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What else is needed for good nutrition? The dining environment in residential care

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NZ Nutrition Foundation Seminar: July 21, 2011, Hamilton

Introduction

- All over the world in developed countries, the new disease for older people is not obesity, but the risk of under-nutrition!
- As health care professionals working with this vulnerable population group, we have a responsibility to be alert to people potentially at risk from malnutrition
- The eating environment is central to our attention to this issue
- Over the last few years, we have been studying the NZ situation



ate Diploma in Dietetics

Student Dietitian Research Projects in Residential Care Facilities



- 2009: The eating environment and nutrition risk . promoters and barriers to achieving optimum nutrition in the residential care setting (50 rest homes)
- 2010: (1) Menu modifications for nutritionally at risk rest home residents (28 rest homes)
- 2010: (2) The barriers to nutrition screening in residential care facilities in New Zealand (28 rest homes)
- 2010: (3) Development of a nutrition training programme for foodservice staff in aged care facilities
- 2011: Factors impacting on the achievement of adequate calcium intake in the residential care setting (15 rest homes)

Project Aims (2009)

- **‘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



Project Aims (2011)

- **Factors impacting on the achievement of adequate calcium intake in the residential care setting**
 - . To investigate the potential for menus to meet calcium requirements
 - . To assess the average calcium intake in a sample of rest home residentsqmeals
 - . To assess nursesq caregiversqand caterersq understanding and practices regarding calcium

Focus for today

- Identify key promoters 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 residentsqviews
 - . Case study . Calcium intake
- How can we respond? . Action plans

Definition of the eating environment

- Foodservice
 - . Good systems (case study . calcium intake)
 - . 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

Choice factors: The literature 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



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



Action Plan - Foodservice

- Implement seasonal cycle menu . at least 4 weeks long, and separate winter and summer menus
- 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



Follow-up study – Katherine Olsen

- **2010 Menu modifications for nutritionally at risk rest home residents:**
 - . 28 facilities responded to a survey
 - . 86% provided feeding assistance on a one-to-one basis, mostly by caregivers
 - . 7% cooked food especially for texture-modified diets if the standard menu item was inappropriate for modification; 64% gave thickened fluids according to Speech Therapy prescription
 - . All facilities provided frail residents with some dietary intervention to ensure nutritional needs were met
 - . 89% restricted the diets for those with diabetes . most provided special desserts (79%)
 - . 61% restricted the diets of those with elevated cholesterol

What can we do – action plan:

- 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 blueq milk rather than trim
 - . Energy dense options
 - Between meal baking . small and attractive
 - Cream, butter/margarine, chocolate garnishes



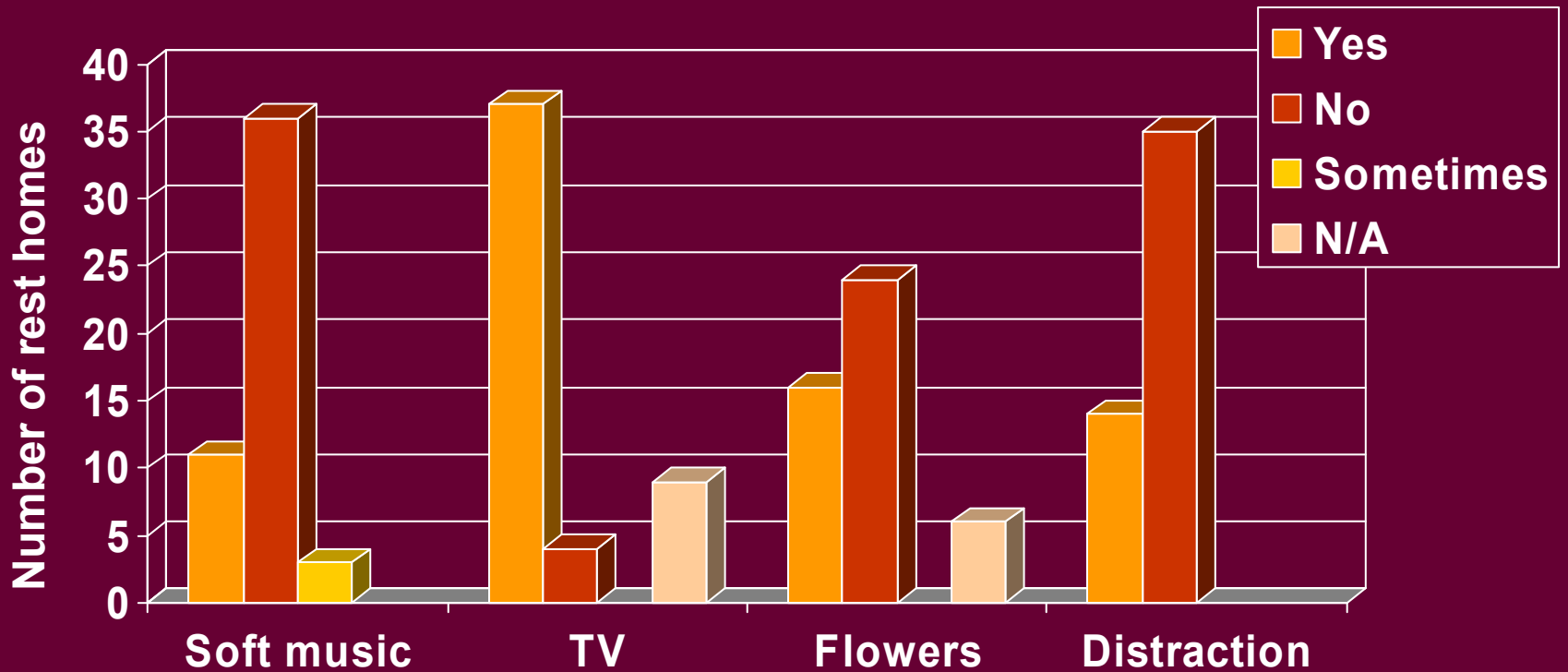
Comment

- Dietary treatment for the frail in Katherine's study sample is in agreement with current research that shows nutritional supplements, food fortification and snacks are key strategies to achieving nutritional needs
- Restricted diets may not be warranted because of potential negative effects on nutritional status and quality of life.
- Restrictive diets for those with diabetes or elevated cholesterol should be reviewed to weigh up the risks versus the benefits for older people.

Room factors: The literature for 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

The main study - 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!



Action Plan – The Dining room

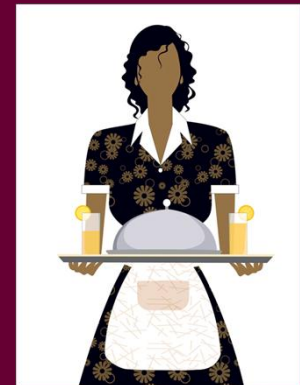
- Initiate a protected meal policy
 - Meal times should be free from interruptions by
 - Doctors visits
 - Hairdresser appointments
 - Disruptive residents
 - Vacuuming, cleaning of the area at meal time
 - Noise from lawn-mowing, dishwashing
- Make sure the dining room is warm and inviting
- Play soft, 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

Staffing factors: The literature 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

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



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.



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

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

- 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



Promoters to optimum nutrition in rest homes relating to staff training

- Promoters
 - . Enhanced staff awareness of nutrition risk associated with ageing.
 - . Recognition of the special nutritional needs of older people and how to meet these.



Action Plan – Staff Training

- 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 Carol's presentation

Feedback and satisfaction: **the literature 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



Residents : what the residents said:

The food is like
what we had
when we were
younger

Staff bend
over
backwards
for us

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”

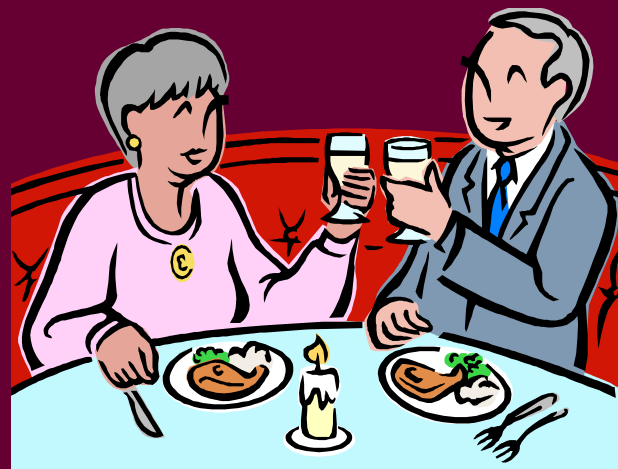


Action Plan – Respecting resident autonomy

- 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

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.**



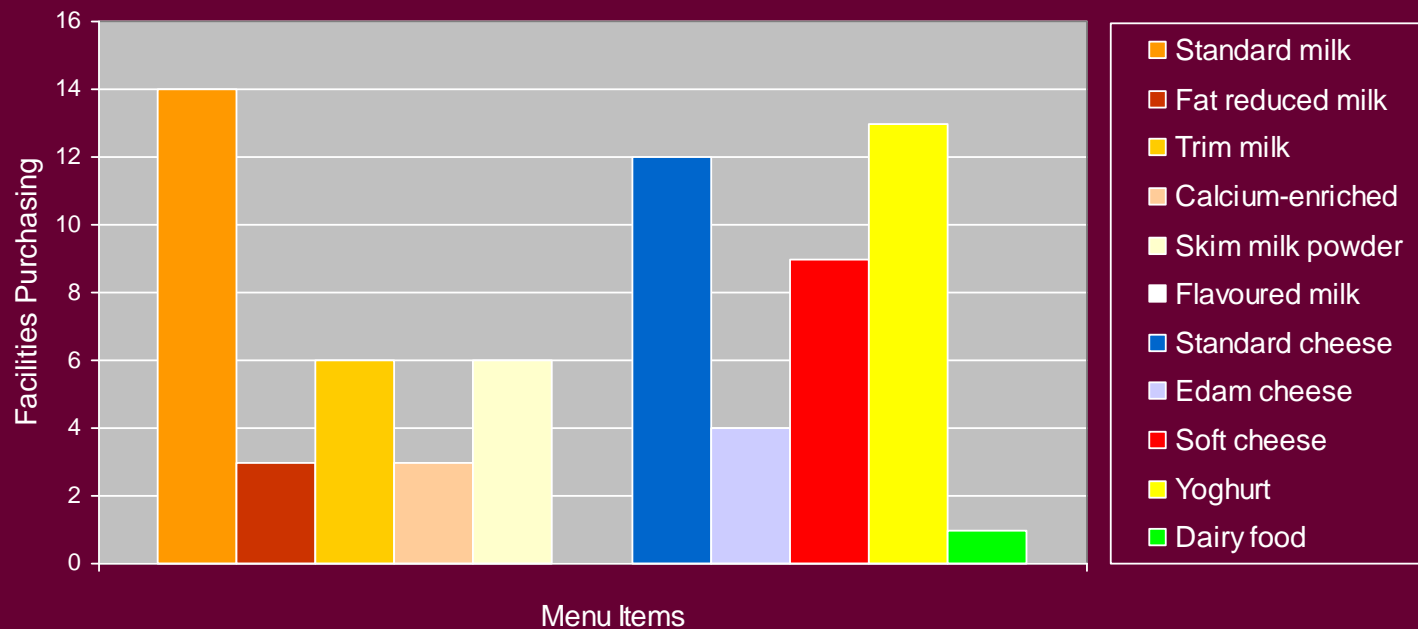
Follow-up study – 2011 student dietitians

- Case study – for environmental issue -
- 2011: Potential calcium intake:
 - . 15 rest homes in 6 locations
 - . 4-pronged study
 - Interview with manager re menu and purchasing practices
 - Menu audit
 - 3-day weighed sample meals - standard and small portions
 - Knowledge quiz for nurses, caregivers and caterers



Results: Purchasing practices

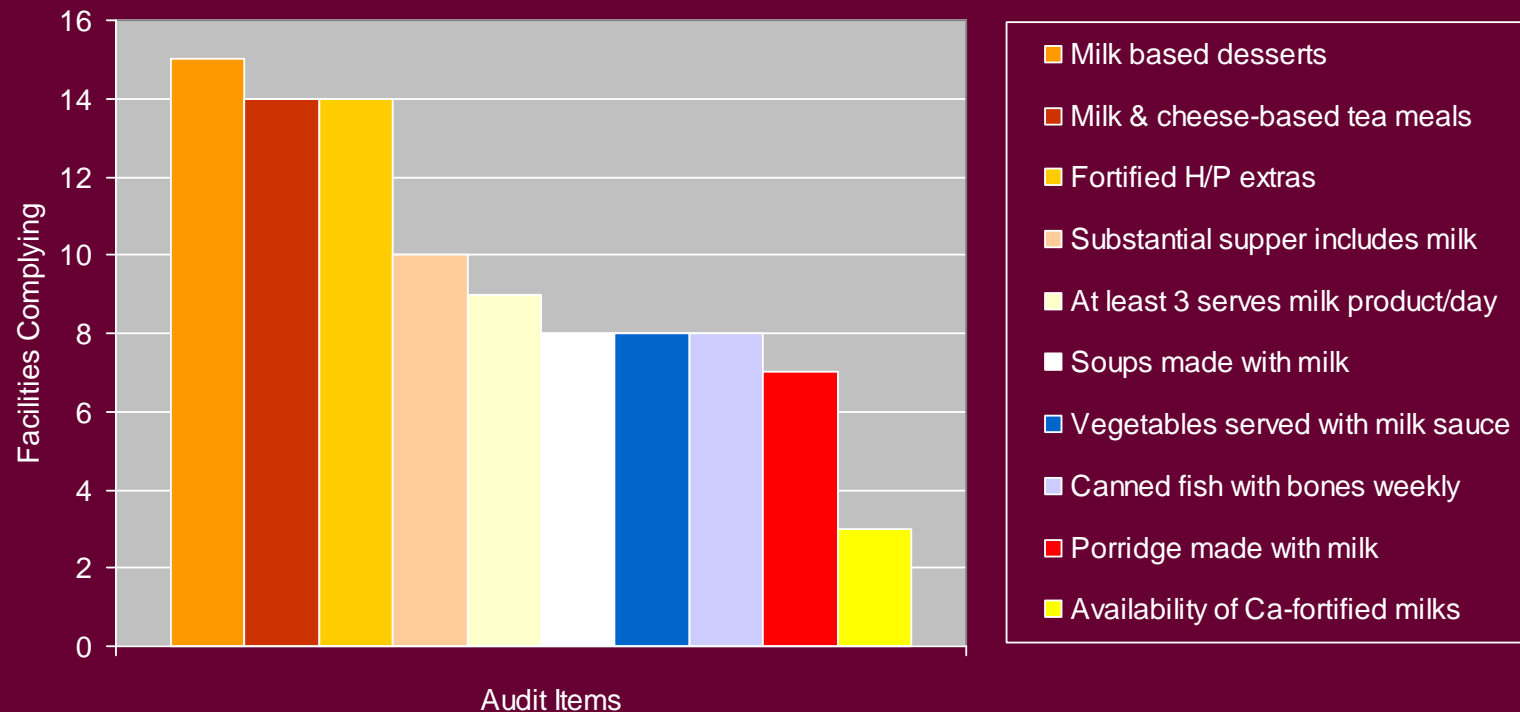
Purchasing Patterns for Milk & Milk Products





Results: Compliance with menu audit

Compliance with Menu Audit Standards



Results: Weighed Meal analysis

- Calcium intake (RDI = 1300 mg)
 - . Standard diet
 - Range 692.2-1323.7 mg
 - Mean 1030.3 mg
 - . Small diet
 - Range 541.5-1027.6 mg
 - Mean 778.6 mg
 - . 9 facilities underestimated potential calcium intake from the menu audit, compared with the weighed standard diet. In 8 of these, the variance was less than 200 mg.

Results – knowledge quiz

- 91 volunteers .
 - . 28 nurses
 - . 39 caregivers
 - . 24 caterers
- Mean scores .
 - . Nurses = 54%,
 - . Caregivers = 50.3%
 - . Caterers = 42%.

Action plan

- Training/in-service education for all levels of staff to enhance awareness and modify practice.
- Need to focus on ensuring practices to enhance calcium intake
 - . Use of calcium enriched milk
 - . Fortify standard milk with 10% milk powder
 - . Ensure milk is used where possible in cooking . e.g. porridge, soups, sauces on vegetables
- Use the poster!

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 residentq. train staff
- Ensure you have access to a dietitian . budget for this!

From the NZ Nutrition Foundation



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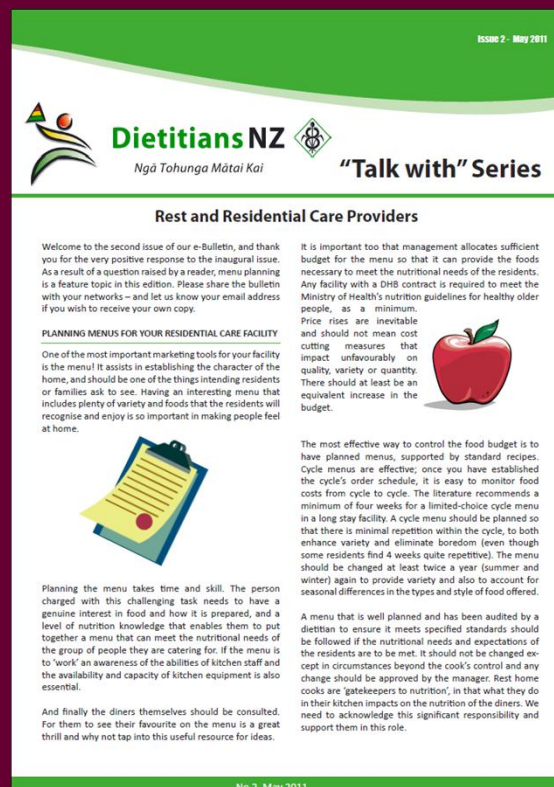
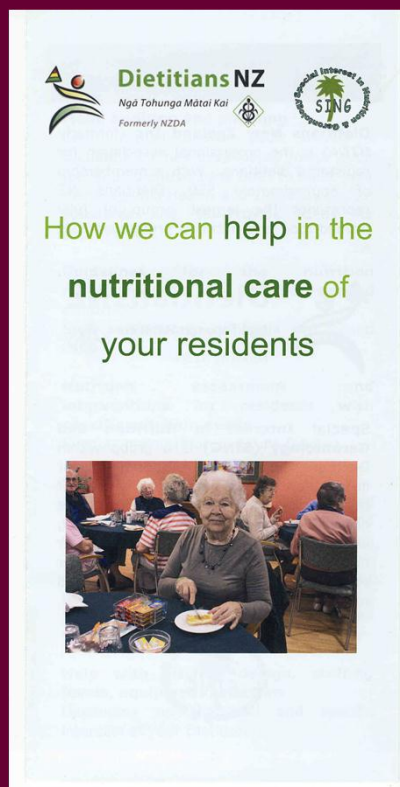
Committee for Healthy Ageing
Bulletin No 6, June 2011

Welcome to the sixth issue of our Bulletin, updating you on issues of importance or topical interest relating to nutrition and physical activity of older people.

Vitamin D – what are they saying about this vitamin and older people?

A headline in a recent issue of The Star read 'Elderly hard-hit by quake'. The article went on to say 31 older people had suffered a broken hip when violently tossed around by the February 22 earthquake. These people required major surgery to repair the injuries at Christchurch Hospital. Surgeon Andrew Vincent reported that repairing broken hips of elderly people was the most common orthopaedic surgery following the disaster.

From Dietitians New Zealand Inc.



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Acknowledgement

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

