Australian Government
Aged Care Quality and Safety Commission

Food, dining and nutrition

Analysis of a survey of food and dining experiences in residential aged care services

Final report

Contents

List of abbreviations

ACQSC	Aged Care Quality and Safety Commission
HOI	Health Outcomes International
OPAN	Older Persons Advocacy Network
RACS	Residential Aged Care Service(s)

Executive summary

The Aged Care Quality and Safety Commission (the Commission or ACQSC) was established under the *Aged Care Quality and Safety Commission Act, 2018*. The Commission's functions include:

- protecting and enhancing the safety, health, wellbeing and quality of life of aged care consumers; and
- promoting the provision of quality care and services by providers of aged care.

These broad functions incorporate a role for the Commission to ensure residents within the residential aged care sector are being provided with appropriate and quality food and nutrition. To this end, the Commission sought the services of the Older Persons Advocacy Network (OPAN) to undertake a survey of older adults in residential aged care services (RACS) to better understand their food and dining experiences across these settings.

In December 2022 the Commission appointed Health Outcomes International (HOI) to:

"transcribe the paper-based survey documents to electronic form, analyse both quantitatively and qualitatively the feedback provided by survey participants to understand and report on trends and patterns relating to food, dining and nutrition within residential aged care".

This report presents a summary and analysis of information derived from interviews with 365 aged care residents from services across the country. Chapter Two provides a descriptive summary of quantitative data collected through this project. Chapter Three highlights a selection of relevant evidence identified within the literature. Chapter Four presents an overview of qualitative content captured through discussions with residents specific to their perspectives of, and experience with, dining services in their respective service. Chapter Five summarises overarching themes across the data sources and compares the findings of this project with that of an earlier review of complaints data submitted to the Aged Care Quality and Safety Commission.

Based on the information captured across the interviews, and supported by findings of the literature reviewed, the following elements, events, or characteristics may contribute to a more positive dining experience in the residential aged care setting:

1. Familiar or favoured foods with a focus on fresh

An emphasis on fresh, seasonal, homemade, "familiar" and high-quality meals and snacks for residents. This includes variety and choice in the foods and drinks available and ability to make favoured snacks on demand (such as toasted sandwiches). Access to take away foods, or those more "occasional" meals can also help support a sense of familiarity, routine and comfort.

2. Food delivery and service processes that maximise timeliness and temperature

Flexibility in food service timing and delivery including extended mealtimes to enable increased time with each resident as necessary. Temperature of meals can be monitored through use of appropriate food utensils, crockery and other equipment (such as bain maries, hot box trolleys or thermoses) to accommodate distance from the kitchen to dining room or individual rooms across the service. This is particularly pertinent for those services that have the kitchen at a significant distance from the dining room (point of service) or resident rooms.

3. Regular events and occasions

This includes the opportunity to dine out in the community or visit a favoured take away restaurant. Special events and celebrations on site can provide diversity in dining, an opportunity to socialise with others and something to look forward to.

4. Homelike and social dining environment

A contemporary dining room setting that includes nice crockery (china rather than plastic), an attractive dining table setting and flowers. Windows or glass doors that open out to a garden, sufficient space between tables for ease of mobility and noise minimisation. Shifting from an "institutionalised" style of dining to that which promotes a sense of homeliness, comfort and ambience. Ensuring people are comfortable eating within a social setting may require accommodations to be made such as appropriate lighting, assistive eating utensils or encouragement to select a table or seat of their preference. This may be in a more isolated or quiet location in the dining room. Additional options for social dining environments also entails onsite venues such as cafés, restaurants or areas to enjoy a meal outside with others.

5. Staff quantity and quality

Having sufficient staff available during mealtimes enables a more relaxed atmosphere within which to dine, as well as the provision of tangible support to those residents who may require it. It can also better ensure residents receive their meals at an appropriate temperature and they are able to access condiments or minor changes to increase their meal enjoyment. Appropriately trained and experienced staff to plan, prepare and serve the food will also contribute to quality of the food and drink as well as the associated experience.

6. Resident Participation

Many residents continue to enjoy being involved in food planning, preparation, cooking and serving. This enables the exercising of long standing skills and experience in the kitchen as well as sharing of favoured recipes. Those willing and interested may contribute to setting up the dining room for each meal, assist with food service or clearing, or select the background music for example.

7. Resident Co-Design

Critical to optimisation of the dining experience is involvement of those affected. Older adults in this setting must have the opportunity to inform, guide and evaluate quality improvement initiatives specific to food, drinks and the dining environment itself. Residents as active partners are best placed to identify opportunities for improvement specific to menu planning, meal delivery and design of dining environments and events. Satisfaction with the ability to contribute to the functioning of dining services, as well as the quality of the service provided, may positively influence the perception of meal and snack quality in this setting.

1. Introduction

The Aged Care Quality and Safety Commission (the Commission or ACQSC) is established under the *Aged Care Quality and Safety Commission Act, 2018*. The Commission's functions include:

- protecting and enhancing the safety, health, wellbeing and quality of life of aged care consumers; and
- promoting the provision of quality care and services by providers of aged care.

These broad functions incorporate a role for the Commission to ensure residents within the residential aged care sector are being provided with appropriate and quality food and nutrition. To this end, the Commission sought the services of the Older Persons Advocacy Network (OPAN) to undertake a survey of residents in residential aged care services (RACS) to understand their food and dining experiences.

In December 2022 the Commission appointed Health Outcomes International (HOI) to:

"transcribe the paper-based survey documents to electronic form, analyse both quantitatively and qualitatively the feedback provided by survey participants to understand and report on trends and patterns relating to food, dining and nutrition within residential aged care".

Data from 365 interviews were entered, collated and analysed. In February 2023 an overview of the findings from the analysis was presented to the Commission in the form of a *Preliminary Findings Report*. This document extends these findings and represents the Final Report from the project.

1.1 Background

The Project Brief recognises that the Commission and aged care providers have important roles to play in promoting public confidence and trust in the aged care sector to continually deliver the improvement the community demands. For providers, this includes the delivery of food, drink, nutrition and a positive dining experience- key areas that impact resident quality of life, health and wellbeing. The Royal Commission into Aged Care Quality and Safety highlighted the quality of food and nutrition within the aged care sector suggesting over two thirds (68%) of aged care residents were malnourished or at risk of malnutrition. The Royal Commission also heard evidence of food in aged care that lacked fresh ingredients, was over and/or under-cooked, and lacked variety.

The Commission has key initiatives underway to improve food, dining and nutrition including:

- information for consumers on what to expect from the food and dining experience including publication of factsheets and posters;
- publication of guidance and delivery of education for providers on dining and nutrition, consumer choice, swallowing and oral health;
- online education modules for providers on the free Aged Care Learning Information Solution (Alis) platform;
- improved reporting and risk profiling to monitor sector performance; and
- targeted assessments of residential services.

These initiatives, and the information/data that approved providers have submitted to the Department of Health and Aged Care through the Basic Daily Fee supplement reporting obligations, show there are examples of creative services such as kitchen gardens, "homestyle" kitchens and taste testing. There are also innovative services supporting residents with dementia, for example by using red crockery and contrasting placements, using meal cards with images to support meal choice and developing menus to provide calorie and protein rich foods for residents who need it.

This project forms part of the Commission's long-term strategy to improve the food, beverage and dining experience of residents at aged care facilities. This strategy includes identifying, promoting and celebrating creative, innovative and effective practices.

1.2 Project objectives

To support its role in relation to food, dining and nutrition, the Commission has initiated this project to build a detailed, analytical view of consumer experience by analysing data from the interview/survey responses. This analysis will highlight the consumer experience to:

- provide transparency (for example through publication of vignettes and case studies) and promote improvements in the delivery of quality and safe food, dining and nutrition by providing insights into areas of best practice, and areas for improvement in provider practices;
- support information sharing and lessons from the interviews with a wider audience (beyond providers) including consumers, their representatives and the public in a way that builds confidence, and explains some of the complexities of delivering food, dining and nutrition in aged care; and
- assist to develop further engagement with, and education for, the sector and the Commission to understand the consumer perspective.

Specific objectives for the project were to:

1. Transcribe consumer interview responses into a format suitable for qualitative and quantitative analysis.

2. Undertake analysis and interpretation of data to:

- Describe and analyse data from each survey question, including any observable connections between State/Territory locations, rural/regional/remote areas, diversity groups, and service delivery and consumer experience;
- Describe key themes arising from survey responses (for example any emerging themes on the relationship between food memories, the dining experience, choice and control, or provider practices) whether positively or negatively received by consumers;
- Analyse the data to identify and report on any likely causal factors that are identified as contributing to positive and/or negative dining experiences for consumers;
- Comment on any alignment with negative experiences and the previous complaints data analysis (a project undertaken by HOI in 2021); and
- Prepare a series of (deidentified) vignettes and case studies that illustrate consumer and provider best case experiences.

3. Provide a draft and final report that includes a brief overview of best practice in improving consumer dining experiences from the literature, quantitative and qualitative analysis of the survey data (including the influence of jurisdiction and remoteness on consumer experience), identification of apparent causal factors for positive and/or negative consumer dining experiences, and a summary of key factors that appear to contribute to positive consumer experiences of food, drinks, dining and nutrition in residential aged care.

1.3 Purpose and structure of this report

This final report presents and discusses findings from the OPAN surveys.
The remainder of the report is structured as follows:

Chapter 2	Data sources, preparation and management
Chapter 3	Findings from the literature
Chapter 4	Quantitative analysis of feedback
Chapter 5	Qualitative analysis of feedback
Chapter 6	Discussion and key findings

2. Data sources, preparation and management

In 2021–22 advocates from the Older Persons Advocacy Network (OPAN) member organisations conducted interviews with older adults (or their proxy) living within a residential aged care service. The purpose of the interviews/surveys was to capture the experiences associated with food and dining within this setting; both positive and negative. A semi-structured interview template was provided to guide the conversation whilst enabling flexibility in discussion for the consumer. These interviews/surveys formed the primary data source for the analysis included in this report and a copy of the interview script is included as Appendix A.

2.1 Data sources and records

The Commission provided HOI with electronic copies of the completed interview responses (scanned PDF and Microsoft Word versions). To support analysis and collation of responses, an online survey was created within Qualtrics. Data from each interview were entered into this online survey and subsequently downloaded into Excel for analysis.

The final dataset comprised **365 records** with a mix of categorical and open ended (text) data. Text was entered as recorded by the interviewer.

The following table sets out the data items (columns) and the format in which they were recorded.

Table 2.1: Survey fields for analysis

Data item	Intent of response	Data type
Survey ID	A sequential number to allow linkage to survey form	Numerical
Demog 1	State/Territory	Categorical
Demog 2	Rural/Regional	Categorical
Demog 3	Remote	Categorical
Demog 4	Speciality/Diversity, including cultural linkages and medical conditions	Categorical
Demog 4a	Speciality/Diversity – Other (please comment)	Open text
Demog 5	Food Committee?	Categorical
Demog 5a	Food Committee? – Other (may have written comment)	Open text
Q1	Is food important to you? – Selected choice	Categorical
Q1a	Is food important to you? – Other/comment	Open text
Q2	Do you describe yourself as a bit of a foody? – Selected choice	Categorical
Q2a	Do you describe yourself as a bit of a foody? – Other/comment	Open text

Data item	Intent of response	Data type
Q3	Do you enjoy cooking? – Selected choice	Categorical
Q3a	Do you enjoy cooking? – Other/comment	Open text
Q4	What are some of your favourite foods and snacks?	Open text
Q5	Is that food/snack available here? – Selected choice	Categorical
Q5a	Is that food/snack available here? – Other/comment	Open text
Q6	Would you like to have this food/snack here more often? – Selected choice	Categorical
Q6a	Would you like to have this food/snack here more often? – Other/comment	Open text
Q7	What are some of your favourite dining experiences?	Open text
Q8	Is this type of dining experience available here? – Selected choice	Categorical
Q8a	Is this type of dining experience available here? – Other/comment	Open text
Q9	Would you like to have this type of meal more often? – Selected choice	Categorical
Q9a	Would you like to have this type of meal more often? – Other/comment	Open text
Q10	Would you like to have more choices about what to eat at mealtimes here?	Categorical
Q11-15	What is working well (with respect to food)?	Open text
Q16-19	What is not working well (with respect to food for residents who can reflect)	Open text
Q20	What is not working well (with respect to food for residents who cannot reflect)	Open text
Q21	If you could wave a magic wand what would you do to improve the food and dining options here?	Open text
Q22	Is there anything else you would like to share with me about the food here?	Open text

2.2 Data review and cleansing

The full data set was reviewed for completeness and duplicate interview responses removed where not identified during data entry. Of significance was that not all records included the demographic questions and could not be updated (apart from including the state/territory [Demog 1] variable as the scanned surveys were grouped by location). These, and other missing data were included as a blank field within the spreadsheet.

3. Findings from the literature

Food is intricately linked to overall health and quality of life, and mealtimes play a crucial role in meeting both biological (such as nutrition and hydration) and psychosocial needs (Shune & Barewal, 2022). For a RACS resident the dining experience may represent an important aspect of their comfort, care, and social relationships (Hung & Chaudhury, 2011). Several studies have found that service quality (such as serving food promptly and as ordered) as well as quality of food and beverage itself influence resident satisfaction within RACS settings (Crogan et al., 2013; Curtis et al., 2005; Goh et al., 2013; Joung et al., 2015). The greater the quality and choice of food and beverage offered in this setting, the higher the levels of satisfaction reported (Chaulagain et al., 2022; Wright et al., 2013). Tenderness of meat, taste and flavour of food, and quality of ingredients have been identified as important food quality attributes by older adults living in RACSs. Food sanitation, food handling, personal hygiene, and clean appearance of food service staff are important service quality attributes (Seo & Shanklin, 2005). Meal presentation and temperatures can positively influence food service satisfaction amongst aged care residents (cold food that is served cold and hot food served hot) (O'Hara et al., 1997). Conversely, dissatisfaction with food quality and/or choice has been linked with lower food and fluid intake and a poorer quality of life (Evans et al., 2005; Simmons et al., 2009). Low performance ratings have also been attributed to repetitiveness of food items on a menu, texture of cooked vegetables, seasoning, limited availability of "bite size" foods, lengthy wait times and inappropriate food temperature (Seo & Shanklin, 2005).

The significance of personal food preferences does not diminish with age (Lopez & Dupuis, 2014). The ability to fulfil such preferences, including a choice of what to eat, when and with whom, promote wellness and a sense of normality within RACSs (Bailey et al., 2017). Residents seek varied qualities, types, flavours and textures of foods (such as "crunchy/chewy" or "sweet/savoury" or "healthy/processed"). As such the texture and flavour of food provided will influence its acceptance. Earlier research has also suggested that different mouth behaviours underlie these preferences (such as chew, crunch, suck, or smoosh), as individuals perceive and process foods differently depending on the mouth behaviour group they most align with (Shune & Barewal, 2022). People bring a range of tastes, practices and attitudes regarding food with them on entry to long-term care settings. Food that aligns with or represents one's family background can provide comfort, support recovery from illness and help adaptation to new accommodation. Traditions surrounding food consumption, learned within families as a child and carried forward into families as adults, can provide a powerful link to identity and sense of self. When traditional or familiar foods are unavailable, the ability to maintain and reinforce individual identity is impeded, thereby risking quality of life in the residential aged care setting (Evans et al., 2005).

3.1 Choice and preference

Food choice can be defined as a process whereby older adults living in RACSs are able to select from a range of options, choose one food in preference to another, or reject certain food items, with no restriction on the amount that they consume (Abbey et al., 2015). Greater choice has been reported as one of the primary reasons for improved food and nutritional intake in residential aged care service settings (Crogan et al., 2013; Desai et al., 2007; Vincent, 2008). In particular, choice on the day of consumption has a greater positive effect than the offer of choice the day prior (Wright et al., 2013). Despite its importance, choice can be challenging to fulfil in these settings for a number of reasons. An Australian study of menus, supported by observations in RACSs identified a low level of choice of meals for residents on both general and texture modified diets. Those on a textured diet appeared to experience even less diversity at mealtimes or options were inconsistent with what was presented on menus prior. While residents may be able to choose certain parts of their meals, it is not often at the point of service itself; a common preference reported in the literature (Abbey et al., 2015).

Responding to individual preferences, providing personal choice and variety in menu options, and perception of food service quality can all affect food consumption amongst residents (Abbey et al., 2015; Shahar et al., 2002). Infantilisation or lack of agency can be perpetuated by absence of choice and decisions regarding meals being made on the behalf of a resident (Hung & Chaudhury, 2011). Whilst food can provide an opportunity for socialisation, so can it serve to isolate and alienate such as can be the case for people with dysphagia and/or a need for texture-modified diets (Shune & Barewal, 2022). Lack of choice and control over food and drink consumed can be particularly impactful for individuals on texture-modified diets as a focus solely on safety may be limiting and ultimately reduce the quality of the eating experience. Ready-made snacks for individuals on texture-modified diets are often restricted to shakes, puddings, and purees that are not necessarily tailored to individual preference, or are limited to a single flavour profile (e.g., sweet). Therefore, the result is counterproductive to the goal of health promotion if both a decrease in nutritional intake and quality of life occur simultaneously (Shune & Barewal, 2022).

3.2 Dining and quality of life

Dining health is a term that can be used to define a more person-centred approach to food service. It considers not only the nutritive components of food or characteristics of the individual, but also the psychosocial elements of the eating experience. Shune and Barewal (2022) suggest it is important to question the ultimate goal of food related activities in the long-term care settings, beyond simply acting as a mode for nutritional intake. Increased food consumption will not occur through provision of greater volumes of food alone, but rather recognition of the critical psycho-emotional aspects of food-related activities. Improving quality of life with respect to these aspects will concurrently contribute to optimal nutritional intake. Increasing eating "opportunities" is reliant on a number of factors, including availability, accessibility, safety, and resident preferences. Overall, a disconnect between the food-related emotional "wants" and physical needs of residents can further exacerbate risk of malnutrition.

To improve intake and quality of life, requires attending to the meaning of food and the individual needs of residents.

To improve intake and quality of life, requires attending to the meaning of food and the individual needs of residents. This includes quality and accessibility of snacks or in-between meals which can be of both nutritional and emotional value (Shune & Barewal, 2022). While the contributors to malnutrition are multifactorial, there is growing recognition of the potential benefits of more frequent, in-between meal snacks in the long-term care setting. This is particularly valuable for those residents who prefer to graze across the day or find large meals intimidating. Offering even a small rotation of options can facilitate resident feelings of choice and help reduce snack boredom. Staff must also be conscious of existing barriers to snack access such as accessibility (difficult to reach or behind a counter), issues with opening or peeling snacks provided, or infrequent replenishment resulting in people taking more than they need before they "run out" (Shune & Barewal, 2022). Furthermore, while fresh and nutrient rich food and drink are essential for health and wellbeing, there remains a place on the menu for those foods considered comfort foods, such as pre-frozen pies or pasties or fish and chips (Wright et al., 2013).

3.3 Mealtimes and environment

A recent review of government and organisational policies specific to mealtime experience identified inconsistencies across residential aged care services and issues with transferability of such policies into mealtime practice (Koh et al., 2022). Furthermore, evidence-based guidelines and best practice recommendations specific to optimal nutrition and hydration for older adults, including those living with dementia, may fail to take into account individual service characteristics, resources or the broader system and policy context within which they operate; all of which can enable or impede their effective implementation (Keller et al., 2022). Existing evidence suggests that effective interventions are likely to be multifaceted, comprise staff development, and involve the creation of small and homelike environments; all of which are underpinned by organisational policies that promote good practice specific to food services and mealtimes (Hung & Chaudhury, 2011). Open-kitchen solutions including furniture, lighting and decorations, music during mealtime, pleasant food odours, and staff being present and interactive during mealtimes can induce a more homelike atmosphere. Thereby resulting in residents eating more, staying longer, and being more social (Heikkilä et al., 2022). Mealtimes are also important opportunities to support residents' personhood. The environment in which residents dine can influence nutritional intake as well as enjoyment of mealtime more generally.

The social importance of food can be supported by the ambience of the dining environment, including presentation of food and table decoration (Boelsma et al., 2014). Personal control in seating arrangements and food access can foster autonomy and independence (Reimer, 2012). Dining rooms with a home-like ambiance, minimal noise, and careful furniture placement can further contribute to social and staff interactions during meals (Chaudhury et al., 2013; Hung & Chaudhury, 2011). "Homeyness", comfortability and familiarity of the dining setting can be particularly important for people with dementia. A sense of home can be associated with security, love and happiness (Brawley, 2006). Factors influencing mealtime care for people with dementia specifically include the physical environment (such as background music and building layout); kitchen and food (including connectivity between kitchen staff and others); staffing (for example staff ratios and allocation); knowledge and support (including training, resources and supportive culture); and relationship with wider care team (such as family involvement, and the role of visiting health and social care professionals) (Faraday et al., 2021).

Dining rooms with a home-like ambiance, minimal noise, and careful furniture placement can further contribute to social and staff interactions during meals.

An unpleasant mealtime experience not only has negative nutritional consequences, but may also undermine a resident's dignity, self-esteem, and personhood. Feeling rushed to eat or confused by the pacing of meal service can impede nutritional intake and enjoyment of eating itself (Hung, 2008). Excessive noise has been reported as distracting and can hinder mealtime conversation amongst residents (Hung & Chaudhury, 2011). It can also be particularly overwhelming for older adults with dementia in this setting (Hung, 2008). Additional factors impeding a quality dining experience can include over stimulation (multiple activities occurring whilst eating), shape and design of the room, furniture, overcrowding, uneven or poor lighting, and "institutional" ambience (Hung, 2008). "Assembly-line" style feeding assistance for multiple residents concurrently can be dehumanising (Abbey, 2015).

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As with any other domain of care in this setting, the design and delivery of food services are opportunities to promote resident wellbeing and personhood (Hung & Chaudhury, 2011). Task-orientated approaches not only impede the enjoyment of dining, but can negatively impact resident dignity and personhood (Hung & Chaudhury, 2011). Dining experience is closely linked to personhood of residents because the social encounters at mealtimes afford a chance for staff to affirm unique identities and personhood of residents through tending to their psychosocial needs. During mealtimes, staff members can sit down and spend intimate time with residents, getting to know each other and building warm relationships. Through taking time to talk to the resident and providing assistance for the resident as needed, staff can help residents feel valued and respected (Hung & Chaudhury, 2011).

Person-centred dining promotes the health and wellbeing of residents. Medical models of care have led to rigidly structured and task-focused meals with limited opportunity for residents to choose when and what they eat and with whom they dine (Ducak et al., 2015). Reimer and Keller (2009) identified four central aspects related to person-centred care during mealtimes: providing choices and preferences, supporting independence, showing respect and promoting social interaction (Reimer & Keller, 2009). Participating in meal-related activities, including menu planning, has also been associated with greater autonomy and control in this setting (Abbey et al., 2015; Divert et al., 2015; Wikström & Emilsson, 2014). Greater involvement in regular menu revisions based on resident preferences may increase mealtime satisfaction and the overall quality of life in this setting (Carrier et al., 2007). The possibility to choose the food and to be included in the decisions made regarding food and meals has also been defined as part of a quality dining experience and a way of showing respect for the residents (Evans et al., 2003). Furthermore, it has been used as a strategy to increase the desire to eat (Dorner et al., 2010) and to prevent malnutrition (Carrier et al., 2007). Allowing greater flexibility regarding mealtimes as well as creating opportunities to take part in planning and preparation of meals themselves may also improve life satisfaction and health amongst older residents (Mahadevan et al., 2014). However, there are also research findings suggesting that providing unlimited choice is not necessarily the best way of delivering either person-centred care, in general, or choice and flexibility, in particular.

For example, not all residents may feel positive about flexible mealtimes and may in fact consider this flexibility to be a burden rather than a freedom (Milte et al., 2017).

Although the goal of many residential aged care services is to deliver person-centred care that includes choice and flexibility in food access, pre-scheduled mealtimes and set menus are common. The times for meals are generally scheduled in advance, with breakfast, lunch and evening meal served at specific, pre-defined times. In addition, coffee and snacks may also be served at times decided upon by the service. A study of food choice and flexibility practices in three care homes in Denmark indicated that food choice and flexibility practices were mainly performed informally and selectively by the staff, and through personal practices by the residents, implying that many residents were excluded from food choice and flexibility opportunities. However, food choice and flexibility practices were also inhibited by the staff's time pressure and unfamiliarity with choice possibilities, and by the "politeness" of the residents themselves (Nyberg & Sylow, 2021).

Creating opportunities to take part in planning and preparation of meals themselves may also improve life satisfaction and health amongst older residents.

3.4 Quality improvement in dining services

Efforts to improve the dining experience are vital to support resident food intake, achieve adequate nutrition and hydration, reduce the risk of unplanned weight loss and malnutrition, and improve resident satisfaction and quality of life. Interventions introduced to enhance the quality and effectiveness of dining services within RACS have focused on food consumption, nutrition and hydration, weight management, self-reported satisfaction and cultural change. Such changes are multidimensional and may include targeted staff training (food service and care staff) revisions to food service delivery, ongoing menu review (with input from dietitians), and dining room environment modifications (ACQSC, 2023). Amongst the most effective strategies are those that will extend beyond enhanced food nutritional value alone and necessitate the involvement of multiple stakeholders including management, staff, families and residents themselves (Agarwal et al., 2016; Keller et al., 2022). Poor fluid intake resulting in dehydration is also reportedly common in residential care (Wei et al., 2022). Multicomponent strategies specific to address hydration include staff education, social drinking opportunities, beverage trolley, volunteer support, improved water (and other beverage) availability, hydration reminders, offering preferred beverages, and prompting residents to drink using various cues. All of which are reliant on sufficient staffing numbers and availability to enact (Cook et al., 2019).

Expectations regarding food and drink provided in residential aged care services continue to evolve and the current cohort of residents are suggested to be more "food-savvy" than previous generations. As such residential aged care services are encouraged to provide more expansive and diverse food menus and various venues (such as café bistro, wine bars, private dining, signature and theme restaurants and pubs) to meet the differing needs and preferences of their residents. Dining experiences can be enhanced by offering new menus, variety of dining options and food choices, special activities that involve group of residents in menu planning, "cook with the Chef" sessions, and wine tasting sessions. Large dining tables can further provide interaction opportunities amongst residents and their families with similar interests (Chaulagain et al., 2022). Recent examples of activities introduced within Australian residential aged care services have included kitchen gardens, contrasting crockery and table placements, meal cards with images, a 'Wanderfull menu" to provide calorie and protein rich finger foods outside of the dining room, enabling residents to select daily meal choices and size closer to point of meal delivery, taste testing (such as a chef's table experience) and pop up shops and cafes (ACQSC, 2022).

4. Quantitative analysis of survey feedback

The quantitative survey responses from participants were downloaded from an online survey platform and analysed using Microsoft Excel. This chapter provides a descriptive overview of responses. It should be noted that, although there were 365 records, not all data items were available for all records.

4.1 Demographic overview of the survey dataset

Table 4.1 summarises the distribution of survey responses based on state/territory compared with the distribution of operational residential aged care places.

Proportions of survey/interview responses based on jurisdiction align with the proportion of residential aged care places allocated nationally.

Rurality was reported for 195 of the 365 respondents (53.4%) and analysis showed that 71 respondents (36.4%) were located in rural/remote setting. The 2021 Productivity Commission report [2] estimated that around 29.4% of places were located in a rural/remote/regional setting suggesting a good representation of this cohort within the survey.

Table 4.1: Distribution of responses by state/territory

State/ territory	Number of responses	Proportion of responses (%)	Cumulative percent	Number of operational places [1]	Proportion of places (%)
New South Wales	110	30.1	30.1	72,269	33.2
Victoria	86	23.6	53.7	57,704	26.6
Queensland	68	18.6	72.3	42,072	19.4
South Australia	47	12.9	85.2	18,338	8.4
Western Australia	29	7.9	93.2	18,509	8.5
Tasmania	15	4.1	97.3	5,111	2.4
Australian Capital Territory	7	1.9	99.2	2,583	1.2
Northern Territory	3	0.8	100.0	559	0.3
Total	**365**	**100.0**		**217,145**	

1 Australian Government. Department of Health. 2019–20 Report on the Operation of the Aged Care Act 1997. 2020. Table 12. Available at: hremaamex https://gen-agedcaredata.gov.au/www_aihwgen/media/ROACA/20366-Health-Report-on-the-Operation-of-the-Aged-Care-Act-2019%e2%80%932020-accessible.pdf (accessed 14/8/2021)

2 Australian Government. Productivity Commission. Report on Government Services (RoGS), 2021. Table 14A.13 Available at: https://www.gen-agedcaredata.gov.au/www_aihwgen/media/Productivity-Commission/rogs-2021-partf-section14-aged-care-services.pdf (accessed 14/8/2021)

The survey also collected data about those characteristics of respondents that may impact food consumption, labelled Demog 4 in the survey (indigenous status, presence of diabetes or need for special diet, and other reasons such as a medical condition). Although only 47 of the 365 records included a response to this question with a further 138 records indicating there were no factors impacting food consumption. Table 4.2 summarises these responses.

Feedback was sought on whether (or not) the service hosted a "Food Committee" to provide input into the food being served.

Table 4.3 summarises the responses and demonstrates that only around 10% of residents were aware of a Food Committee within their service (of the 36.2% who answered no to this question, it may well be that they were simply unaware of its presence). It is also important to note that some of the larger jurisdictions (such as New South Wales and Queensland) did not collect this information.

Table 4.2: Distribution of resident/respondent characteristics

Respondent characteristic	Number of Respondents	Percentage (%)
Aboriginal/Torres Strait Islander	13	3.6%
Diabetic/Special Diet	10	2.7%
Other (including Medical Conditions)	24	6.6%
None	138	37.8%
Not Completed	180	49.3%
Total	**365**	**100.0%**

Table 4.3: Resident knowledge of the presence of a Food Committee

Knowledge of Food Committee	Number of Respondents	Percentage (%)
Yes, Have Committee	36	9.9%
No, there is no Food Committee	132	36.2%
Other/Don't Know	8	2.2%
Response not recorded/Nil Response	189	51.7%
Total	**365**	**100.00%**

4.2 Structured survey responses

Questions were used to gain insight into resident perceptions of the food/drink they receive. These comprised a mixture of Yes/No responses and free text (verbal) responses. The analysis of the Yes/No responses is provided below with verbal responses considered in the following chapter.

4.2.1 Introductory questions

Table 4.4 below summarises the responses to the three introductory questions.

There were 42 additional comments made by respondents to the question "Is food important to you?". Thirty-six of these had answered "yes" with comments being that:

- breaks up the day;
- opportunity to interact with others;
- medical condition means have to be careful what I eat;
- exercise is also important; and
- good diet is important for good health.

Six respondents had answered *"no"* with most indicating "not so much food now."

There were 40 additional comments made by respondents to the question *"Do you describe yourself as a bit of a foody?"*. Twenty-four of these had answered *"yes"* with comments being that:

- enjoyed home cooked meals in the past; and
- yes, because their background (or those in their family) had worked/managed food environments like restaurants.

Of the 16 respondents who had answered *"no"* most indicated they preferred simple/plain food.

There were 79 additional comments made by respondents to the question *"Do you enjoy cooking?"*. Sixty of these had answered *"yes"* with comments being that:

- cooking was good (when they were younger) but not so much now;
- yes, but they are not allowed to now;
- some only had access to a microwave which was limited;
- some residents were allowed to participate in cooking classes, and they enjoyed that; and
- residents did miss being able to cook.

Of the 19 respondents who answered *"no"*, comments included:

- they used to enjoy cooking, but not now; and
- wife did all the cooking.

Table 4.4: Introductory questions (n=365)

Introductory Question	Yes (%)	No (%)	Not answered (%)
Is food important to you?	319 (87.4%)	35 (9.6%)	11 (3.0%)
Do you describe yourself as a bit of a foody?	158 (43.3%)	186 (51.0%)	21 (5.7%)
Do you enjoy cooking?	212 (58.1%)	132 (36.2%)	21 (5.7%)

4.2.2 What you miss – food and snacks

Residents were asked about what foods they missed (see Chapter 4). Table 4.5 below summarises the responses to two follow-up questions.

There were 81 additional comments made by respondents to the question *"Is (your) food/snack available here?"*. Forty of these had answered *"yes"* with comment comments being that:

- yes, but there is a lack of variety; and
- they are only occasionally available.

There were 41 respondents who answered *"no"*, with the following additional comments:

- need to buy them outside;
- family brings them in;
- there is a lack of variety;
- there used to be a trolley come through where you could buy them but not since COVID; and
- sometimes available.

There were 42 additional comments made by respondents to the question *"Would you like to have this food/snack here more often?"*. Fourteen of these had answered *"yes"* with comments being that:

- there was not a lot of variety;
- some recognised that it was an expense the residence could not afford; and
- food was not always cooked right... or how I cooked it.

Of the 28 respondents who answered *"no"*, comments included:

- that more say in the meals would be appreciated;
- there was insufficient food; and
- some residents choose to buy their own food to supplement their meals.

Table 4.5: What you miss – food and snacks (n=365)

What food and snacks are missed	Yes (%)	No (%)	Not answered (%)
Is (your) food/snack available here?	171 (46.8%)	123 (33.7%)	71 (19.5%)
Would you like to have this food/snack here more often?	213 (58.4%)	78 (21.4%)	74 (20.2%)

4.2.3 Favourite dining experiences

Residents were asked about their favourite dining experiences (see Chapter 5). Table 4.6 summarises the responses to two follow-up questions.

There were 49 additional comments made by respondents to the question *"Is this type of dining experience available here?"*. Twenty-two of these had answered *"yes"* with comments being that:

- COVID impacted and we had to eat in our rooms;
- we get a choice of meals; and
- I go out with family or friends.

Of the 27 respondents who answered *"no"*, comments included:

- sometimes;
- they don't cater for family to have meals here so I have to go to their home; and
- meals are not always tasty.

There were 45 additional comments made by respondents to the question *"Would you like to have this type of meal more often?"*. Sixteen of these had answered *"yes"* with comments being that:

- it wouldn't happen here; and
- meal choices are not always apparent.

Of the 29 respondents who answered *"no"*, comments included:

- staff are always busy, but they are very kind;
- meal is always pureed and there is no variation in flavour; and
- I have the meals I like.

4.2.4 Choice and control

Residents were asked about the extent to which they have adequate choices at mealtime. This was a text-based question and is analysed in Chapter 5.

4.2.5 What is working well

Residents were asked about what aspects of food delivery was working well. This was a text-based question and is analysed in Chapter 5.

4.2.6 What Is working less well

Residents were asked about what aspects of food delivery was not working well. This was a text-based question and is analysed in Chapter 5.

Table 4.6: Favourite dining experiences (n=365)

Favourite dining experiences	Yes (%)	No (%)	Not answered (%)
Is this type of dining experience available here?	126 (34.6%)	171 (46.8%)	68 (18.6%)
Would you like to have this type of meal more often?	196 (53.7%)	64 (17.5%)	105 (28.8%)

5. Qualitative analysis of survey feedback

Textual data were extracted, uploaded and analysed supported by the qualitative analysis software, NVivo. It is important to note that the data collection process varied between interviewers which influenced completeness and content of the qualitative responses. For example, some would ask the question as scripted and enable an open ended response from the participant, whereas others would use the "prompts" as questions within their own right. This variance in data collection method does introduce a degree of inconsistency within the data itself. It is also important to make reference to the timing of these interviews in that comments are often made with respect to the social distancing restrictions introduced into the residential aged care setting as part of COVID-19 infection management. Therefore, the experience of dining during this time may not represent that offered pre and post pandemic.

Guided by the interview script, six categories or discussion groupings were developed for analysis and sub-themes identified within each. The six categories were:

1. Favourite snacks.

2. Choice, timing, temperature and environment.

3. Dining experience (positive associations).

4. What is working well.

5. What is working less well.

6. Opportunities for improvement.

These are presented in order of interview conduct (and script). Illustrative word clouds and word frequency tables are provided for reference in Appendix B. To support meaningful interpretation, some content presented in response to particular questions may be presented in an alternative category if considered more appropriate (for example discussion on what works well is aligned with this category in this discussion even if in response to a different question). Additional concluding comments (the final question) have been incorporated into one of the six categories as relevant. As written quotes (or vignettes) are provided to illustrate themes across this chapter. Where appropriate, proportions for selected sub-themes are displayed.

5.1 Favourite foods and snacks

Interviewees were asked to describe favourite foods and snacks. For this category there were 362 responses. Across these responses, three key themes were identified.

5.1.1 Specific foods

Interview participants described a wide range of favourite foods and snacks, both past and existing. Although diverse, common foods cited included roasts, fish (seafood), biscuits, chocolate, toasted or plain sandwiches, cheese and savoury snacks. Particular cuisines such as Italian, Chinese and Malaysian were also reported frequently. Takeaway food was described fondly (such as fish and chips, pizzas or fast food chains). Such food considered as occasional treats rather than for everyday consumption.

I like the bus trips to Hungry Jacks or McDonalds. We don't have them now but when this pandemic will be over, I think we will go again.

Pizza is good here. Love McDonalds and Hungry Jacks and I get taken to that.

[A favourite food memory] Having an extra-large KFC meal- chicken, chips, mashed potato, extra-large coke, orange juice and indulging in lots of salt. We don't get much salt here. It was delicious!

5.1.2 Focus on fresh

Reference to fresh food was common. In particular, fresh fruit and vegetables. Residents sought diversity in fruits available, based on seasons.

They need to serve more fresh seasonal fruit- we only get apples and oranges, sometimes a pear, but I would prefer to have seasonal fruit served with the afternoon tea. Now melons are in season- watermelon, honeydew, rock melons, but we rarely get them. It's always apples and oranges, and I can't eat apples, also nectarines are in season now. I would prefer to have more of that.

Fresh, good quality food. Seasonal mango, strawberries, pineapple, lady finger bananas. Fresh vegetables, omelettes, and quiches.

I like fresh vegetables and seasonal fruit to be served regularly.

I want a change of menu and seasonal menu or at least every 6 months.

Too much salad especially lettuce, and not enough variety of vegetables. The vegetables are mostly frozen and not fresh.

Comments regarding "home grown" vegetables were also noted.

I am a sweet tooth, but used to love the summers of our veggie garden and a homegrown tomato and slice of apple cucumber on a biscuit.

Fresh vegetables and fruits. Roast beef and roast potatoes fresh from garden, and gravy.

Fresh mushrooms picked in the paddock and cooked to have on toast. A nice stew or casserole with plenty of meat and vegetables, slow cooked on the stove or the pressure cooker that we used to use. Anything homegrown out of the garden.

Residents sought quality, diversity and choice in the food they were served.

The gourmet foods and local produce I could once experience. I like fresh, I like flavour, I like choice, and I like fun with and around food. I am so grateful for the kindness of the staff and what they are trying to do. Finger foods, cheese platters and a glass of bubbles to accompany them have always been my favourites.

A number of respondents spoke of keeping their favourite snacks and drinks in a small fridge within their room. This enabled ready access throughout the day. However, some suggested that to source food externally was challenging due to limited personal funds. They would appreciate the opportunity to take part in community shopping excursions but considered this unaffordable.

[I like] Plant based foods, I like to keep fresh zucchini, tomatoes, and cream cheese in my fridge.

I buy my own snacks and keep them in the fridge in my room...I have chocolate in my fridge... Chocolate and ice cream.

I have my own fridge in my room, as I know it is important that I try and continue to eat despite my underlying health issues. I try and snack, graze.

There are a few of us that go out on the bus (food shopping). I go and get some fresh fruit and vegies to keep a little stash in my fridge. I'm lucky in I have a fridge in my room and have an electric fry pan, sandwich press and microwave in my room that I can cook a few little things for myself like eggs, spaghetti, porridge.

5.1.3 Home cooked and familiar

Home cooked and familiar foods were described frequently. Aspects of freshness and quality also encapsulated foods that are unprocessed or less pre-prepared. For example, fresh rather than tinned fruit or vegetables, filtered or percolated coffee rather than instant granules, and tea served with leaves in a pot rather than a tea bag.

BBQ, salads (and including a homemade vinaigrette dressing), salmon, trout, steak, prawns, lamb cutlets, roast beef with all the trimmings and more than one or two roasted vegetables, roast spit, a real curry, cheeses, dips, olives, fresh bakery bread (eg: a sourdough), homemade jams and preserves, relishes and sauces, anything homemade. A real coffee, not instant., a pot of real tea not a tea bag. My mouth is watering talking about it. I like flavour, spices and adventure in food. The presentation is also very important as the colour balance on a plate.

A real home cooked meal... with good ingredients.

Home cooked, roasts, BBQs, home cooked sponge and cakes and biscuits. Like cheese and biscuits and finger foods eg: the days at a party where someone carried around a tray of "pick what you like, were the dream days".

For a snack I like a home cooked scone with homemade jam, homemade potato cakes, a packet of French stick chips and a nice fudge.

Good sandwiches/roast meal/home cooked desserts eg, bread and butter pudding.

I like my meat and vegetables and always enjoy a nice roast. Sometimes I just like a piece of toast with grilled cheese. I also crave a home-cooked biscuit, my favourite is homemade shortbread. My husband loved these when he was alive.

Families also played a valuable role in the supply of familiar and favourite foods for residents and by enabling them to dine within the community on occasion.

Obviously, not having teeth limits what mum is able to eat. She loved fruit, cakes and biscuits. Only pre-packaged biscuits are provided by the nursing home and these are not suitable for her. The only fruit that I have seen provided are bananas and pre-packaged cut up melon. Neither of these are given to mum. I take fruit to her each time I visit and she enjoys soft fruits such as pears, bananas, strawberries, pawpaw, mangoes, and grated pineapple. I also squeeze oranges and mandarins for her to drink. I make cakes for her which she also enjoys [Proxy].

I am lucky though I have one son close by and a daughter-in-law who are very good to me... I go out for regular meals to some of our local cafes and restaurants with them or catch up for a real coffee. They bring in the fresh local seasonal fruit and anything else I ask for.

Daughter brings in home cooked meals and different fruits chopped up for mum approximately four times per week.

Penelope

Penelope lives in a metropolitan residential aged care service in Victoria. Whilst Penelope does not describe herself as a "foodie", food is important to her, and she does enjoy cooking. She holds fond memories of shepherd's pie in particular which reminds her of her former home and eating with her husband. Other favoured foods include corned beef, rissoles, and pickled pork; which she is able to access on occasion within her service. Special dining experiences include a Sunday roast. Penelope is happy with the choice of meals and snacks and the ability to eat what she wants each mealtime. She also described the use of meal size cards that are used as a prompt to help decide how much she would like to eat at any one mealtime. If hungry, she feels comfortable asking for more food or a larger size. Penelope suggested that the Chef and food services staff are approachable and accommodating, and that she appreciates seasonal menu changes. Although Penelope is not aware of a food committee in place, residents are consulted about dining services at the regular resident meetings. Penelope enjoys eating with others and speaks highly of the meals provided. On site there is a kiosk operated by fellow residents that sells a range of snacks, toiletries, and greeting cards. She also likes to share a coffee and snack with others in the onsite café.

5.2 Choice, timing, temperature and environment

Interviewees were asked to comment on the choice, timing, temperature of meals as well as the dining environment more generally. For this category there were 353 responses. Across these responses, three key themes were identified. A slightly greater number of residents suggested they would like more choice, variety, control or access to food. This included issues with the timeliness of meals, size and temperature of the meals they received (n=199). However, a significant number of residents suggested sufficient choice was available or that they themselves did not feel more choice was necessary (n=175). This group was also more likely to express satisfaction with the temperature and/or sizing of the meals provided.

5.2.1 Choice, control and access

Comments with respect to choice of meals and beverages were quite diverse. Some felt sufficient choice was provided. If a resident would miss a meal it was suggested that staff would offer an alternative option (often sandwiches, soup or a salad).

We get a good choice of meals. Always provide soup. We choose between three meals at dinner. We can pop down to the cafe down the road for a nice lunch or coffee but don't need to do this often. This is a treat. Food all good – fresh cooked meals cooked on site in kitchen by Chef. I feel all of our needs are being met.

Not really [for more choice]. Plenty of variety. We often have the Asian-style foods I enjoy... I can ask for anything such as bowls of veggies and can have this at any time. Lots of choices and flexibility re menu.

Do not need more choice. The food is fantastic here. They show me the weekly menu. All good.

There is enough choice – the staff are very good at asking questions – what we like and what we don't like – they aim to please us.

We have two choices at lunch time – the main meal. At dinner we can have soup or salad. Yes, I can have snacks when I want to.

Variety is available. If you don't like what is on the menu, you can tell the Chef in the morning and your preference will be made.

No – they give you loads of choices – salads, sandwiches, and toasties as options.

Others felt less satisfied with the range of food and choice of meals offered, or the ready access to food when hungry. Those who identified as being diabetic, gluten intolerant or had other special dietary requirements suggested that whilst having access to the appropriate meals, their choice was even more limited than those without dietary preferences or requirements.

Yes, would like more choice. Would like a buffet to allow people to choose what they want, and we should get to have input into what is put onto the buffet. Men want larger sizes and women prefer smaller.

I would like to order what I like. I would like an option instead of the meal that is served.

I would like different meals, not the rotating roster of meals we get. The menu is very predictable. No variety. I do not like 90% of the options.

The desserts are the same every day. Some of the time they have cake for morning tea. Then the dessert is the same cake with bottle cream- not even whipped. The meals are always similar. Plain biscuits every day, cheese and biscuits once every two months. Party pies sometimes monthly. Fried food monthly. Lamb shank had it three times in four years because it was one of my favourite meals. If you don't like rice and spicy food you get toasted sandwiches or plain sandwiches. I get omelette with ham and cheese but I'm sick of eating it now and I don't ask anymore. [Angry face].

Yes would like more choice. We lost half of the staff through cost cutting which has changed the way food is served. We used to be able to order from the menu, now staff walk around with two dishes for you to choose from. I do online shopping from Woolworths and get it delivered. I have packet soups which I ask staff to heat up for me, but they come back not warm… If you ask staff to heat up soup, they are busy, and you don't know when it will come back.

Yes, would like more choices including vegetarian option to select. We have a 24 hour menu but carers have to get it for you and it's frozen (e.g. mac and cheese).

We don't get any choice, they only prepare one hot meal, and they serve that to all residents, there is no possibility to choose a meal, and I am sick of eating sandwiches for dinner. I want a hot meal for dinner, sandwiches are good for supper, but not for dinner.

A menu was commonly provided to residents to inform them of upcoming meal selections. Most often more than one choice was offered for dinner but less so for breakfast.

Currently they have a selection of a hot choice or salad or sandwiches. There is a menu up on the board and it says 'today's option is Fish and Chips'.

Main issue I have is breakfast. I am still active and enjoy a big breakfast – I would like to have scrambled eggs for breakfast not just toast and cereal. I feel like I don't start the day right having multiple bits of toast. Would like to have scrambled eggs for breakfast; unsure why the CEO won't accommodate this for us only reason seems to be for cost saving not wanting to purchase eggs.

Others suggested there was not a menu in place or that the menu items did not necessarily reflect the meal provided.

I would like more choice. I only have liquid-based meals here, I don't like it. There is a menu but what it says and what you get are not the same thing. Food is always cold My family don't like me to skip meals as there is not much of me.

The menu is available but the food does not look as good as in pictures, tastes terrible, is poorly cooked, and often not what ordered.

Most residents reported the volume of food provided was sufficient to meet their needs and that they were generally able to choose which size of meal they wanted dependent on their appetite. It was often the case that interviewees referred to waste associated with larger food portions.

The meals vary in size, but I get enough, probably too much at times.

I would like the meals to be smaller – ¼ to 1/3 of meals here are wasted.

Meal sizes - sometimes too much, and I have a small appetite... A lot of waste.

...the meal size is too big. Where I sit the waste from meals are disposed and there are a lot of food on the plates. People are only having a few mouthfuls.

Meals are usually too big for me; this sometimes puts me off. I like to graze.

Most of the time I don't feel hungry. I see a lot of food thrown out. Sometimes the meal servings are too big. You look at it and not unappreciative, but it can put you off.

Conversely, some residents felt the portion sizes to be too small and not sufficient to satiate one's appetite or meet nutritional requirements.

We have snacks whenever we like, they are always available, but I like to say the hot cooked meals served are always cold, the portions served are way too small. I am a female and I don't eat very much, but still the portions are so small.

The portions are small... I prefer larger meals, they serve such a small portion, because they try to save money.

A number of residents commented on the lack of ready access to fresh fruit within their service. Although a fruit bowl, or similar, was available, it may be behind a counter or was quickly emptied and slow to be replenished.

A few people wait for the fruit bowl to be refilled and then take a few pieces and leave none for others. Fruit bowls only in dining room. I worry about those who are unable to get out to the dining room – if they get any fresh fruit.

There is a fruit bowl, but sometimes its empty because some residents will take a heap.

We used to have a fruit bowl for residents to access for snacks. This has not been available for a while. Would like to see that come back. And fresh food.

Dietary requirements, preferences or issues with teeth, chewing and swallowing of food further impeded choices on offer for particular residents.

My teeth aren't very good and so it is not easy to eat certain things. I am getting them fixed, but that will take six months before they are fixed.

I am given an apple whole to eat but can't bite into it with false teeth.

I don't have any choices or variety with any of my food as I have swallowing difficulties due to my disease and a delayed speech response when I am trying to talk to people.

I am vegetarian, the food and snacks are very limited and don't have a lot of favour or variance on the menu. I am offered a lot of sweet foods, but I have never eaten a lot of them in my life. Vegetarians here is the same meal but take the meat off or out. A plate of the same limited veggies is served up every day.

He misses the sweet things that his diabetes now restricts him to. He feels at times that he is bossed by some of the choices in his diet and he is not able to make his own decisions. He lets me know but won't complain or voice up [Proxy].

5.2.2 Temperature and timing

Although many residents expressed satisfaction with the temperature of food, others were unhappy with the heat of the food in particular. Food items such as soup were commonly referred to as being too cold upon serving. This was more often an issue for those residents who chose to eat in their room (whereby the temperature was affected by both distance from the kitchen and timing from serving to delivery).

Food is always cold; the dining room is away from the kitchen where we are located. They bring the food down in a hot box on a trolley always cold. Everyone just accepts that's the way it is now.

Sometimes it's hot, sometimes lukewarm or cold, depends on how long the food trolley sits around before staff have a chance to bring the meals.

Temperature of the meals is fine in the dining room but if brought to your room it gets cold.

I have been sick so by the time the food gets to your room it has gone cold. There is half an hour wait by the time it gets here.

Often, the food comes out on trolleys and my room is the last to be served and is sometimes cold, which will require the food to get microwaved, which softens it. Sometimes the staff mix hot food with cold food.

The temperature or texture were also affected by the implements from which it was transported and served (such as a thermos for soup), flow of the service or available staffing.

The food cools quickly because it is on plastic plates and takes a while to get delivered to the room.

Toasted sandwiches are wrapped in plastic which makes them soggy.

The food temperature is good in the dining room but it is cold when served in your rooms and late. The staff never stop running and the manager is beside them running. If she walks past a door, she will make an unmade bed and I know this as I have gone in to help her.

When I was unwell and in my room, the meal was very late and cold. Maybe they need to run meals out to us in our rooms first before serving in the dining room.

Temperature of the food can be affected by staff availability – not enough staff around to deliver it.

Sometimes there is no common sense: they serve cold meals first and hot meals last.

We have snacks here available all the time. What we don't have is quality food, I like to be able to have four choices for lunch and dinner and I want hot meals. The food served here is cold, they don't have proper trolleys – special equipment, like in the hospitals to maintain the food temperature, they are dragging open trolleys around for an hour and the food stays on the trolley and gets cold.

Temperature of the food was attributed to consumption directly. Residents were less likely to eat meals that were not hot or cold enough (lukewarm soup or melted ice cream).

Temperature too low, often leading to food waste as too cold to eat.

Soup is always cold or lukewarm with consistency of thick custard. Not very inviting.

Occasionally a little tub of ice cream is provided but it has been sitting out of the fridge for so long it is completely melted.

I'm a bit of an ice cream freak, I love my ice cream. But they bring the ice cream out at the same time as they bring the whole meal out, so by the time I'm finished eating my main course, the ice cream has all melted and it's not enjoyable.

The food that they serve most of the time is cold. The meals that should be hot are served cold. A few days ago, we had baked beans, and they were served cold. I couldn't eat it, I left it.

Perspectives on set mealtimes (and the actual times themselves) were varied. Some found the routine based on set mealtimes a source of comfort and structure during their day.

It is a strict schedule here but it works for me.

I have been here for a while and have adjusted to the times of the meals.

Morning and Afternoon tea are at set times... We have set times – 8am breakfast, 12 noon lunch, 5pm dinner, 10am morning tea and 2pm afternoon tea. I'm happy with the times.

We eat at 5:00 pm here and I like that because that's what we used to do at home.

Others suggested that the set time for the evening meal was too early and the length of time between the dinner meal and breakfast meant that people were often hungry later in the evening. Increased flexibility in mealtimes or access to food beyond set dining times was desired by a number of respondents.

Meals are too early – I prefer to eat later. A later time for dinner would allow better digestion and enjoyment of a meal.

I struggled when I first came in as 5pm was such an early time for dinner. [At home] we used to always try and eat at 6.30pm when the men were in for the day either working on the farm or elsewhere.

We have lunch hours. You say you want something, and they say, well you can't have it. I'd like to have more say in what we get and when we eat. 5:00 pm is too early for dinner. Who eats their dinner at 5:00 pm and then there's nothing to do?

It would be nice [to have greater control over timing of meals] but you can't please us all. Meals have to be set at certain times, there is too many of us and not enough staff.

There are no choices with when you eat meals, our life and timetable revolve around a routine and staff. They are always short staffed and many leave.

Staff currently round up residents at 4.40pm for dinner at 5pm. This is too early. Should offer a two-hour time period for those to eat early and those who want to eat later.

5.2.3 Environment

The preference to eat in the dining room or alone within one's room differed amongst residents. Some enjoy the atmosphere of communal eating and the company of regular dining companions. It represented a daily routine and an opportunity to hold a conversation with friends over a shared meal.

I have breakfast in my room. I get a bit tired after getting up and showering and making the bed. Other meals I eat in the dining room. It's good company. I sit at the same table. Staff are very helpful. I think it is good to get out (of the room) and have some company.

I like to have my meal in the dining area with my friends that I have here. Currently due to Covid lockdown we are not able to dine in the dining area, and that is difficult. I hope this ends soon.

I eat in the dining area with my other friends, I can sit wherever I like, we can choose where to sit, no one stops us.

I prefer to eat with my friends in the dining area. We play Bingo, and Monopoly, now because of Covid we can't eat in the dining area.

I prefer to eat in the dining area. Is nice to have a meal with company. I like my meals to be served in the dining area. Now due to Covid, we have to eat our meals in the room.

I like to eat with company, before I used to go to the groups and in the club with my friends, I enjoyed having meals with my friends together, now I can't go anywhere, as I can't walk anymore.

I like eating in the dining room. Currently due to Covid we are in our rooms, and we have our meals in the room. I prefer to eat my meals in the dining area.

I like to have my meals in the dining area, I like to dine with company, not by myself.

The only time I get to see people I have met in the home [is in the dining room]. I enjoy having meals there. It is a social event.

Our table in the dining room has been upset by one person recently. But now that person has been moved, we are much more settled and happy now. I don't like the noise staff make while we are eating. There are some staff members who talk loudly together in the dining room and it spoils our meals. We would like it to be a bit more peaceful.

Others felt less comfortable having their meals in the dining room or preferred to eat alone. This preference was influenced by individual personality traits, circumstances or as a result of the behaviours of others (fellow residents or staff).

The dining room is OK. Only five people here that you can talk with. I usually sit with three 94 year olds (I am a lot younger). A lot of people stare off into the distance, not encouraging when you have to sit with them. There are a few people I sit with in the dining room, there are only a couple that don't have dementia that can hold a nice conversation with you. Otherwise, it's not good sitting with people that don't really know what they're doing. Not really anything you can do to improve it, it's just the way it is in a nursing home, nothing against the people, it's just their state of their health and their state of mind. Evening meal sometimes I skip a meal if someone else is sitting at the table with the other people I usually sit with.

I don't eat there [dining room] because I have low vision. I cannot see in there what I am eating. [Interviewee suggested better lighting would not help as her vision is deteriorating]. I have a good set up in my room with special lighting that helps me see.

The dining room is not nice, there are a few people there that I don't like. Can't eat at other times to avoid them. Staff start cleaning up before mealtimes finish. Not many people show up for dinner time, they have trays taken to their rooms. What could be done to improve it? I don't know; maybe staff not cleaning up so early so people had more time to space out when you have to go there.

I just like eating in my room because I have to take my top plate out and I get embarrassed. I like eating in my room.

I don't know. I can't go to the dining room because I can't walk so I just eat in my room. I don't like people very much. I used to like barbeques but we don't have barbeques here and anyway, I don't like the meat here.

Would rather in room as there are not enough staff to assist me back to my room when back pains start. A princess chair is not available for me to use in the dining room.

I go to the dining room for lunch and I have dinner in my room. I like the peace and quiet in my room, I've lived by myself for a long time.

Don't like going to the dining room, get overloaded with people, too noisy. People are forgetful, same conversations over and over again.

Some residents expressed the desire for a more "homelike" or calming dining experience or that which resembles a nice restaurant. There were also reasonably frequent comments regarding a sense of being "rushed" by staff due to staff shortages and pressure to follow a rigid schedule.

I eat in my room because I don't like the tension in the dining room. The staff are in a rush to clear you out. Very loud with lots of clanging I'll stick to my room; I want to get away from it all.

Staff take plates after 20 minutes and are always rushed... not enjoyable.

The dining room is like a sterile environment... I would rather a cafe style setting.

I like to eat in my room, I don't like to eat in the dining area, as is very noisy, I like to have my meal in a quiet environment. I don't like to be in a noisy environment.

Staff are too quick to clear tables as soon as residents finish eating. This makes it seem rushed. Would prefer to eat and talk at a leisurely pace.

Narella

Narella resides in a rural/regional residential aged care service in South Australia and identifies as an Aboriginal/Torres Strait Islander person. She used to regularly cook but is no longer able to do that within the service. She was fond of making scones and pasties when she lived in the community. Narella enjoys a freshly made toasted sandwich and when she is able to travel out of the facility for shopping, she will take the opportunity to purchase her own "goodies". Narella likes the food available and has three choices for dinner each night. Sunday is special as roast is the usual choice which is her favourite. Narella prefers to eat her meals with others, especially family when they visit. Although she doesn't enjoy all traditional foods she used to eat (such as rabbit and kangaroo) she wishes the service could include a traditional cookout more regularly.

5.3 Dining experiences

Interviewees were asked to recall and describe favoured dining experiences (present and past). For this category there were 344 responses. Across these responses, two overarching themes appeared dominant: a focus on family and friends, and events, occasions and dining out.

5.3.1 Family and friends

Many residents described with fondness meals prepared for and/or shared with family and friends.

Home cooking with family – wasn't a family to go out often, valued home cooking and eating together as a family. Would get fish and chips and eat with family at the beach. Eating meals together as family; fish and chips at the beach. Why was it so special? Family time.

Roasts with family. If the children were coming, we would have a big main meal with Greek desserts (Greek cakes). Baklava and pastry with custard and there are different ones with custard and syrupy.

Enjoyed cooking with herbs and spices and different meals such as moussaka not just meat and three veg all the time. Favourite food memory- Enjoyed cooking, holding dinner parties and Sunday roasts. Gathering together with family and friends enjoying flavoursome food.

Family Christmas gatherings. Cooking with family. We didn't have much but we cooked with love and had fresh fruit and vegetable pickle from the garden.

BBQ with family, pub meals going down to the sports club with family. Food memory – going to sports club for a meal with family. Time spent with family enjoying good food.

Good food and company. Being able to share a meal with a mate.

Getting fish and chips at the beach... Having fish and chips at the beach; fishing with family and catching fish. Connection to culture and island lifestyle.

My wife's cooking was amazing, hard to compare that to anything else. We had the most amazing dinner parties.

Going out with my husband for coffee and apple pie at a café. Cooking for my grandkids. Nothing fancy just simple pleasures.

I didn't go out so much (we didn't have money to dining out) but preparing food for children and my husband was the best part of my week.

My favourite type of dining experience is to be around a finely set table with my family and loved ones.

Positive associations included the smells and sounds of food preparation and serving, as well as the routine or regularity of particular meals (such as a Sunday roast).

Mince pies and cooking. Christmas morning. Smelling all of the delicious food. Grandma's cooking. Baking in Christmas day. The smells, the memories.

Themed meals, meals for special occasions. Traditional Christmas lunch. Favourite food memory is family Christmas. I miss the smells of cooking.

A lamb roast at home every Sunday and a chop during the week. The fruit cakes and mince tarts at Christmas time.

Family get-togethers and cooking lovely roast meals. Sunday roasts with family.

Meals at home with family also going out to the Club eating in the restaurant. Sounds of the family and their company which I miss.

5.3.2 Events, occasions and dining out

Eating out for events or with family and friends was also suggested to be a positive dining experience and/or memory. Such meals could be celebratory or a more simple opportunity to share a meal with others within a restaurant or hotel.

I used to go with my husband – not very often, but we did go to the club for lunch and have all you can eat! It was so good to have many choices and we never have dinner after that!

Taking wife out for coffee and having an apple pie together. Eating together outside in the sunlight, fish, and chips.

Going out with friends, all you can eat meals. Enjoyed the company of friends and sharing experience of enjoying a lovely meal and conversation. Enjoying a lovely meal with my lady friends when we would go out. Enjoying good company with a good meal.

Going to a special restaurant. High Tea at the Queen Victoria Building – expensive but delicious.

Going to nice restaurants... Enjoying good food at nice restaurants. Being able to choose a venue and try new flavoursome foods.

Eating out in Melbourne going to restaurants in Lygon Street and eating really lovely pasta. I enjoyed amatriciana [pasta] so much, I went to five different Italian restaurants, one each night to taste how different people cook it and to get the recipe. My favourite food memory is the Italian meals over five nights because it was really tasty and I realized how much I enjoy Italian food.

My wedding reception was many years ago. My mother, aunts and friends all catered and it was a beautiful day with tables full of beautiful food. I have never seen so much food.

Hotel dinners. Steak sandwiches at lunch. Going down to the hotel for lunch and having a steak sandwich. It was so tasty.

I miss going to the pub for a beer.

Something I always remember is a steak at Mildura and it was the best steak ever. It was a rump steak and was huge. This was about the company as well as the meal.

Experiencing diverse foods and wines whilst travelling was also described as a positive dining experience from their past.

Asian Foods, Chinese and Vietnam foods, I have been over to these countries and really enjoyed the dining experiences that these have offered me... Experiencing different foods from different cultures. Experiencing different cultural ways whilst on holidays. Not experienced this here, but I understand I am in a nursing home not a flash restaurant.

[I am] well-travelled and enjoyed trying different foods from different cultures. Mediterranean foods, Indian food enjoying the experiences of different cultures.

In my work I used to travel a lot so I have had lots of different restaurant experiences in different countries, particularly in Asia.

On the boat to Alaska... the food was wonderful. The desserts were amazing – I'm a sweet tooth. We had a banquet and could sample wine from all over the world.

5.4 What is working well

Interviewees were asked to comment on what they felt was working well with respect to dining. For this category there were 332 responses. Residents described satisfaction with the meals themselves as well as the opportunity to eat with others in a communal setting.

Crichton

Crichton lives in a Queensland residential aged care service. Although he does not describe himself as a "foodie" he does consider food to be an important part of his life. Crichton does not enjoy cooking but has fond memories of preparing meals with his wife in the past. At present Crichton enjoys a range of meals and snacks and is satisfied with the choice provided. He is able to select from a weekly menu and is happy with the size of the meals more generally. He likes the company of others and will choose to eat his meals in the dining room rather than alone in his room. Crichton suggested that the temperature of the food, in particular the soup, has improved in recent times due to the introduction of a thermos for serving.

5.4.1 Satisfaction with meals and staff appreciation

Many residents described the quality of the meals, snacks and beverages provided in positive terms. This included choice and variety as well as size of the meals provided. A small number of residents stated their enjoyment of participating in cooking activities at their service, including interaction with the Chef and food service staff.

Only I am very lucky. I have been at this facility for 7 years and I am settled. Enjoy the element of choice with food here and the fact that they make lots of roasts, soups and casseroles- similar to my experience cooking and eating with my family.

Chef does a good job. Snacks are good. All of our needs are met. Nothing I don't like. We pop out if we want a special lunch or coffee and cake. The dining room is entertaining. We sit in the corner and watch everyone's interactions. Staff do an amazing job. I think it is working well here. I feel we have good choice and don't want for anything. I feel we are well catered for. Some people all they do is complain and whinge and carry on about the food.

I don't think they've had the same thing twice- somebody knows something about cooking which is good!

We get all sorts of stuff here. Like fancy stuff.

Love the Sunday roasts that are always different – really enjoys meals that are served. Pop up menus, special culture days and lunch is great.

The meals are lovely. They can't compare with home cooked meals though. Snacks – cakes are delicious. It is very good for an institution. It's excellent.

I am satisfied with the food served here. Maybe being able to have chocolate or cream biscuits available whenever I want it will be nice.

The food here is nice, we get salads, fruit- watermelons, strawberries, grapes, and vegetables with our meals- mixed veggies- corn, carrots, peas, and food is always warm, we also get sandwiches which I like. We get various types of meat and that is good.

Food is fantastic here. Very happy, no complaints. Size of the meals are good. Sometimes the soup is cold but it has improved by bringing in the thermos now. Generally, temperature is not an issue though. All good. I just love food. The dining room is good. Good company and I enjoy lunch there.

Everyone here is friendly, and the meals are as nice as my mother's. I love the braised steak.

Grateful. There is always fresh fruit, staff that smile, a coffee or tea...people are trying.

I like cooking and I like nice food, everything that they serve here is delicious, and freshly made, if the food gets cold, they take it from the table and bring new tray of food which is warm and fresh. They serve all food on the table, and we can choose what we want to eat. They serve chicken, pumpkin soup, beef, tomato soup and we have opportunity to choose. We have breakfast, lunch, dinner and morning and afternoon tea. There is plenty of food for everyone.

Reference to food provided at afternoon, morning tea or as snacks was often positive in particular.

The food is delicious, is made like homemade meals. We get biscuits, and fruit for morning tea and afternoon tea – watermelon, grapes, bananas, apples, and oranges. Moussaka is my favourite dish. I love moussaka, they make it very nice and tasty. We get various meals every day- pork, chicken, fish, pasta, and veal. All meals are fresh and warm.

Afternoon tea is always good here... Delicious biscuits, cupcakes, shortbread...

Snacks here are good... The snacks change daily... the cook makes different ones.

Snacks are OK, small cake, biscuits, homemade biscuits.

They also expressed appreciation for the staff and service received.

They try, and the staff do what they can with the limits they have. We do have a take-in meal once every month which varies eg: Chinese, pizza, Thai or other requests put in.

The food is well presented. Good meals. They made a cake for a 70th wedding anniversary. The meals are really good here. Nothing I don't like. I am very happy with how things are. If I ever ask for anything, it comes (eg. toasted sandwiches). Staff are really good at assisting those that can't feed themselves. A few staff aren't always the friendliest, but overall they are lovely here.

I had palsy was diabetic, been working on my health so food is important. Only came in here because of my palsy but been wanting to make my health better so I can get out of here. I've been eating well and my health has improved, have lost 35kg, off my diabetic medication now. Food is excellent here, very happy with staff and food at this place. Food is excellent and staff are great. Morning and afternoon tea is brought up to your room, cake and tea or coffee.

The staff have been great, especially during the lockdowns. There have been staff shortages, but they have done really well to look after 70 people consistently. I enjoy the Sunday roast lunches here. We often have cakes to celebrate people's birthdays, like pavlova, which I enjoy.

As with all facilities, it is understaffed but the staff are fantastic.

Some residents appreciated individualised support and attention provided by food service and other staff in their service, including the Chef.

They do roasts well here. I am very lucky. Snacks are good always. A lot of fruit. The Chef is a very nice man. Things I don't like, they know about, and they provide me with alternatives. It has been a while and the Chef knows what I don't like.

Chef is good working with me. We are trying to work out what is causing the health issues. I don't eat snacks but can make tea or coffee in my room. Chef and kitchen staff are working well with me to identify what foods are triggering my health concerns.

I remain in my room 24/7 and am reliant on staff for all meals and drinks. They are all very kind and I am so grateful for their assistance.

The Chef is very approachable and accommodating.

Doris

Doris lives in a residential aged care service in New South Wales. A self-professed "foodie" she likes to cook. She does enjoy soup and is happy that this is available regularly and is a different flavour each night. The facility has established a "resident's committee" where participants are able to make suggestions (not just about food). Doris is pleased that her suggestion to reintroduce bacon for breakfast has been implemented. She believes there is a good variety of food available, it is of high quality and always served hot. Doris usually eats in the dining room where everyone is allocated to a table. There is also a good selection of snacks available that includes Anzac biscuits, tea/coffee and fruit. She misses her husband preparing chicken curry meals as this is not available, although the kitchen has prepared lemon chicken which she enjoyed. Doris has appreciated the opportunity to try new and different meals but would like occasionally to have more fried food and salads on the menu.

A smaller group of residents described themselves as not particularly "fussy" or "picky" eaters and expressed general gratitude for the meals and service provided.

I am not picky, and whatever they serve I enjoy. Too many choices and too much food. I used to sit with different residents and people were being fussy which I felt was a shame as there are so many people starving. We all have different ideas about food. I come from the UK, and I was brought up to feed myself. You either ate it or you didn't. You don't complain. The menu is provided a week ahead. I've gone to the meetings and people are requesting ridiculous things, people have to be realistic. They are very good at giving me something if I need it.

I grew up eating everything. I didn't eat out. Wartime so we ate everything and were never picky eaters.

Sometimes I would [like more choice in meals], but I am grateful for all the other things and that people are kind and care.

It's alright I eat everything they give me, I'm not fussy, you can't be fussy.

On the whole, the meals are pretty good. They don't vary a great deal, but they are quite good. Sometimes cold meals are served with cold plates, hot meals are served with hot plates- sometimes the plates are too hot, sometimes too cold. On the whole, you can probably tell what you will have. Every now and then they change the menu. I can't say it's terrible food – it's not. We all have different palates.

5.4.2 Dining with others

Some described the pleasure of sharing meals with others in the dining room or the association of particular meals with those enjoyed prior to transition into residential aged care.

I like sharing a meal with others here as they are my family and this is now my home.

The dining room has a nice atmosphere. It was done up a few years ago.

I really enjoy the roasts here – lots of variety served with vegetables. Casseroles are also a favourite. I used to cook for all of my family – enjoyed family meals – loved the hearty filling casseroles and roasts – which remind me of family time.

Dining room experiences are good. Staff look after everyone and if food choice is not good, there are delicious sandwiches often. At night can have soup or sweets.

Meals are generally pretty good overall, we do get a variety of food; had a BBQ a while back, this was very enjoyable. Has been talk about having another one but so far CEO doesn't seem interested in making it happen. I enjoy the dining room. There is a group of seven of us that sit together, we are the chatty table. We have good company.

I'm happy with the meals here. I like going to the dining room because I like company. It gets noisy though, some of the staff talk very loudly.

I like the dining room, get to talk to many people and the meals are warmer. I enjoy happy hour, enjoy a wine or a beer with others.

Also appreciated was the opportunity to share a meal with family in the dining room or to have a coffee in an onsite café.

The family can eat for $10. They cater for special needs with family members that join for dinner. Visitors are made to feel welcome, and staff offer tea/coffee to guests. I am happy with the meals.

There is a kiosk operated by the residents – a variety of packeted foods, toiletries, birthday cards/cards. We also have a Café where we can have coffee, and snacks and meet people from outside.

Others commented on how much they enjoyed special events such as celebratory lunches or BBQs, or the opportunity to share a drink with others (as in happy hours).

We were farming people and my husband grew cereal crops, when he worked all night, 5pm was happy hour and we kept that going. They do have a happy hour one day a week where you can have a glass of something and nibbles.

Likes event days for instance, looking forward to Melbourne Cup

I've enjoyed lots of great meals here, and the staff go to extra efforts for special occasions like Christmas and Easter.

5.4.3 Ability to influence

A few residents shared their reluctance to complain or the sense that the situation was not within one's control to change. Many also acknowledged the challenges associated with preparing and serving multiple meals per day to a diverse group of people.

Staff are trying the best, get a lot of stews which I've never been a fan of. I realise it's hard for people to cook food for large numbers of people and the people that come here have such a range of mental and physical disabilities/abilities that makes it even harder to cater for.

I used to be on the food committee so I understand the chefs can't please everybody. I sympathize with the cooks. We would meet monthly and had a cook come and listened to what the residents were saying.

Yes, but it is what it is, and I can't change it. I don't think anyone can. You have to go along with the flow and not rock the boat. I don't have the energy or feel well enough to rock any boats.

Yes, it [the food choice] is limited but they are trying and you can't please everyone. There are too many of us to please.

All fine, I eat what is put in front of me, that's how I was brought up and don't complain.

Conversely, the opportunity to provide input on the food and drinks provided through various means was also appreciated by residents.

The meals are good here, they know what I like, I like mince and vegetables. I like everything but the curry which is spicy. The presentation of meals is excellent and it looks and tastes good. There are forms that you can fill in with things you want them to know, things you like or don't like.

Between our voices, which we sometimes have to put on megaphone, things have improved with our food.

Variety is really good – the Chef asks how things are, and there are forms to fill out (feedback).

Staff ask residents if they like meals to get feedback and they act on it... Food committee even comes to room and gets feedback and acts on it.

Feedback is taken on board. We complained about the soup, and they changed it and last night it was really good.

There is a monthly meeting with the director of care and a feedback box is available.

We have a pretty good choice. We can ask for things at the residents' meeting. For example, I brought up that we hadn't had bacon in the morning for a while and they started serving bacon again.

I enjoy the food we eat here. We can always talk to the staff if we have any issues, and they listen to us. I am never worried about speaking up.

There were frequent mentions of noticeable improvements in meals more recently, whether this be specific to quality, choice or temperature.

They have a chef in the kitchen now and the food has really improved. We know they can't cater for every single person but we can open up a doorway of improvement. Not everything is provided but we can see the efforts being made to change.

The meals have improved and they are providing me with a few more gluten free meals. Will have a non-gluten free scone about once a week (snacks).

Introduction of thermos has improved temperature of soup.

Sometimes the soup is cold, but it has improved by bringing in the thermos now.

Don

Don is a Queensland resident who enjoys pizza, crumbed veal, tomatoes, and fresh vegetables (particularly green vegetables). Although he is able to access some of these foods in his service he would like to have them more frequently. Don likes to go out with friends and eat at restaurants with buffets and all you can eat meal options. He misses the company of friends and sharing experience of enjoying a lovely meal and conversation. Don has a small group of fellow residents with whom he sits at mealtimes. Don suggests that it is not always comfortable eating in the dining room with residents who have dementia. If there is not space at his usual table or if there is nobody in the dining room he feels he can hold a conversation with, he will skip a meal. Don had palsy and is a diabetic and therefore food is an important part of maintaining good health and wellbeing. He moved into residential aged care due to health issues and is pleased that he is eating well, his health has improved, he has lost weight (which he had trouble achieving prior) and reduced his medication. Don believes the food provided in his service is excellent. He is happy with staff and describes himself as "chummy" with the Chef who will provide him with larger meal portions when hungry. Don has a small fridge in his room in which he can store favourite food and drinks. He has morning and afternoon tea brought up to his room. Although Don has observed an improvement in meal quality over recent months, he would still like to eat more fresh vegetables. He would also like access to a full menu list for a week from which you can choose things you would like to eat. At present there is a set menu over four weeks but there is no option to choose. He also suggests that those on different floors of the service have greater variety and the option to have an alcoholic drink (due to paying higher fees). Although Don describes the meal service times as "strict" he finds the schedule works well for him.

5.5 What is working less well

Interviewees were asked to comment on what they felt was working less well with respect to dining. For this category there were 465 responses. Responses to both versions of questions are included (for those able to communicate verbally and those less so) which is why the number of comments exceeds the number of interviewees.

In contrast to those who spoke positively about the food and service provided in the residential aged care setting, others were less satisfied more generally. Some residents did not enjoy the dining environment itself due to a range of factors such as the noise of others.

Food is the highlight of my day, but not exciting to look forward to here. All sloppy meals received, they want to give me rice and stew based meals when I would prefer meat and three veg. That's what I grew up with. Not fancy food, but just nice, tasty food would be good Snacks are too rich – they come with chocolate cake coated in icing, I would just prefer a plain sponge cake or biscuit, nothing too rich.

The food is disgusting, has no flavour, and everything is cold, even for teatime they serve us cold coffee or tea. How can someone serve cold coffee and tea? The food is dry, tasteless, in small portions, some sweet and savoury meals, that we older people can't eat. I have been discussing with the management the food issue, and no changes are happening, they just ignore what we have to say, as they try to save money. I don't have one good memory of this facility, I can't pinpoint one good meal served here, only when I buy T-bone steak for myself and give it to the kitchen staff to cook it for me, but even then is not cooked properly, is too dry. I cook BBQ for myself, and I am allowed to make BBQ once a fortnight and I cook for myself, I feel sorry for other residents in this facility that can't get any decent meals.

She [mother] definitely doesn't enjoy them. Mostly she takes a small mouthful and will say, "That's enough. No more." She is quite adamant about this. The nurses are always amazed at what she eats for me. She obviously doesn't like the taste as she mostly screws up her face when it is given to her. I feel there must be very little choice for people with her needs as the nurses order her meals and there isn't much variety. I try everything that is offered to mum and the food is extremely bland. For people who can see, the meals look uninteresting and unappealing. The desserts offered are pre-packaged, jelly and custard and a mousse, the type found in supermarkets. The nursing home definitely needs to employ staff who can cook! [Proxy]

5.5.1 Presentation, quality and freshness

Issues were raised regarding the quality of ingredients, including freshness. Dissatisfaction with processed and pre-cooked or packaged food was common.

Want home cooked style meals – not meals out of packet. Make it edible. Not out of packets or jars. Family used to make real gravy and mashed potatoes and real peas.

Not good. We live in a country that has abundance of fresh fruit and veggies but all we get is tinned fruit... Fruit and veg aren't fresh, so much is out of a can, for example we had an apple crumble the other day, but the fresh apple was halved and added to with tinned apple.

We all think the meals here are awful. The snacks are not great, we do complain all the time. No choice we have to put up with what we get. The food tastes terrible. I would like a home cooked meal, not the food that we get served to us.

The food is bland and tasteless and the management do not do anything about it. Boring, cold lack of choice and the Chef can't cook at all. I did think about buying them a cookbook for Christmas.

All sloppy meals, all processed food – not good quality.

Some residents talked of issues with temperature, quality or presentation of the food observed. There was also dissatisfaction with how vegetables or meats were cooked (generally over cooked) or lack of flavour. Conversely others felt food was overly spiced and sought a plainer flavour.

Soup is always cold or lukewarm with consistency of thick custard. Not very inviting. Food is bland, rissoles are tasteless, lots of sausages, party pies and budget food. Like they are trying to save money on the food they purchase. There is a fruit bowl, but sometimes its empty because some residents will take a heap. Sandwiches which aren't cut nicely and have crust all on them which make them hard to eat. The food is really not presented nicely, for example, a cup of tea, is just in a cup, would be nice to have it with a saucer as they would have had it at home. Soup presented in a mug, rather than a bowl with a spoon. Just not an enjoyable experience.

Poor quality of food here, it's repetitive, boring. Lots of stews that the meat isn't even soft, meat is like rocks, really not good at all, not appealing can't even take one mouthful sometimes. I have lost weight due to the quality of the food and lack of appetite.

Some food is available here but limited and not quality produce. Often over cooked and reheated, losing flavour and texture. Frozen produce is used, not fresh. Eggs, seafood (fish and small prawns) vegetables. Over cooked and lacking flavour texture.

Casserole is tasteless with no flavouring. Overcooked vegetables. It is very boring and repetitive- meals and salad. Apple, weetbix and toast for breakfast every morning... Zucchini and broccoli are overcooked with no nutrients left.

The veggies seem like they are out of a can. They are overcooked so I don't eat them. They always give me a big serve of broccoli but its overcooked, so I don't eat it.

Some of the meat can be overcooked and dry. Fish is just frozen and processed.

A number of residents complained that the food was not of a pleasant texture and more suited to those with chewing or swallowing issues.

I'm not very happy with the food here, it's pretty basic... 20% of meals are OK. Elderly people tend to get food that is soft and overcooked, with very little flavour. The veggies taste like water, green things are canned or frozen, not fresh.

The food is tasteless and targeted at people with no teeth.

Ellen

Ellen lives in a metropolitan aged care service in New South Wales. She has always appreciated a simple home cooked meal and used to prepare lunches and the evening meal each day for shearers on their farming property. She is not satisfied with the quality of the food provided and wishes for meals that are tasty and well presented. She feels the meal sizes are too large for most residents and there is a lot of unnecessary food waste. Ellen is satisfied with the degree of choice they are offered with respect to meals, including the alternative options such as sandwiches or scrambled eggs which she considers nice tasting. She is also reasonably happy with the snacks provided such as small cakes and homemade biscuits. Ellen and her husband were farming people and they enjoyed a regular drink together every evening after her husband returned to the home. This is a happy memory for her and she likes that she is able to continue that tradition in this service at the once a week happy hour where she can share of glass of wine and some nibbles with others. Ellen used to enjoy leaving the service and spending a couple of days on the farm with her family but suggests she is no longer able to do this. She also stated the service manager had declined her request to attend her grandson's engagement party recently. Ellen quite likes to eat in the dining room with other residents but does find that some residents can be particularly loud which she finds upsetting. She prefers to eat with others who do not have issues with cognition for a more enjoyable dining experience.

5.5.2 Choice, range and flexibility

For other residents, greater variation in the meals provided was sought or choices each mealtime to better accommodate diverse preferences. This also include a desire for traditional or culturally specific and familiar food.

I realise that you cannot suit everyone. Usually, I'm satisfied but 8 out of 10 of meals are not to my liking – so I end up eating sandwiches. So there is one hot meal offered but if you don't like that one you have to have a sandwich. I think there should be two choices of a hot meal

Food is too repetitive. An example of the only salad that we always get is plain lettuce, few slices of beetroot, few slices of cheese, half a tomato, small bit of soft cucumber, some grated carrot, less often we may have some small slices of onion. Most often with pre-cut chicken (which I've never tasted chicken like it in the past), ham, less often some corned meat.

5.5.3 Lack of staff

Comments regarding insufficient staff to help prepare, serve, deliver and assist residents with their meals were frequent across the data.

Sometimes we are asked to help ourselves get breakfast when there is not enough staff.

Not enough kitchen staff or any other staff for that matter. Only one staff member in the kitchen of an evening with the Chef... Seems to be a budget and time issue.

We missed having a BBQ this summer as there was not enough staff to set the tables.

Not enough staff to assist in high needs care area – only 2 or 3 carers for 40 residents.

If one calls in sick, then they don't get back filled so there is even less sometimes.

I help people eat if I can as there are not enough staff.

5.5.4 Opportunity for special requests or to provide feedback

Some respondents felt uncomfortable complaining about their meals or that their feedback was not heeded when put forward. There was also a reluctance to voice dissatisfaction in fear of 'upsetting' the Chef or food service staff.

Provide the feedback to the Chef. Sometimes that feedback is considered. Other times nothing comes of it.

Food is terrible, cold, meat tough and we can't chew it, we had a focus group to give feedback and nothing has changed. My daughter has complained to the facility and we have to the department.

There is a lot of waste, especially with the hot food in the evening. We give feedback in meetings but nothing changes.

Feedback from the food focus group is either not passed on or acted upon.

Meals are 90% poor standards. The cook gets hurt feelings if you complain though.

I can't really eat meat because of my teeth but they know that. I'm not the sort of person who complains.

I don't like to complain. There are 20 people to be fed here so I don't say anything.

Have a lot of nuns as residents here, they seem to be institutionalized and don't raise concerns about the food. Wonder if they complained what would be done about it.

Some residents were reticent to ask for particular meals or beverages, or food outside of set mealtimes, as to not 'be a bother' to staff visibly busy helping others.

It's not good, it's a nursing home we don't ask for much from staff because they are so stretched, they could make us a Milo but then it puts them out and they have so much work to do that it takes so long for them to go and make it and bring it back that you just stop asking for it. Food is not a thing you look forward to in here, just passing the time on the tunnel of life until our time is up.

We were told I could have a glass of wine with my evening meal. I could ask for one, but no one else has any so I feel bad asking for one so I don't.

I would like to have more choices and not to feel guilty when I have to ask for something different for my husband. Meals and snacks whenever you want– a big yes. If you skip a meal you feel guilty asking for something [proxy].

One family member described her hesitancy to approach staff with concerns about her husband's diet.

My husband has been there since 2018 and I'm still having trouble with meals. I dislike going to the kitchen every mealtime to ask for something [husband] likes, not to be told 'if you're not happy bring your own food in for him'. Hubby would like to have some of the food he likes. Twice a week and that's the food that I ask for him to have. Food tastes bad, looks bad, is boring and cold. Vegetables are always the same. They have a lot of curry or spicy food three to four times a week. My husband does not eat curry or anything spicy or rice. They seem to have rice a lot. Thumbs down, not this again. Food is cold. Cannot chew food. Food is tough – they hardly ever have roast potatoes. Sometimes even some of the carers ask me to complain. When the Chef is missing, the carers cook [Proxy].

5.5.5 Acknowledgment of influencing factors

Some residents felt that despite the good intentions of management and staff, improvements were constrained by a range of factors such as cost and staffing availability as well as logistics associated with a residential aged care dining service. This perspective served to keep expectations modest.

We do provide some feedback, but not enough staffing and food seem to be the biggest things that we all talk about. The manager does listen and is genuinely interested, but her hands are tied. There is no choice in meal size, there are too many of us to please.

I don't like it when people around me complain. It is what it is. If you don't like it, go somewhere else. That's what I think.

What they put on paper and what happens in practice are two different things. On paper it looks amazing, but in practice they are so short staffed they don't have time to assist feeding residents that need an extra level of help.

There was also the sense that one should not complain more generally but be grateful for a hot meal each day.

Listen mate, you can't please everybody. You'll always get the whingers. Oh, I don't like this and I don't like that. You get a lot of whingers. They'll never be happy. I'm happy. Where do you think you are? Mate, you're lucky to have a roof over your head. I'd get rid of all the whingers. Sometimes the meat is tough but I'm not complaining. They do their best. They [the staff] work hard. They deserve a medal.

The food here is really very good. I don't complain. They try their best. You can't please everybody.

I have to accept many things and not one to complain. I am luckier than so many other people. I worry about the staff as they are always running.

Hannah, Charlotte and Victor

Hannah, Charlotte and Victor reside in a rural/regional residential aged care service in Victoria. Collectively they all agree that food is important and, although not necessarily describing themselves as foodies, they prefer "ordinary" but good meals. Hannah and Charlotte enjoyed cooking but Victor preferred to have meals prepared for him. They had previously enjoyed home cooking, including roasts, BBQs and finger food. They have good memories of going to parties and having a selection of finger food from which to choose. The facility has recently appointed a chef and it was agreed that the food had really improved and that a great deal of effort was being made to satisfy individual preferences. Covid had significantly affected their lives as visitors were not allowed and therefore meals with family were limited. Collectively they would like more input into the food process. They are not aware of a food committee, but they would like to help by growing vegetables in the garden and using them in the food preparation. Generally, Hannah, Charlotte and Victor eat in the dining room but the staff allow them to eat in their room if that is their preference. They are very appreciative of the staff attention to providing good care, many of whom they had known in the community prior.

5.6 Opportunities for improvement

Interviewees were asked to suggest potential improvements for food and dining options and service. For this category there were 275 responses recorded. It is important to note that many residents reported being satisfied with the meals and dining service provided or were not able to identify any opportunities for improvement when prompted (n=81 comments).

Nothing. I would give the Chef a big tick!

I'm quite happy with it as is. Everything seems to be alright for me. Have no complaints.

My magic wand has been waved – I'm very happy.

I would sell the magic wand as I am very happy.

I think I am very lucky to be in a nice place with good food.

I like the food here, they serve a variety of food- fruit, vegetables, meat every day, everything is organized and we have options to choose what to eat.

I don't know. Never thought about improving anything. Everything is lovely.

Others did not have any suggestions or considered improvements to be unrealistic. However, for those who did propose potential improvement, these focused on presentation and quality (n=71 comments), greater choice, variety and flexibility (n=71 comments), increased staffing (n=30 comments), and pleasurable dining experiences (n=41 comments).

5.6.1 Meal presentation, quality and temperature

Many interviewees expressed the desire to improve overall meal presentation and quality, including freshness or temperature of the food served.

Fresh vegetables. I understand there are a lot of people but fresh would be better instead of tinned beans/peas/carrots. I would love to get fresh lettuce and tomatoes to go with the fish on salad.

Warm plates, better foods. Presenting food a bit more nicely. For example, have a saucer with the cup of tea. Food should be tastier, fruit varied. In season fruit, not just apples, some nicely stewed peaches etc. Spend more money on better food not just trying to save money.

Presentation of meals to be improved. More choice and variety.

It would be good to have a better variety of fresh food. I was raised on a farm and married a farmer, we always had fresh food which was good.

I would like food that is flavoursome, has better-quality ingredients, fresh ingredients, and less pre-packaged and processed food.

I would have better meat, like sirloin and I'd have homemade rissoles and spaghetti bolognese the way I used to make it. I'd like more variety. It's a bit boring.

Some spoke of the desire for more homelike meals and snacks.

Food needs to be more like home cooking.

Want home cooked style meals – not meals out of packet. Make it edible. Not out of packets or jars. Family used to make real gravy and mashed potatoes and real peas.

5.6.2 Choice, variety and flexibility

Some residents and family expressed the desire for less rigidity in timing of meals or greater flexibility in access to food and drink as needed across the day. They also wished for increased variety and choice of food on offer to promote enjoyment of mealtimes and maximise food consumption. Requests for particular foods were quite common in response to this question. This type of information may help inform the selection of food and drinks, including snacks, that residents within each service may be offered.

Having meals and snacks whenever you feel like it would be appreciated as mum is often asleep at mealtimes.

Varying the mealtimes...there is a bit of a panic and rush that residents feel they need to get to the dining room at a specific time, this could be eased by saying have lunch between 12 and 1 instead of needing to be there at 12, so people could stagger meals and get there when they wanted to....

Menu change more often, with more choices. More fresh food and veggies not cooked to death. Salmon and nice meat. Fewer cakes.

Varied cuisine, adventurous choices... Try a different cuisine each week.

More diversity in the type of meals available; size, cultural offering, seasonal foods.

I'm a person who takes things and doesn't complain but if had a magic wand would want more variety and choice.

Hopefully, menu will be changed – overdue. Speaking to the Chef, the promise of a new menu should be a big improvement. The key is communication and input from residents and acting on this.

As too, was the desire for greater culturally specific meals (such as Italian food) or favoured meals.

Maybe some Italian every now and then – pasta, ravioli, I love that.

Maybe we could share some of our favourite recipes together with the cook.

Let the residents have a say in meal planning, shouldn't be decided by the cook.

5.6.3 Increased staffing

Requests for greater numbers of staff with respect to dining services were common amongst residents and family.

Staff are always rushed. Could have volunteers such as university students, to come in at dinner time to talk with and have outside interaction with people for more social interaction.

More staff are required to assist those who need help eating and one person to get food out to the residents.

It is very difficult for staff to serve everybody. More staff – the ones that we have are wonderful and we could use more.

I'd employ more staff and pay them better.

I would have more waitresses who weren't so rushed and had more time...

More staff or volunteers to assist people to eat who need it. It takes time to assist. I am able to assist others. People can eat with one hand and provide assistance. I'm able. I could assist with feeding people that can't. I'm a retired registered nurse so I could assist.

More staff; there's a terrible shortage. That's a big one. You have to wait too long.

Although less frequent, comments on the type, experience or availability of staff associated with food preparation and service were noted.

Employ new kitchen staff. Kitchen trained. Get a proper chef. More staff to service (1 to 160 people at present).

I would love to have a cook here with extra staff brought into the kitchen and have home-cooked meals. Our meals come from the kitchen of another aged care home and are not cooked here.

You should employ trained chefs and kitchen staff so food is of better quality.

5.6.4 Pleasurable dining experiences

Suggested improvements to the dining experience more generally included that specific to the dining room itself but also the opportunity to enjoy social events such as BBQs or themed lunches.

Would like a buffet to allow people to choose what they want and we should get to have input into what is put onto the buffet. We have a microwave would be good to be able to get popcorn we could make it ourselves. A movie after dinner could make for a good experience. Just being able to access fresh quality food – seasonal fruits and mix and variety. The freedom of choice. Dining room- real glasses, not plastic ones. Some flowers, even if plastic ones would be nice to brighten up the tables. A dinner drink including wine, beer plus sherry/ port and soft drink options to make a more homelike environment. Or a pre-dinner drink if the meal is at a later time. We are only offered wine, beer, or lemonade once a week as a lunchtime treat.

Most other facilities offer these each day. One drink with staff monitoring those who can have alcohol is civilised and similar to what happens in other homes.

Have enough staff, open up the doors and make it [dining room] a home environment. Spaces and places that people can go to, not the current limitations.

Make it like a family meal, more like a family experience.

Dining room- smaller tables, with tablecloths. Better placemats and matching cutlery. If dining was available later without the banging of dishes being done and pressure to leave it would be fine. A better dining experience. Restaurant table settings, tablecloths, matching cutlery, and coloured placements. When in aged care you lose the home style environment so making the dining setting attractive makes up slightly for the lack of environment.

Condiments on table would be nice, we don't like to have to keep asking staff and it would reduce hassle.

Wish they would decorate the dining room for special events such as Christmas, birthdays, resident of the month. Decorate the tables to make it more festive. Themed dinners such as Chinese banquets, monthly cocktail hours.

Dining room – a side table with condiments to be able to add to your meals. Better lounge areas with couches, armchairs with folding tables or small tray tables.

Dining room – could be improved with good tablecloths, cutlery and good furniture.

Oh dear... a glass of wine, please!

A number of residents commented on the enjoyment of eating beyond the dining room, whether this be an onsite café/ restaurant or elsewhere on the grounds, such as outdoors. This also included an interest in regular visits to restaurants and hotels (pubs) for meals in the community for a change of scenery and dining options.

Would like to have a café… to have coffee and sit outside.

It may not be practical, but a garden would be nice to have meals or have coffee in the garden.

Variety, and changes of scenery, allow people to make choices and don't call them risks and say it is not safe to do that. Let us live life to the fullest and how we want to. Be able to roam free.

Haven't seen sunlight in 3 months because we don't get taken outside. Would be nice to have a tea or coffee outside. Have the old ladies that can still function mentally and physically help out in the kitchen and do a bit of cooking or baking – that would give them something to do and give them motivation and stimulation. Small improvements would make a big difference to us, just having a meal at the right temperature not cold would make it more enjoyable and we would look forward to it.

It would be good to have takeaway Chinese food or to go out with others here for a restaurant meal.

Beverly

Beverly lives in a Queensland residential aged care facility and needs to manage diabetes and gluten intolerance. Food is important to her and she describes herself as a bit of a foodie who enjoys a wide variety of meals. She used to like home baking and preparing meals for her family to eat together. Due to her diabetes, Beverly eats when she needs to and this is catered for in the facility. Previously, there were limited options for her that were gluten-free but this has improved more recently, although more options would be appreciated. Beverly does indulge in a non-gluten-free scone as a snack once a week. She finds that the vegetables are unappealing and are often under – or over – cooked. There is also variability with the temperature the meals are served with meals often delivered lukewarm or cold if they have been sitting on the food trolley too long. Due to her mobility issues she eats in her room where there is a tilt chair to assist her to stand. However, these chairs are not available in the dining room. Her mobility issues also don't allow her to go out to the shops for extra purchases as the facility now charges ($40) for those outings which is an amount she cannot afford. Beverly has met with a nutritionist recently but Beverly did explain that if the food (particularly vegetables) was unappealing then she would not eat it.

6. Discussion and key findings

This project forms part of the Commission's long-term strategy to improve the food, beverage, nutrition and dining experience of residents within aged care services, including identifying, promoting and celebrating creative, innovative and effective practice within these settings. In 2021–22 advocates from the Older Persons Advocacy Network (OPAN) member organisations interviewed residents to learn more about their experience with food and dining within aged care services. This report presents a summary and analysis of key themes derived from interviews with 365 aged care residents from services across the country. Interview data underwent both quantitative and qualitative assessment.

Most residents interviewed in this study suggested food to be important and were readily able to identify snacks or favourite meals both past and present. Preferred snacks were reported to be available in their service but to varying degrees or frequency. Residents would themselves purchase and store favoured foods and drinks within their rooms or rely on families to provide when visiting. Many described a preference for food that was familiar and "homelike", consisting of fresh, high quality ingredients including seasonal fruit and vegetables. In addition, being able to access takeaway meals on occasion brought about a sense of pleasure, familiarity and link to one's past. Experiencing special or personally meaningful dining experiences, as described by those interviewed, were reported to be less likely to occur in the aged care service setting. Barriers to the re-creation of such experiences could be due to association with a particular memory, event or location (such as a wedding day or overseas holiday). It could also be that key characters in these experiences were now absent (such as a spouse or dear friend). Others felt it impractical to provide diversity in dining experiences due to the number of residents and staff availability. Treasured dining experiences often centred on tradition, occasion, family, friends and home. This included the smells and sounds of meal preparation. Many residents spoke of the pleasure they continued to derive from eating meals with their families and others in a social setting. Most were also able to describe meals or occasions that continued to make them happy in their service, such as a Sunday roast, happy hour or onsite BBQ.

The majority of residents suggested a menu system was in place, albeit in varying forms. Despite the presence of a menu, the desire for greater choice and variety in meals was frequently reported; even by those who felt satisfied overall with the quality of dining services provided. This was particularly the case for those residents with dietary requirements or a penchant for culturally specific cuisine. Rigid dining room service hours were met with resistance by some, whilst for others set times provided

routine and structure to their day. Although a number of interviewees highlighted recent improvements in food temperature in their service, others were dissatisfied with this aspect of their meals and drinks. Inappropriate food temperatures resulted in reduced consumption and increased food wastage. Whilst some preferred to dine alone in their room (sometimes due to environmental factors such as noise or the layout of the dining room), others derived pleasure from sharing a meal and a conversation with fellow residents.

Although not all felt comfortable doing so, or felt it to be of little use, the ability and opportunity to provide input into the design, delivery and scope of the menu was valued highly. Residents described instances where food had improved or menu items were reintroduced based on the feedback provided. Whilst information on the existence of designated food committees was limited in this sample, issues or potential improvements specific to dining services were enabled through informal and formal mechanisms across services. Comments regarding staff involved in the preparation and serving of food and drink were also generally positive with many expressing appreciation for the care they received and how hard staff worked in this setting. Although less positive references were made with respect to the expertise of the cooking staff themselves on occasion (generally the Chef), residents were more likely to empathise with staff and the need to provide multiple meals to large numbers of people with diverse tastes, preferences and dietary needs (thus keeping their expectations modest).

Key issues raised within the present study, align with many of those reported in an earlier analysis of Aged Care Quality and Safety Commission complaints data collected across 2018-2020. Specifically, concerns regarding meal or food quality, quantity, frequency or accessibility of food or drink, and food service itself (including assistance or staff interaction). Such issues focused on quality of ingredients, taste, smell, appearance, texture, temperature, consistency and freshness of meals as well as sufficient quantity to satisfy resident appetites and ensure appropriate nutrition. Poor accessibility referred to lack of food and drinks between meals when hungry or dissatisfaction with the choices available. Comments regarding insufficient food access or small portion sizes were less prominent in the present study as has been observed in the data derived from complaint records. Although a small number of residents did suggest meal sizes to be insufficient, it was more likely that residents referred to their ability to choose the size of their meal dependent on appetite. Furthermore, some residents commented on food wastage and meals being too large to consume. In line with the findings of the earlier review of complaints data, residents interviewed did indeed describe issues with staff availability and to a lesser degree expertise in food preparation and service. A low staff to resident ratio meant staff struggled to deliver food in a timely manner and at an appropriate temperature to residents in the dining areas or their private rooms. It also created an atmosphere of “pressure” to consume their meal quickly which negatively affected the dining experience.

Dominant in the literature reviewed is the preference for homelike and familiar dining experiences. This too is reflected through discussions with residents in the present study. Food and drink, and composite activities such as meal preparation, are associated with salient memories and sensations from across one's life. Although some residents lamented the absence of opportunities to relive positive dining experiences, others actively sought out means to recreate alternative positive experiences through attendance at social events, dining with others, sharing a coffee in an onsite or local café or accompanying family to meals within the community. Sources of pleasure in the day to day could include making a favoured snack or enjoying a hot cup of tea and piece of homemade cake in the afternoon.

Most residents interviewed, even those dissatisfied with food and drink in their service more generally, were able to identify at least one aspect of dining or the meals/snacks themselves they enjoyed. It was also more often the case that residents suggested food services staff and management were sincere in their efforts to optimise residents' experience of food and drinks through seeking regular feedback or introducing initiatives in response to issues reported. Factors that support a more positive perspective of food and dining across the sample were diverse. Individual and organisational characteristics will also influence satisfaction with the quality and range of food within each setting. However, based on consideration of the interview data, and supported by the literature reviewed, appreciation of the meals and drinks provided appeared to be associated with quality, freshness, taste, temperature of the food itself as well as the ability to exercise control, autonomy and choices about what one would like to eat, where and when they would like to eat it. Opportunities for special lunches, dinners and other social events and the sharing of meals or drinks with others were also highly regarded. As too was the ability to take part in food based activities or enjoy meals with positive associations from their lives in the community.

Opportunities for special lunches, dinners and other social events and the sharing of meals or drinks with others were also highly regarded.

6.1 Where to from here?

An understanding of issues and challenges associated with dining services within the residential aged care setting is necessary to introduce quality improvement efforts. So too is an awareness of what works in this setting and factors that contribute to satisfaction, consumption and enjoyment of food and drink amongst aged care residents. Based on the information captured across the interviews, the following elements, events, or characteristics that may contribute to a more positive dining experience were identified:

1. Familiar or favoured foods with a focus on fresh

An emphasis on fresh, seasonal, homemade, "familiar" and high-quality meals and snacks for residents. This includes variety and choice in the foods and drinks available and ability to make favoured snacks on demand (such as toasted sandwiches). Access to take away foods, or those more "occasional" meals can also help support a sense of familiarity, routine and comfort.

2. Food delivery and service processes that maximise timeliness and temperature

Flexibility in food service timing and delivery including extended mealtimes to enable increased time with each resident as necessary. Temperature of meals can be monitored through use of appropriate food utensils, crockery and other equipment (such as bain maries, hot box trolleys or thermoses) to accommodate distance from the kitchen to dining room or individual rooms across the service.

This is particularly pertinent for those services that have the kitchen at a significant distance from the dining room (point of service) or resident rooms.

3. Regular events and occasions

This includes the opportunity to dine out in the community or visit a favoured take away restaurant. Special events and celebrations on site can provide diversity in dining, an opportunity to socialise with others and something to look forward to.

4. Homelike and social dining environment

A contemporary dining room setting that includes nice crockery (china rather than plastic), an attractive dining table setting and flowers. Windows or glass doors that open out to a garden, sufficient space between tables for ease of mobility and noise minimisation. Shifting from an "institutionalised" style of dining to that which promotes a sense of homeliness, comfort and ambience. Ensuring people are comfortable eating within a social setting may require accommodations to be made such as appropriate lighting, assistive eating utensils or encouragement to select a table or seat of their preference. This may be in a more isolated or quiet location in the dining room. Additional options for social dining environments also entails onsite venues such as cafés, restaurants or areas to enjoy a meal outside with others.

5. Staff quantity and quality

Having sufficient staff available during mealtimes enables a more relaxed atmosphere within which to dine, as well as the provision of tangible support to those residents who may require it. It can also better ensure residents receive their meals at an appropriate temperature and they are able to access condiments or minor changes to increase their meal enjoyment. Appropriately trained and experienced staff to plan, prepare and serve the food will also contribute to quality of the food and drink as well as the associated experience.

6. Resident participation

Many residents continue to enjoy being involved in food planning, preparation, cooking and serving. This enables the exercising of long standing skills and experience in the kitchen as well as sharing of favoured recipes. Those willing and interested may contribute to setting up the dining room for each meal, assist with food service or clearing, or select the background music for example.

7. Resident co-design

Critical to optimisation of the dining experience is involvement of those affected. Older adults in this setting must have the opportunity to inform, guide and evaluate quality improvement initiatives specific to food, drinks and the dining environment itself. Residents as active partners are best placed to identify opportunities for improvement specific to menu planning, meal delivery and design of dining environments and events. Satisfaction with the ability to contribute to the functioning of dining services, as well as the quality of the service provided, may positively influence the perception of meal and snack quality in this setting.

Residents as active partners are best placed to identify opportunities for improvement specific to menu planning, meal delivery and design of dining environments and events.

A. Appendices

A.1 Interview/survey template

This Appendix provides the interview/survey templated used to collect the feedback from residents.

State:

Rural/Regional: YES/NO

Remote: YES/NO

Specialty/Diversity: ATSI / Care Leaver / Dementia

Food Committee: YES/NO

Starting the food conversation – please use the questions as scripted

1. Is food important to you? YES/NO

2. Do you describe yourself as a bit of a foody? YES/NO

3. Do you enjoy cooking? YES/NO

What you miss – Food and snacks

4. What are some of your favourite foods and snacks? Pasta, yogurts, sugar lollies

_____

5. Is that food/snack available here? YES/NO

6. Would you like to have this food/snack here more often? YES/NO

Dining Experiences

7. What are some of your favourite dining experiences?

_____

8. Is this type of dining experience available here? YES/NO

9. Would you like to have this type of meal more often? YES/NO

Choice and control

10. Would you like to have more choices about what to eat at mealtimes here?

Prompts:

- Ordering from a menu?
- Having meals and snacks whenever you feel like it?
- Shopping for food?
- Cooking for yourself?
- Choosing the size of your meal servings?
- Making sure food is the right temperature?
- Skipping a meal if you are not hungry?
- Eating the food you want – not what other people say is good for you?
- Choosing the time you would prefer to eat at?

What is working well (residents who can reflect)

11. Tell me how you feel about the meals served here?

12. Tell me about the snacks here?

13. What's your favourite food memory?

14. Why was it so special?

15. Have you experienced anything like that here?

What is not working well (residents who can reflect)

16. Tell me about some of the things you don't really like?

Prompts: food tastes bad; food looks bad; it's boring; it's cold; the food is served at inconvenient times.

17. How do you feel about eating in the dining room?

18. What could be done to improve it?

19. Is there somewhere else you would rather have your meals or snacks?

Prompts: The noise; others at your table; your choice of where to sit; how you are treated by staff; how you see staff treat other residents, etc.

What is not working well (to be used for residents who cannot reflect)

20. Tell me about some of the things you don't really like?

Prompts: food tastes bad; food looks bad; it's boring; it's cold; the food is served at inconvenient times. Perform the action of thumbs up and thumbs down to each prompt with an expression of curiosity on your face.

Possibilities

21. If you could wave a magic wand, what would you do to improve the food and dining options here?

22. Is there anything else you would like to share with me today about the food here?

End of Conversation

A.2 Qualitative word clouds and tree

To inform the qualitative analysis of those questions where free text was provided, these were reviewed within NVivo. The following word clouds demonstrate those terms most often documented within the open text. All clouds are based on the 50 most frequent words within each category (minimum three characters). Individual tables present a summary of selected words (generic words such as eat or food have been removed from the list).

A.2.1 Favourite snacks

There were 362 responses recorded within this category.

Figure A.2.1: Favourite snacks

Word	Count	Weighted %
biscuits	66	1.70
snacks	55	1.42
meat	53	1.37
fruit	51	1.32
roast	51	1.32
fresh	49	1.27
chicken	47	1.21
fish	44	1.14
vegetables	44	1.14
cheese	37	0.96
chips	35	0.90
cream	32	0.83
steak	31	0.80
chocolate	29	0.75

A.2.2 Choice, control, temperature and environment

There were 353 responses recorded within this category.

Figure A.2.2: Choice, control, temperature and environment

Word	Count	Weighted %
menu	142	2.14
choice	124	1.87
room	79	1.19
temperature	73	1.10
cold	53	0.80
size	53	0.80
hot	51	0.77

A.2.3 Favourite dining experiences

There were 344 responses recorded within this category.

Figure A.2.3: Favourite dining experience

Word	Count	Weighted %
family	88	2.58
room	48	1.41
dining	46	1.35
going (out)	45	1.32
cooking	38	1.11
restaurant	37	1.09
home	33	0.97
eating (out or with others)	31	0.91
dinner	29	0.85
friends	26	0.76
restaurants	25	0.73
Chinese	23	0.67
fish	23	0.67
Christmas	19	0.56
people	19	0.56
roast	18	0.53
together	18	0.53

A.2.4 Working well

There were 332 responses recorded within this category.

Figure A.2.4: Working well

Word	Count	Weighted %
snacks	93	1.13
biscuits	89	1.08
tea	83	1.01
cake	75	0.91
family	75	0.91
nice	63	0.76
room	63	0.76
staff	62	0.75
fruit	58	0.70
meal	55	0.67

A.2.5 Working less well

There were 465 responses recorded within this category (two questions combined).

Figure A.2.5: Working less well

Word	Count	Weighted %
room	333	3.60
food	286	3.09
dining	219	2.37
staff	110	1.19
people	106	1.15
meals	96	1.04
cold	89	0.96
nothing	76	0.82
nice	56	0.61
served	53	0.57

A.2.6 Possibilities

There were 275 responses recorded within this category.

Figure A.2.6: Possibilities

Word	Count	Weighted %
food	113	4.17
staff	39	1.44
good	37	1.36
better	29	1.07
fresh	25	0.92
nothing	25	0.92
cook	24	0.88
nice	24	0.88
people	24	0.88
meal	23	0.85
chef	22	0.81
variety	22	0.81
dining	20	0.74
home	19	0.70
kitchen	19	0.70

A.2.7 Other/open comments

There were 142 responses recorded within this category.

Figure A.2.7 Other/open comments

Word	Count	Weighted %
food	58	3.69
good	29	1.85
staff	24	1.53
meals	18	1.15
people	17	1.08
hot	10	0.64
nice	10	0.64
breakfast	9	0.57
chef	9	0.57
residents	9	0.57
family	8	0.51
happy	8	0.51
home	8	0.51

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The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.

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