

Resident-Centered Food Services - An Essential Part of the Experience

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Food services in long-term care has come a long way, both in quality and taste as well as service and choice. Resident-centered food service is an essential part of the culture change movement in long-term care homes. Simple things to you and I like eating when you want, what you want and where you want have been, up until recently, something foreign to long-term care.

Resident-centered meal service is no longer about serving the food on trays or adding tablecloths.

The Centers for Medicare & Medicaid Services (CMS) have developed survey protocols and interpretive guidelines for personnel conducting surveys in long- term care. These regulations state that the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance. They also state that food is palatable, attractive, and at the proper temperature, and substitutes must be offered of similar nutritive value to residents who refuse food served.

That does not mean there is no room for innovative new ideas.

Person-Centered Care

First let's cover some of the basics of person-centered care.

It is driven by the residents' needs and desires.

Deinstitutionalized is the watch word of the industry.

Staff try to see the world through the eyes of the resident.

Activities are planned around individual interest.

You get the idea. So now apply that to food services. First think about how you eat and some of the common things you are used to and expect. Perhaps harken back to high school.

Then progress through adulthood and the fine dining experiences that you remember. Then apply them to your organization's dining approach.

You can sit wherever you want and with your friends if you prefer.

The kitchen is never closed.

You can choose from a variety of foods, not one set menu take it or leave it.

Presentation goes a long way.

Offer a fine-dining atmosphere by using flowers, playing music. People eat with their eyes so how the food looks influences how it is perceived to taste and how much it is enjoyed. Food should be fresh, colorful, and appetizing. It should be presented beautifully on the plate with colorful garnishes.

Kitchen employees can wear formal kitchen outfits, such as chef's hats, black pants, and chef's double-breasted jackets. Residents order from menus placed at every table as employees take their orders.

Alternately, offer a breakfast, lunch, or dinner buffet.

More Than Three Squares a Day

Three set meals a day, while still standard, are being supplemented by several small meals throughout the day depending on residents' taste and eating habits.

Not everyone can make it to the dining room and some may prefer to eat in their rooms. If so, consider a room-service mentality. Instead of breakfast at 7 a.m., breakfast is made available between 7 a.m. and 10 a.m. Snack carts can roam the halls to satisfy in-between urges. In other words, just like you might eat at home.

Making food available 24 hours a day is a huge step in assuring person-centered care. Some homes build small kitchenettes on each unit and have it stocked with food that residents would want to eat any time of the day such as fresh fruit, vegetables, yogurt, ice cream, cookies, soups, deli meats and bread, and other items can be kept in a small refrigerator that staff, family, and residents have access to throughout the day and night. Have a coffee pot, microwave oven, and cupboards stocked with snacks such as microwave popcorn, chips and pretzels, hot and cold cereals, and pudding and gelatin.

Menu Preparation

Marketing 101 says go to the source when you want to know what someone wants. Start by creating a survey or questionnaire and spend a day or two researching the types of food that the residents want to eat. They may be in the mood for foods that they haven't told anyone about, or their tastes may change. Then going forward create a resident food and dining committee.

Of course note on intake all food preferences, food restrictions, food allergies. But intake isn't the end. A registered dietitian needs to be consulted to assure that the menu is nutritionally

balanced. Input from the cook can help couch expectations of what is reasonable to offer and that is within the operating budget of the home.

Present the menu to residents at their Resident Council or Food Committee meeting and gather feedback. Family Council can weigh in as well. In short, residents' preferences, food acquisition, preparation and the method of production are the factors that influence menu planning.

If you are really playing to resident wishes, consider allowing residents to have the chance to prepare some of their own food, especially if this was something they enjoyed doing when living at home.

Accommodating Personal and Cultural Preferences

In a large Canadian study, nurse managers addressed the challenges of serving diverse populations and offered these suggestions on how to handle food cultural diversity.

Offer a third meal option in order to provide enough variety to meet the needs of all residents.

Look for things in common among the cultures. There are some foods that cut across cultures - rice, pasta, and a staple of the common culture.

Combine the efforts of food service and activity staff to accommodate the cultural needs and preferences of residents.

An Iowa study demonstrated that family-style meal service as opposed to trays delivered to a room, prevented a decline in the quality of life, physical performance and body weight of long-term care residents without dementia. Residents who received family-style meal service consumed more total calories and macronutrients.

But It Starts at the Top

The best dietary ideas may never materialize unless leadership and management buy in and endorse resident-centered food services. Leaders create the context and empower employees to do the right thing. Supplement with a positive attitude and lots of training and education and you will have exceeded employee, resident and family expectations. **And people will talk about that to others.**