

Maggie Beer's BIG MISSION

BUFFET STYLE DINING

In addition to being an important time for nutrition and hydration, mealtimes provide a wonderful opportunity for older adults to make choices and use their abilities. Read more to learn about how buffet style dining provides many benefits for older adults living in residential care, and how the breakfast buffet was created in the experiment.

In this worksheet we learn;

- ✓ What "buffet style" dining is
- ✓ Four key reasons for offering buffet style meals
- ✓ Steps to implementing a buffet within residential care
- ✓ Buffet logistics including time and cost



What is meant by "buffet style" dining?

Buffet style dining means that the food and drinks are on display for people to choose from. This style of dining can be done in lots of different ways in residential care, e.g.

- ✓ Making up platters of food for residents to choose from
- ✓ Creating a snack station / snack fridge that residents can access throughout the day
- ✓ Serving meals from a bain-marie
- ✓ Serving meals from a silver service trolley
- ✓ Serving drinks or dessert from a trolley
- ✓ Use of a salad or sandwich bar
- ✓ Creating hot or cold drink stations
- ✓ Installing filtered water taps
- ✓ Special morning teas where residents make their own hot drinks and assist with their food (e.g. adding jam and cream to their scones)



Why are buffet style meals preferred?

Often people who live in residential care are expected to choose what they want to eat a long time before the meal actually occurs (like the previous week), so they may forget what they ordered, or they may change their mind on the day depending on how they are feeling, the weather, or what other people are eating.

Often staff come to expect what the older adult generally wants, so they start serving it to them without asking. Offering buffet style meals can help to overcome these practices, which are somewhat institutional.

The key reasons for offering buffet style dining are to:

1. Foster resident choice and decision making

Residents can select what they want, how much they want, the order they want, if they want second helpings, etc

2. Maintain resident abilities and level of independence

In addition to making choices, residents are planning their movement, sequencing the order they will eat, pouring out the items, etc. All of these tasks provide an opportunity for physical and mental stimulation.



Which style is best for my residents?

There are two ways of offering buffet style dining:

• Self-select

Means that the food and drink options are displayed and labelled, so that the older adult is able to view and select what they want, by naming it or pointing to it. The food or drink is generally served by staff.

• Self-serve

Means that as well as selecting the food, the older adult can also serve it themselves. The style of dining that is right for your residents depends on their level of ability. Most residents are able to look and choose what they would like to eat and drink.



3. Support people living with memory loss

Often people with cognitive impairments such as dementia need a visual cue of being able to see the food or drink to help them decide what to choose. Having a buffet means that they do not have to rely as much on their memory, which is often declining.

4. Foster a sense of community

When there is a buffet, residents are able to help themselves as well as helping others. Residents will often go up to the buffet to make toast for their tablemates, or to make a round of hot drinks. This helps to promote conversations and to build a sense of community.

However, many residents will have difficulty serving themselves due to changes to their hand function, balance and mobility, so still need some level of assistance from staff.

Ideally, we want a buffet to be set up so that both of these styles can be accommodated, e.g. those who can serve themselves can, and those who need help from staff receive the assistance they require.



What we did for MAGGIE BEER'S BIG MISSION



Description of the Breakfast Buffet Implementation at Meath Care.

During the experiment, we transitioned to buffet style breakfast. Whilst this may sound easy, it is very complex, and required many steps and the expertise of many people. **The steps included.**

Step	Description
Training of staff	All levels of staff were trained in buffets including the reason for the buffet, how the buffet will operate, how to cater for residents with dementia, etc. This was a crucial step in getting the staff on board and ensuring that they were enthusiastic and knowledgeable about the changes, especially as it meant disrupting long-held routines and ways of working.
Information sessions for resident and families	Residents and families were invited to an information session to learn about the buffet and to provide their ideas and feedback. Residents were also interviewed using a "Food Thoughts" survey to capture their mealtime preferences. Residents and families received letters and updates in the Centre Newsletter throughout the process.
Evaluation	Comprehensive baselines were collected and analysed and reported on by the University of Tasmania. This included clinical indicators, audits, and interviews with staff and residents. These measures were repeated at 3 and 6 months.
Splitting of the dining room	The initial dining room seated 44 residents, so was noisy, busy and crowded. We identified another space that had been designed as a dining room in the original building plans, but was being used as an activity room. We relocated the activity room to the staff training room, and split the dining room across two rooms, each accommodating up to 22 residents. These were renamed after birds native to the region - Willy Wagtail (green theme) and Blue Wren (blue theme).
Interior design	We engaged an architect to enhance the dining spaces using new lights, paint, panelling, curtains, and art work. These renovations meant that residents had to move out of the initial dining room for a couple of weeks, which was a bit disruptive. Whilst the satellite kitchens would have also benefitted from a makeover, the timeframe and budget exceeded what we had available in the experiment, and may be considered as capital works at a later stage.
Equipment	We purchased equipment such as tablecloths, serviettes, vases, toasters, dishwasher, crockpots, air pots (for hot water), cannisters and containers, platters, bowls, ice bricks, linen basket, tongs and other serving implements. We also purchased new crockery, glassware and cutlery as these needed to be updated. Cupboards were cleaned and organised. Consideration needs to be given to how to keep the food at the right temperature. In our experiment, we used plastic trays with plastic ice cubes to display the cold items such as yoghurt and fruit. We used the existing bain-marie in each dining room, alternatively portable heating devices can be purchased, or if budget permits, under bench heating can be installed.
Layout	Having two dining rooms meant that there was much more room to set up the buffets. We bought large white cabinets to use as our buffet. After trialling various layouts, they were eventually positioned along one wall as well as in an island (using back-to-back cabinets to maximise storage). This set up enabled easy access for residents, as well as a back access for staff to be able to quickly prepare trays for those who chose in-room dining.



Menu Board	<p>A large smart TV replaced the whiteboard to display the menu. The menu was created in PowerPoint with one slide per meal to enable the font to be as large as possible, with good contrast between the font and background.</p>
Countdown	<p>There was a countdown displayed outside the dining room to build excitement and to ensure everyone knew when the grand buffet opening would occur.</p>
Opening Times	<p>The buffet breakfast opening times were set as 7.45am to 9.00am. This enabled a long enough opening time for early and late risers. Residents who preferred a later breakfast were still able to receive in-room dining after 9.00am.</p>
Launch	<p>The opening date of the two new dining areas was staggered. Management was invited to attend each launch to dine with the residents.</p>
Host	<p>A care partner "Host" for each dining room was delegated on each shift. This care partner was identifiable to all residents and staff by wearing a brightly coloured apron. The role of the host was to set up the buffet, maintain food safety requirements, restock the buffet, have an awareness of the resident dietary needs and preferences, ensure that all residents had eaten using a tick chart, and to provide leadership and guidance to the other staff. It is recommended that the hosts are experienced staff who know the residents, with leadership qualities who staff will listen to and seek advice from.</p>
On the Floor Mentoring	<p>Maggie and her team of experts worked on the floor during the transition to support the care staff and residents with the new way of working. This included troubleshooting any issues they were experiencing. Staff were kept well informed using written communication as well as staff meetings.</p>
Resident Feedback	<p>Residents were actively consulted at all stages of the buffet implementation, particularly when it came to the new menu items. When new dishes were trialled, small sample pots were given to all residents with their feedback captured on feedback forms and sent to the kitchen. Many of the recipes needed to be tweaked to suit the residents' tastes.</p>
Temperature Control	<p>Feedback from residents indicated that the hot food was not served at the correct temperature. Significant changes were made, such as the trial and purchase of heated trolleys.</p>
Allied Health Input	<p>Dysphagia reviews took place with the Speech Pathologist, who also helped us to put together a booklet with the IDDSI information for each food item on the buffet. The residents' dietary needs and preferences were stored in a file in the dining room. We added a column to indicate if they had been assessed as safe to eat toast / bread due to the choking hazard. The Occupational Therapist reviewed the seating and adaptive equipment requirements of relevant residents.</p>
Review of Documents, Role Descriptions, Procedures	<p>Throughout the implementation, many documents needed to be updated, such as the pantry list and position descriptions. A buffet manual was created with photos of the correct buffet set up.</p>
Formation of "Helping Hands" group	<p>With the assistance of the lifestyle team, we formed a resident "helping hands" group, where residents helped with various chores relating to the buffet including restocking items and resetting the tables (refer to video: Meaningful Activities)</p>



How did the residents and staff respond to the buffet?

The response to the buffet was positive. The residents who were able to access the buffet themselves reported that they enjoyed “being able to go up when they were ready” and that they “could get what they want”.

Many residents commented that they were served “quicker than they were before”. Staff reported that it was “easier for the staff and easier for the residents”.

The hardest part for staff was to get the buffet set up in 30min ready for opening time at 7.45 am (e.g. care staff commenced at 7 am, then attended handover, then the carer allocated as the host started setting up). Our next step will be to see how evening or night staff could assist with some of the set up to prevent this rush.

Watch episode 3 on ABC iview to see the residents’ reactions to the introduction of a breakfast buffet.



Is buffet style more work for the staff?



There are many steps involved with establishing the buffet, so the initial stages take time and consideration.

There will be an ongoing set-up and pack-up time of the buffet, ideally designated to a small number of staff, as it becomes quicker with practice. During the implementation, staff need to receive mentoring and support from the leadership team.

However, once the residents and the staff are familiar with the buffet, it can actually save care staff time, as the residents who can serve themselves can do so, resulting in staff having more time to assist those who require it.

An ongoing requirement is to ensure new staff and agency staff are correctly orientated to the way the buffet operates.



How long did the implementation of the buffet take?

Planning for the breakfast buffet took place over 3 months. The first buffet opened, followed by the second buffet 2 weeks later. Staff were mentored for a period of 3 months on a part-time basis during implementation to trouble shoot any issues and to ensure all staff understood how to set up the buffet and ways to maximise resident choice and involvement.

How much does implementing a buffet cost?

A buffet can be trialled relatively cheaply, as many of the items will already be available on site.

Costs to consider include:

✓ Food costs

Due to the additional choices offered, there will be some additional food costs. It is important to only display small amounts of each food and to top them up as required, as it will need to be discarded after service. Also, wastage needs to be monitored to understand residents' preferences and to get the levels right.

✓ Environmental changes

The buffet and dining room needs to look enticing. Tablecloths, serviettes and flowers can freshen up a space relatively cheaply. We often used trestle tables covered in tablecloths as our buffet display tables during the initial trial, as this meant we could test them in different positions, and could get a feel for the required surface area. Later these could be replaced by pre-made cabinets or even built in cabinetry, depending on budget. Devices to keep the food at the correct temperature are required.

✓ Training

Training of staff can be costly, but is essential.



What about the other meals?

During the experiment, our key focus was on setting up the buffet breakfast, to teach the site how it was done, so they could roll it out to other floors and the other meals.

Small changes to the other meals commenced, such as some residents being invited to view and select their lunch and dinner from the bain-marie. As many of the residents eat their morning and afternoon tea together in the activity room, it is hoped that the next step will be to offer this more of a buffet style, rather than trolley service. A buffet style morning tea can be offered relatively easily – it may be the best starting point.



What about the residents requiring texture modification or special diets?

It is important that the menu caters for residents on all diet levels, and that they are still offered a choice.

The buffet must always be supervised to ensure that residents comply with their dietary requirements (including allergies). We found that often it was the residents on modified diets who could not access the buffet on their own (often due to their reduced mobility) so the staff would either bring them up to the buffet in their chair, or bring items to the table for them to choose from.



Closing thoughts about buffet style dining

It is important for people to continue doing what they can for themselves for as long as possible to maintain their health and wellbeing.

There is a risk that opportunities for choice and involvement decline as a person ages and their abilities change. People may feel that there are too many hazards associated with older adults being involved in mealtime tasks, such as the risk of burning or cutting themselves, so they prepare it on their behalf. Transitioning towards buffet style dining is not easy, but it provides a lot of benefits for both residents and staff.

This Buffet Dining worksheet has been written by
Change Care Consultant and Occupational Therapist Elizabeth Oliver.

Watch **MAGGIE BEER'S BIG MISSION** on ABC iView.

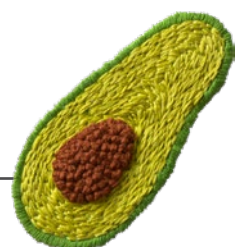


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Buffet Style Dining Breakfast Menu Ideas

Here are some dishes to consider when planning your buffet breakfast in consultation with a dietitian and speech pathologist.

Ensure that people on texture modified diets are well-considered, and seek support from a speech pathologist with compliance testing. Use the Meal Feedback Form to ensure the new dishes meet the residents' preferences.

Buffet Breakfast Menu Ideas	(TM) = Texture modified to suit people requiring IDDSI Level 4 (Puree). Note: Other menu items (such as cereals, crepes and fritters) may also be suitable for texture modification subject to compliance testing.	
Cereal	<ul style="list-style-type: none"> ○ Selection of familiar cereals made from corn, wheat, rice, bran, oats 	
Porridge	<ul style="list-style-type: none"> ○ Porridge / semolina (TM) / flavoured semolina – chocolate, coconut milk (TM) 	
Hot Food	<ul style="list-style-type: none"> ○ Egg (poached, scrambled, fried) / scrambled eggs (TM) ○ Bacon / bacon dust (TM) ○ Sausages / sausage and baked bean puree (TM) ○ Vegetables – mushrooms, tomato, spinach / roast vegetable puree (TM) ○ Boston beans (homemade baked beans) / Boston beans (TM) 	
Chef Specials	<p>SWEET</p> <ul style="list-style-type: none"> ○ Fortified yoghurt pots with mango puree and raspberry coulis (TM) ○ Rhubarb and cream cheese whipped fool (TM) ○ Baked yoghurt (TM), Infused baked custard (TM) ○ Sweet muffin ○ French toast ○ Crepes, hot cakes, pancakes – banana, blueberry, almond ○ Fritters – banana ○ Bircher muesli, overnight oats ○ Crumpets with whipped ricotta and honey ○ Smoothie – banana and oat, banana and strawberry, berry, mango 	<p>SAVOURY</p> <ul style="list-style-type: none"> ○ Omelette / savoury baked custard (TM) / cheese souffle (TM) ○ Croissant – ham and cheese, cheese and tomato ○ Savoury muffin ○ Fritters – zucchini, corn, vegetable ○ Toasted sandwich ○ Hash browns, potato rosti

Fruit	<ul style="list-style-type: none"> ○ Seasonal sliced fruit platter, bananas, mixed berries ○ Stewed prunes / pureed prunes (TM) ○ Stewed fruit or fruit compote – apple, pear, peach, apricot, two fruits / pureed fruit (TM)
Bread/Toast	<ul style="list-style-type: none"> ○ White, wholemeal, multigrain, fruit, gluten-free ○ English muffins, crumpets
Yoghurt	<ul style="list-style-type: none"> ○ Natural, vanilla ○ Flavoured – honey, peach, apricot, strawberry, mango
Condiments	<ul style="list-style-type: none"> ○ Butter, margarine ○ Spreads – vegemite, peanut butter, honey ○ Jam - apricot, strawberry, plum, fig, marmalade ○ Sliced cheese, tomato, avocado, deli meats ○ Sugar – brown, white
Milk	<ul style="list-style-type: none"> ○ Full cream - hot and cold ○ Hilo, skim ○ Other – soy, almond, lactose free
Drinks	<ul style="list-style-type: none"> ○ Coffee, tea – English breakfast, green, peppermint, camomile ○ Milo ○ Iced – tea, coffee, chocolate ○ Juice – Apple, orange, cranberry, prune, tropical, pineapple

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Buffet Style Dining

Meal Feedback Form

Using these prompts can help gather comprehensive feedback from older adults about new dishes, ensuring that their opinions are heard and valued.

Resident Name: _____ Date: _____

Name of Dish Trialled: _____ Dining Room: _____

Buffet Etiquette	 Yes	 Maybe	 No	Comments
Looks appetising				
Smells nice				
Tastes nice				
Right texture				
Right temperature				
Right portion size				
Easy to eat				
Overall satisfaction				
I'd like to have it again				

How would you rate this dish out of 10? ____/10

Is there anything we can do to improve this dish? _____

Other comments: _____

Tips to maintain residents' health and safety during self-serve style meals

Buffet Etiquette	Description
1. Attend when well	If you are feeling unwell, we would love to offer you in-room dining. Please direct your coughs / sneezes into your elbow, turning away from the food.
2. Clean hands	Please wash your hands or use the sanitizer gel when entering the dining room.
3. Please don't rush	There is no need to rush as the buffet will remain open for an hour, and there will be enough food. Please use your prescribed walking aid, and if there is a line, take a seat and try again in a few moments.
4. Use the labels and serving utensils	All food will be labelled. Please use the serving utensils provided, not your hands. There will be a set of utensils for each food item, please do not mix them between dishes, and do not eat from them.
5. Caution - Hot	The bain-marie is hot, please be cautious. Plates and bowls may be warm. The urns and flasks contain hot water for your tea & coffee.
6. Staff are here to help	The buffet will be supervised at all times. Staff are aware of your abilities, allergies, and required dietary modifications, and can guide or assist you where needed. If you have any concerns, please advise a staff member. We welcome your feedback.