

Enhancing Residents' Health and Wellbeing Through Optimal Food, Nutrition and Dining Practices Across the Aged Care Sector

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Overview

- 1 Importance of food, nutrition, and dining for resident health and quality of life.
- 2 Overview of Standard 6: Food and Nutrition from the Strengthened Aged Care Standards.
- 3 Tips for developing food, nutrition, and dining practices and processes that align with Standard 6.
- 4 Examples of best practice and case studies to provide resident-centred food, nutrition, and dining practices.

Why getting food, nutrition, and dining right matters for resident health and quality of life?

Nutrition: Why Is It Important?

Maintaining Health and Wellbeing

Physical health

Mental health

Social wellbeing

FOR EXAMPLE:

Maintaining Strength and Independence

- Muscle mass
- Bone health

Preventing and Reducing Health Risks

- Falls
- Pressure injuries
- Infections

Quality of Life

- Social interactions
- Enjoyment
- Memories!

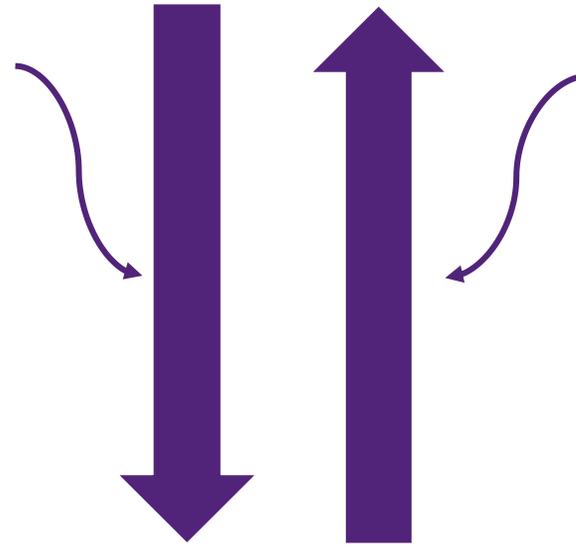
Ageing Makes Nutrition Complex!

*- Changes to
Physiological & Social*



Maintaining Nutritional Status Becomes Tricky

Decreased
appetite &
food intake



Increased risk of nutrient
deficiencies and related
health problems
(therefore, needing to
eat more!)

MALNUTRITION

Beyond nutrition...

...What about food and dining?

What are your preferences?

Do you have a favourite meal?

Do you like to eat at a specific time?

Do you have any mealtime rituals?

Do you have any allergies or intolerances?

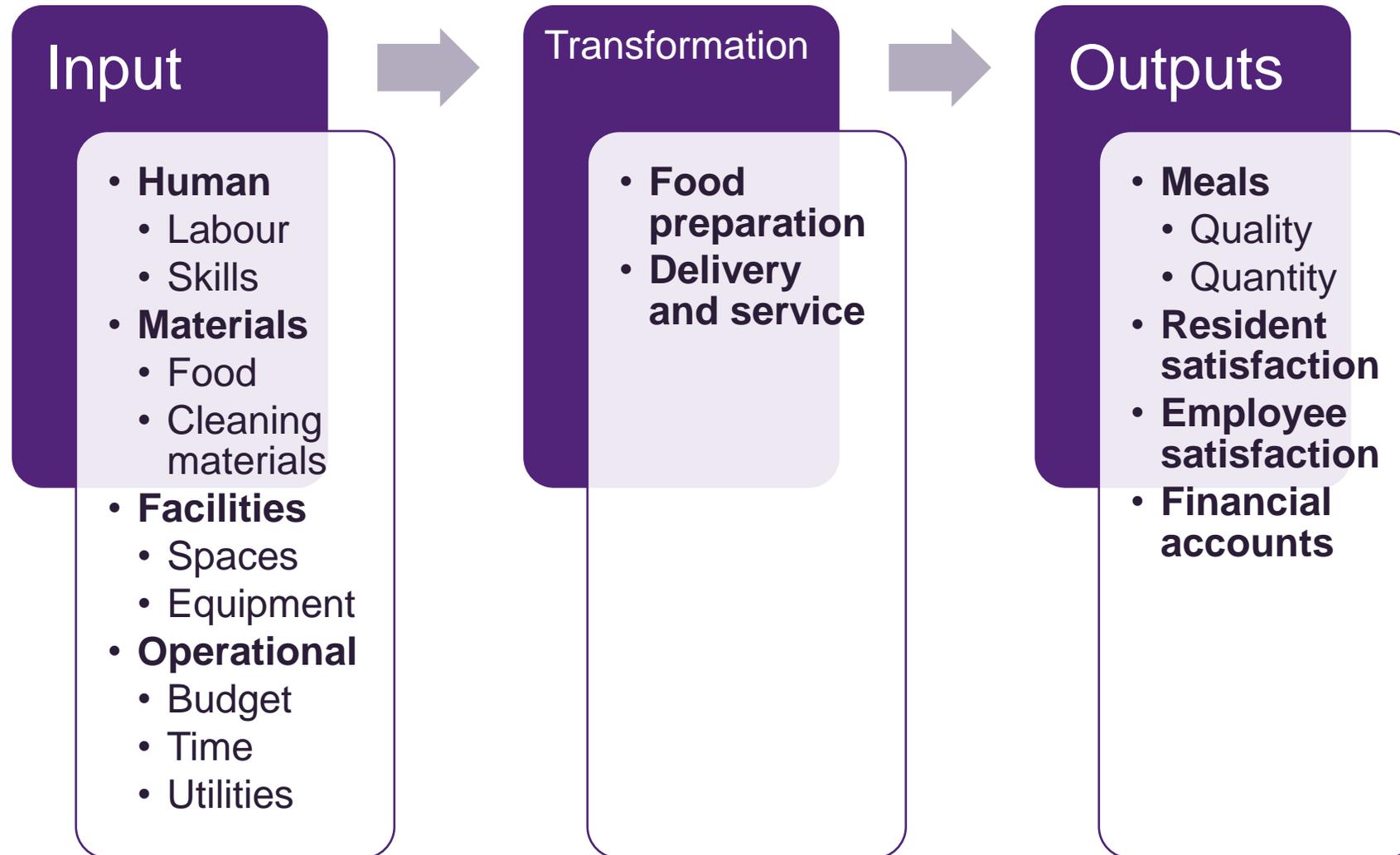
Do you prefer to eat alone or with others?

X 50, 100 or more residents

Food is only nutritious if it is eaten

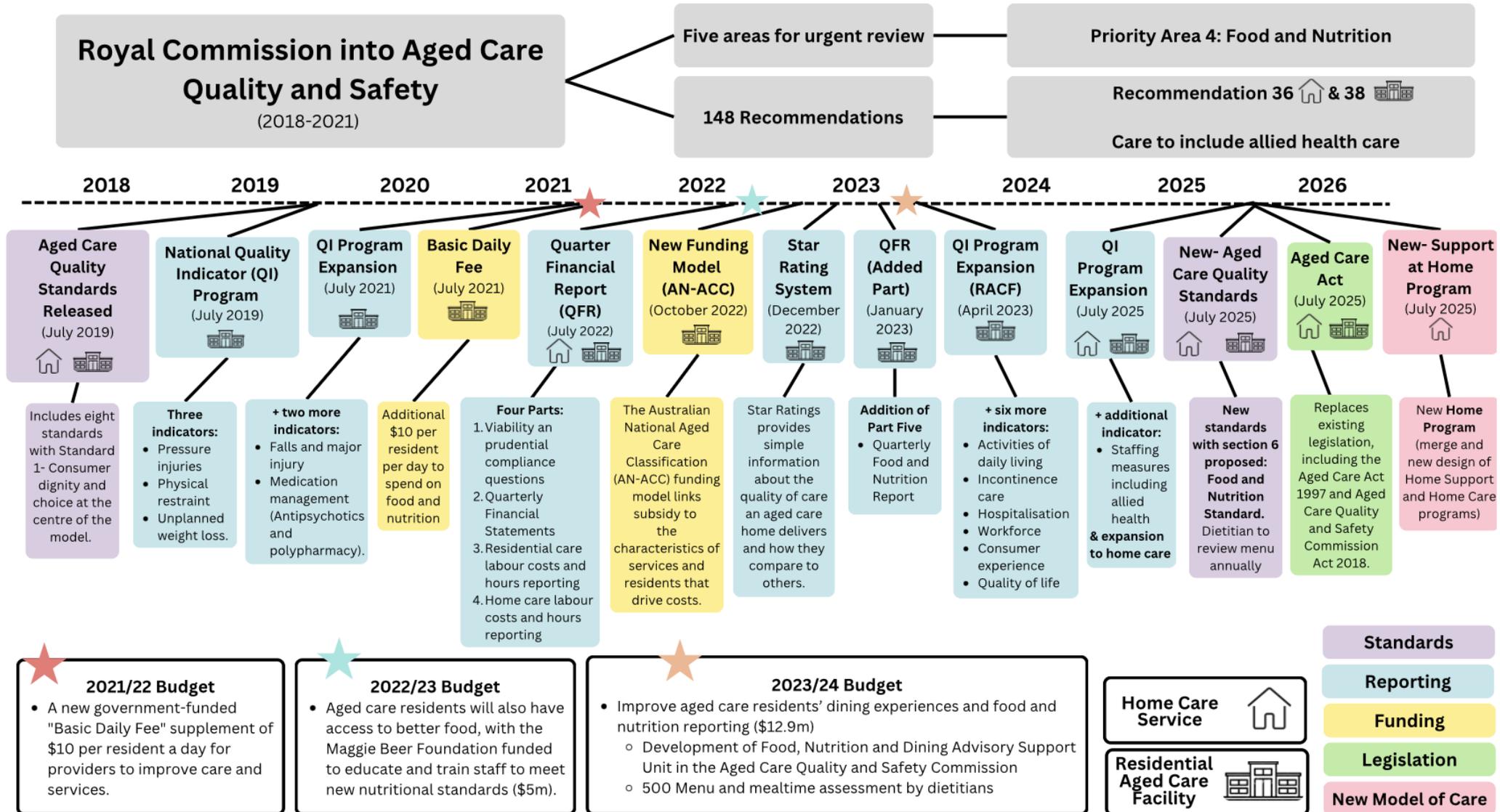
It requires a well-planned and organised systems approach!





It is a complex task!

It is not surprising we have seen a lot of reform!



Developing food, nutrition, and dining practices and processes that align with the Standard 6

Strengthened Aged Care Standards



Strengthened Aged Care Standards



*Residential Aged Care only

Strengthened Aged Care Standards

Standard 6: Food and Nutrition



Standard 6

Outcome 6.1	Outcome 6.2
Partnering with individuals on food and drinks	Assessment of nutritional needs and preferences
Outcome 6.3	Outcome 6.4
Provision of food and drinks	Dining experience

Outcome 6.1

Partnering with individuals on food and drinks

The **provider*** partners with older people to provide a quality food service, which includes appealing and varied food and drinks and an enjoyable **dining experience***.

6.1.1: The provider partners with older people on how to create enjoyable food, drink and dining experience at the service.

6.1.2: The provider implements a system to monitor and continuously improve the food service in response to:

- The satisfaction of older people with the food, drink and the dining experience.
- Older peoples' intake of food and drink to ensure it meets their nutritional needs (including review of identified unplanned weight loss and malnutrition identified in standard 5).
- The impact of food and drink on the health outcomes of older people.
- Contemporary, evidence-based practice regarding food and drink.

Outcome 6.2

Assessment of nutritional needs and preferences

The **provider*** understands the specific nutritional needs of older people and assesses each older person's current needs, abilities, and preferences in relation to what and how they eat and drink.

6.2.1: As part of assessment and planning, the provider assesses and regularly reassesses each older person's nutrition, hydration and dining needs and preferences. The assessment considers:

- The specific nutritional needs of older people, including a focus on protein and calcium rich foods
- The older person's dining needs
- What the older person likes to eat and drink
- When the older person likes to eat and drink
- What makes a positive dining experience for the older person
- Clinical and other physical issues identified that impact the older person's ability to eat and drink.

Outcome 6.3

Provision of food and drinks

Older people receive food and drinks that meet their nutritional needs, are appetising and flavoursome, have variation and choice about what they eat and drink and are able to eat and drink as much as they want.

6.3.1: Menus (including for texture modified diets):

- Are designed in partnership with older people
- Are developed with the input of chefs/cooks and an Accredited Practising Dietitian, including for older people with specialised dietary needs
- Are regularly changed, include variety and enable older people to make choices about what they eat and drink
- Enable older people to meet their nutritional needs
- Are reviewed at least annually through a menu and mealtime assessment by an Accredited Practising Dietitian.

6.3.2: For each meal, older people can exercise choice about what, when, where and how they eat and drink.

6.3.3: Meals, drinks and snacks provided to older people (including where older people have specialised dietary needs or need support to eat):

- Are appetising and flavourful
- Are served at the correct temperature and in an appealing way, including the presentation of texture modified foods using tools, such as moulds
- Are prepared and served safely
- Meet each older person's assessed needs
- Are in accordance with each older person's choice reflect the menu.

6.3.4: Older people are offered and able to access nutritious snacks and drinks (including water) at all times.

Outcome 6.4

Dining experience

Older people are supported to eat and drink. The **dining experience*** meets the needs and preferences of older people to support social engagement, function, and **quality of life***.

6.4.1: The provider supports older people to eat and drink, including by:

- Making sufficient workers available to support older people to eat and drink
- Prompting and encouraging older people to eat and drink
- Identifying older people who require support to safely eat or drink
- Physically supporting older people who require support to safely eat and drink as much as they want, at their preferred place.

6.4.2: The dining environment supports reablement, social engagement and a sense of belonging and enjoyment.

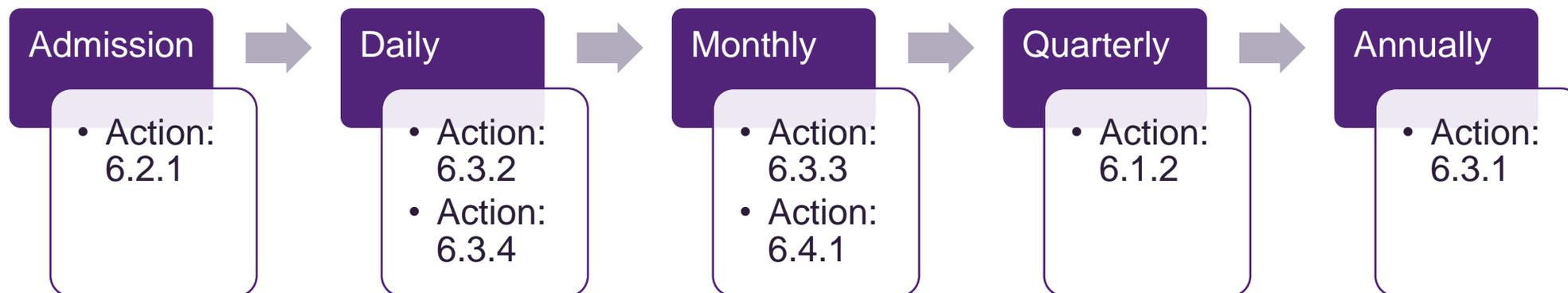
6.4.3: There are opportunities for older people to share food and drinks with their visitors.

Tip 1!

Embed within usual resident care & practices

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Partnering with individuals on food and drinks	Assessment of nutritional needs and preferences
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Provision of food and drinks	Dining experience

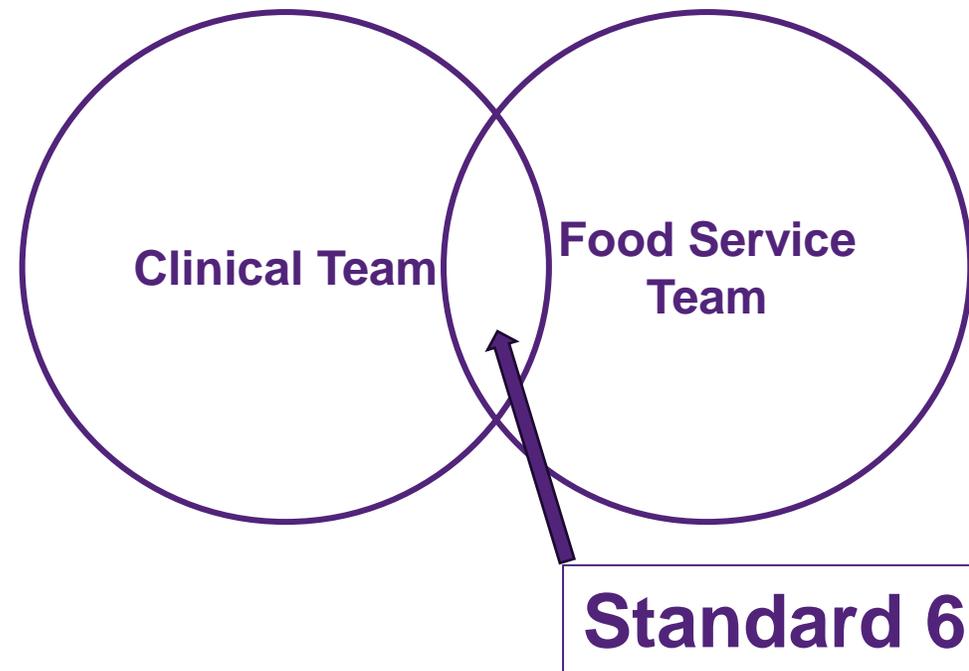
Examples:



Tip 2!

Clinical & Food Service Teams

Outcome 6.1	Outcome 6.2
Partnering with individuals on food and drinks	Assessment of nutritional needs and preferences
Outcome 6.3	Outcome 6.4
Provision of food and drinks	Dining experience



?Monthly meetings?

Tip 3!

Recruit the experts!

Dietitian Role



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Tip 4!

Food Service Annual Process

Outcome 6.1	Outcome 6.2
Partnering with individuals on food and drinks	Assessment of nutritional needs and preferences
Outcome 6.3	Outcome 6.4
Provision of food and drinks	Dining experience



Recommendations + Action Plan



Menu and Mealtime Assessment

Tip 5!

Nutrition Champion/s

Outcome 6.1	Outcome 6.2
Partnering with individuals on food and drinks	Assessment of nutritional needs and preferences
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Provision of food and drinks	Dining experience



Support at Home



? Support at Home
equivalent ?

Meal obligation for home and community respite settings

We are developing new requirements for providers delivering meals to older people at home and in the community. This meal obligation aims to make sure meals are:

- Nutritious
- Appetising
- Support the needs and preferences of older people.

The new requirements will start on 1 July 2025, following consultation. We will publish guidance and resources to help providers get ready.

Support at Home



Food and Nutrition for Support at Home?

- Older adult screening- Standard 5.5 (Malnutrition) + Food intake etc.
- Training of carers:
 - Food preparation
 - Food shopping or pre-prepared meal ordering

? Support at Home equivalent ?

Examples of best practice and case studies to provide resident-centred food, nutrition, and dining practices

Dietitian as a member of the team

If resident has lost weight, it is already late!



Dietitian time

Improved nutrition
status, higher protein
intake, greater meal
satisfaction & better
QoL

Better resident
outcomes

QI improvements?

1. Keller HH, Gibbs AJ, Boudreau LD, Goy RE, Pattillo MS, Brown HM. Prevention of weight loss in dementia with comprehensive nutritional treatment. *J Am Geriatr Soc.* 2003; **51**(7): 945-952. doi:[10.1046/j.1365-2389.2003.51307.x](https://doi.org/10.1046/j.1365-2389.2003.51307.x)
2. Keller HH, Carrier N, Slaughter SE, et al. Prevalence and determinants of poor food intake of residents living in long-term care. *J Am Med Dir Assoc.* 2017; **18**(11): 941-947. doi:[10.1177/0733464816688309](https://doi.org/10.1177/0733464816688309)
3. Smith KM, Thomas KS, Johnson S, Meng H, Hyer K. Dietary service staffing impact nutritional quality in nursing homes. *J Appl Gerontol.* 2019; **38**(5): 639-655. doi:[10.1016/j.jamda.2017.05.003](https://doi.org/10.1016/j.jamda.2017.05.003)
4. Skinnars Josefsson M, Nydahl M, Persson I, Mattsson SY. Quality indicators of nutritional care practice in elderly care. *J Nutr Health Aging.* 2017; **21**(9): 1057-1064. doi:[10.1007/s12603-017-0970-8](https://doi.org/10.1007/s12603-017-0970-8)
5. Beck AM, Christensen A, Hansen BS, Damsbo-Svendsen S, Kreinfeldt Skovgaard Møller T. Multidisciplinary nutritional support for undernutrition in nursing home and home-care: a cluster randomized controlled trial. *Nutrition.* 2016; **32**(2): 199-205. doi:[10.1016/j.nut.2015.08.009](https://doi.org/10.1016/j.nut.2015.08.009)

Dining Room Refresh

Simple changes can make a big difference!

- Lighting
- Temperature
- Atmosphere/Noise/
Music
- Furniture
- Smell?- food
- Decorations
- Resident pairing!



Changing Food Delivery and Service Model?



What do your residents want?

More examples!



<https://www.agedcarequality.gov.au/providers/food-nutrition-dining-information-providers/food-thought-positive-stories>

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