NATIONAL CONGRESS
ON FOOD, NUTRITION
AND THE DINING EXPERIENCE
IN AGED CARE

Landscape Survey

Report
3rd November 2020

Introduction

The Australian Government Department of Health is partnering with the Maggie Beer Foundation in the delivery of a National Congress. The objectives of the Congress are:

- to bring together key stakeholders to provide diverse perspectives and expertise
- identify contemporary evidence-based literature and examples of best practice
- provide key findings about how to improve nutrition and food experience for older Australians in aged care services and
- help inform future Government policy decisions relevant to food and nutrition in aged care services.

This Landscape Survey is one of a series of papers that have been prepared to inform the National Congress on Food, Nutrition and the Dining Experience in Aged Care. This paper reports on a quantitative Survey of current food related practices in Australian Residential Aged Care homes

The other papers are:

- Literature Review - the literature review will examine the relationship between nutrition and quality-of-life (QoL) in older residents of long-term care facilities and the factors affecting this relationship. An especial focus of the review will be an examination of the strategies that improve food and fluid intake of older adults in aged-care with a focus on the impact of the physical environment on residents' psychosocial well-being during meal-times (i.e. the impact of the dining experience). A secondary focus of the review will be an examination of the strengths and limitations of the measurement tools used to assess nutrition and QoL in aged-care residents..
- Collation of Manuals and Reports is one of a series of papers that have been prepared to inform the National Congress on Food, Nutrition and the Dining Experience in Aged Care. This paper is an overview of published manuals and reports that the Providers of food in Residential Aged Care homes in Australia could use to guide best practice.

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Overview

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Background and Methods

Background and Methods

- The aim of this survey was to inform the 2021 National Congress on food, nutrition and the dining experience in residential aged care homes.

- The objective of the survey was to gain an Australian wide understanding of the food, nutrition and the dining experience in aged care.

- The survey was undertaken by the Maggie Beer Foundation on behalf of The Australian Government Department of Health.

- The survey questions were generated in consultation with the Australian Government Department of Health, Working Group for the National Congress on food, nutrition and the dining experience in aged care, Maggie Beer Foundation, CSIRO and University of South Australia.

- In recognition that the sector can be divided into individual and multiple residential aged care home providers, two overlapping survey instruments were constructed: 'Individual Home Survey' and 'Provider Home Survey'.

- The surveys contained a mix of response formats including multiple choice, frequency scales, number entry and free text.

- Individuals responsible for overseeing the food, nutrition and the dining experience in residential aged care were asked to complete the survey.

- Potential respondents were notified of the survey's release by communications from the Australian Government Department of Health, Working Group for the National Congress on food, nutrition and the dining experience in aged care, Maggie Beer Foundation and peak bodies representing industry, workers and older Australians in aged care.

- The survey was administered between 24/08/20 - 18/09/20 using the Resilient Youth Australia online questionnaire portal.

- The survey was self-completed by respondents.

- The survey data and report findings were analysed by CSIRO and University of South Australia.

- The report findings were conjointly prepared by the Australian Government Department of Health, Maggie Beer Foundation, CSIRO and University of South Australia.

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Survey Administration

The Individual Home Survey contained eight sections:

- Demographics (6 questions)
- Food Service System and Environment (11 questions)
- Catering Style (1 question)
- Menu Planning and Evaluation (5 questions)
- Nutrition Planning and Requirements (5 questions)
- Nutrition-related Screening and Assessment (4 questions)
- Training and Additional Information (4 question)
- Best practice Examples (1 question)

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The Provider Home Survey contained eight sections:

- Demographics (5 questions)
- Food Service System and Environment (12 questions)
- Catering Style (1 question)
- Menu Planning and Evaluation (6 questions)
- Nutrition Planning and Requirements (5 questions)
- Nutrition-related Screening and Assessment (4 questions)
- Training and Additional Information (4 question)
- Best practice Examples (1 question)

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The surveys were completed by 323 respondents representing 1282 Australian residential aged care homes and 90,936 residents.

This represents 47% of aged residential care homes (n = 2,718) and 42% of the available residential age care places (n = 217,685).

The Individual Home Survey

Completed by 231 residential aged care homes responsible for 16,047 residents

Generated 2,541 text entries and 20,328 numerical datapoints

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The Provider Home Survey

Completed by 89 providers responsible for 1051 homes and 74,889 residents

Generated 920 text entries and 12,144 numerical datapoints

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Technical Notes

Thirteen Individual Homes completed the Provider Home Survey. Where possible their data has been incorporated into the Individual Home Survey Data. Accordingly the number of individual homes analysed will vary with the question.

Some questions were not answered by all respondents. This is indicated as a note or in the sample size number reported in the slides.

In the case of obvious input errors, the data has been excluded from analyses (e.g. entering the number of residents as the number of homes). These were minimal and did not impact on distributions.

No variables were weighted in the data analyses.

The Individual Home Survey analyses included analyses examining the impact of the number of residents in a residential aged care home.

The Provider Home Survey analyses included analyses examining the impact of the number of residents and, as well, the number of homes in a provider group.

In the numerical analyses, we excluded (1) three entries from the Individual Home Survey dataset (all repeats) and (2) three entries from the Provider Home Survey dataset (one was a repeat, one was a catering provider and not an owner of aged care facilities and a further was an individual responding on behalf of six independent residential aged care homes and therefore not classified under a provider).

The qualitative data was analysed using a phenomenological methodology.

The Australian Government of Department of Health provided meta-data regarding the number of homes, organisational type and state where the residential aged care home is located.

The Provider Home Survey contained eight sections:

- Demographics (5 questions)
- Food Service System and Environment (12 questions)
- Catering Style (1 question)
- Menu Planning and Evaluation (6 questions)
- Nutrition Planning and Requirements (5 questions)
- Nutrition-related Screening and Assessment (4 questions)
- Training and Additional Information (4 question)
- Best practice Examples (1 question)

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Data Management and Confidentiality

Deidentified data was used in preparing this report. Specifically, no individual respondent, provider and residential aged care home details are included nor available on request

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Summary of Major Findings

Approach to data summary

The Individual and Provider Home Survey Data demonstrated high consistency.

Accordingly, the findings have been combined in the summary of Major Findings, but where findings diverge additional information has been added to the text.

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Major Findings: Demographics

- The survey response rate exceeded expectations especially given the impost of Covid-19 on the community and aged care sector.
- The Australian Department of Health and the Maggie Beer Foundation are very appreciative of all the individuals and providers who responded to the survey.
- The survey has a strong response rate across states approximating population numbers.
- The survey had sufficient responses by organization type (e.g. charitable, state government, etc) to allow further analyses at a later time.
- The survey was completed by informed individual from a range of organisational roles in the aged care sector (e.g. catering manager, chef, chief executive officer, etc).

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Major Findings: Food Service System and Environment

Most respondents reported that the food service was cook fresh and cooked on-site

Almost all respondents report sourcing fresh ingredients locally
and seasonally.

A quarter of homes don't provide residents with access to a kitchenette to either access or prepare food.

Almost all respondents report a kitchen on site but only two-thirds are adjacent to the dining room – possibly indicating a lack of aromas.

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Major Findings: Catering Style

Homes tend to adopt a predominant catering style with some variation

- More than two-thirds of homes have plated lunch/dinners 6 – 7 times per week
- At least half of homes utilise tray service 6 – 7 times per week
- A la Carte is used in more than two-fifths of homes 6 – 7 times per week
- Buffet is used by only a quarter of individual homes but a half of provider homes 6 – 7 times per week
- Three quarters of homes occasionally (1 – 2 times per month or less) have special meal days

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Major Findings: Catering Style

Half of homes allow residents to have choice in the timing of main meals

More than four-fifths of homes can provide residents with meals outside of set mealtimes

About four-fifths of home have a policy allowing families to provide residents with home prepared meals

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Major Findings: Dining Environment

Three quarters of residents attend a shared dining space

- Almost all homes report they have a process to manage table settings and eating aides
- Verbatim reports suggest most homes use pre-arranged seating plans
- There was a moderate number of unprompted verbatim reports on specialised eating equipment
- The were a large number of comments on the documentation in care plans of table settings and eating aides

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Major Findings: Menu Planning and Evaluation

Three quarters of homes use a 4-weekly menu cycle

Menu planning typically involves all key stakeholders (dietitian, residents, chef/cook and managers)

In individual homes dietitians conduct menu audits in three quarters of homes, however only about a half of all homes have an on-site audit

In provider homes dietitians conduct menu audits in four-fifths of homes and almost three quarters of homes have an on-site audit

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Major Findings: Menu Planning (Thematic Analyses of Responses from Individual Homes)

Mechanisms to evaluate resident satisfaction (number of comments from individual home respondents)

170/542 – Resident meetings

120/542 – Resident/Relative surveys

106/542 – Feedback and complaint forms

50/542 – Daily monitoring

43/542 – Catering staff audit

30/542 – Direct feedback to catering and service staff

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Major Findings: Nutrition Planning

- Almost all homes assess nutritional status on resident admission
- Almost all homes have a routine process for referrals to health and medical practitioners (e.g. medical doctor, dentist, dietitian, speech pathologist)
- Referrals are triggered by (number of comments from individual home respondents)

  52/215 – Weight loss

  19/215 – Noted on routine review by clinical staff

  12/215 – Noted on routine assessment of daily activities

  8/215 – Swallowing problems
- Most referrals are managed by nursing/clinical team
- Referrals are directed to the relevant medical/health practitioner (e.g. dentist, speech pathologist, dietitian, GP etc)

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Major Findings: Texture Modification

Almost all homes report that they used texture modified foods

59.3% (8936/15,072) of residents in individual homes use some level of texture modified food

49.3% (36,936/74,889) of residents in provider homes use some level of texture modified food

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Major Findings: Staffing and Training

The majority of homes with a small number of residents (<50) do not have a chef

About a half of homes with a medium number of residents (50-99) have one or more chefs

Almost all homes with a large number of residents (>100) have one or more chefs

However, the mean number of chefs per home is close to 1

About a fifth of providers have no chef in their homes

Providers of a larger number of homes have more chefs

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Major Findings: **Staffing and Training**

- About two-thirds of kitchen/food staff receive training annually or more frequently
- A quarter of kitchen/food staff receive training only when needed
- Only a half of individual homes had staff trained in the use of malnutrition screening tools
- Four-fifths of homes have received training from a dietitian/speech pathologist on nutrition and texture modification

- 72% of individual homes receive training on nutrition and texture modification by an independent practitioner
- 23% of individual homes receive training on nutrition and texture modification by a commercial provider of nutritional supplements or texture-modification additives or products
- 65% of provider homes receive training on nutrition and texture modification by an independent practitioner
- 71% of provider homes receive training on nutrition and texture modification by a commercial provider of nutritional supplements or texture-modification additives or products

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Major Findings: Monitoring Food Intake

Strategies to monitor resident food intake (number of comments by individual home respondents):

- 158/223 - Weight change
- 114/223 - Monitored using an assessment tools
- 32/223 - Monitored as part of daily practice
- 29/223 - Referred to dietitian for assessment and treatment
- 24/223 - Referred to speech pathologist/ GP/dentist for assessment and treatment
- 17/223 - Regular review by dietitian

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Major Findings: What is Working Well Provider Homes?

Many homes provided extensive commentary on success (EG)

- Adapting Organizational Practices
- Enhancing Menus
- Enhancing Facilities
- Enhancing Food
- Empowering Service
- Empowering the Catering Staff (especially Chefs)
- Empowering Residents

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Major Findings: What is Working Well in Individual Homes?

Many homes provided extensive commentary on success (EG)

- 99/312 - Residents Consulted on Menu and Dining Environment
- 74/312 - Providing Flexible Menus and Alternative Food Offerings
- 48/312 - Developing a Strong Organizational Culture Focussed on Food
- 46/312 - Enhancing the Dining Experience
- 13/312 - Invested in Staff training
- 12/312 - Introduction of In-house Cooking
- 12/312 - Introduction of Fresh/Quality food
- 12/312 - Enhancing Dining Infrastructure and Food Preparation Options

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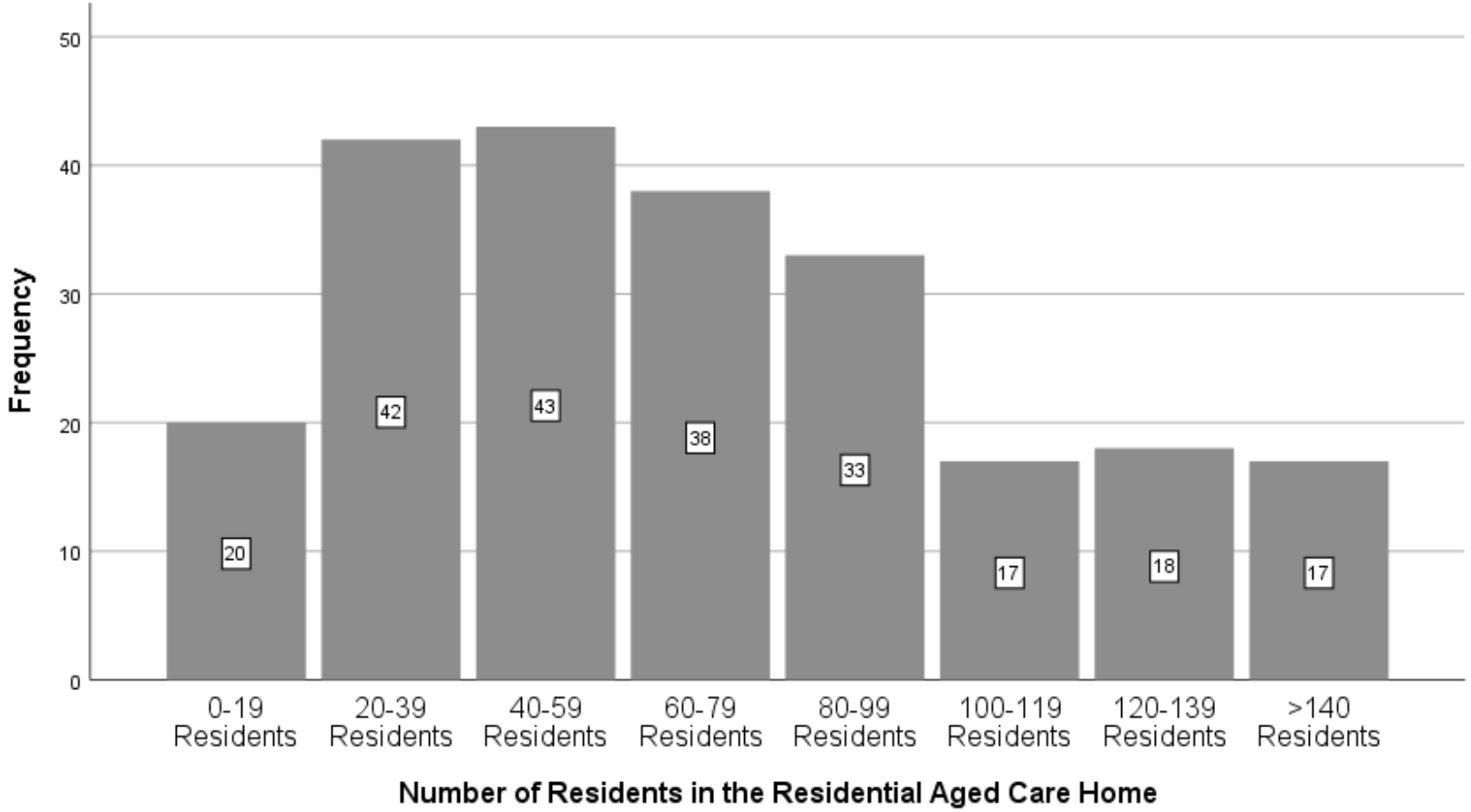
Individual Residential Aged Care Home Results

Q1. Number of residents in the residential aged care home (n = 228)



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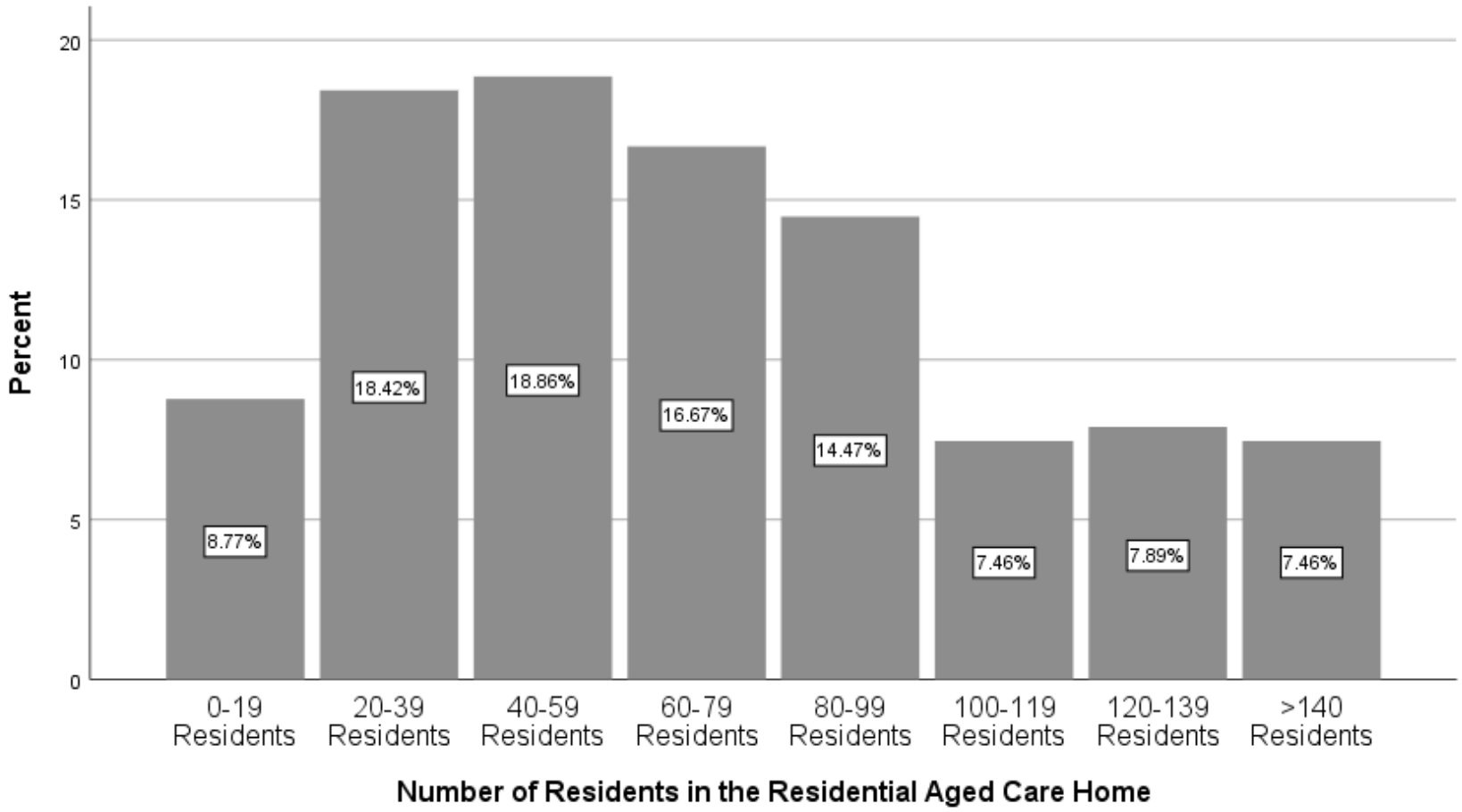
Q1. Percent of residents in the residential aged care home (n = 228)



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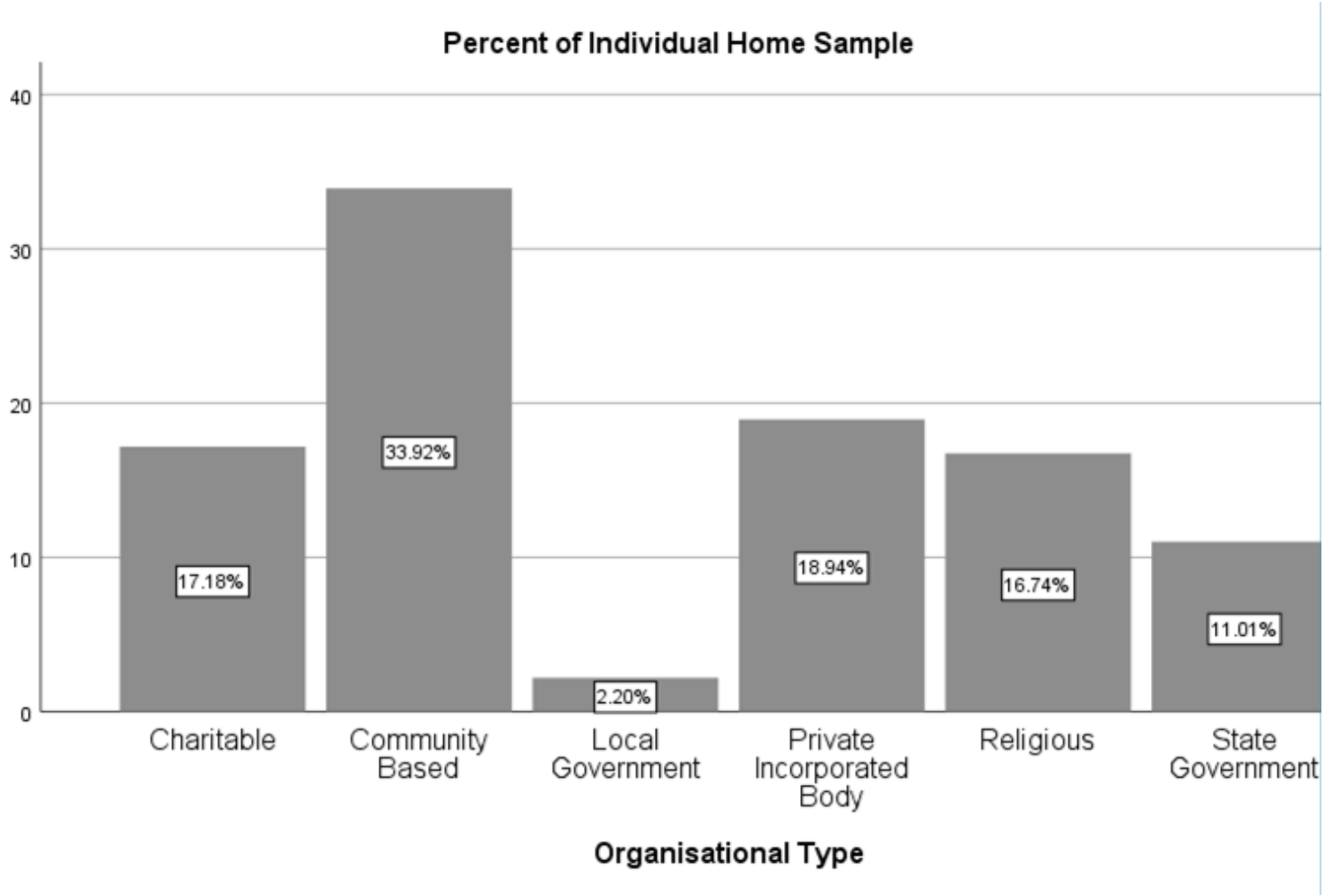
Residential Aged Care Homes According to Organisational Type (%)



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Q6. Residential aged care home: state and territory

	Survey Frequency	Survey % Homes	Australian National Frequency	Percent of Homes in Australia (%)
ACT	3	1.3	25	1%
NSW	68	29.8	879	32%
NT	0	0.0	12	0%
QLD	26	11.4	475	17%
SA	33	14.5	242	9%
TAS	10	4.4	72	3%
VIC	75	32.9	766	28%
WA	13	5.7	247	9%
Total	*228*	*100.0*	*2718*	100%

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Food Service System and Environment

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Q7. What is the main food production system in the residential aged care home?

FOOD PRODUCTION SYSTEM	FREQUENCY	PERCENT
Cook Fresh	195	87.4
Cook chill short-term	19	8.5
Cook chill long-term	2	0.9
Cook freeze	2	0.9
Other	5	2.2
Total	223	100

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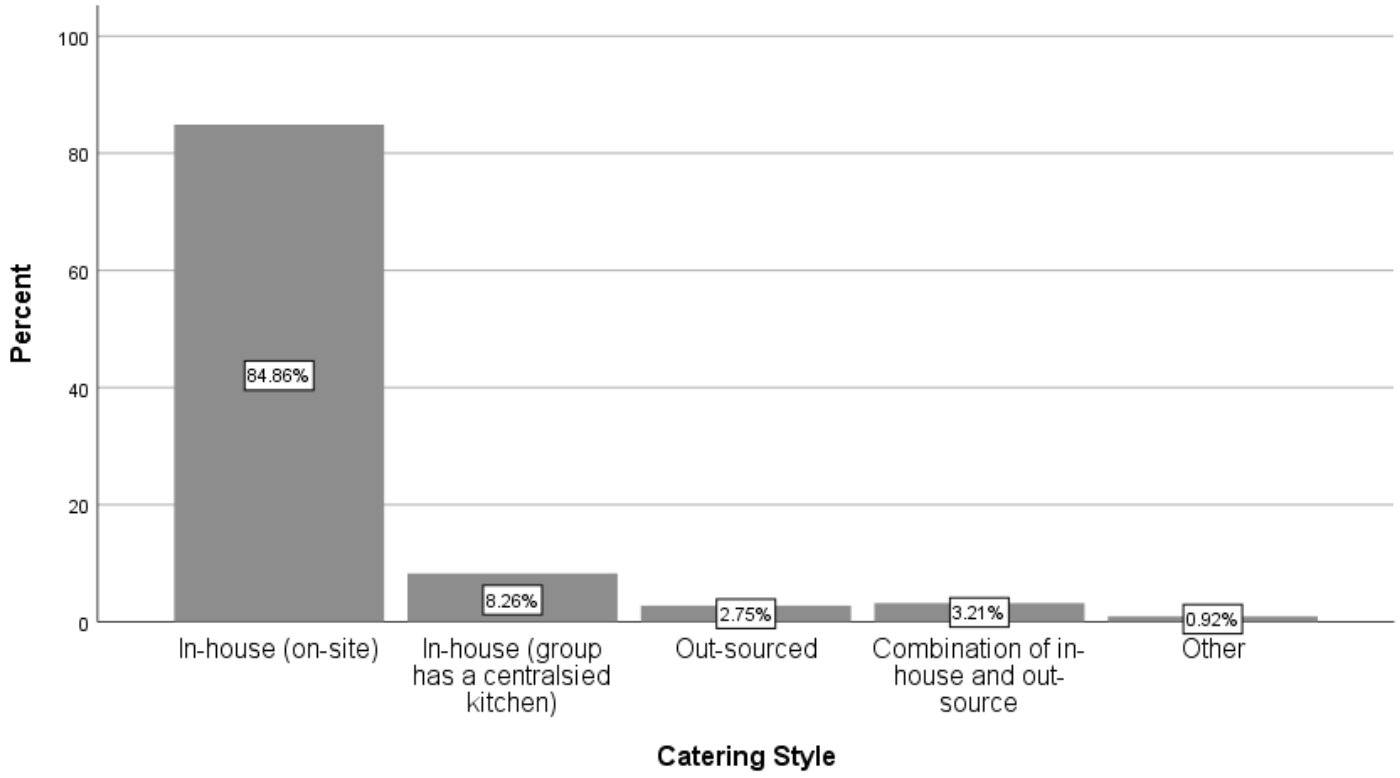
Q8. Which descriptor best matches how catering is provided in the residential aged care home (n = 228)?



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Q9. How many staff are responsible for preparing meals (number of homes = 227)?

	Total Number	Mean per Home (SD)
Chefs	256	1.12 (1.39)
Cooks	451	1.98 (1.59)
Kitchen Hands	827	3.63 (3.71)
Other	306	1.35 (3.69)

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Q9a. Number of Chefs According to Number of Residents in the Residential Aged Care Home (Small = < 50; Medium = 50 to 99; and Large = ≥ 100) (number of homes = 228)

	<50 Residents		50 to 99 Residents		≥100 Residents	
	Number	Percent	Number	Percent	Number	Percent
No Chefs	50	61.0	28	29.8	6	11.5
Single Chef	18	22.0	46	48.9	18	34.6
Two Chefs	9	11.0	9	9.6	17	32.7
Three Chefs	3	3.7	8	8.5	3	5.8
≥ Four Chefs	2	2.4	3	3.2	8	15.4
Total	82		94		52	

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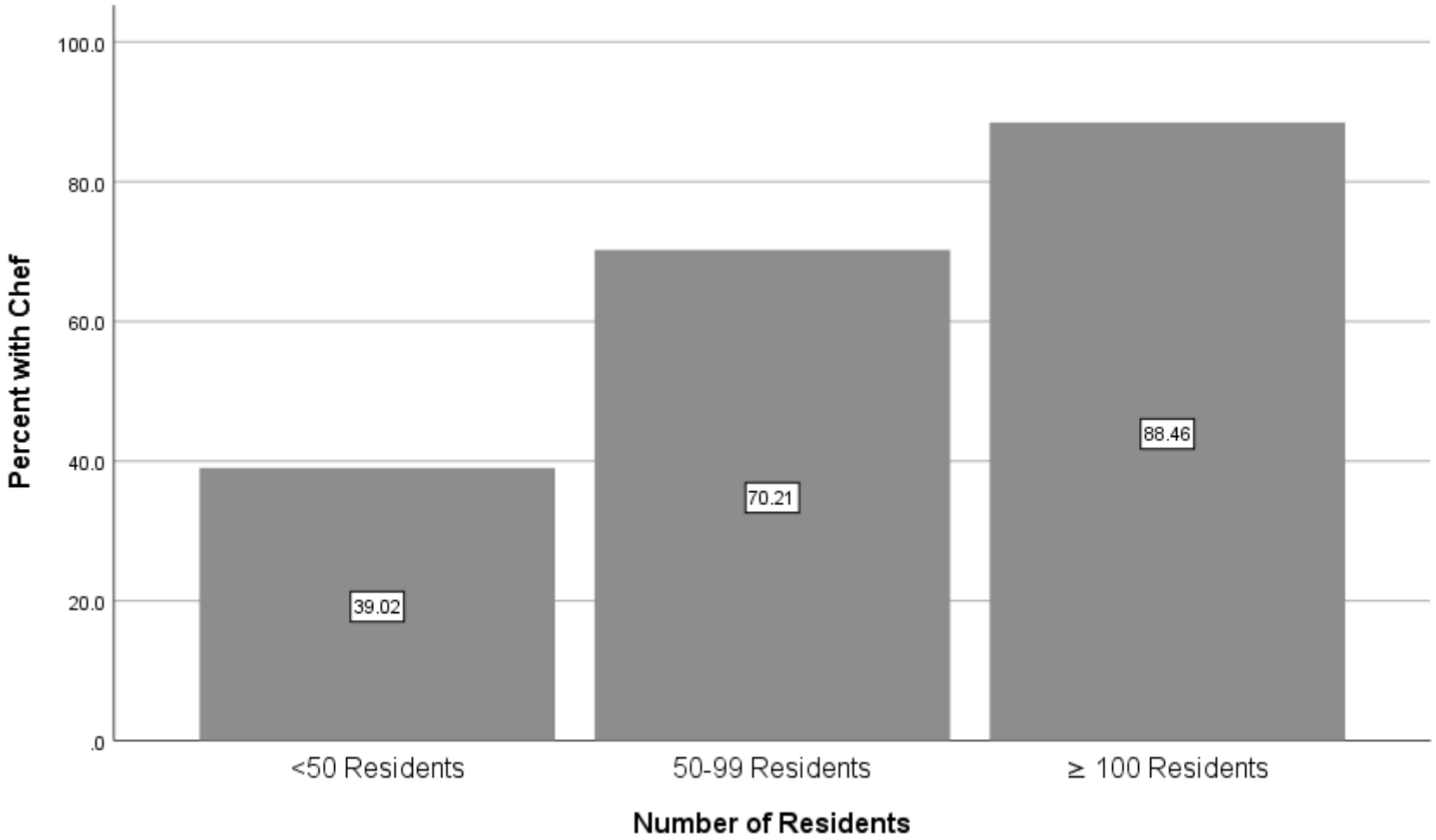
According to Number of Residents, Percent of the Residential Aged Care Homes with a Chef



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Q9c. Number of Kitchen Hands According to Number of Residents in the Residential Aged Care Home (Small = < 50; Medium = 50 to 99; and Large = ≥ 100) (number of homes = 228)

	<50 Residents		50 to 99 Residents		≥100 Residents	
	Number	Percent	Number	Percent	Number	Percent
No Kitchen Hands	17	20.7	14	14.9	8	15.4
Single Kitchen Hands	14	17.1	14	14.9	8	15.4
Two Kitchen Hands	19	23.2	13	13.8	7	13.5
Three Kitchen Hands	5	6.1	11	11.7	6	11.5
Four Kitchen Hands	6	7.3	10	10.6	8	15.4
FiveKitchen Hands	3	3.7	8	8.5	5	9.6
Six Kitchen Hands	5	6.1	6	6.4	4	7.7
Seven Kitchen Hands	6	7.3	2	2.1	1	1.9
Eight Kitchen Hands	2	2.4	4	4.3	1	1.9
Nine Kitchen Hands	0	0.0	3	3.2	4	7.7
≥ Ten Kitchen Hands	5	6.1	9	9.6	8	15.4
Total	82		94		52	

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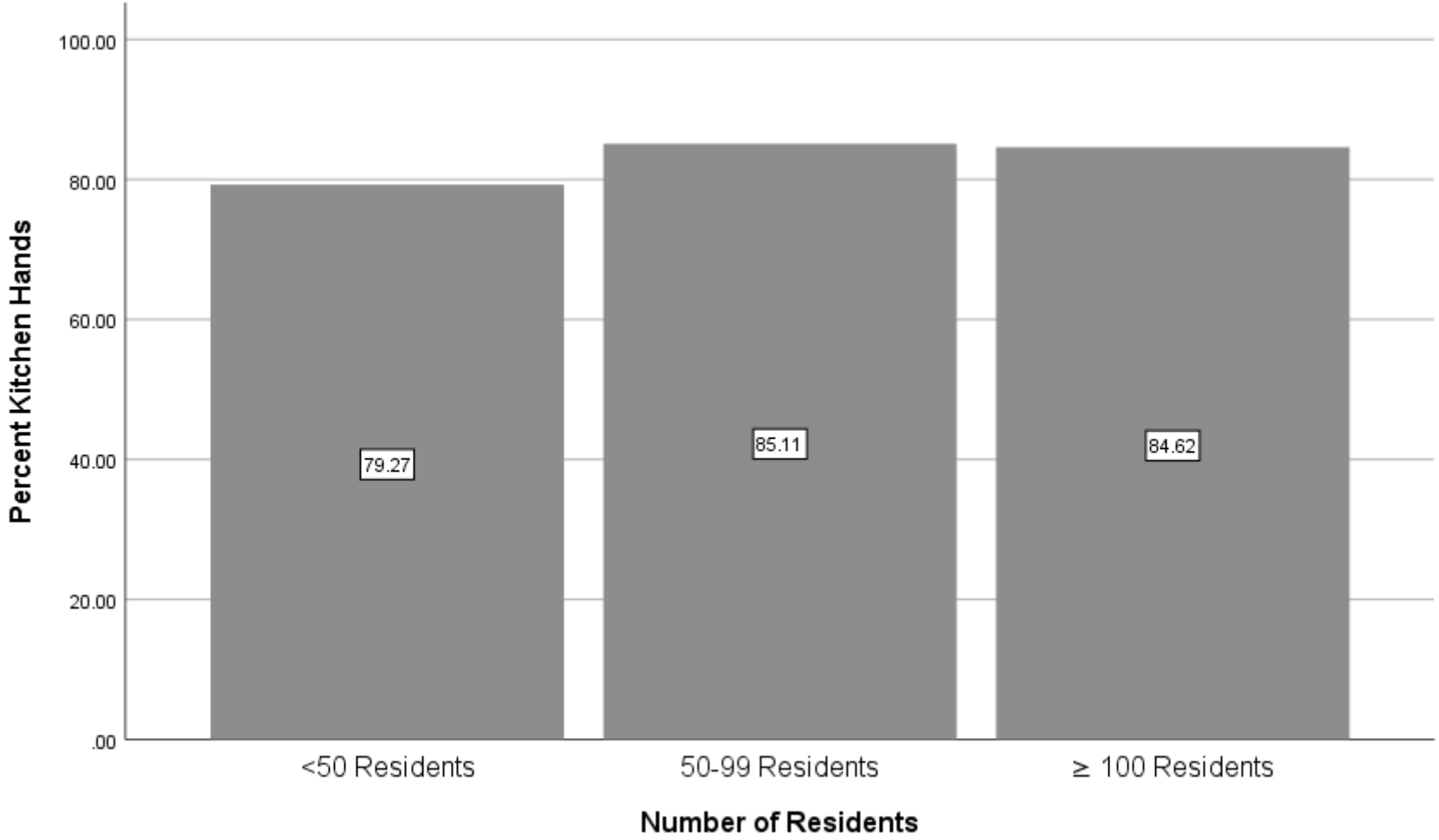
According to Number of Residents, Percent of the Residential Aged Care Homes with a Kitchen Hand



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Q9d. Number of Others Responsible for Food According to Number of Residents in the Residential Aged Care Home (Small = < 50; Medium = 50 to 99; and Large = ≥ 100) (number of homes = 227)

	<50 Residents		50 to 99 Residents		≥100 Residents	
	Number	Percent	Number	Percent	Number	Percent
No Others	61	74.4	71	75.5	26	51.0
Single Other	4	4.9	4	4.3	5	9.8
Two Others	6	7.3	8	8.5	10	19.6
Three Others	2	2.4	2	2.1	2	3.9
≥ Four Others	9	11.0	9	9.6	8	15.7
Total	82		95		51	

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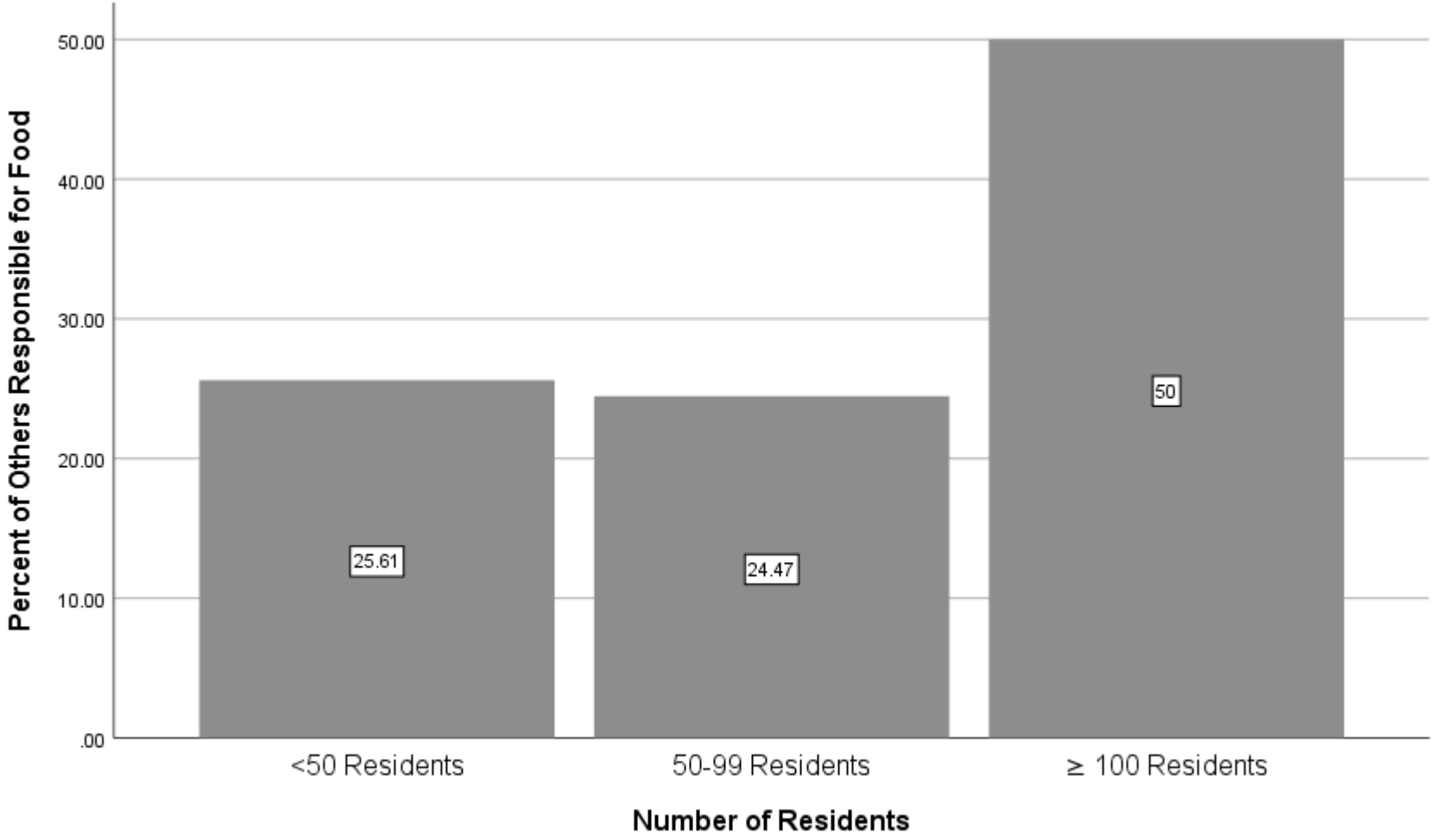
According to Number of Residents, Percent of the Residential Aged Care Homes with Other Responsible for Food



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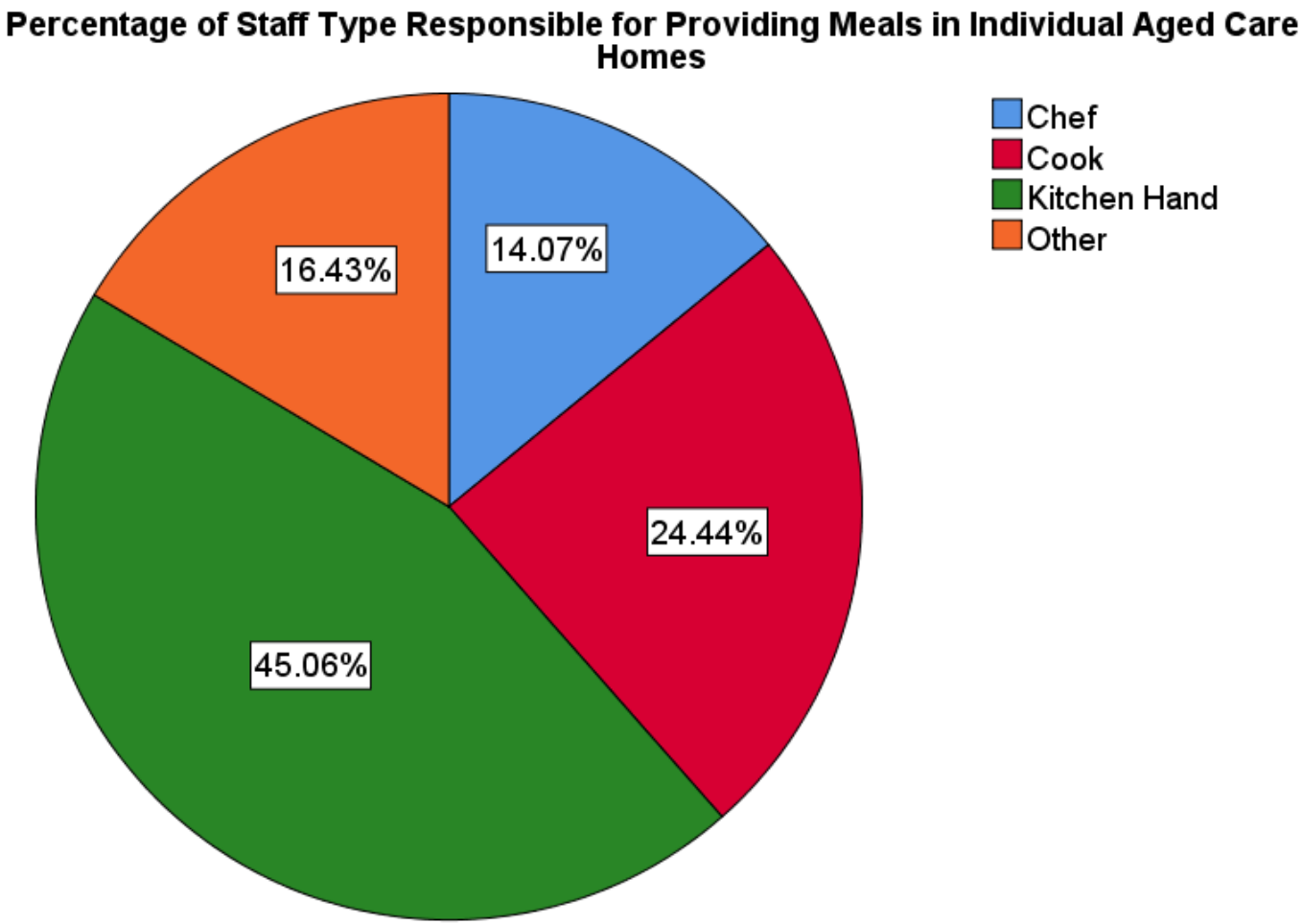
Q9: The percent of staff types as a total of all staff responsible for providing meals



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Q10b. Does the residential aged care home contain a kitchen where food can be prepared, cooked, and served (n=228)?

Yes = 94.4%

Q10b. Is the kitchen very near or adjacent to the dining room (n=228)?

Yes = 67.1%

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Q11. Does the residential aged care home contain a kitchenette where residents can access food, snacks and beverages?

Yes to Both Access and Prepare Food = 95/228 (41.7%)

Yes to Access Food Only = 76/228 (33.3%)

No = 57/228 (25.0%)

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95/228 (55.8%)	• **Q12a Is the food in the Residential Aged Care home typically whole fresh ingredients (i.e., we make our food from basic ingredients)**
143/228 (33.5%)	• **Q12b Is the food in the Residential Aged Care home typically a mixture of prepare onsite/processed and whole fresh ingredients (e.g., we purchase powders for soups and desserts)**
11/228 (5.1%)	• **Q12c Is the food in the Residential Aged Care home typically processed food (e.g., canned soups, instant noodles, packaged meals, packaged desserts, convenience foods)**
8/228 (3.7%)	• **Q12d Unsure as food is prepared offsite**
3/228 (1.4%)	• **Q12e The Residential Aged Care home uses other than fresh, processed, mixture or prepared offsite?**

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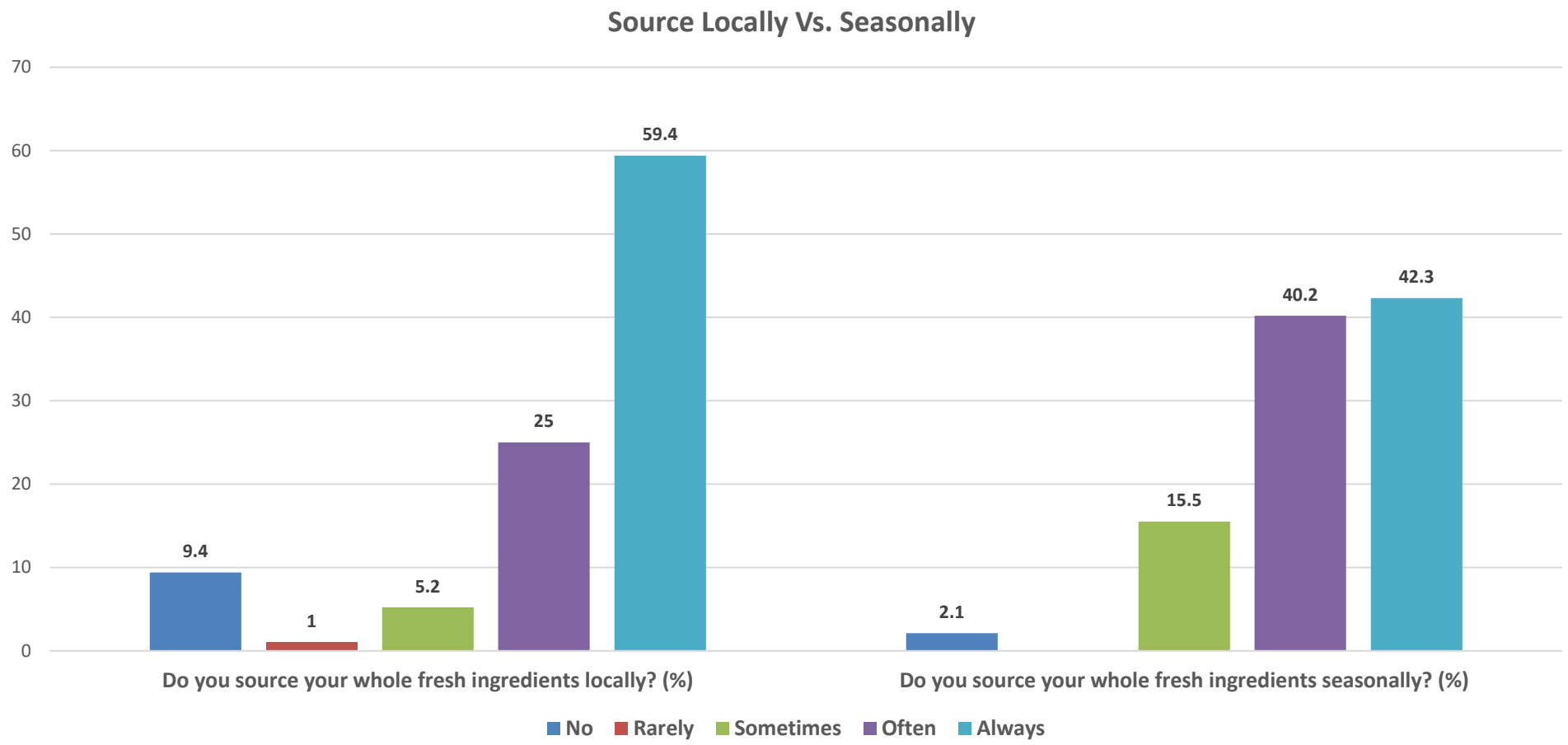
Source Locally Vs. Seasonally (Q12); cont.



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Q13. Do residents in your residential aged care home have access to fresh fruit every day?

Number (%) of Individual Homes

Yes = 222/227* (97.8%)

*Don't know = 1

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Q14. Do residents have a choice in the timing of the main meals?

Number (%) of Individual Homes Yes = 111/221* (50.2%)

*Don't know = 1

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Q15. Can residents have main meals outside of set mealtimes?

Number (%) of Individual Homes

Yes = 183/223* (82.1%)

*Don't know = 3

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Q16. Does your residential aged care home have a policy to allow families to provide residents with home prepared meals?

Number (%) of Individual Homes

Yes = 176/227* (78.6%)

*Don't know = 8

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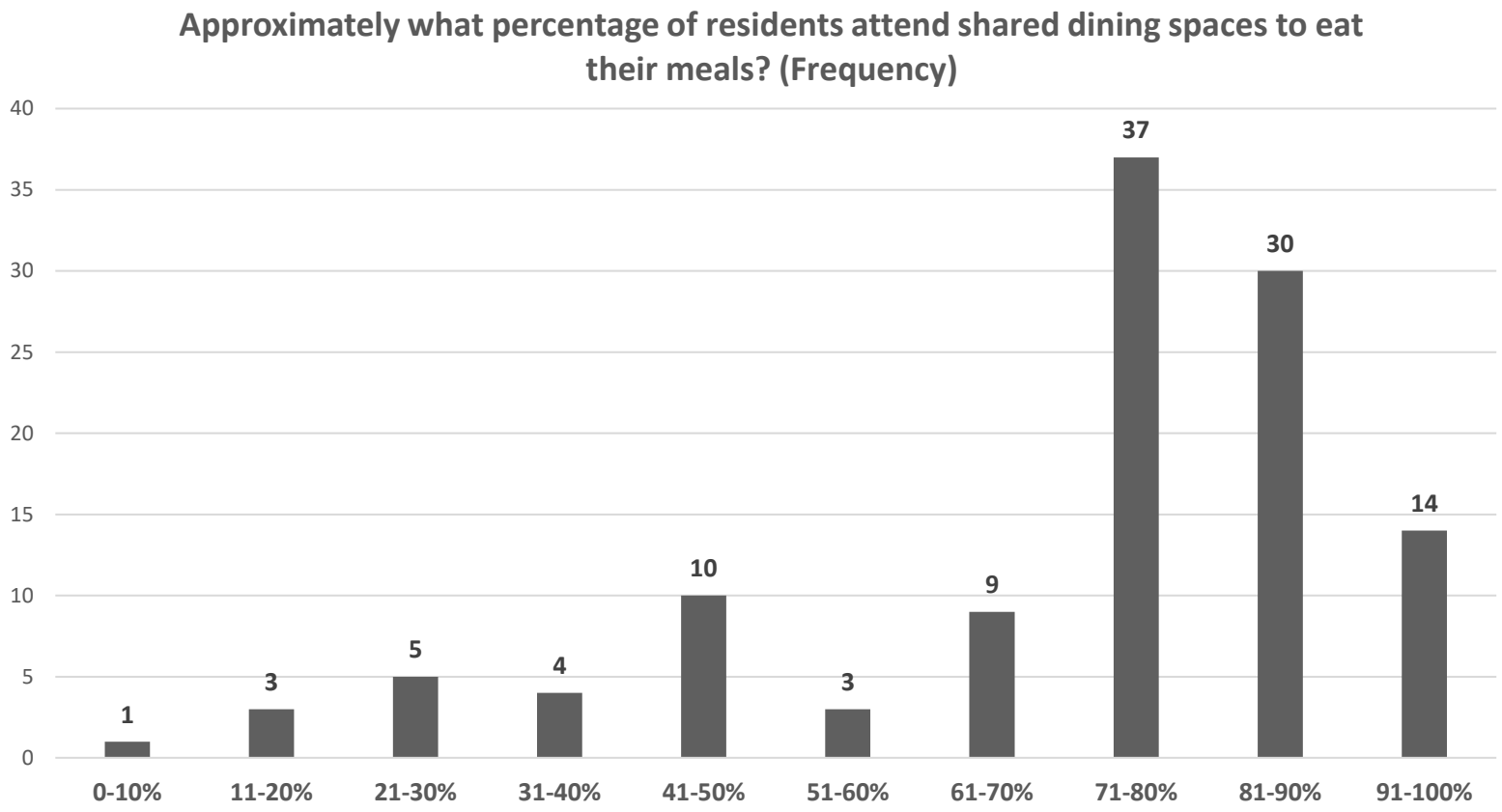
Q17. Approximately what percentage of residents attend shared dining spaces to eat their meals?



Answered only by 116/228 homes

74.5% (5901/7919) of residents attended a shared dining space

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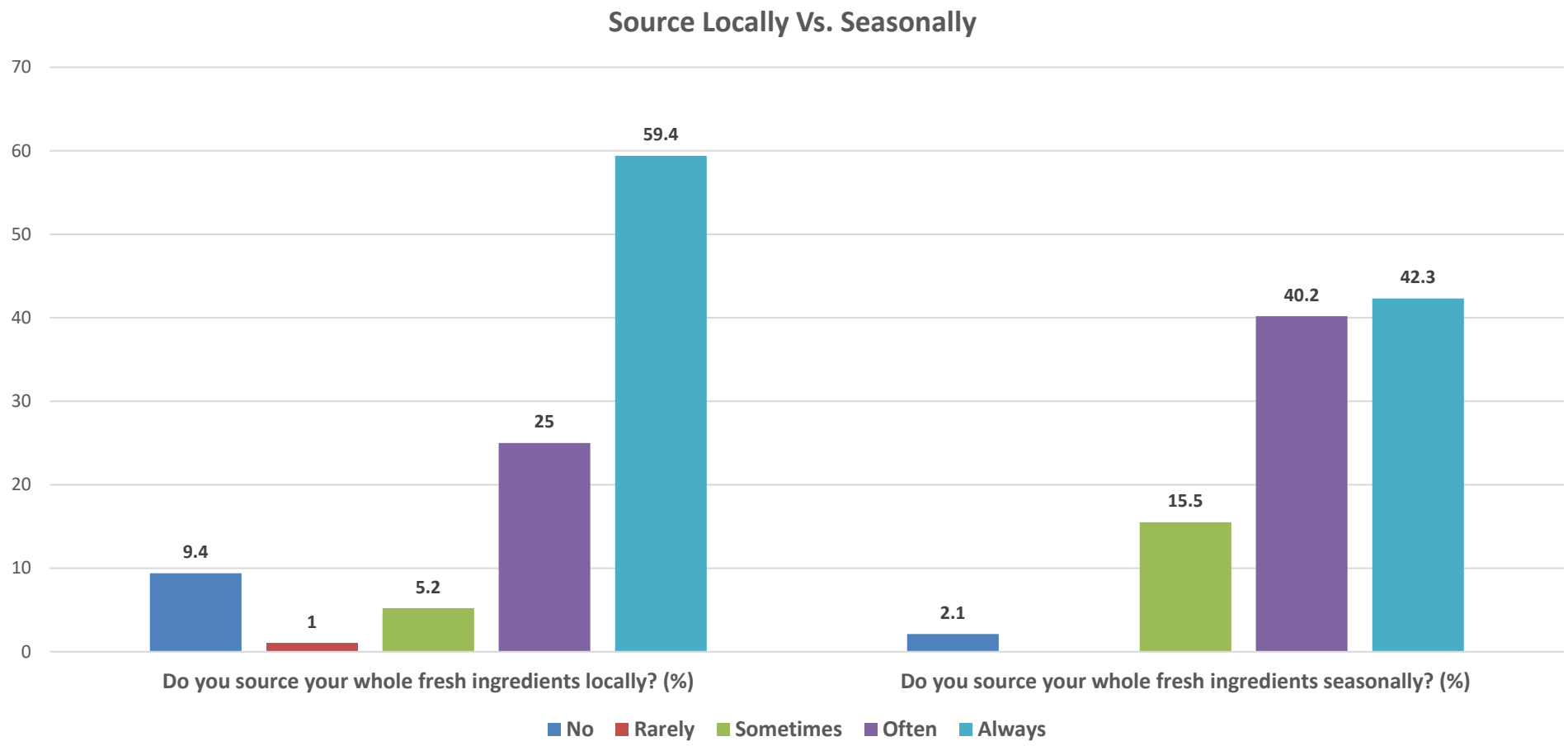
Source Locally Vs. Seasonally (Q12); cont.



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Catering Style

Q18. How often in the last month would the following catering styles for lunch/dinner be used in the residential aged care home?

	Percent of Residential Aged Care Homes (%)							
	Buffet	A la carte	Cafeteria	Plated dinners	Family style	Tray service	Other catering styles	Special Days
Never	58.7	44	83	16.1	69.7	17.9	58.7	5.5
Occasionally (1-2 times per month or less)	9.2	6	3.2	3.7	22	9.6	30.3	74.8
Sometimes (1-2 times per week)	2.3	4.6	5	3.7	6.4	9.6	5.5	17
Often (3-5 times per week)	3.7	3.2	3.7	6.9	1.4	10.6	1.8	2.3
Always (6-7 times per week)	26.1	42.2	5	69.7	0.5	52.3	3.7	0.5

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Q18. How often in the last month would the following catering styles for lunch/dinner be used in the residential aged care home.

		Never	Occasionally	Sometimes	Often	Always	Total	Mean/month
Buffet	Frequency	128	20	5	8	57	218	**1524**
	Percent	58.7	9.2	2.3	3.7	26.1	100	
A la carte	Frequency	96	13	10	7	92	218	**2371.5**
	Percent	44	6	4.6	3.2	42.2	100	
Cafeteria	Frequency	181	7	11	8	11	218	**436.5**
	Percent	83	3.2	5	3.7	5	100	
Plated dinners	Frequency	35	8	8	15	152	218	**3888**
	Percent	16.1	3.7	3.7	6.9	69.7	100	
Family style	Frequency	152	48	14	3	1	218	**216**
	Percent	69.7	22	6.4	1.4	0.5	100	
Tray service	Frequency	39	21	21	23	114	218	**3169.5**
	Percent	17.9	9.6	9.6	10.6	52.3	100	
Other catering styles	Frequency	128	66	12	4	8	218	**411**
	Percent	58.7	30.3	5.5	1.8	3.7	100	
Special Days	Frequency	12	163	37	5	1	218	**550.5**
	Percent	5.5	74.8	17	2.3	0.5	100	

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Menu Planning and Evaluation

Q19. What is the menu cycle length in the residential aged care home?

	Frequency	Percent
2 weeks or less	7	3.3
3 weeks	6	2.8
4 weeks	158	73.5
6 weeks	25	11.6
8 weeks	6	2.8
More than 8 weeks	13	6.0
Total	215	100

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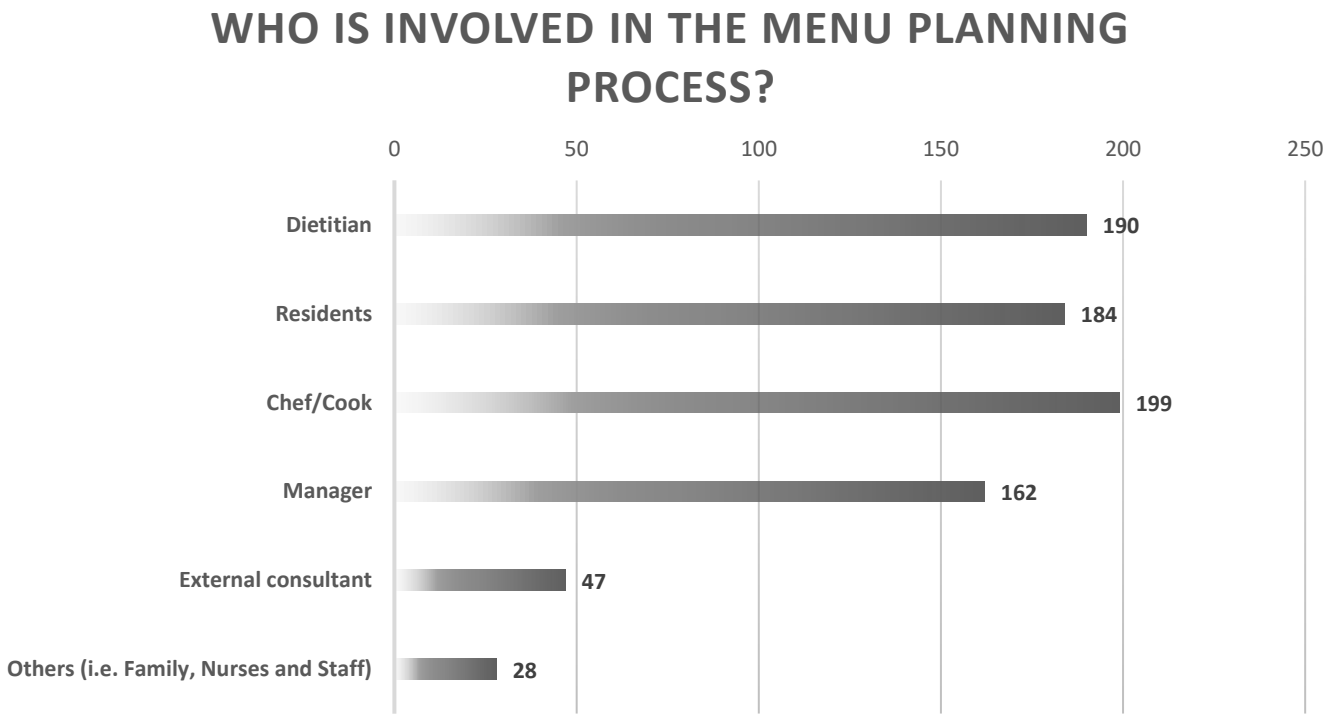
Q20. Who is involved in the menu planning process?.



	Frequency	Percent
Dietitian	190	87.2
Residents	184	84.4
Chef/Cook	199	91.3
Manager	162	74.3
External consultant	47	21.6
Others (i.e. Family, Nurses and Staff)	28	12.8

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Q21a. Is a menu audit carried out by a dietitian at your home on a regular basis?

- No = 44 (20.3%)
- Don't Know = 15 (6.9%)
- Yes = 158 (72.8%)

Q21b. If yes, does the menu audit include an on-site visit by a dietitian with observation of cooking and meal delivery?

- No = 49 (31.0%)
- Yes = 109 (69.0%)

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Q22. What mechanisms are in place to monitor what residents are eating and how much they are eating? (e.g. measuring plate waste, food charts)?

Q22 Monitoring Food Intake: Thematic Analyses

551 COMMENTS

Theme	Example
Food Charts/Diary (119 comments, 23.1%)	“We keep food diaries and consumption records if there is weight loss", “Consumption is monitored each meal informally with more formal monitoring via food charts as required
Staff observation (126 comments, 24.4%)	“Observing the plates when the resident has finished eating”, “Care staff monitor and record quantity of intake of food", “Nurse and carer feedback on what is popular and how much gets eaten”
Resident Weight (58 comments, 11.2%)	“Weight monthly”, “Care staff and clinical staff may put in place a variety of assessments and charts to track and manage intake as required”
Resident/Family Feedback (49 comments, 9.5%)	“Meal satisfaction audits”, “"Feedback from resident and/or their representative”, “Chef always walks around dining room after lunch service”, “Food surveys resident feedback meetings”
Wastage (115 comments, 22.3%)	“Measuring plate wastage”, “Kitchen also does plate and kitchen waste audits", “Waste audit completed 3 monthly”, “Tray audits”
Software (6 comments, 1.0%)	“Implementation of new Chefmax food service software”, “Recorded into ICare system”, "Leecare System”
Dietitian/Speech Therapist Review (13 comments, 2.5%)	“Dietitian and Speech Pathology Reviews.", “Supplements intake is recorded regularly when prescribed by Dietitian”
Other (31 comments, 6.0%)	“"Measuring spoons”, “Standardised portions”, “Size of meal that has been ordered”, “Number of residents per day asking for alternative options (salads/ sandwiches) is a big indicator of a menu that isn't popular"

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Q23. What mechanisms are in place to evaluate resident satisfaction with meals? (e.g. residents meet and discuss menus with the chef, catering office or cook; complaints form, etc)

Q23. Mechanisms to evaluate resident satisfaction: Thematic Analyses

542 COMMENTS

Theme	Example
1. Resident (relative) survey (120 comments)	“Resident satisfaction survey has large component about meals and drinks”, “Dining experience audit carried out every 3 months”, "Meal surveys”, "Annual resident and relative surveys”
2. Daily Monitoring (50 comments)	“Daily electronic survey”, "Feedback forms”, staff ask residents after each meal and feedback is recorded“, “Recording of intake in nursing care plans”,
3. Audited by the Catering Staff (43 comments)	“Face to face with cook”, “At the beginning and end of shift cook/chef walks around floors and chats with residents and or families”, “Cook informally asks residents”,
4. Feedback and Complaint Forms (106 comments)	“Compliment/ complaints forms”, Meal suggestions and feedback box”, “Complaints Register”, “Oral feedback to care staff which is then put on a feedback form”
5. Resident meetings (170 comments)	“Monthly resident's meetings”, “Resident & Relative Meetings“, “Residents are invited to the quarterly Catering Committee meeting and can air their concerns or compliments”
6. Direct Access to catering and service staff (30 comments)	“Direct feedback to Cooks and Managers”, “Open door policy - residents are encouraged to speak with the Food Services Manager”, “Individual resident meetings with the Chefs on request“,
7. Unspecified (23 comments)	“Care planning and health reviews”, “Waste recording”, “We have also introduced a Captain's table where a senior staff member will join the residents for a meal to assess their satisfaction with meals“, “Collation of menu data (how many of each meals ordered)"

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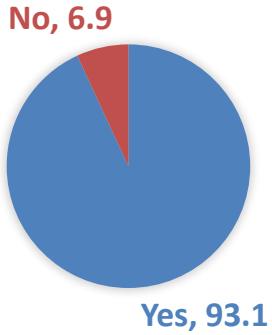
Q24. Do you have a process in place to manage appropriate table setting and eating aides (e.g. someone is designated to ensure the dining area is set up appealingly, the appropriate eating aides are available for individuals requiring them, staff are allocated to assist residents requiring it at mealtimes?

	Frequency	Percent
Yes	203	93.1
No	15	6.9
Total	218	100

APPROPRIATE TABLE SETTING AND EATING AIDES (%)



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Q24 How do you manage appropriate table settings and eating aides: Thematic Analyses

COMMENTS

Theme	Example
1. Specialised Eating equipment (31 comments)	“Colour crockery for dementia.“, “Special cutlery for residents with Parkinson's and other difficulties”, “Lip plates, special utensils and non-slip mats for arthritic residents, etc.”
2. Allocating Appropriate Table Seating and Settings (132 Comments)	“Residents have their own name tag to the designated seats in which staff members will assist to their seats during mealtimes”, “Residents have special spots at tables to reduce behaviors“, “A seating plan details who sits where, documentation is in place to ensure crockery, cutlery and drinkware is suitable for the person sitting at the table”, "Tables are set up and dining service is coordinated by the catering officer”,
3. Providing Residents Choice of Table Seating (10 Comments)	"Residents can choose a regular seat or unallocated, with or without company, and different at each meal, or access a different dining room in another area”, “Residents choose to sit with someone they enjoy talking to over a meal; others are encouraged to find a 'dinner mate' if they are generally quiet/ alone for meals"
4. Communicating Table Settings and Aides (6 Comments)	“Regular discussions with residents in dining room with chef and food manager“, “Menu staff ask residents of any changes each week and are responsible for updating resident menu summary sheets for the kitchens"
5. Review Table Setting and Eating Aide Requirements (15 Comments)	“These information is found in each residents clinical folder and is reviewed at least every 6 months depending on residents needs and observations“, “Each resident is assessed for any aides they may require”, “Quality Manager follows up with resident to make sure they are happy with changes“, “"The cook checks the table settings”

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Q24 How do you manage appropriate table settings and eating aides: Thematic Analyses continued

COMMENTS

Theme	Example
6. Specialist referral (28 Comments)	“Physiotherapist assessment for dexterity”, “It is part of our functional assessment overseen by our OT”, “Nursing staff monitor residents for safe and comfortable eating experience“, “"Dietitian/RN advises when specialized utensils, plates or meal assistance is required”, “Individual Consultation with Speech Pathologist and Dietitian“
7. Information Aids Developed to Assist Table Settings (12 Comments)	“We have a colour coded system in place that enables resident’s individual dietary requirements and preferences to be easily identified”, “"A photo is used as a guide as to how to set the table”, “The kitchen has a computer and monitor accessible to every member, visible from the point of dishing up”, “We have food trolleys with trays set up, each resident has their own name tag with their picture followed by a coloured tag stating their texture specific meals and drink”, “Diagram of table settings and residents preferred seating area”
8. Documented in Notes (73 Comments)	“The information is recorded on the electronic documentation system and available to the catering and clinical department”, “Record in CarePlan and assessments”, “Assistance is charted on resident's information folder”, “All kitchens have the Resident Menu Choices applicable to each resident and their requirements (aides, textures, allergies, likes / dislikes)”
9. Observed by Staff (39 Comments)	“Staff sit beside residents”, “Manager views dining areas“, “Spot inspections by food services manager“, “All staff monitor preferences and intake”

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Q25. How are residents' individual meal requirements recorded and monitored?

Q25. Individual Meal Requirements Recorded and Monitored: Thematic Analyses

236 COMMENTS

Theme	Example
Meal Requirements Recorded	
1. Electronic Management Software (50 comments)	"Weekly menu selections entered into onsite catering program for collation (Souped Up), "using online platform – Leecare", "People Point database contains all information to medical diets, allergies and intolerance". ""All residents diet needs are recorded in Icare"
2. Using forms/charts/notes (70 comments)	"On entry likes and dislikes documented, and a spreadsheet developed. Residents frequently asked if any changes and spreadsheet changed", "Food Dietary Requirement form", ""Food and fluid preference chart"
3. Using residents' care plans (37 comments)	"They are recorded in their care plan and these extrapolate across into the meals lists that the kitchen use as their guidance document for each meal", "After discussion with resident their dietary preferences are recorded in the care plan and provided to kitchen. If preferences change, care plan is updated and redistributed"
4. Using the kitchen/catering staff (24 comments	"White boards in kitchens that record choices and requirements", "Nurses will fill up the Food Dietary Requirement form and pass it to Main Kitchen. Chef will make a special food dietary information card for each resident and placed on his/her food tray"
Meal Requirements Monitored	
5. Via clinical review (26 comments)	"Via the nutrition and hydration assessment. Reviewed three monthly", "Through visual observation, weighing and through medical staff"
6. Via daily observation (19 comments)	"…nurses monitor the residents and communicate any changes to the kitchen, such as the texture of their food or if they need a HPHE diet etc", "Food and Fluid charting", ""Diet preference running sheets that are updated as required", "Staff observation in dining areas if residents start to not complete meals"

NB: 10 unspecified comments

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Nutrition planning and requirements

Q26. In the last month did any of your residents in your residential aged care homes require texture modified diet

Number (%) of Individual Homes

Yes = 204/215* (94.3%)

Percent (%) of Residents

Yes = 15,702/15,942 (98.6%)

*Don't know = 1

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Q26. Please specify how many residents required the following Texture Modified Diets in the last month?

	Number of Individual Homes	Percent Individual Homes (n = 204)	Number of Survey Residents	Percent of Survey Residents Receiving Texture Modified Diets (n = 8936)	Percent of all Residents in the Individual Homes (n = 15,072) (Excluding Missing Cases)
Easy to Chew (IDDSI Level 7)	134	65.7	2491	27.9	16.5
Soft and Bite sized diet (or IDDSI Level 6)	186	91.2	1930	21.6	12.8
Minced and moist diet (IDDSI Level 5)	186	91.2	1140	12.8	7.6
Smooth Pureed diet (or IDDSI Level 4)	185	90.7	1095	12.3	7.3
Extremely thick (IDDSI Level 4)	69	33.8	268	3.0	1.8
Moderately Thick (IDDSI Level 3)	117	57.4	405	4.5	2.7
Mildly Thick (IDDSI Level 2)	153	75.0	773	8.7	5.1
Slightly Thick (IDDSI Level 1)	123	60.3	834	9.3	5.5

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Q27a. What food service system do you use to prepare texture modified meals (e.g. prepare separate meals in house, prepacked texture modified food, bulk prepared in house and frozen; modified individually as required

Q27. Food service system used to prepare texture modified meals : Thematic Analyses

283 COMMENTS

THEME	EXAMPLE
1. Modified In-House (158 Comments)	“We also modify meals at serve, EG: minced moist from the line“, "Responsibility of cook to ensure all texture modified are done daily for consumption.
2. Bulked Prepared In-House (18 Comments)	“Some are bulk prepared in house and frozen“, “Prepared in bulk and frozen”, “Frozen into moulds for use later”
3. Prepared Offsite (22 Comments)	“Kitchen offsite to prepare all texture modified meals”, “"Prepackaged Pureed Meals”
4. Modification Process (30 comments)	“We prepare all of our own texture modified meals. Pureed meals are done in bulk with moulds and the required thickener”, “We sometimes change from moulds to scoops/pipe so the resident doesn't feel like they are eating the same thing every day”, “We also use moulds - i.e. carrot, pea moulds to make the meal look more appealing”, “"We use a robot coupe machine to prepare the meals to the required texture and use moulds in suitable food shapes”, “Modified Fluids are prepared using Liquid ‘Precise Thickener’”, “Using food processor or blender to prepare texture modified food in house”
Combination In-House and Offsite Preparation (5 comments	“Combination of preparing separate meals in main kitchen, prepacked texture modified food, bulk prepared in house and frozen; modified individually as required”

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Q28. How often does the residential aged care home use food fortification strategies? (e.g. added fats, oil, skim milk powder, coconut milk, modular components (Protifar, etc) or commercially ready supplemental foods and beverages (Fortisip, ensure, puddings, Sustagen) (please tick)?

	Frequency of Homes	Percent of Homes
Daily for many residents	106	49.3
Daily for just a small number of residents	97	45.1
Only a few days per week for just a small number of residents	9	4.1
Don't know	3	1.4
Total	215	100

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Nutrition related screening and assessment

Q29. How does the residential aged care home monitor the nutritional status of residents (e.g. monitoring weight loss, use of malnutrition screening or assessment)?

COMMENTS

THEME	EXAMPLE
1. Weight Change (227 Comments)	“All residents have a monthly weight and high-risk residents are scheduled weekly as required”, “Monthly Weight Monitoring (charts-recorded on MANAD)”, “BMI on arrival, weighs monthly and as necessary”
2. Regular Review by Dietitian (17 Comments)	“Dietician visits monthly - all residents reviewed annually or more frequently as required”, “On-site dietician”
3. Referred to Dietitian for Assessment and Treatment (29 Comments)	“If weight loss 3kgs or more over three months or consecutive loss of 1kg per month - dietician referral“, “Dietitian assessment as required“, “Dietician review when weight has decreased”
4. Referred to Speech Pathologist/ GP/Dentist for Assessment and Treatment (24 Comments)	“Speech Pathologist reviews”, “GP referrals”. “Oral and Dental assessments"
5. Monitored as Part of Daily Practice (32 Comments)	“Nurses monitoring every residents health daily and recorded”, “During daily care”, “Close monitoring of what is consumed daily”, “Chefs observation and reporting daily”
6. Monitored using Assessment Tools (114 Comments)	“Food and fluid charting“, “Malnutrition screening tool used“, “Use of the e-Malnutrition Universal Screening Tool for every resident”, “"All residents undergo a nutrition assessment via eCase and care planning. This is reviewed at least 3 monthly or more often should changes in health indicate”,

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Q25. Individual Meal Requirements Recorded and Monitored: Thematic Analyses

236 COMMENTS

Theme	Example
Meal Requirements Recorded	
1. Electronic Management Software (50 comments)	"Weekly menu selections entered into onsite catering program for collation (Souped Up), "using online platform – Leecare", "People Point database contains all information to medical diets, allergies and intolerance". ""All residents diet needs are recorded in Icare"
2. Using forms/charts/notes (70 comments)	"On entry likes and dislikes documented, and a spreadsheet developed. Residents frequently asked if any changes and spreadsheet changed", "Food Dietary Requirement form", ""Food and fluid preference chart"
3. Using residents' care plans (37 comments)	"They are recorded in their care plan and these extrapolate across into the meals lists that the kitchen use as their guidance document for each meal", "After discussion with resident their dietary preferences are recorded in the care plan and provided to kitchen. If preferences change, care plan is updated and redistributed"
4. Using the kitchen/catering staff (24 comments	"White boards in kitchens that record choices and requirements", "Nurses will fill up the Food Dietary Requirement form and pass it to Main Kitchen. Chef will make a special food dietary information card for each resident and placed on his/her food tray"
Meal Requirements Monitored	
5. Via clinical review (26 comments)	"Via the nutrition and hydration assessment. Reviewed three monthly", "Through visual observation, weighing and through medical staff"
6. Via daily observation (19 comments)	"…nurses monitor the residents and communicate any changes to the kitchen, such as the texture of their food or if they need a HPHE diet etc", "Food and Fluid charting", ""Diet preference running sheets that are updated as required", "Staff observation in dining areas if residents start to not complete meals"

NB: 10 unspecified comments

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Q30. Is nutritional status assessed when a resident is admitted to the residential aged care home?

Number (%) of Individual Homes

Yes = 201/215* (93.5%)

*Don't know = 9

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Q31.Does the residential aged care home have any routine processes in place to instigate nutrition-related referrals to health and medical practitioners (e.g. medical doctor, dentist, **dietitian**, speech pathologist) ?

Number (%) of Individual Homes

Yes = 209/215* (97.2%)

*Don't know = 6

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Q31. Does the residential aged care home have any routine processes in place to instigate nutrition-related referrals to health and medical practitioners (e.g. medical doctor, dentist, dietitian, speech pathologist)?

215 COMMENTS

Theme	Example
Triggers for Referral	
1. Weight Loss (52 Comments)	"Consumers who have recorded a weight loss of 2kg or more are referred to a dietitian for review", "Weekly and or daily weights taken and monitored", Residents with repeated unexplained weight losses or gains are referred to the resident's GP and/or dietician for review"
2. Swallowing Problems (8 comments)	"If an issue relating to food consistency is identified, the consumer is referred to a Speech Pathologist", "Refer to speech pathologist if swallowing issues noted or staff note resident coughing during/after meals"
3. Noted on Routine Review by Clinical Staff (19 comments)	"The dietitian reviews all residents on admission. Then monthly if referred by the Registered Nurse or doctor", "Dietitian and speech pathologist have scheduled visits", "G.P's visit regularly (weekly) and more often as required", "Medical doctor reviews as indicated when visiting weekly"
4. Noted on Routine Assessment of Daily Activities (12 comments)	"Referrals based on nutrition risk assessment tool score", "eMUST prompts staff to submit referrals when required", "Regular check ups of the residents daily reporting about appetite by care staff", "Constant monitoring of food intake from care staff"
Process of Referrals	
5. Managed by Nursing/Clinical team (16 comments)	"Following assessment by nursing staff the appropriate referrals are made in consultation with the resident and a case conference follows", "Referrals forms are filled out and sent by the registered nurse", Nurse is responsible for every resident's diet plan and keep record on their health update"
Recipient of Referrals	
6. Relevant Medical/Health Practitioner (118 comments)	"Dietitian for appetite and increasing caloric intake, GP for mood disturbances effecting eating", "If identified as malnourished or specialist nutritional needs, referred to a dietician etc.", "Referral to dietician, speech pathologist, GP, Pharmacist to review medication", "Staff have a referral system and access to a range of health professionals to support nutritional outcomes", "Dentist (Loose dentures, toothache)"

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Q32a. Are staff trained in the use of malnutrition screening tools?

Number (%) of Individual Homes

Yes = 132/215* (61.4%)

*Don’t know = 50

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Q32b, How many staff are trained in the use of malnutrition screening tools?

Trained Staff (133 homes) = 353

Mean (SD) Trained Staff per Resident = 0.32 (0.45)

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Q33. How often is food/food service professional development offered to the kitchen/food service staff?

	Frequency	Percent
Yearly	104	47.7
Every 2 years	4	1.8
Every 6 months	21	9.6
Every 3 months	11	5
Monthly	11	5
When needed	55	25.2
Not Applicable	3	1.4
Don’t know	9	4.1
Total	218	100

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Q35.Do you receive training from a dietitian and/or speech pathologist on nutrition and textural concerns in aged care?

	Frequency	Percent
Yes	182	84.7
No	26	12.1
Don't Know	7	3.3
Total	215	100

Is the training delivered by:	Frequency	Percent of homes (n = 215)
1) An independent practitioner working with your residents	154	71.6
2) A commercial provider of nutritional supplements or texture-modification additives or products	51	23.7
3) None of the above	11	5.1

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Q36. Who completed this survey?

	Frequency	Percent
Catering Manager	61	26.8
Service Manager	76	33.3
Chief Executive Officer	19	8.3
Cook/Chef	21	9.2
Dietitian	3	1.3
Other	48	21.1
Total	228	100

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Q36. Who completed this Individual Home Survey: Other

- Acting Manager (E.G. Kitchen Supervisor, Support Service, etc)
- CEO
- Director of Nursing
- Executive Manager Operations & Finance
- Hotel Services Team Leader
- Lifestyle & Wellbeing Coordinator
- Manager (E.G. Aged Care, Business and Operations, Facilities, General, Quality, Nurse Unit, etc)
- Supervisor (E.G. Hotel Service, Food Service, Hospitality Services Coordinator, etc)

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Q37. What is working well in your residential aged care home?

Q37. Working well in your home: Thematic Analyses

312 COMMENTS

Theme	Example
1. Introduction of In-house Cooking (12 comments)	“The simply pleasures of a home cooked meal with the smells traveling through the household and being eager to try the meal being prepared. in-house cooking”, “Home style cooking on site is more appreciated by our residents. Being a country town as well, we find that most of our residents have a desire for 'plainish food’”, "Cooking on-site. Soups made from scratch - you can't beat the smell”
2. Introduction of Fresh/Quality food (12 comments)	“I think the cook fresh is working well - obtaining local fresh fruit & vegetables that are delivered directly from the markets”, “"Using fresh vegetables instead of frozen. Using a variety of vegetables cooked in different ways.eg roast carrots, mixture of roasted root vegetables, fresh spinach etc. Making mash potatoes from scratch instead of packet”
3. Providing Flexible Menus and Alternative Food Offerings (74 Comments)	Not being afraid to experiment with the menu”, “Offering different options is sometimes the best way to planning new menus”, “Consideration is taken for cultural preferences and multiple particular religious days”, “Cooking food that the residents like and can relate to, all the while adding new flavours and textures to keep everyone interested”, High Protein High Energy milkshakes instead of prepared supplements"
4. Invested in Staff training (13 comments)	“Training on texture modified food - IDDSI - best practice, ensuring staff are empowered with knowledge”, “…and of course education, a true sense of belonging and an understanding of the importance of their role in making a difference in the lives of our residents”, “s a result of 2 of our staff attending the ‘Creating an Appetite for Life’ masterclass we have incorporated some of the recipes from the Maggie Beer Foundation website and these are very successful”,
5. Enhancing Dining Infrastructure and Food Preparation Options (12 comments)	“Introduced an in-house full service café”, “New kitchenette has an oven for residents to cook with the Activities staff”, “Our RACF is set up into 6 cottages, each with a small dining area that is attached to the kitchen. This area caters for 5 - 7 people which is like a home kitchen meals area”, "Kitchen adjacent to the dining room, means the residents can engage with the catering staff, smell the smells and see the food being prepared”, “Pantry and cold room are well stocked to offer a variety of other food items as per residents' preference at any time”, “Residents have own communal fridge which meals from families are stored under supervision”, “We also have a kitchen garden for fresh herbs that the residents enjoy working in from time to time and that helps them have a contribution to the meals”

Q37. Working well in your home: Thematic Analyses (continued)

312 COMMENTS

THEME	EXAMPLE
6. Enhancing the Dining Experience (46 comments)	“We use a Bain Marie service for lunch and dinner, this dining experience is fantastic for the residents. The meals are always hot, residents get a choice at meal time as to what they want and how much”, “we are using fresh herbs from our garden marinating our meats”, “What we are doing is trying to capture the first 3 seconds from when the plated food hits the table that the residents smell has been activated, it is dished up fresh and is visually appealing, and that the food is recognizable on the plate”, “Giving the catering staff ownership and artistic flair with the plating of meals”, “Residents are catered to as if they are dining out and the dining experience is as much a social occasion as it is a necessity”, “There is no rush during meal times. It is a relaxing and community time for our residents”, “Being able to smell the meals being cooked and prepared”,
7. Developing a Strong Organizational Culture Focussed on Food (48 Comments)	“Being able to deviate from set menus providing those little bits and pieces that make a residents day”, “…residents feeling comfortable to make suggestions re meals“, “Suitably qualified enthusiastic chef enjoying Aged Care meal preparation“, “Small home, regular staff who know the residents intimately”, “"The relationship between Care staff and Catering Staff during meal times is paramount” "working for an organisation who really promote having qualified staff working both shifts”, “Chef or cook rostered for 10 hour days to enable freshly cooked evening meal and lunch as opposed to the norm where a chef or cook leaves at 1530 and it is a heat and serve evening meal”, “Having an excellent access to dietician and speech pathologist”,
8. Residents Consulted on Menu and Dining Environment (99 Comments)	“Resident feed back is very important to kitchen staff”, “I am always looking for more ways for residents to be able to tell me what they want on the menu“, “The collaboration between staff and consumers around menu options”, “Residents enjoying their input in all meal choices and dining experiences“,” Encouraging the chefs and kitchen staff to interact with residents really helps them to understand and accommodate personal preferences”, “"We have engaged a 90 year old resident to be part of the food services committee as well as 2 community members”, "Listening to the resident...I mean really listening to the resident”

Q37. Briefly describe why this is an example of best practice
Complete comments (de-identified)

The home works with residents to create an enhanced dining experience through multicultural days, Dessert trolleys, wine and cheese tasting events. BBQ days. Our Residents who require Modified diets are served the same meals with the same colours created in moulds, so that the dining experience is all inclusive.
We have appointed a head chef who has worked in some of Melbourne's top restaurants and events catering to further enhance the dining experience at our home. Our residents are actively involved in the menu and have came up with some fantastic ideas to create variety, like one would have experienced prior to entering aged care. We prepare a menu to facilitate individual choices and preferences... for example our residents love our fresh baked mid-meals as much as the main menu options. The smell of baking permeating through the home stimulates their appetite. The quality of the ingredients and range is of a consistently high standard and we feel we offer an outstanding service and would to be happy to be compared amongst the best without additional services.
We strive for excellence, trying to exceed expectations. Staff are carefully chosen, ingredients, and cleanliness is upheld. Equipment is regularly upgraded and improvements are always ongoing.
Food is the lifeblood in any home, eating with our eyes is part of our everyday presentation. We have very few issues with food, even the fussiest of eaters can be accommodated for. We go above and beyond in making sure residents are happy and visitors, relatives and the Board are amazed at how well we eat, and the variety.
I had come from ICC Sydney Darling Harbor working as a Sous Chef to be closer to home and took on the task of Chef Manager. I brought my knowledge of food flavor and plate presentation to the kitchen when I first arrived in March. We had gone from 20% satisfaction with the food (when I first arrived) to 100% satisfaction continuous for the last 5 months. This is through follow ups, communication with the care staff & site managers and re training the chefs to think outside of the box when it came to food flavors & presentation. I take a personal approach with the residents in getting to know them and their food preferences and involve our team and food to be a part of Diversional Therapy's activities. Most Monday's I take the time to do gardening with one of our Green Thumb residents to provide the site with fresh herbs for the week. We do theme days and cooking sessions with the residents like crepe bars or baking days. Just after dinner I sometimes go to the dementia ward to make dessert in front of the residents and talk to them about their food likes & dislikes / general talks. I have found this is the best time of the day to talk to them as they are calm/coherent. Our Hungarian Chef visits our Hungarian resident. Since she has started the resident has been able to communicate about her care needs and food service. Her diet and general well being has improved tenfold. Most of these extra efforts and done in personal time due to budget restrictions and I am very lucky for the dedicated team I have and its good to see the residents notice it as well.

Q37. Briefly describe why this is an example of best practice
Complete comments (de-identified) continued

Main cook in our kitchen - Very passionate on what our residents likes and needs are.
I oversee the whole kitchen operation In close collaboration with my Dietitian (from - Nutrition Professional Australia) We develop a seasonal menu taking into account dietary guidelines, resident choice, feedback from previous menus, culture and texture friendly meals). To date my greatest achievement is creating a pureed pizza for one of my residents who's favourite food is pizza and has dearly missed it since deteriorating in health. I work very closely with our residents to provide them a meal they will enjoy, we offer 2 main meals and a dessert at lunch. A home made soup, hot meal, sandwich, dessert or alternative option (pastries or a salad usually) for residents that haven chosen to have that at dinner time I have also collaborated with a couple of other aged care facilities and assisted them with menu planning, texture modified moulds, general kitchen operations and recipes. I am a strong believer in resident choice and if their request is within our capabilities i will provide it to them. If you would like to further discuss any of the above examples please feel free to contact me via email
I am the Chef Manager. I did my apprenticeship in fine dining (Aria - Sydney), then worked for the Bentley Group for 6 years at Bentley, Monopole, Cirrus & Yellow. I decided to make the switch to aged care for health reasons after I had a spinal injury. I was a bit apprehensive at first, I knew nothing about aged care but the opportunity was given to me and I made the most of it. I enjoy what I do because I can make a difference for people through food and give them good experiences with food. I like talking to the residents and their families and giving them a good experience and I have good relationships with them. I have gradually improved the dining experience for residents and have given the education to care staff on how to set tables, serve food. I have also taken a lead in understanding residents preferences, likes and dislikes to develop a menu they like. I like to prepare meals for people from different cultures as that gives them great pleasure. I get satisfaction from seeing my residents enjoy their food and maintain a healthy weight. I check the daily clinical dashboard to monitor weight gain and weight loss and I follow up these changes with the resident and the clinical care team and together we work out strategies. I get great support from the Clinical Care team and the Facility Manager. I have encouraged my team to develop skills and I have introduced some of the practices I used in restaurant kitchens into our kitchen My food services team has adapted and is getting stronger and they seem more motivated. I am not embarrassed to tell people I work in aged care, I am proud I do.
We are a small rural community facility, and prepare all our meals in our kitchen. We do county style meals with which most residents are very satisfied.

Q37. What is working well in your Aged Care Home
Complete comments (de-identified)

We aim to focus on fresh food wherever possible. Our resident input and feedback is paramount to the success of our menus. The Chef aims to tailor the meals to the resident wherever possible. We have a Continuous Improvement Project in place currently for Creating a relaxed and enjoyable dining experience for all. Happy Hours are very popular with our residents, Willingness to explore new and innovative ideas with our residents.
Communication, resident engagement and willingness to explore and enhance.
Food is culturally appropriate, fresh and according to our residents likes and preferences. Nutritional value is upheld with all meals, temperature monitoring is ongoing. Food Safety Principles are followed and adhered to at all times. Dining room and dining experience is fragrant and aromatic.
The relationship between Care staff and Catering Staff during meal times is paramount. We all put the resident and their needs before our own. There is no rush during meal times. It is a relaxing and community time for our residents. Also giving the catering staff ownership and artistic flair with the plating of meals and of course education, a true sense of belonging and an understanding of the importance of their role in making a difference in the lives of our residents. Building relationships with the residents and their families has always worked well for us. Menu, Maggie Beer recipes and a chef who has passion about food
Cooking with the residents embracing their culture and culinary tastes, that bring much joys to them and make their day and bodies feel fulfilled. The simply pleasures of a home cooked meal with the smells traveling through the household and being eager to try the meal being prepared. Cafe environment give the scent to residents they are going out for a meal and being to share the experience with fellow residents, all under the same roof. Remincising about the taste's of home and being able to experience them within aged care.
options, and ambience.
1.designing food in alliance with the nutritionist. 2. using fresh ingredients for your daily production with some exception. 3. creating recipes with diverse flavors. 4. food presentation. 5. a wide range of choice every day.
Individual dietary choices and preference

Q37. What is working well in your Aged Care Home
Complete comments (de-identified) continued

Able to meet specific residents needs in our case Jewish Kosher food, work with residents and dietitian in menu planning, having support from their families and having well trained and knowledgeable catering team
Communication with residents, relatives, care staff, dietician and speech pathologist. keeping the dietary requirements and changes updated. Catering to cultural and religious beliefs of residents. Mindful of allergies, likes and dislikes. Offering alternate meals. Offering finger food with activities. Presentation of meals including texture modified meals in an appealing manner. We use the menus from the Souped up system which have been approved by a dietician.
Team work and consumer engagement along with feedback tools and suggestion box
Kitchen staff and Cooks have direct contact with the residents. Cooking staff have a passion to please their customers. Cooking food that the residents like and can relate to, all the while adding new flavors and textures to keep everyone interested. Our menu meat is a 4 week rotation , the meals cooked are not. Mince delivered from the butcher can be made into what what ever the cook feels like on the day (rissoles, lasagna , savory mince , cottage pie, pasta bake, meat loaf, etc) Many of the staff also order food from our kitchen for their own lunch the food is exactly the same as the residents.
Giving residents more say in their food choices.
Outsourcing the catering to specialist. Encouraging the chefs and kitchen staff to interact with residents really helps them to understand and accommodate personal preferences. Seeking regular feedback and consultation from residents and relatives.
the Bain Marie system in two of our dining rooms and a plated system in the other one.
Italian foods Pastini
Theme Days & Diversonal Therapy Activities involving the kitchen / food.Personal approach to residents dining experience and dietary need. Modern cuisine with plate presentation. Resident weight gain. Behavioral issues has improved immensely due to extra food services.
Making veggie molds working well. improved intake of food since we implemented this.
Having different cultural themes that would reflect on the Menu planned.
We use a Bain Marie service for lunch and dinner, this dining experience is fantastic for the residents. The meals are always hot, residents get a choice at meal time as to what they want and how much. The residents also get to see the kitchen staff who prepare and cook
Kitchen teamwork, menu selection by the resident, special request process where residents ask for what they want, cultural preferences
We have had an overhaul following a consultation with ""leading Nutrition"" who came to assess our existing practices. We received the report and have worked to implement as many of the recommendations as possible. we have had a menu change with new recipes being implemented.

Q37. What do you think the Congress could do to help your home improve the food, nutrition and dining experience for your residents? Complete comments (de-identified)

Offer more education around the Dining Experience. Online forums where Chef's could share their ideas and creations. Collaboration is the key.
More Education and forums where our chefs can collaborate and share
Not sure.
Study units on Texture modification, Dysphasia, Food fortification, Dementia and nutrition, Malnutrition and Nutrition for the older person should be part of the Cert 3 in Commercial Cookery, or at the very least, it should be offered as electives. Aged Care Catering Professionals are often offered a very small amount of training in these areas, and always after employment commenced. Once employed they are time poor and have limited opportunity and may lack motivation to engage fully in training. One must understand that many chefs and cooks currently employed in aged care settings, have previous experience working in restaurants and hotels, and had little to no exposure working alongside nursing staff and/or with the clientele in aged care. Most catering staff members experience are related to working in sandwich shops or take away venues. Although the majority of staff have a large part of the necessary skillset, they do not have enough clinical knowledge to adequately support them for their roles. Therefore, the individual provider or home need to prepare them for these roles, and I believe that this often does not happen, at least not to the extend needed. I would like to see some form of formal education in this area that could become part of the national standards. If study units do become part of the Cert 3 then I believe that Catering in Aged Care will have a standardised outcome to the benefit of all current and future residents as well as employees, and ultimately to the benefit of employers as service providers in this area.
better funding for aged care facilities
More Money and funding - enticing qualified staff to work within aged care a better understanding of how aged care works day to day, not just numbers Residents deserved to be though of as high priority all through their lives
Get the wider community to understand that not all of us do the wrong thing and celebrate those who do the right thing. Easter feasts, galas, canapes, home made soups, BBQ's should be showcased.
we constantly look for learning to improve our offering and services we provide to our residents, we only know what we know and happy to learn what we don't know.
Help us learn more about food and dinning experiences

Q37. What do you think the Congress could do to help your home improve the food, nutrition and dining experience for your residents? Complete comments (de-identified) continued

Develop standard recipes for aged care home to meet at same time nutrition value for residents meals and food budget. Specific education development programs for cooks to be able to meet need of new generation of aged care resident
Let us know what other successful Aged care facilities do.
Visit
Education and Money, All care staff must have cert 3 in caring to work with residents. Ancillary workers only have on the job training, Across the board (laundry, Kitchen ,Cleaners) all need education on the realities of aging and dementia . Kitchen staff need external education in kitchen hygiene and food safety more than one three-hour session annually. (If staff are unavailable for this one session, we are expected to travel over 100 km to another town). Wages for these workers should defiantly be looked at (shelf packing at the supermarket pays more). That old saying you only get what you pay for is so true. The budget for food is in every way inadequate . 50 different people with 50 individual tastes and needs is never going to be possible on $10 per day or what ever the going rate is now. The congress should be trying to attract young vibrant staff to aged care not insulting staff with unrealistic budgets and wages from the 1970's
Some residents would like to cook themselves but are unable to do so due to ""safety"" concerns.
Improve funding, and to add to the evidence used for evidence based best practice.
improve the ambience in our dining rooms
I believe we provide an amazing variety of home cooked Italian foods with a mix of Australian
Reviewing food and staff (time) budget restrictions (inclusive of catering staff and care staff). Understanding and supporting the catering team's requirements to achieve a positive & professional dining experience. Implementing across the board more current and effective training on sequence of service / food plating. Nutritional training for all chefs (not just a read and sign document, physical training and understanding). A more supportive award with appealing intensives to bring educated and qualified chefs at catering attendants into the industry.
fortified diets.meal sizes of an evening. we are finding a new generation coming through that like bigger meals.
To understand and keep up to date on the needs of our age care residents.
budgets and time - with greater budgets for kitchen staff they are able to have more time to provide 100% home made meals (nothing from a packet for example - stock that goes in soup). Training - affordable training for staff or people wishing to be employed in aged care kitchens around IDDSI guidelines, ageing dietary requirements and undernourishment
With one chef and one cook, there are limitations with what can be done. Other considerations are cost constraints as well as challenges with preparing food for an ageing palette especially where health issues are present - e.g texture,
we are always open to learning new ways of increasing the nutritional value of food and ensuring the dining experience is top drawer

Provider
Residential Aged Care Homes
Results

Proportion of Organizational Types in Provider Home Survey

Organizational Type	Number of Homes (n = 951)		Number of Providers (n = 89)	
	Frequency	Percent	Frequency	Percent
Charitable	148	14.5	14	15.7
Community Based	54	5.7	14	15.7
Local Government	2	0.2	1	1.1
Private Incorporated Body	480	50.5	20	22.5
Religious	161	16.9	16	18.0
State Government	69	7.3	18	20.2
Unidentified	37	3.9	6	6.7
Total	951	100.0	89	100.0

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Number of Provider Homes in each State

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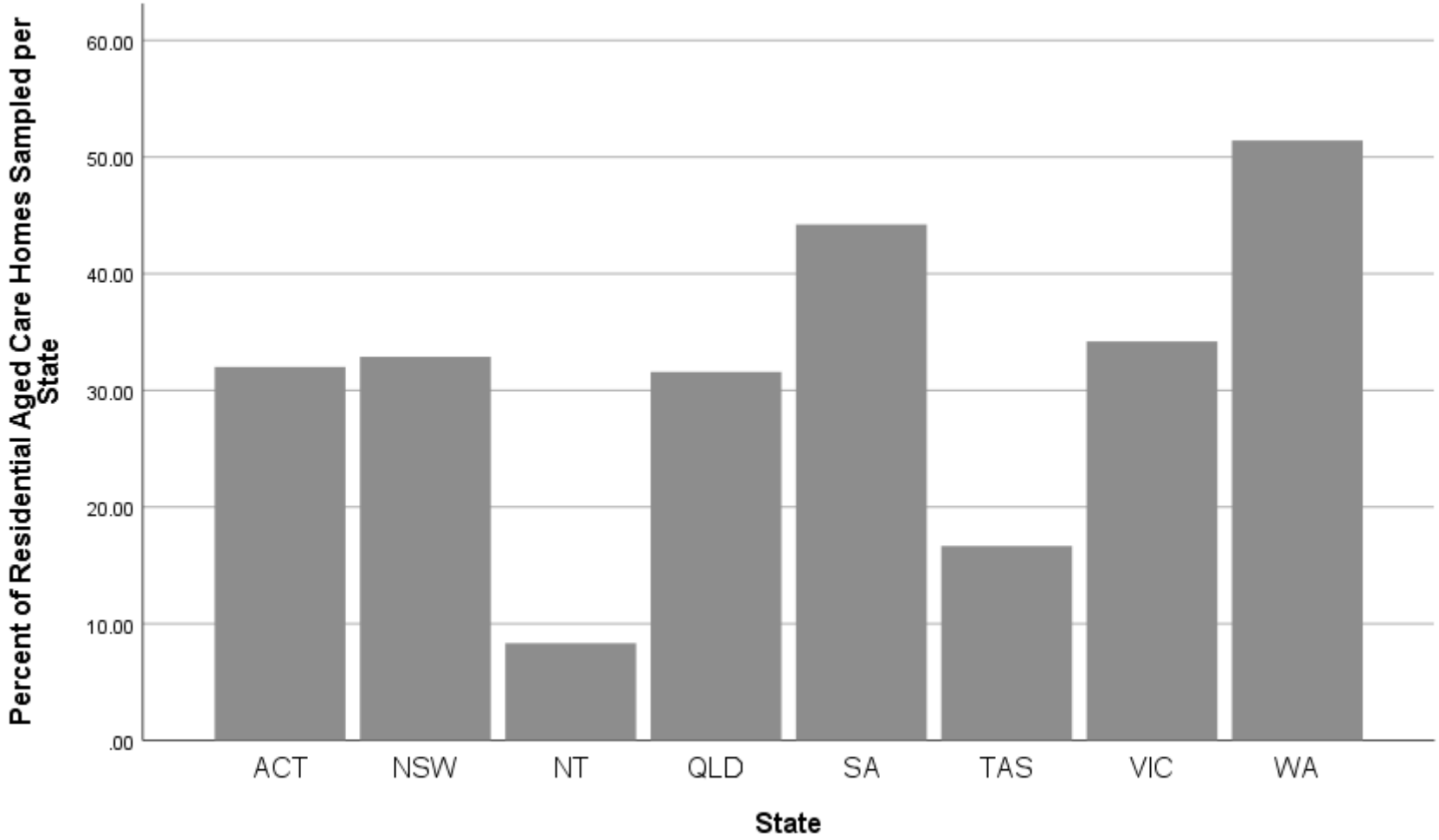
The Percentage of Residential Aged Care Homes Sampled for each State



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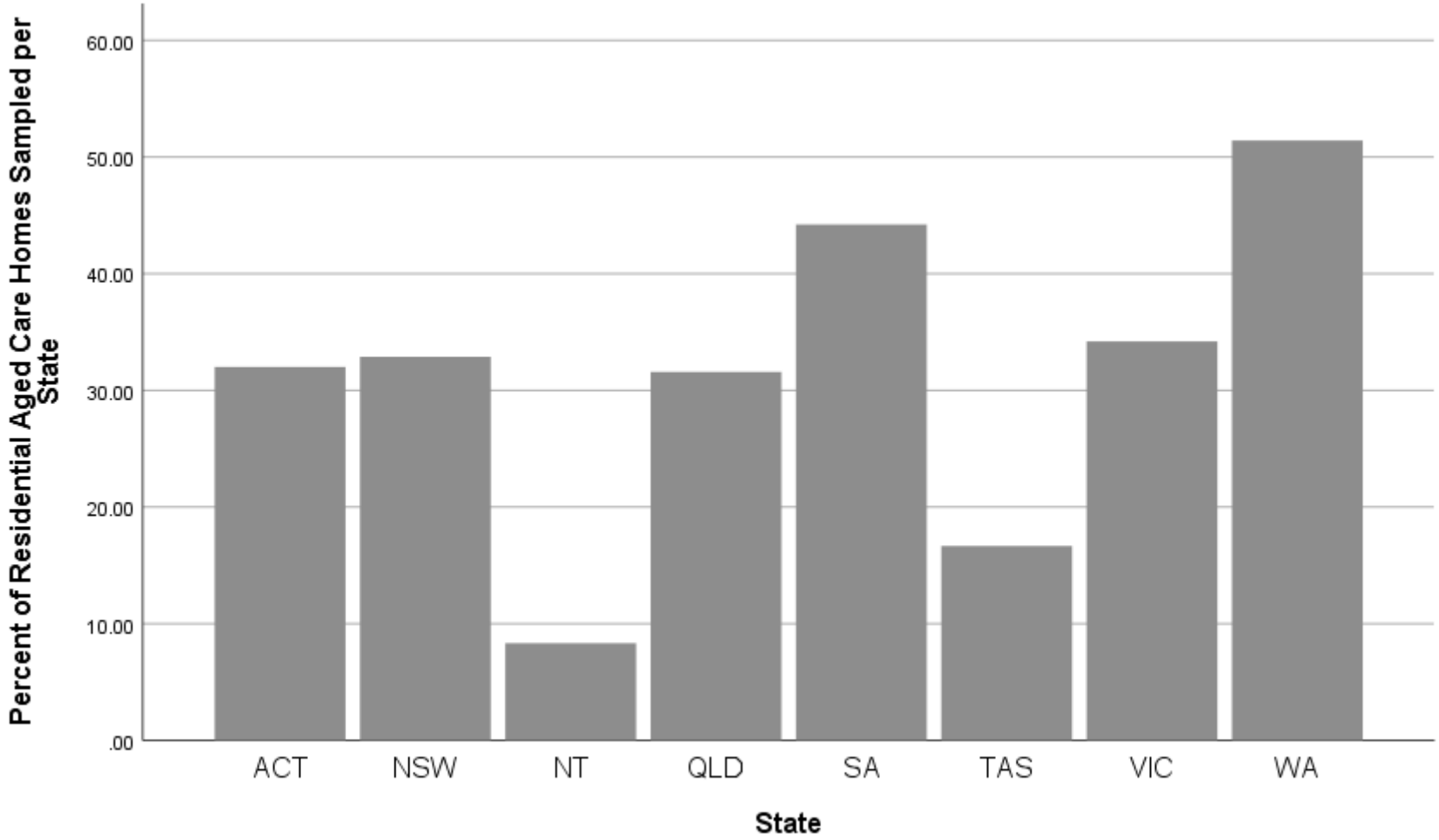

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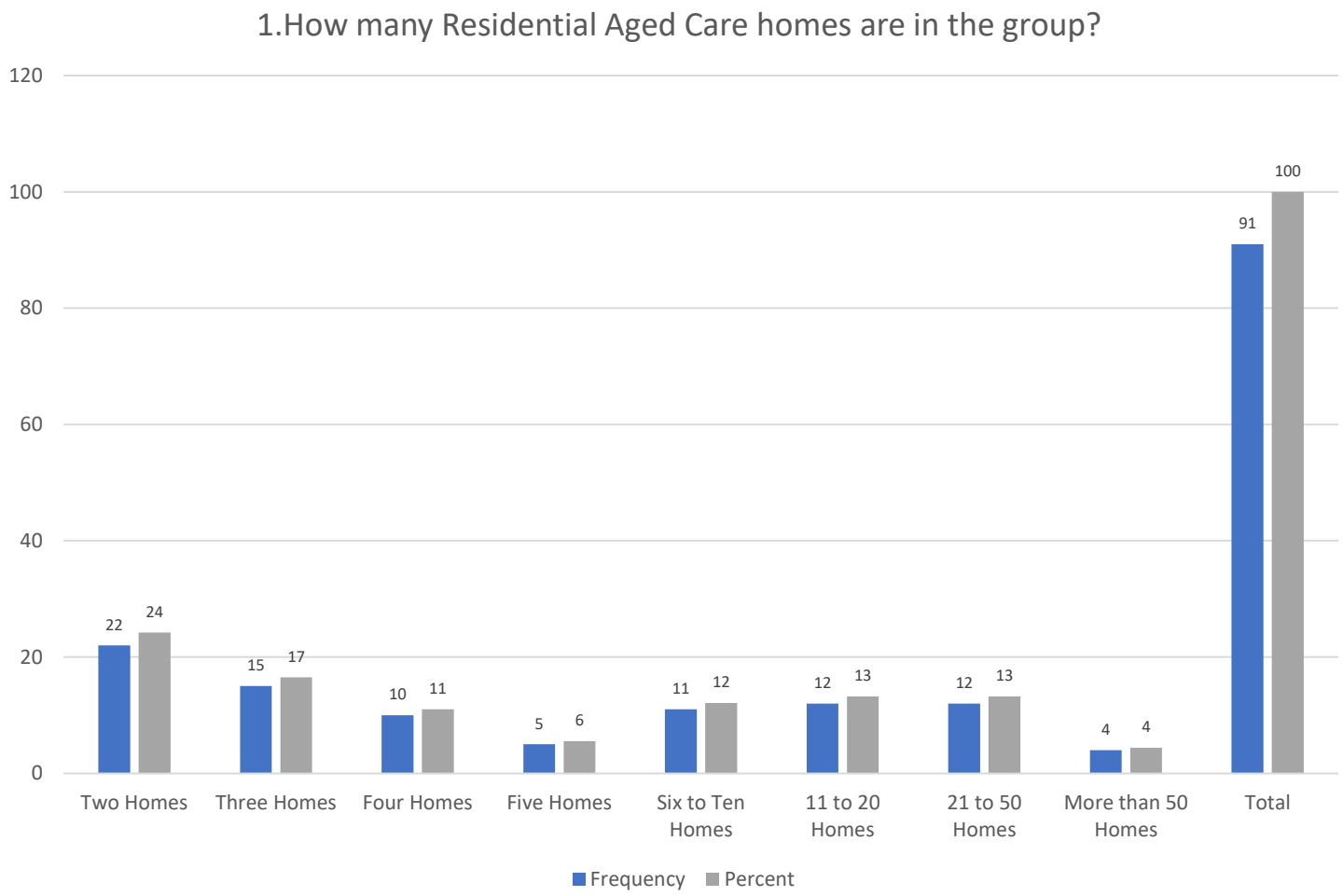
1. How many Residential Aged Care homes are in the group? (number)



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Food Service System and Environment

Q6. How many of the residential aged care homes use the following food production systems?

Food Production System	Number (%) of Providers (n=88)	Number (5%) of Homes (n=949)
Cook fresh	83/88 (94.3%)	933 (98.3%)
Cook chill short-term	35/88 (39.8%)	403 (42.5%)
Cook chill long-term	3/88 (3.4%)	57 (6.0%)
Cook freeze	6/88 (6.7%)	22 (2.3%)
Other	4/88 (4.5%)	102 (10.7%)

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Q6. How many of the residential aged care homes use the following food production systems?

ADDITIONAL COMMENTS

- Cook Chill from external provider.
- Food is cooked chilled prepared and delivered by spotless.
- Fresh.
- Purchase from private providers.
- we use a combination of cook chill and cook fresh at two of our sites and two sites use only cook chill.

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Q7. How many of the residential aged care homes in the Provider Groups deliver the following the catering styles?

Catering Style	Number	Percent of Provider Homes (n = 951)
In-house (on-site) catering?	896	94.2%
Cook chill (group has a centralised kitchen)?	409	43.0%
Out-sourced catering?	350	36.8%
Combination of in-house and out-source?	48	5.0%
Other catering options?	17	1.8%

NB: Catering types may overlap

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Q7. How many of the residential aged care home Providers deliver the following the catering styles?

Catering Style	Number (yes)	Percent of Providers (n = 89)
In-house (on-site) catering?	81	91.0%
Cook chill (group has a centralised kitchen)?	47	52.8%
Out-sourced catering?	16	17.4%
Combination of in-house and out-source?	6	6.5%
Other catering options?	2	2.2%

NB: Catering types may overlap

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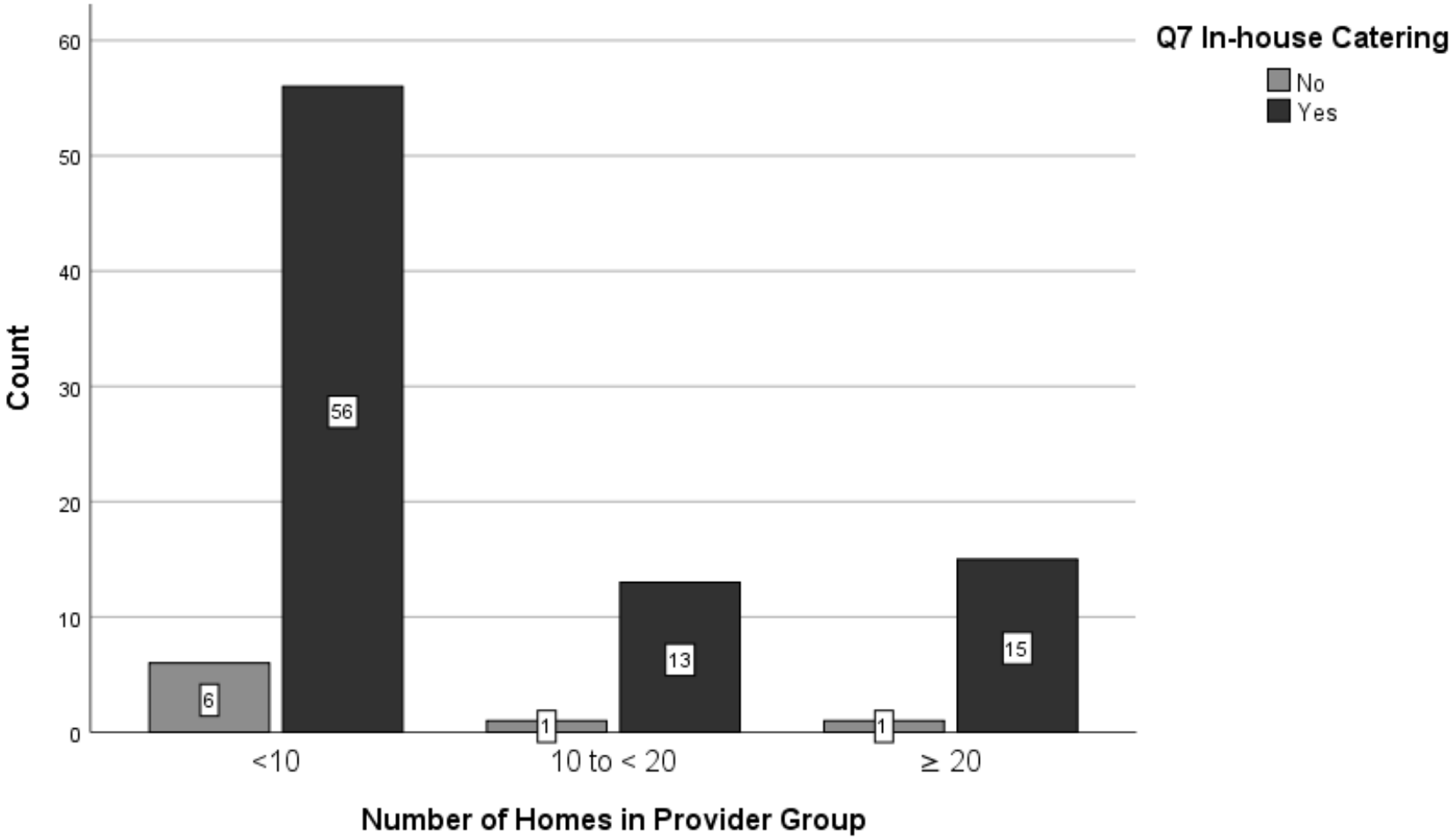
Q7. How many of the residential aged care home Providers deliver the following the catering styles?



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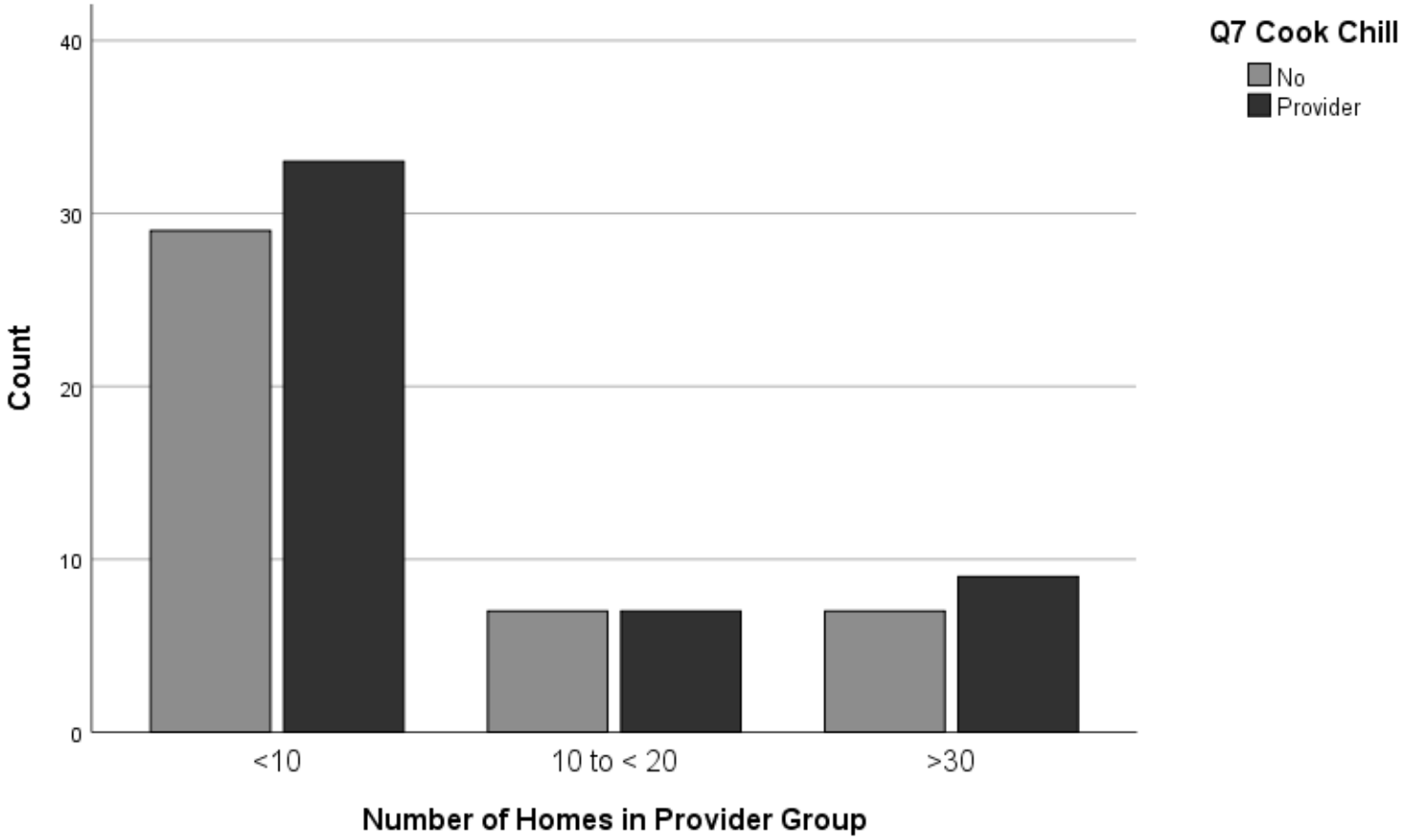

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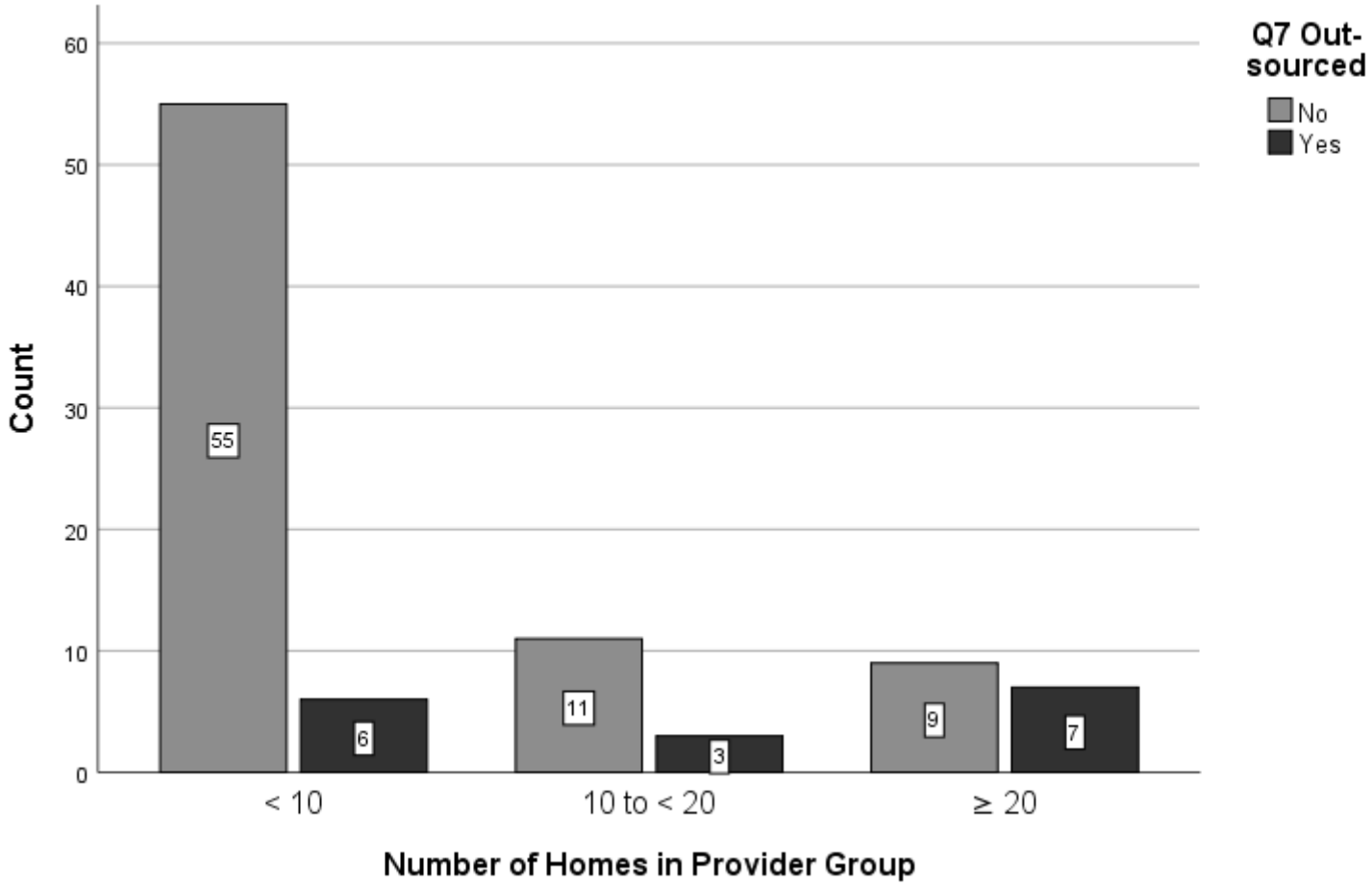

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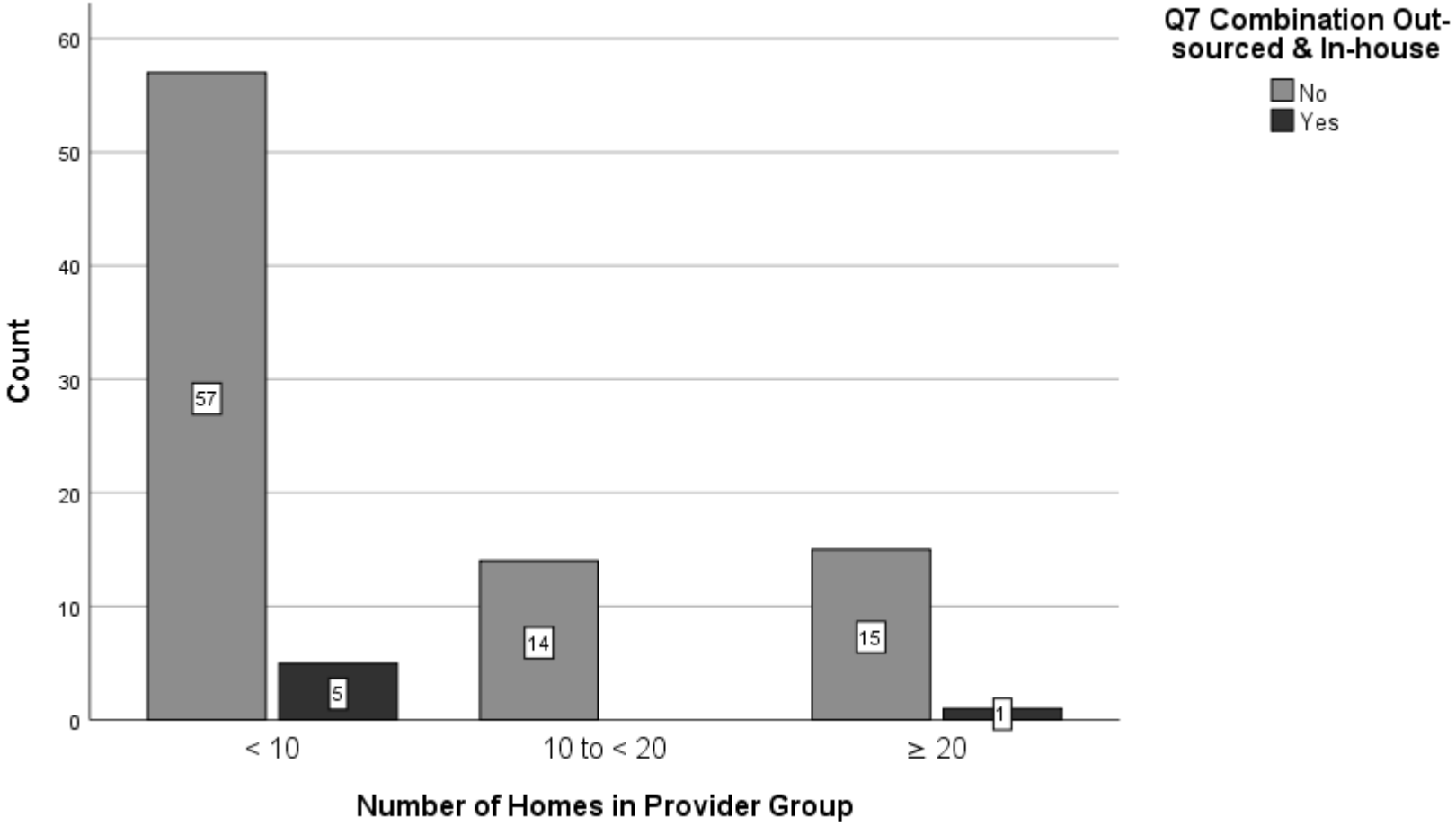

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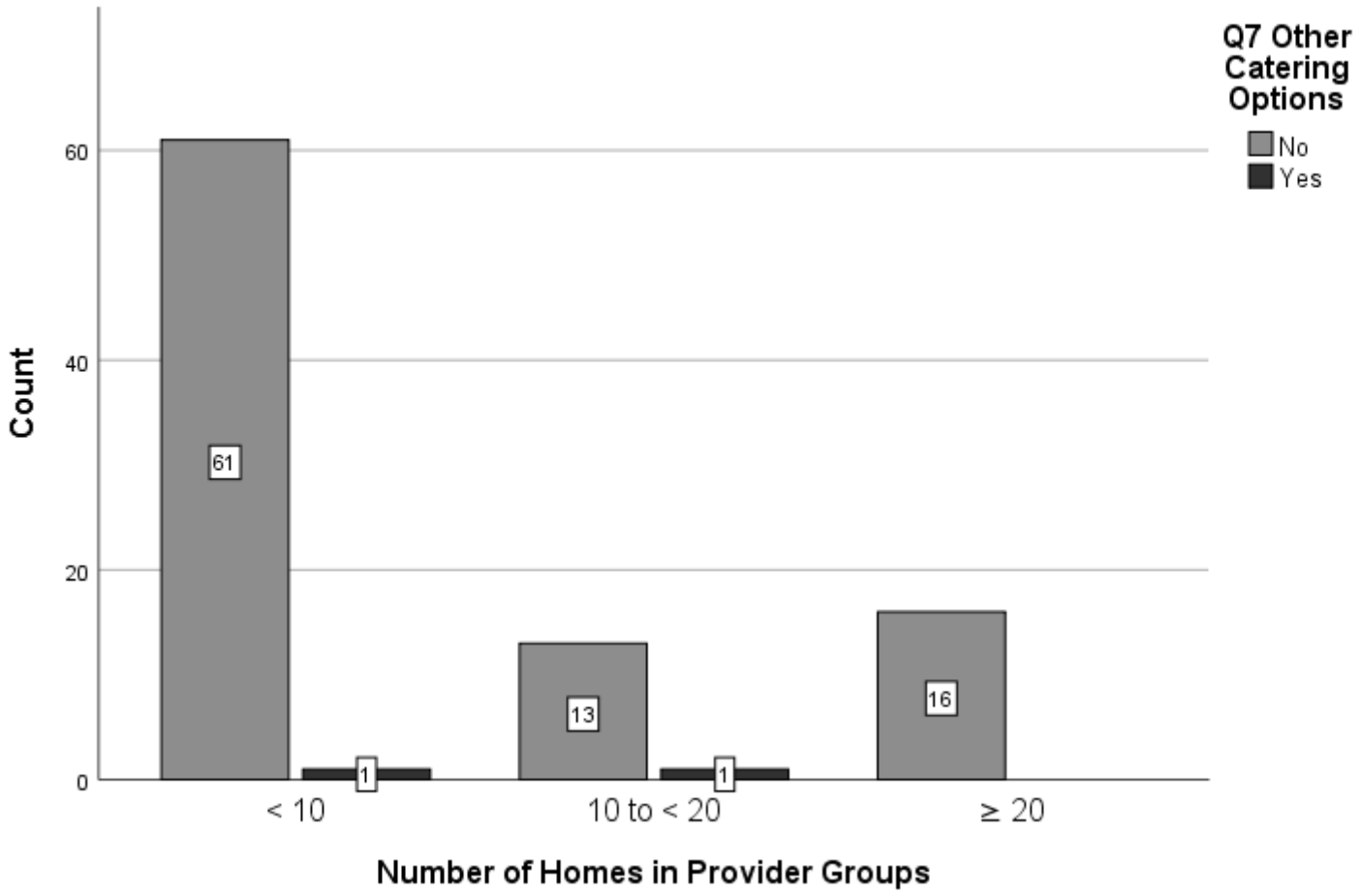

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Q8. How many of the following people are responsible for preparing meals in your Residential Aged Care homes (n = 89 Providers)?

	Total	Mean Per Provider	Std. Deviation
Chefs	946	10.4	17.1
Cooks	884	9.6	13.0
Kitchen Hands	1283	13.9	22.4
Other	782	8.5	27.6

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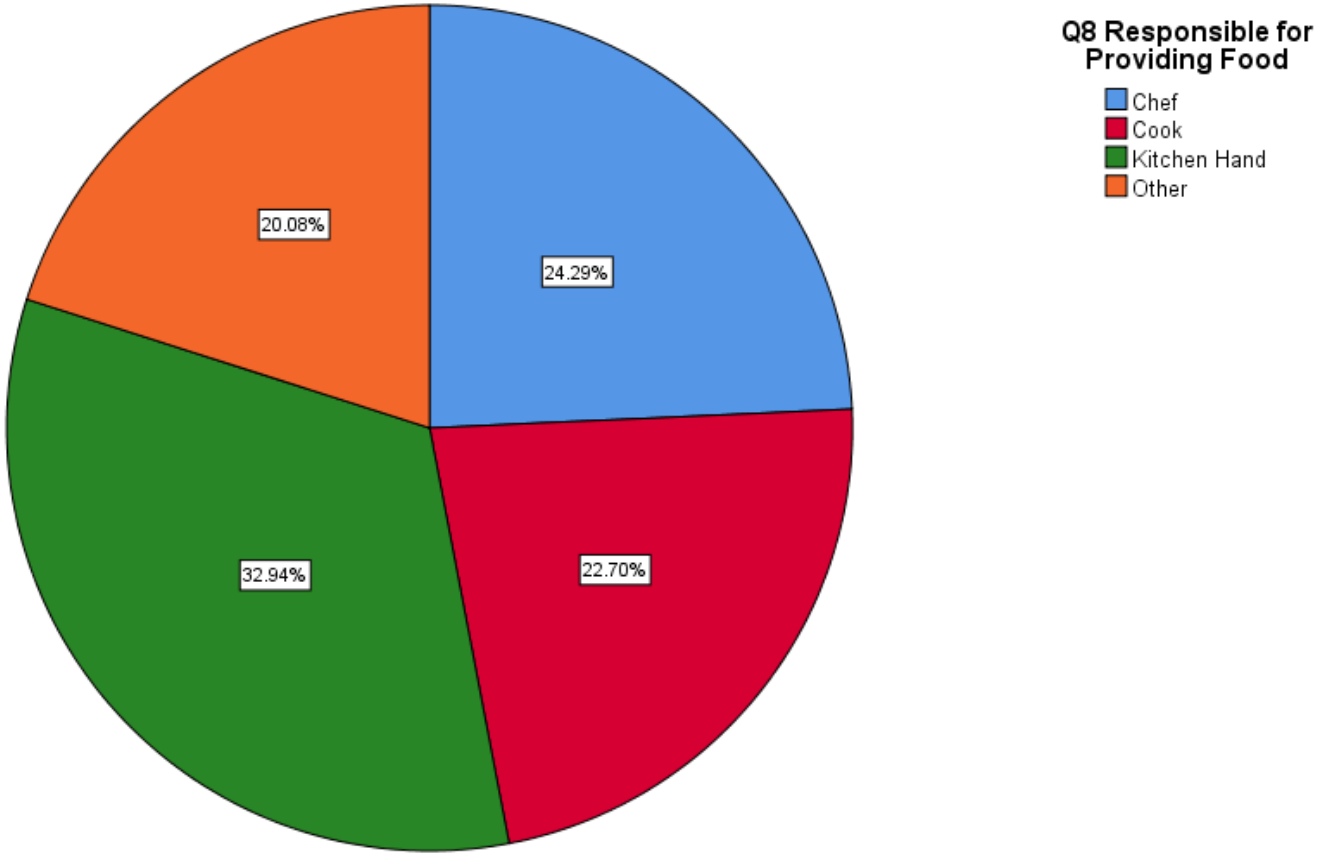
Q8 Proportion of Staff Employed for Providing Food (total number of staff = 3895: 91 Providers



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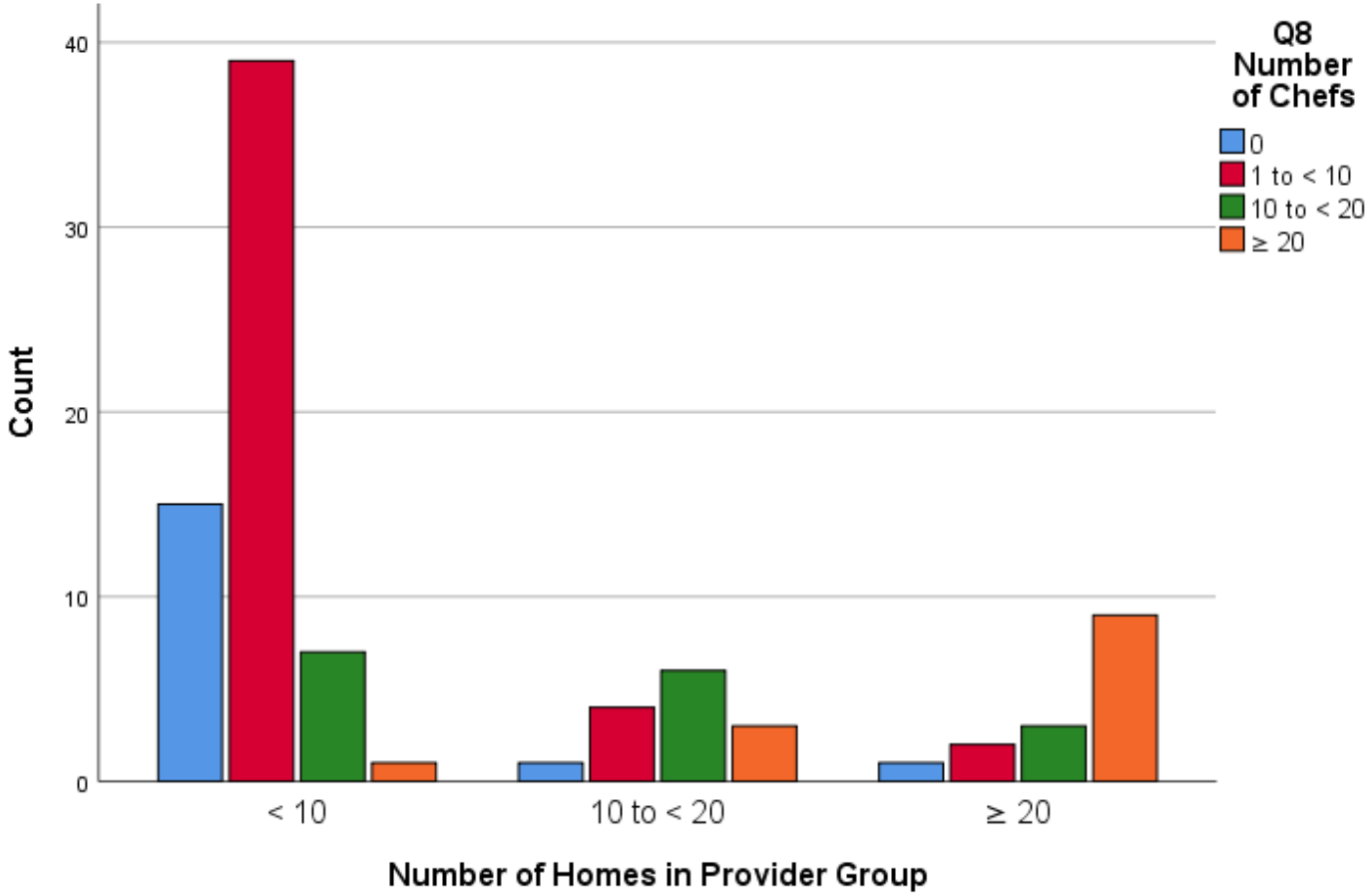

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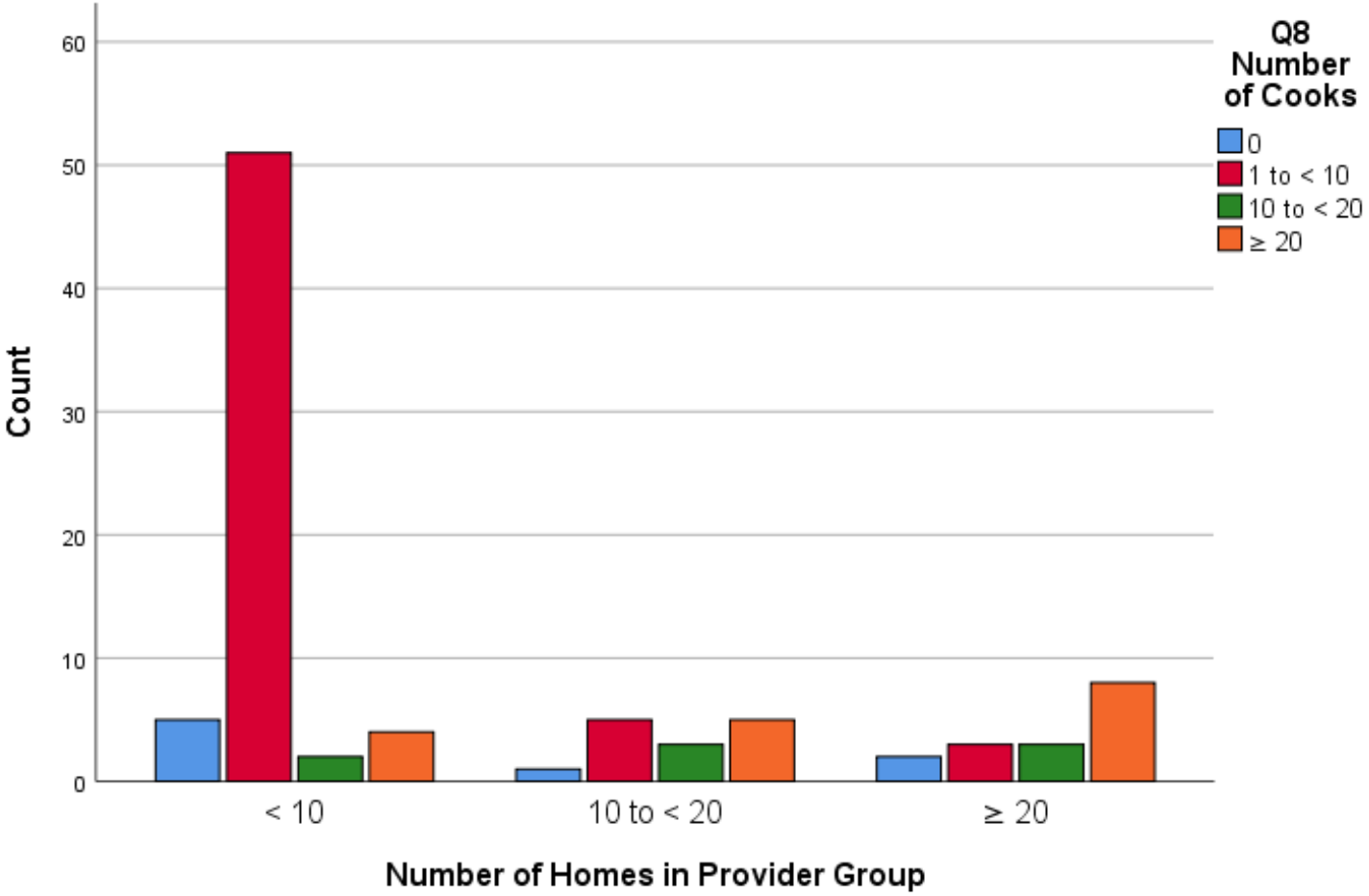

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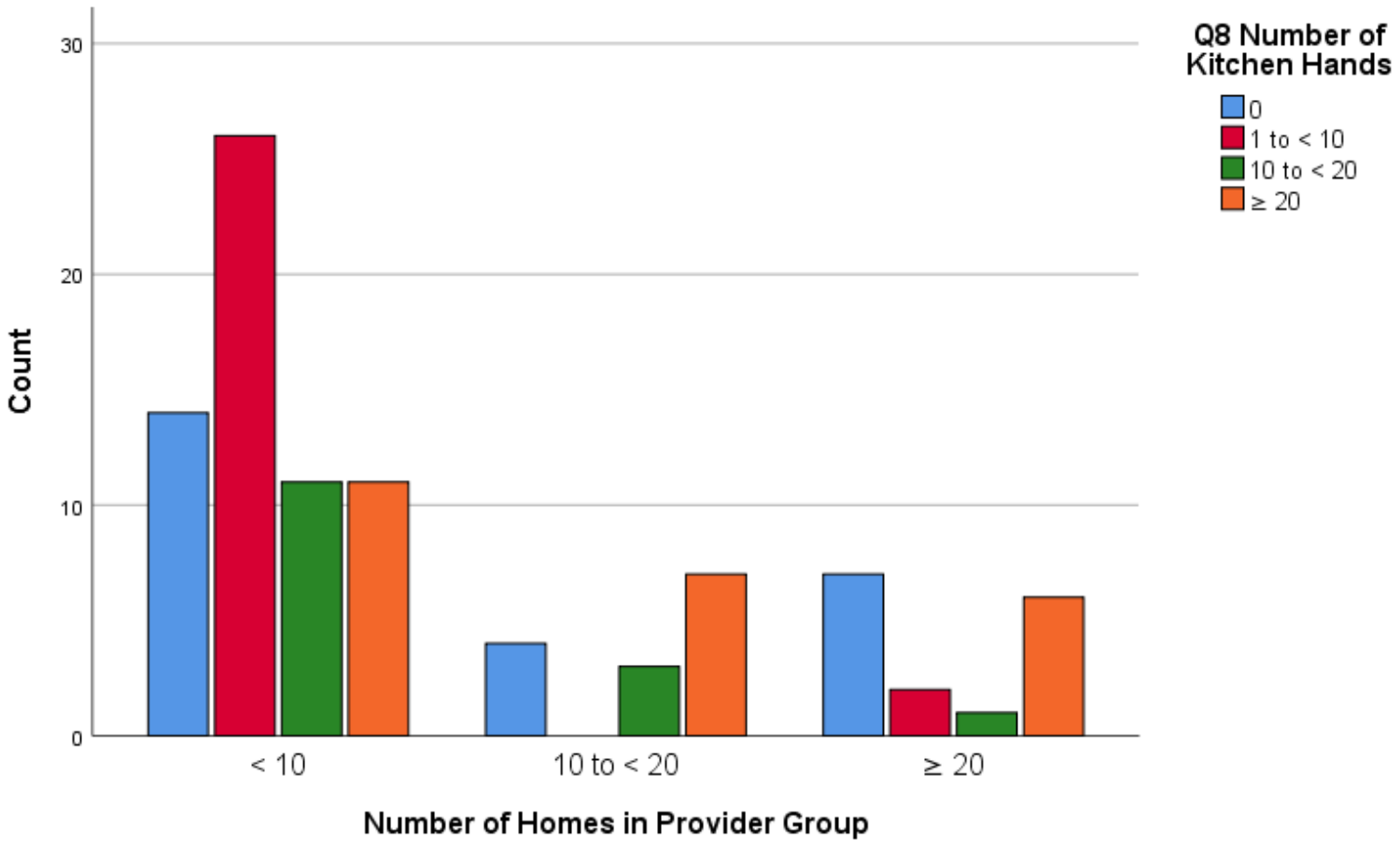

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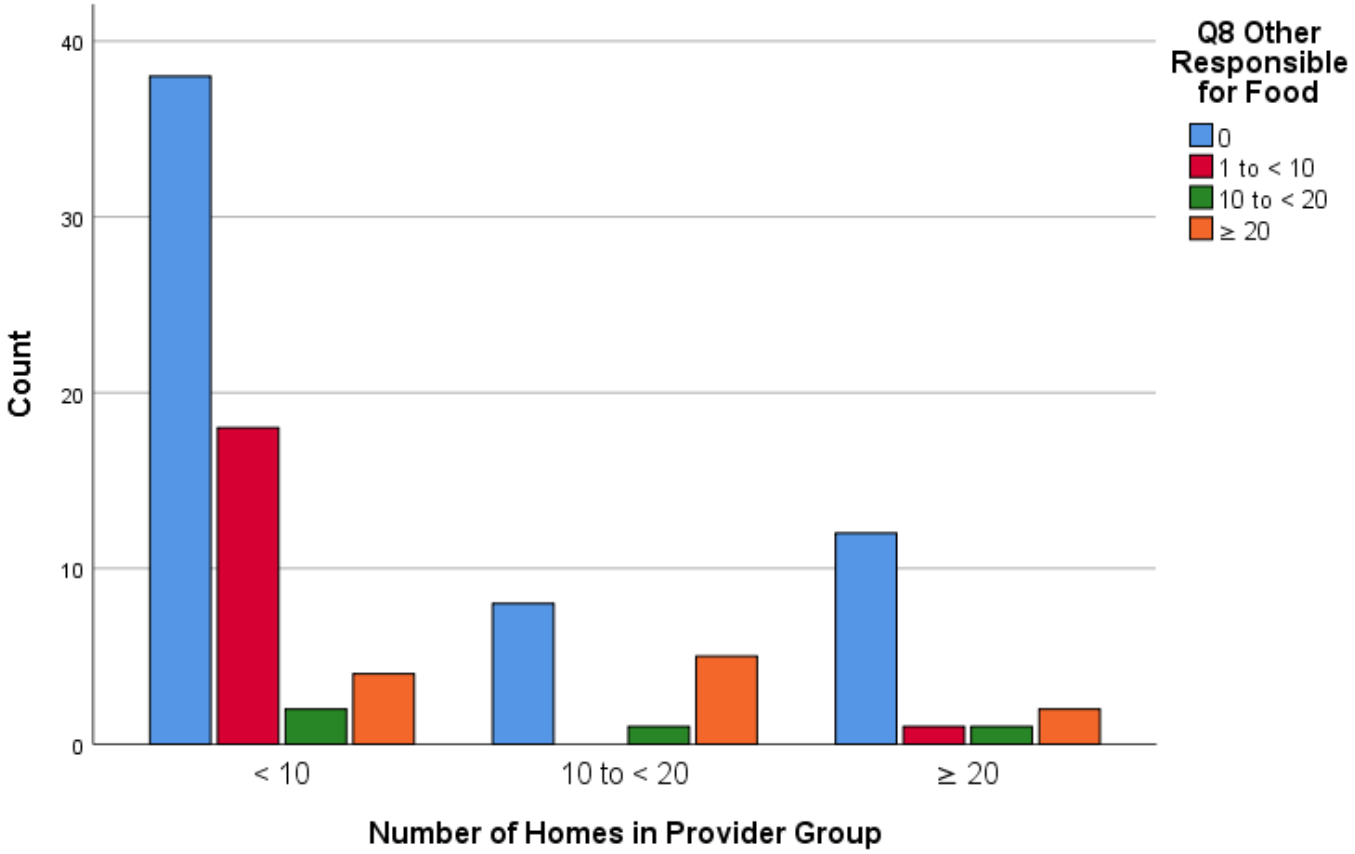

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Q9. How many of the kitchens in your residential aged care homes are adjacent to a dining room?

Number (%) of Providers

Yes = 65/89 (73.0%)

Number (%) Homes

Yes = 550/951 (57.8%)

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Q10. How many of the residential aged care homes contain a kitchen or kitchenette where residents can access food, snacks and beverages?

Number (%) of Providers

Yes = 83/89 (93.2%)

Number (%) Homes

Yes = 767/951 (71.4%)

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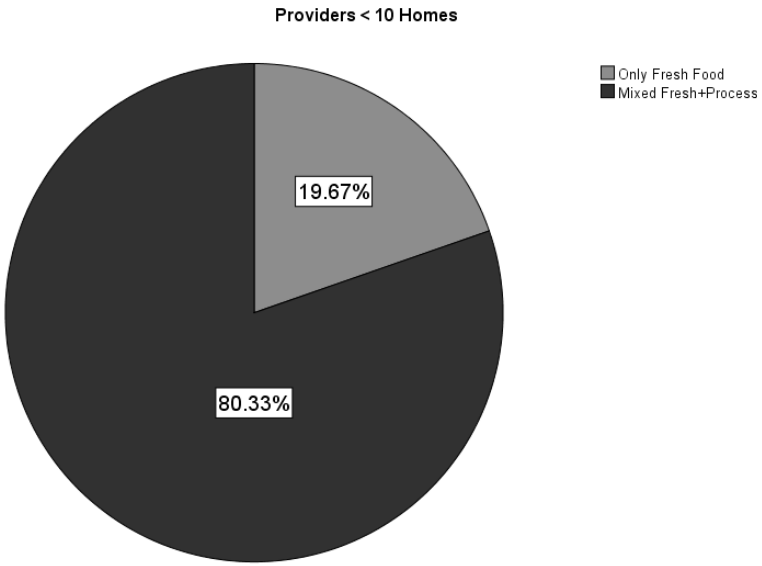
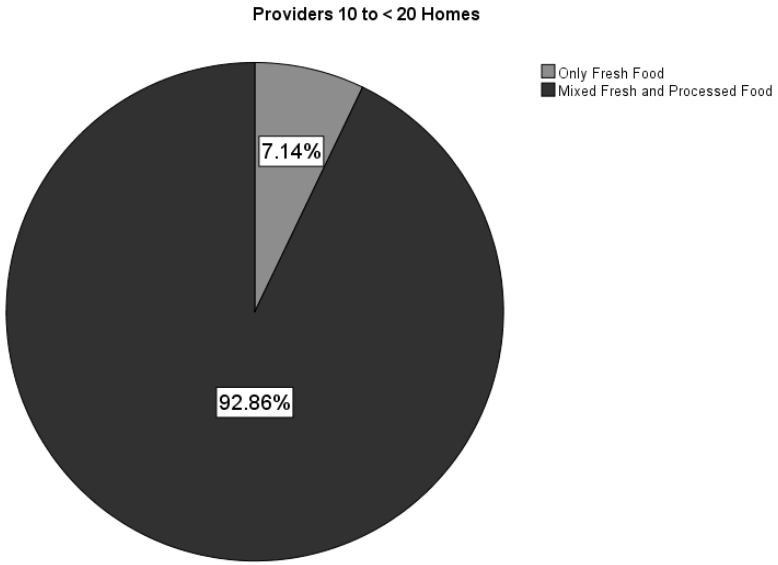
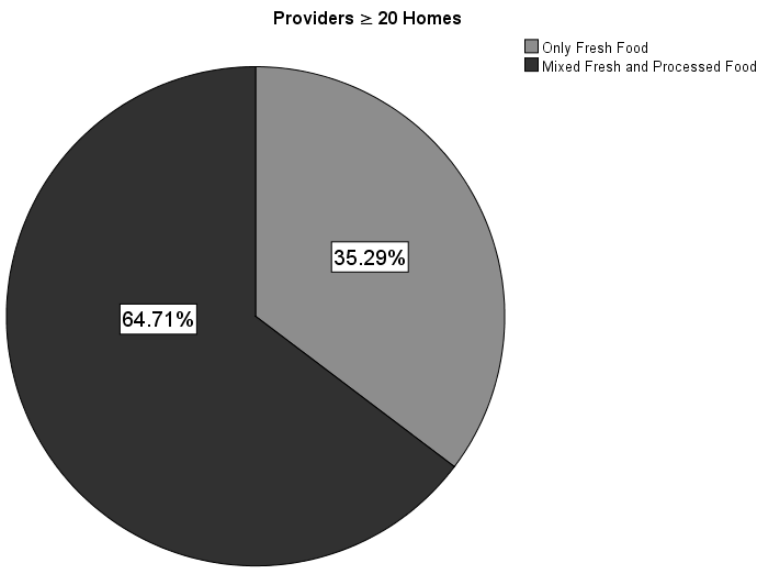
Q12: According to the Number of Homes in the Provider Group (<10, ≥10 to < 20, and ≥ 20): the Percent that Provided (1) Only Fresh or (2) Mixed Fresh and Processed Food







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Q13. How many of your residential aged care homes provide residents with access to fresh fruit every day?

Number (%) of Providers

Yes = 88/88 (100.0%)

Number (%) Homes

Yes = 948/948 (100.0%)

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Q14. In how many of your residential aged care homes do residents have a choice in the timing of the main meals?

Number (%) of Providers

Yes = 47/89 (52.8%)

Number (%) Homes

Yes = 532/951 (57.1%)

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Q15. In how many of your residential aged care homes can residents have main meals outside of set mealtimes?

Number (%) of Providers

Yes = 69/89 (77.5%)

Number (%) Homes

Yes = 774/951 (81.4%)

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Q16 How many of your residential aged care homes have a policy to allow families to provide residents with home prepared meals?

Number (%) of Providers

Yes = 79/89 (88.8%)

Number (%) Homes

Yes = 845/951 (88.9%)

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Q17. Please estimate the percentage of residents who attend shared dining spaces to eat their meals in your residential aged care homes (60 providers answered the question)?

LOWEST percentage

Mean = 48.5%

HIGHEST Percentage

Mean = 85.0%

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Catering Style

Q18. How often in the last month would the following catering styles for lunch/dinner be used in the residential aged care home?

	Buffet n(%) homes (Providers who responded = 66)	**A la carte** n(%) homes (Providers who responded = 68)	**Cafeteria** n(%) homes (Providers who responded = 56)	**Plated dinners** n(%) homes (Providers who responded = 73)	**Family style** n(%) homes (Providers who responded = 56)	**Tray service** n(%) homes (Providers who responded = 76)	**Other catering styles** n(%) homes (Providers who responded = 55)	**Special Days** n(%) homes (Providers who responded = 73)
Never	187 (24.9%)	252 (37.5%)	408 (73.9%)	181 (24.9%)	336 (55.7%)	165 (21.4%)	350 (68.4%)	2 (0.2%)
Occasionally (1-2 times per month or less)	56 (7.5%)	37 (55.1%)	52 (9.4%)	2 (0.3%)	75 (12.4%)	77 (10.3%)	83 (16.2%)	605 (74.5%)
Sometimes (1-2 times per week)	94 (12.5%)	22 (3.3%)	1 (0.2%)	4 (0.6%)	139 (23.1%)	4 (0.5%)	36 (7.0)	203 (25.0)
Often (3-5 times per week)	7 (0.9%)	74 (11.0%)	14 (2.5%)	2 (0.3%)	46 (7.6%)	16 (2.1%)	3 (0.6%)	0 (0.0%)
Always (6-7 time per week)	406 (54.1%)	287 (42.7%)	77 (13.9%)	538 (74.0%)	7 (1.1%)	508 (66.0%)	40 (7.8%)	2 (0.2%)

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Menu Planning and Evaluation

Q19. How many of your residential aged care homes have the following menu cycles?

	Number of Providers (n = 89)	Percent Providers	Number of Homes (n = 951)	Percent Homes
2 weeks or less?	2	2.2%	12	1.2%
3 weeks?	5	5.6%	20	2.1%
4 weeks?	70	78.6%	780	82.0%
6 weeks?	11	7.0%	78	8.2%
8 weeks?	2	2.2%	23	2.4%
more than 8 weeks?	3	3.4%	83	8.8%

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Q20. Who is involved in the menu planning process in your residential aged care homes?

	Number of Providers (n = 89)	Percent of Providers
Dietitian	81	91.0%
Residents	84	94.4%
Cook/Chef	87	97.8%
Manager is responsible for menus	73	82.0%
External consultant	14	15.7%
Other?	24	27.0%

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Nutrition planning and requirements

Q25. In how many of your residential aged care homes is there a process in place to manage appropriate table setting and eating aides?

Number (%) of Providers

Yes = 87/89 (97.7%)

Number (%) Homes

Yes = 894/951 (94.0%)

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Q21. In how many of your Residential Aged Care homes are menu audits carried out by a dietitian on a regular basis?

Yes = 823/951 (86.5%)

Q22. In how many of your Residential Aged Care homes do the menu audits include an on-site visit by a dietitian with observation of cooking and meal delivery?

Yes = 684/951 (71.9%)

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Q27. In the last month did any residents in your residential aged care homes required texture modified diets?

	NUMBER OF PROVIDER HOMES	PERCENT PROVIDER HOMES	NUMBER OF RESIDENTS	PERCENT OF RESIDENTS
Yes	85	95.6%	69,771	93.2%
No	0	0.0%	0	0
Don't Know	4	4.4%	5118	6.8%

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Q27. Please specify how many residents required the following Texture Modified Diets in the last month?

	Number of Providers (n = 85)	Percent Providers	Number of Residents in Survey Sample	Percent of Survey Residents Receiving Texture Modified Diets (n = 36,936)	Percent of all Provider Residents (n = 74,889)
Slightly Thick (IDDSI Level 1)	51	60.0%	1320	3.6%	1.8%
Mildly Thick (IDDSI Level 2)	68	80.0%	2854	7.7%	3.8%
Moderately Thick (IDDSI Level 3)	65	76.5%	1899	5.1%	2.5%
Smooth Pureed diet (or IDDSI Level 4 Pureed)	81	95.3%	4072	11.0%	5.4%
Soft (or IDDSI Level 6 Soft and Bite-Sized) diet	77	90.6%	8834	23.9%	11.8%
Minced and moist diet (IDDSI Level5)	78	91.7%	5247	14.2%	7.0%
Extremely thick (IDDSI Level 4)	53	41.2%	1399	3.8%	1.9%
Easy to Chew (IDDSI Level 7)	65	76.5%	11311	30.6%	15.1%

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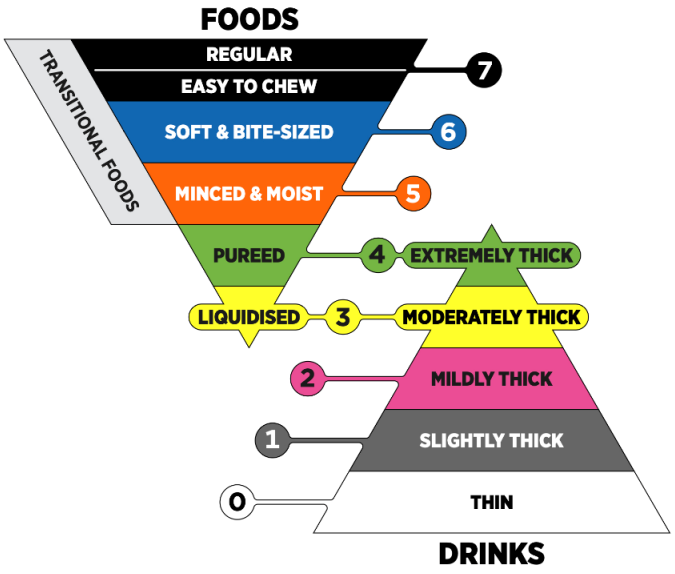
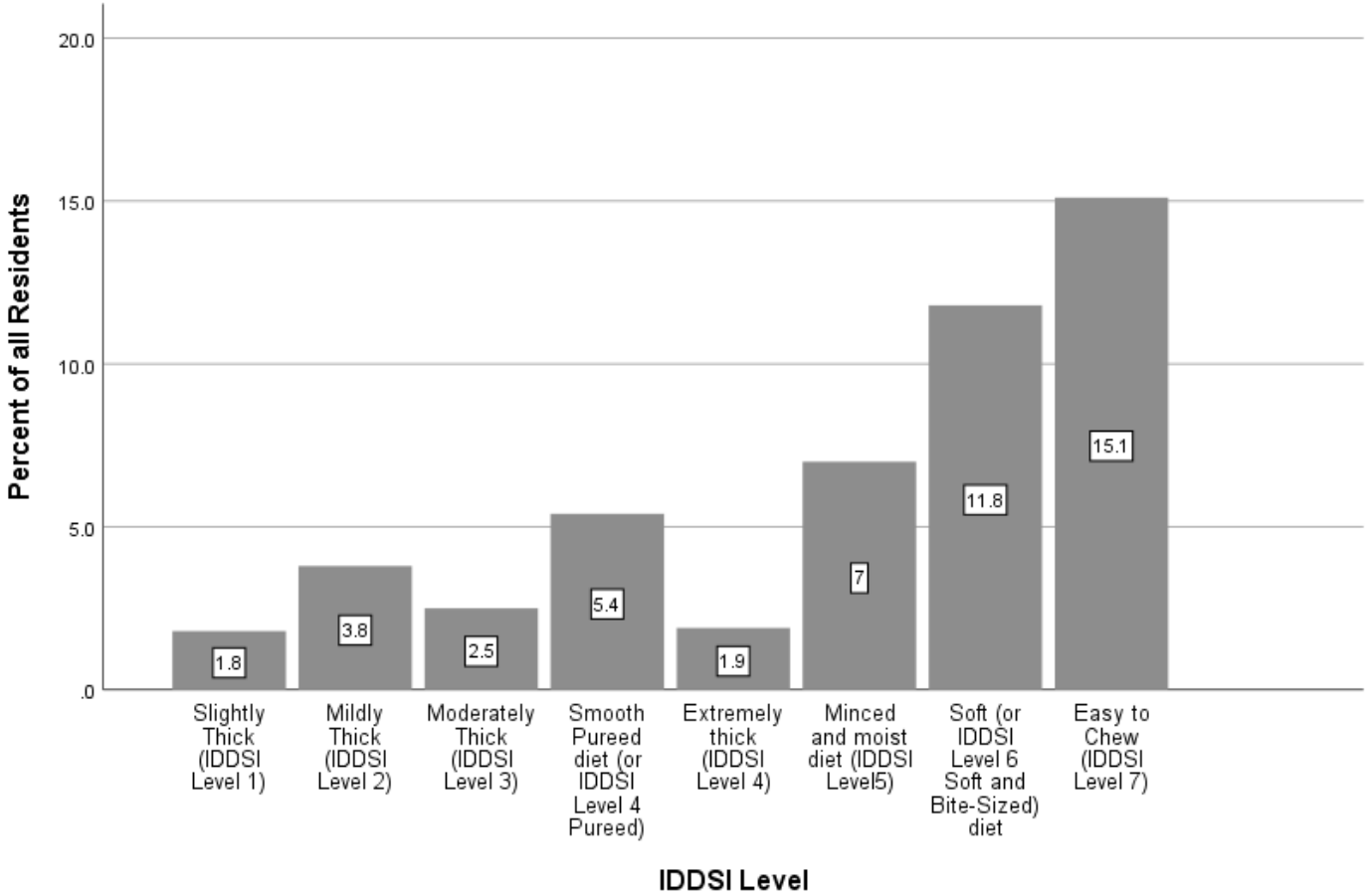
% of Total Residents in Provider Homes (n=74,889) receiving Texture Modified Food





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Nutrition-related screening and assessment

Q29. How many of your residential aged care homes use food fortification strategies?

Number (%) of Providers

Yes = 86/89 (96.6%)

Number (%) Homes

Yes = 906/951 (95.3%)

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Q31. In how many of your residential aged care homes is nutritional status assessed when a resident is admitted?

Number (%) of Providers

Yes = 89/89 (100.0%)

Number (%) Homes

Yes = 906/951 (95.3%)

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Q32. Do your residential aged care homes have any routine processes in place to instigate nutrition related referrals to health and medical practitioners? (e.g. medical doctor, dentist, dietitian, speech pathologist)

	NUMBER OF PROVIDERS	PERCENT PROVIDERS
Yes	87	97.8%
No	0	0.0%
Don't Know	2	2.2%

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Q33. How many of your staff are trained in malnutrition screening tools?

Number (%) of Providers

Yes = 74/89 (83.1%)

Number of Staff

= 4397

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Training and additional information

Q 34. How often is food/food service professional development offered to the kitchen/food service staff?

	Number of Providers (n = 89)	Percent of Providers
Yearly	34	38.2%
Every 2 years	1	1.1%
Every 6 months	11	12.4%
Every 3 months	8	9.0%
Monthly	9	10.1%
When needed	23	25.8%
Not applicable	1	1.1%
Don't know	2	2.2%

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Q36a. How many of your staff receive training from a dietitian and/or speech pathologist on nutrition and textural concerns in aged care?

Number (%) of Providers

Yes = 77/89 (86.5%)

Number of Staff

= 14461

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a) Number of Providers who provide training = 76

b) Number of homes in the Provider groups who provide training = 616

Q36b. In how many homes is the training on nutrition and textural concerns in aged care delivered by a commercial provider of nutritional supplements or texture-modification additives or products?

Yes = 49 (64.5%) Providers

Q36c. In how many homes is the training on nutrition and textural concerns in aged care delivered by an independent practitioner working with your residents?

Yes = 54 (71.1%) Providers

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Q37. Who completed this survey?	Number of Providers	Percent of Providers
Catering manager	30	33.7
Service Manager	22	24.7
Chief Executive Officer	5	5.6
Cook/Chef	1	1.1
Dietitian	4	4.5
Other	27	30.3

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Q37. Who completed this Provider Home Survey: Other

- Corporate Manager
- Director of Nursing
- Food Safety Supervisor
- General Manager (E.G. Compliance and Quality, Hospitality and Operations Support, Operations, Residential Services, etc)
- Manager (E.G. Catering, Corporate, Corporate Services, Facilities, Group Operations, Hospitality Services, Hotel Services, Nutrition and Hydration, Quality, etc)
- Nurse Unit Manager
- Speech Pathologist

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Q38. What is working well in your residential aged care home?

92 Providers gave 213 Responses

Q38. Working well in your home: Thematic Analyses

Themes	Examples
Adapting Organizational Practices	"Improving organisation communication & commitment to quality improvements", "Catering teams working together to give feedback about food and using this feedback in a positive way to drive continuous improvement", "Protected meal break for residents 0800-0900 1200-1300 1700-1800 where all staff regardless of position only focus on the feeding of the residents", "Creating a Hospitality frame work, communication with chefs, cooks, hospitality coordinators, making sure all know our goal for our residents, changing the face of aged care one plate at a time", "Dietetic and Speech Pathology involvement with menu review and development", "Teamwork - Catering teams working together and making the time to work with clinical teams and allied health", "Training all staff in IDDSI standards", "Our detailed menu planning process ensures each menu meets agreed contractual, budgetary, and best practice menu planning frameworks."

Q38. Working well in your home: Thematic Analyses (continued)

Q38. Themes	Examples
Enhancing Menus	“When developing Menus it is important to listen to what residents tell us they would like on those Menus”, “We have used many residents recipes in our homes”, “We have focus groups with our residents to find out what they want to eat and be served”, “Culturally appropriate food, resident consultation”
Enhancing Facilities	“Our dining rooms, are designed and updated to encourage our residents to have a pleasant dining experience”, "Servery areas adjacent or opened to dining rooms providing a true dining experience with food on display”
Enhancing Food	“Having fresh food cooked on site with real ingredients - it's our competitive advantage“, “All Day Dining Menu - Created for residents to be able to order a meal (hot or cold), snack, beverage etc 24 hours per day”, "Have introduced variety boxes for morning / afternoon tea…contain a variety of snacks including fresh fruit, cheese & biscuits, homemade cakes, biscuits, scones, truffles, savoury scrolls and for textured modified, puddings, fruit, yoghurt, ice cream, savoury snacks”, “Addition of in season vegetables”, “Residents sitting together in the dining rooms and enjoying freshly cooked food made from ingredients sourced locally where possible”, “The use of silicon moulds in homes has received a positive response from residents”

Q38. Working well in your home: Thematic Analyses (continued)

Themes	Examples
Empowering Service	"The use of Scan Boxes to deliver hot meals not only to serveries but as a tool to serve trayed meals to the rooms has had some wonderful results", "Residents know that if they have an individual request we will accommodate it", "Monthly theme days (resident choice) such as Chinese, Italian, BBQ", "Having dietitian enter the kitchen and train Chefs how to achieve yield of texture mod foods so they are appealing", "Attractive Menus with a good variety of options, and staff able to arrange the food attractively on plates (we ask staff to copy the photos provided)", "We also have a picture menu book which has a picture and description of each meal for those residents that get a little confused"
Empowering the Catering Staff (especially Chefs)	"We also value the importance of up skilling our staff…we have put cooks and FSAs through a certificate in commercial cookery and our chef turnover is minimal", "presence of chef during meals", "Our Chef is highly visible & engaged with the residents and meets up with them collectively and individually on a regular basis", "Lunch with the Chef project",
Empowering Residents	"We are very proud of our menu, it is a combined effort from chefs, residents and other stake holders", "On site management team who regularly liaise with residents and families", Kitchen tours for residents", Foodie group meetings", Cooking Club - A club where residents who want to cook are able to", "We consult our residents prior to planning menus", "Our chefs get coaching and mentoring and have the ability in the menu to showcase their talent"

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Q38. Briefly describe why this is an example of best practice
Complete comments (de-identified)

We aspire to make ""every moment matter"" and recognise the dining experience is an important aspect of our residents day, every day. Therefore we embarked on our ""Meals Matter"" project to ensure the dining experience is enjoyable and provides quality fresh meals and friendly service. We recognise the dining experience is not just about the food, and it encompasses multiple aspects to make it a true dining experience. Our Meals Matter project allowed us to break it down into 3 key areas to focus on and set our standards that we aspire to deliver every meal. Our standards include; 1. Serving Standards; includes staff attire and presentation, methods of service â€“ dining room and room service. 2. Dining Room and Servery Presentation Standards; includes cleanliness, crockery, cutlery and table settings. 3. Meal & Food Standards; includes preparation, meal finishing, plating & presentation, texture modified meal flavour, variety and presentation, service temperature and the provision of quality food products supplied. To achieve this there has been substantial financial investment committed to upgrade our kitchens across our homes to ensure they are equipped with the required items to finish and freshly prepare meals. Staffing levels and extensive training for food service staff has been provided to equip them with the skills to provide quality service and meal plating skills. A detailed presentation of our Meals Matter project is available on request.
Three published books , all recipes in all three books have been audited for high protein and high energy for people living with dementia . Books co written by a speech pathologist and a dietitcian , these books are now a recognised learning tool in Flinders University , Tasmania University and Sterling University Scotland. All books have recipes that are in the recipe data base for our homes
Head Chef is dedicated to developing new ways to increase variety & choice with modified diets. He is passionate about involving residents whose diet changes in the process and to demonstrate to them that they are eating fresh , nutritious food, prepared every day - just slightly differently Exec Head Chef is dedicated to a collaborative approach with residents to ensure he hears what they want to eat - his philosophy is that he is cooking in their home so include them in the process

Q38. Briefly describe why this is an example of best practice Complete comments (de-identify) continued

I have photos of our TMF initiatives and our IDDSI level 5 sandwiches. The TMF is in line with Amanda Orchards techniques. I can attach the photos ,as this does not allow me. A brief description of our menu submission is below to Leading Nutrition:
Attached and below is the submission to Leading Nutrition re the Summer menu 2020-2021.
The Chef managers also now have the menu to present to residents for feedback and comments (standard 4),where they will take on board local recommendation and adjustment for the menu from there. The menu uses Leading Nutrition Dietary Manual and complies with:
DAA Menu Audit Tool for Aged Care Homes (2016),
Nutrition Standards from Victoria (Nutrition Standards for Menu items in Victorian Hospitals and Residential Aged Care Facilities, April 2009) and Queensland (Queensland Health, Nutrition Standards for Meals and Menus, May 2015) as applicable to aged care settings
Best Practice Food and Nutrition Manual for Aged Care Edition 2 (2015),
Australian Dietary Guidelines (2013), and Practical experience of Leading Nutrition Dieticians
My team has implemented initiatives such as the new buffets and staggered service and this and any other new initiatives may impact on menus to a degree or service arrangements with teams supporting these processes. Consistent assignment is also a My Team Initiative keeping the same staff with residents.
Standard 4: catering teams will comply with A.C.Q & S.C ,services and support for daily living and all other relevant standards. All chef managers have been sent an audit tool for standard 4.
Leading Nutrition diet manual for aged care is now distributed to all sites/homes and should be kept alongside our FSP.
TMF & Dysphagia:
We encourage that kitchen teams look at new ways and initiatives pertaining the TMF and its presentation. I have attached two photos of some of this activity being done, which aligns with TMF innovator and Maggie beer representative Amanda Orchard, which also looks at different cooking techniques. Please let me know if I can assist kitchen teams in any new process and Amanda Orchard is now conducting classes around Australia and I would encourage anyone to try and attend these one day classes.
A level 5 sandwich was designed in 2020 and the video was send out to all homes along with LWI.

Q38. Briefly describe why this is an example of best practice Complete comments (de-identify) continued

We pride ourselves on a fresh cook system in all homes including all meals, soups, desserts and mid meal snacks. We operate a Natural Food Fortification program in all home and conduct regular dining experience audits in each home. I have a team of three regional hospitality managers (all chefs) to support and train our catering teams in best practice. We are IDDSI compliant and until recently had an in-house dietitian as part of the hospitality team. There are many other aspects to our catering services that I believe set a benchmark for the sector.
We are a non for-profit provider that is looking after Residents in rural areas of VIC,TAS,NSW , we are able to cater in house cooking fresh meals daily withing a fair and reasonable budget we are currently about to roll out a new Ordering program for the residents and family members that will be the first in The world that ties in , Suppliers, Recipes, ordering and residents wide choices in menu options I feel Respect care will be the front runners for his space within next 12 months
Here, we have been used by International educational bodies in Japan, Canada and New Zealand as an example of best practice in Aged Care. We regularly have students visit from overseas (pre Covid 19) to look at how we do things here, as a provider, not just catering. We are very proud of the services we offer, very proud of our catering departments and staff, menus and our product. We would be very happy if you wished to take a look at how we do things. Our CEO has always been clear, if we can improve peoples lives, not just our residents but residents anywhere, simply by letting others look at how we do things and it helps them to improve, everybody is welcome.
We have a very collaborative approach to food service. We have on staff Dietitian and Speech Pathologists who work with Chefs, residents and clinical teams on ensuring best practice is followed for the betterment of residents

Q38. Briefly describe why this is an example of best practice
Complete comments (de-identify) continued

Our wonderful chef prepares fresh happy food daily for our clients on the Island. She is so proud of the food she delivers and our clients complement her everyday on a job well.
We have a food first approach, using fresh ingredients wherever possible, emphasise on food presentation, if it looks good, they will eat! We have monthly culinary compositions where the chef, lifestyle, residents, and the whole home generally can participate, example Fish & chips with a twist, Proof is in the pudding, The perfect savoury pie, where each home competes Happy to send some examples, also have a annul Dining Competition, where each home must also provide a modified example of their entry.
I would like to put forward our biggest site as a best practice. The service, resident interaction and food quality is of a very high standard and well received by residents and families.
They are setting the standard with quality of food, meals and dining. Ideas and quality of texture modified foods are great. They have employed chefs from Ritz Carlton, Burj Al Arab, Crown Casino, Fairmont Hotels
He is an Italian chef who brings the WOW factor to our residents. Our dining service is a cook fresh buffet model where the residents can speak to the chef and select their meals. He regularly holds cooking activities with the residents, bakes and decorates delicious birthday cakes, morning teas and theme day events. He brings a lot of energy to mealtimes, where you can easily forget you are in an aged care facility and just enjoy the social experience and tasty food.

Q38. Briefly describe why this is an example of best practice
Complete comments (de-identify) continued

We are a true cook fresh organisation with a food safety approach which includes the serving of runny eggs, varied cook temperatures so that our residents can have a medium rare steak, or a piece of fish that isn't over cooked to 75deg and the prohibition of any reheating as a serving option when serving food to residents. We've worked extensively with MLA to deliver fresh, high quality products into our homes and only use Australian fruit & veg and sustainable fish. Our partnership approach with our dietitians involves a comprehensive masterclass program and dietetic reviews to ensure residents nutritional needs are being met with a food first approach.
All Day Dining Menu - Created for residents to be able to order a meal (hot or cold), snack, beverage etc 24 hours per day. This initiative has helped residents with eating primarily overnight if they became hungry, helped increase choice if a meal was not wanted at dinner time and ensured that the nursing team out of hours have food readily available for residents. Cooking Club - A club where residents who want to cook are able to. We create meals that the residents want to cook and then have these items on offer for the dinner service main meal. Foodies Group - A group of residents who are the foodies within the RAC that help guide our menu as well as give feedback on preferences and any issues or recommendations on previous meals served. They also help enhance the dining experience for the setting to be as they like. Refurbishments and new build homes - All our homes are transitioning to open style ""Serveries"" where the servery is no longer behind a door. It is now an open style home kitchen where residents can help plate up, cook and be part of the meal service. It also allows residents families to come in and cook for their loved ones. This has been a huge success. Supper Trial - Currently in place is a supper trial where we have implemented home made thick shakes which are high in calories, flavour and fun. These are being served at suppertime in order to ensure the residents can have a filling item which in turn is helping with falls, wandering and hunger.

Q38. What is working well in your Aged Care Home
Complete comments (de-identify)

Servery areas adjacent or opened to dining rooms providing a true dining experience with food on display. Table service and no pre menu selections, orders are taken at the table each meal period. Introduction of room service menu and ordering similar to hotel room service orders, Hybrid food supply, i.e cook chill and cook fresh and the right equipment at the homes to prepare meals as the chef intended when creating the menu
Our dementia specific cottages are working well as the carers cook the food , the residents have access to the kitchen and can help if they are physically able to do so . We manage the risks associated with this well and discreetly
Dietetic support to assist in best practice and quality nutrition and hydration management. Dietetic and Speech Pathology involvement with menu review and development. Having an n-house nutrition and hydration program led by experts in the field
Collaboration with our residents to gain their loyalty & trust in food. Catering teams working together to give feedback about food and using this feedback in a positive way to drive continuous improvement. Teamwork - Catering teams working together and making the time to work with clinical teams and allied health. Great digital training platform for all Catering team. Robust food safety programme - everyone is invested in this. Transparent management
II think that we are very progressive and open to change and taking on new development and initiatives. We use Resort Executive recipe system which captures all recipes and allergens and intolerances, and this brings consistency to our operation supplying these recipes. Our operations are predominantly cook fresh with the exception of two large sites that have CPU's and engage in some cook chill processes ,however this is high quality food made on the premises. We were going to have a chef managers forum this year, however Covid-19 stopped that ;but hope to follow this up in 2021 . This will unite all our home together and we will have a very worthwhile agenda and topics to discuss. My Team is working very well and is focused on the residents and has many innovative ideas to further be a game changer for our residents. We share ideas between homes which is great for being progressive and building dynamic teams.

Q38. What is working well in your Aged Care Home Complete comments (de-identify) continued

Food first philosophy. Objective to run the dining rooms to provide a satisfying dining experience, meeting consumer choice. Chefs leading the kitchen and inspiring all staff to provide good food. Chefs engagement with consumers. Food focus groups. Training all staff in IDDSI std. Having dietitian enter the kitchen and train Chefs how to achieve yield of texture mod foods so they are appealing. Having fresh food cooked on site with real ingredients - it's our competitive advantage
Two 6 month cyclic menus run annually, a great variety of themed days for residents, chefs can only access a limited list of food items, ie convenience foods have mostly been eliminated (powdered soups, tray cakes, cake mixes, prepared meals etc), Passionate and talented head chefs that lead the teams within the homes.
Need major change in Food Safety, Dietetics, care legislation to all be on the same page as the residents we are a residents focus business however when you have to jump so many hurdles just to give the residents their own choice is a great shame
We recognise the importance of food and meals to everybody's wellbeing and its crucial role in helping everybody to be happy and content.. When developing Menus it is important to listen to what Residents tell us they would like on those Menus. It is important to ask them in a manner that gives them time to think about it and to show that we value their opinions and wishes. We have strategies for this. The foods and dishes should be the types of foods and dishes that are actually appealing, interesting, and satisfying to Residents and not necessarily always more nutritious. the most nutritious food in the world has no worth if people don't want to eat it. Providing pleasant surroundings for dining, attractive Menus with a good variety of options, and staff able to arrange the food attractively on plates (we ask staff to copy the photos provided). Having well trained, happy and motivated staff who actually care is also very important and our facilities work hard to create the right environment for all these factors.
Consistency of staff, low turnover in the catering department. Group menu with flexibility to vary individual meals based on preferences and cultural needs.

Q38. What is working well in your Aged Care Home
Complete comments (de-identify) continued

The collaborative approach to meeting resident needs. Food fortification strategies. Weight management guidelines and procedures
Fresh food daily. Feeding our clients when they are hungry
Creating a Hospitality frame work, communication with chefs, cooks, hospitality coordinators, making sure all know our goal for our residents, changing the face of aged care one plate at a time. Chefs being seen in the dining room, at lunch dinner time, asking questions, giving answers, the residents being able to see the person who cooks the food. Recognising meal times are a focal point and the most important part of the day
Consistency of staff, low turnover in the catering department. Group menu with flexibility to vary individual meals based on preferences and cultural needs.
What is working well - is that we are driving the culture of dining by making the food a very special occasion that has nothing to do with the care aspects of the RAC. These must be truly memorable experience for the residents to enjoy.
Working with a sizeable catering budget. Access to fresh local produce. Regular feedback and suggestions from Residents and families. Foodie group meetings. Large and varied menu enables us to attract and retain skilled staff. Company vision placing food and nutrition at the top of the list. Offering restaurant quality meals. On site management team who regularly liaise with residents and families

Q38. What is working well in your Aged Care Home
Complete comments (de-identify) continued

I truly believe each residential aged care facility having their own chef and then empowering them to order ingredients and adjust menus to the residents likes and dislikes ensures the food service is enjoyable and it enables any complaints or requests to be attended to very quickly. Our cook fresh buffet style model also allows the residents to choose their meals during mealtimes and the options to have a bit of both options. At each of our facilities the chef has an admin day at least once per month where they can keep on top of food safety compliance, hold a cooking activity or meet with the residents as a group or one on one. This enables the chefs to have time to improve the catering services and build relationships with the residents.
All Day Dining Menu - Created for residents to be able to order a meal (hot or cold), snack, beverage etc 24 hours per day. This initiative has helped residents with eating primarily overnight if they became hungry, helped increase choice if a meal was not wanted at dinner time and ensured that the nursing team out of hours have food readily available for residents. Cooking Club - A club where residents who want to cook are able to. We create meals that the residents want to cook and then have these items on offer for the dinner service main meal. Foodies Group - A group of residents who are the foodies within the RAC that help guide our menu as well as give feedback on preferences and any issues or recommendations on previous meals served. They also help enhance the dining experience for the setting to be as they like. Refurbishments and new build homes - All our homes are transitioning to open style ""Serveries"" where the servery is no longer behind a door. It is now an open style home kitchen where residents can help plate up, cook and be part of the meal service. It also allows residents families to come in and cook for their loved ones. This has been a huge success. Supper Trial - Currently in place is a supper trial where we have implemented home made thick shakes which are high in calories, flavour and fun. These are being served at suppertime in order to ensure the residents are able to have a filling item which in turn is helping with falls, wandering and hunger.

Q38. What do you think the Congress could do to help your home improve the food, nutrition and dining experience for your residents? Complete comments (de-identify))

Provide a standard framework and minimum standard of dining experience to aspire to and a realistic funding model to be able to deliver such standards. Funding models are all based on care and not based on the basic necessary needs of residents such as quality meals and service.
Would be good to see the collated information from all the other homes across Australia
An understanding of how clinical requirements impact on food and fluid intake for residents with increased clinical needs, cognitive impairment and socio-demographic history.
Make more funding available for training in nutrition.
I am unclear what they could do, except to say that bringing the industry or sector together is very worthwhile and Maggie Beer and the Lantern Group are part of this initiative. I think that if the congress understands more about the challenges that are in aged care this may be beneficial. What is most important is communication and this survey is part of that so we all have a better understanding of where we have been, where we are at and most importantly developing the vision and mission of where we do we want to be.
Ensure all dietitians enter the kitchen and training staff, weight control and management is about training chefs to provide better food, not just a clinical documentation exercise
I believe we do most things well, but always happy to learn more.
I've worked with well over 400 aged care homes, I feel the food is lacking cause of the amount of paperwork chefs need to do on a daily basis, the need of staff wanting to work instead of having to work just for money , Chefs/cooks need to be invested into the home.

Q38. What do you think the Congress could do to help your home improve the food, nutrition and dining experience for your residents? Complete comments (de-identify) continued

I think bringing people together and getting those people the share knowledge and expertise would be helpful. These people would ideally be real industry personnel with real life experience in genuine day to day operations to be of the greatest value.
RACs need more funding
More funded education. More support. Grants for decorating the dining room
Generally promote the importance of food and the overall dining experience, bringing aged care more in line with small hotels, with a culinary, hospitality vision, and not just a clinical vision. Making aged care an attractive career choice for main line hospitality workers, our residents would only benefit.
For the industry to accept the importance of catering, as well as cleaning and laundry, as an important factor in the residents lives and experience. The industry has always been more focused on care related operations and if carers had their way they would take their break around meal time without question.
The Congress should look at changing the way that chefs, service and hospitality people look at the sector. The food should be exactly the same as restaurants & hotels. Only residents that have special dietary requirements should be catered for differently. This sector is a great opportunity for passionate chefs to show their talent and also have the ability for a family friendly life while doing something that they enjoy.
Increase the Basic daily fee by at least $10 PR-PD. Mandate across the industry a minimum spend PR-PD on catering expenses
Create training for aged care chefs on texture modified foods, common dietary requirements, basic food safety and controls for allergies. Catering in aged care guide written in a chefs perspective. Have some sort of positive promotion platform for good work in aged care to help share ideas. e.g. Facebook, Instagram or magazine. birthdays, theme day events. Promote the importance of Clinical staff and Catering staff working in a collaborative approach to nutrition and enjoyable mealtimes. Consider a survey for catering staff asking what the common issues for catering in aged care which could provide information on what to focus on.

Q38. What do you think the Congress could do to help your home improve the food, nutrition and dining experience for your residents? Complete comments (de-identify) continued

If we do nothing else in aged care dining in the next 12 months it must be to remove this 75deg cooking of all food from every aged care kitchen. Its not required by any legislation, leads to unpalatable food which have had the nutrients totally cooked out of them and is a direct cause of why food appears either bland, overcooked or tough. This is he main cause of resident weight loss... not eating the food that is prepared because of how it looks or tastes. Ditto with runny eggs. There is nothing stopping aged care operators from doing this. The two organisations I have worked with have not cooked this way for 5 years, and consistently maintained A rating from food authorities in every state of Australia.
Funding and a clear focus on food and our hospitality teams. I have been in the industry for 3 short year previously coming from hotels and catering. I love the industry, but there is a clear focus on clinical care and it is important for food and nutrition to be understood as clinical care. It is also very important for government bodies to ensure that there is a clear focus on the team outside of clinical as the service team deliver and interact much needed services that residents cannot live without. There is a clear separation between clinical staff and hospitality staff which impacts on the industry and hence the recruitment of high quality candidates is impacted.

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Landscape Survey

Report
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The Australian Government Department of Health is partnering with the Maggie Beer Foundation in the delivery of a National Congress on food, nutrition and the dining experience in aged care.

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