible

Most menus at least 4 weeks long
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

They told me they use sucaryl to sweeten standard desserts.

Inadequate nutrition knowledge.

Some portion sizes were too small.

There was no soft diet – normal and pureed only.

Some food safety issues with long holding times & reheating.

Complaints from residents dismissed – "they’re being fussy!"

Suitable alternatives not available, therefore resident missed out on important protein (special needs and dislikes).

Frequent menu changes not always approved.

HUGE scones!

Inadequate nutrition knowledge.

Some food safety issues with long holding times & reheating.
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:

- Staff bend over backwards for us
- The food is like what we had when we were younger
- I feel very spoilt here – it’s like one big family
- Our ‘blokes’ table’ is good – we enjoy each other’s company
- We enjoy the variety
- On helping with tasks such as table setting – “we feel as if we are helping out”
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:

- The pigs must get well-fed here (relating to portion sizes)
- I don’t want to cause a fuss
- I get bored with the 4-week menu; but it would be worse at home!
- The food is often cold
- The dining room is cold
- Sometimes I find eating my meal too much work
- I don’t want to be a hassle
- I don’t want to be a hassle
- I don’t want to be a hassle
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.

THANK YOU
Selected References