



# NUTRITION, FOOD SERVICE & DINING IN LTC

*The Best Practices within this document are recommendations to support regulatory compliance to Ontario LTC legislation, promote optimal nutrition and hydration care and support person centered care. It is important to note however, that Residents' rights and preferences are paramount and should be respected regardless of legislation or best practice. The Best Practice Document is based on resources and expertise from industry professionals and where applicable, are evidence-based. This is a living document that will transition with the evolution of the industry over time.*

<b>SUBJECT: NUTRITIONAL CARE AND DIETARY SERVICES OPERATIONS</b>	<b>Revised: 2023-07-28</b>
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**ONTARIO REGULATION 246/22 made under the FIXING LONG-TERM CARE ACT, 2021**

## **Nutritional Care and Hydration Programs**

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### **1. Purpose & Scope**

- The nutrition, food service and dining program is organized and administered to effectively and safely:
  - Provide resident-focused nutrition care and services that reflect the mission and philosophy of the long-term care (LTC) home.
  - promote resident satisfaction by meeting current residents' needs and expectations and
  - promote an experience that meets professional practice requirements, standards of care, and applicable governing/ministry acts, regulations, and directives.





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## 2. Key Concepts

- Every food services department requires an organized program of nutrition care, hydration care, and dietary services. This program includes human resources management, development of goals and objectives, development of and adherence to policies and procedures, ongoing staff education and training, and ongoing formal communication of management and staff.
- Quality assurance and risk management are key areas of focus to ensure optimal and safe care and services to residents.

## 3. Practice Recommendations

### a. Mission, Goals and Objectives

- Develop and achieve specific, timely and measurable SMART (specific, measurable, achievable, realistic and time bound) goals and objectives that reflect the home's mission statement
- Review and revise goals and objectives annually as part of strategic goal setting.

### b. Human Resources

- Effective human resources management includes:
  - Allocation and scheduling of resources to ensure daily goals of the food and nutrition department are met
  - Staffing qualifications required to provide a quality program, including:
    - Registered Dietitian (RD): member in good standing of the provincial regulatory body
    - Nutrition Manager (NM): member in good standing of the Canadian Society of Nutrition Management and/or provincial alternative
  - Cooks and Food Service Workers who are qualified, with institutional, health care, restaurant, or hospitality food service experience to perform the duties required of the position.
  - Written job descriptions and job routines defining the overall roles and responsibilities including specific duties of each position, as well as time limits for completion of duties.
  - Follow collective agreement or Employment Standards Act if no collective agreement for recruiting, retention, and ongoing staffing management (e.g., WSIB, short term disability, progressive discipline, accommodations, conflict resolution).
  - Conduct annual staff performance appraisals and performance management as required.





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### c. Staff Education

- Topics of training are determined by LTC home priorities, identification of risk, staff needs and requests, based on concerns identified by auditing, survey results and other feedback (e.g., Ministry, Public Health, Resident and Family Council etc.).
- All LTC dietary staff receive orientation to the LTC home, and the dietary services department upon hire.
- A plan for annual provision of education and training to meet education needs should be in place.
- A written attendance list is obtained for every training session. Employee records show that individual employees have attended training sessions and, where needed, confirm understanding of content. Records are kept for 5 years and are kept in a known location (paper copy or computer) based on the home's policy and procedure.
- Dietary staff receive education/training on the following topics (including but not limited to):
  - Human resources & mandatory LTC home policies and procedures, e.g.: orientation of new staff, resident rights, resident abuse & neglect, privacy.
  - Infection control, food safety, e.g.: temperature controls, handwashing, safe storage, and preparation
  - Occupational health and safety, e.g., back safety, handling chemicals, reporting of concerns, emergency codes
  - Resident care, e.g.: diets and textures, importance of nutrition interventions, interacting with residents with dementia, customer service
  - Information technology, e.g.: tablets/monitors for production documents, menu planning software, tablets/monitors for residents' meal and snack orders/provision
  - Pleasurable meal and snack service strategies
- Identify education resources – head office, purchasing group, suppliers/distributors, professional organizations (DC, CSNM, OSNAC, OLTCA, AdvantAge Ontario, etc.), government agencies, and others.

### d. Communication

- Interdisciplinary and interdepartmental communication includes:
  - Timely and effective communication and documentation processes and tools that provide up-to-date information to interdisciplinary care team members. This may include recent memos,





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minutes of recent team meetings, referrals, dining room concerns relating to production guidelines, recipes, quantities, and other pertinent information.

- All team members are responsible for reading the previous communications back to the last shift they worked and for reporting/documenting any updates, incidents or concerns that occurred during their shift.
- All team members are responsible for taking and documenting or reporting corrective actions as required.
- Components of interdisciplinary programs involving nutrition, hydration and dining, e.g., bowel management and continence, skin and wound care, dysphagia, IPAC, etc.
- Representation of the Dietary Department by the RD, NM or delegate at resident care conferences, and interdisciplinary care team meetings including: Medical/Professional Advisory, Palliative/End of Life Care, Accreditation, Wound Care, Dysphagia, Restorative Care, Pharmacy and Therapeutics, QI/RM (Quality Improvement/Risk Management), Infection Control, Occupational Health and Safety and other meetings/committees as appropriate.
- Within Dietary Dept communication includes:
  - Two-way communication within the department between management and staff to enable clear roles, guidelines and expectations as well as reducing barriers to these expectations.
  - Opportunities to provide feedback on improving efficiencies and processes
  - Daily staff huddles within department to ensure continuous communication
  - Conflict resolution in a timely fashion and in collaboration with Human Resources
  - Verbal and non-verbal communications should be professional

### e. Quality Improvement and Risk Management

- Risk management is a part of the overall quality improvement program.
  - Examples of risk management include temperature monitoring, serving correct diets and textures, safe meal and snack assistance, ensuring food handler certification is up to date, effective cleaning/sanitization schedules and processes, and activities related to occupational health and safety.
- The quality improvement program follows an annual schedule of reassessment detailing timelines of audits, surveys, and statistics and other formal and informal collection of data.
- Data collected is utilized to inform revisions to the program.
- The goal of the quality improvement program strives to ensure that all activities of the department meet regulations and the needs of the residents and/or the staff.





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- The quality improvement program supports the standards and expectations of the home's mission, vision, and values.
- Results are analyzed to determine if an action plan is required to make corrections and improve results.

## 4. Home Specific Policies, Roles & Responsibilities

- Policies exist that support the components of the Nutrition and Food Service Program
- Policies are reviewed annually and updated when changes occur
- Policies adhere to current laws and regulations
- Staff is informed of changes to policies as they occur

## 5. Resources/Tools

- [Sample orientation checklist for new Nutrition Care and Dietary Services employees](#)
- [Sample department goals and objectives index](#)
- [Sample policy and procedure table of contents](#)
- [Sample job descriptions for all positions](#)
- [Sample annual audit schedule](#)
- [Catalogue of indicators used for internal audits](#)
- [Sample annual education plan](#)

## 6. Evidence & References

- [FLTC Act and Regulations](#)

