
Registrant Handbook

Contents

Meal and Dietary Services

10.1 Introduction.....	1
10.2 Policy statement.....	1
10.3 Meals as a hospitality service.....	1
10.4 Monitoring of food intake or of adherence to therapeutic diets	3
10.5 Living at risk	3
Appendix 1: Extract from the Personal Assistance Services Matrix	4
Appendix 2: Dysphagia.....	5

Registrant Handbook

POLICY 10

Meal and Dietary Services

10.1 Introduction

Operators of assisted living residences provide meal and dietary services to residents in two ways:

1. All operators must provide a meal service to residents as one of five hospitality services.
2. Some operators may offer monitoring of food intake or of adherence to therapeutic diets as a prescribed service.

This Policy describes each category of service.

10.2 Policy statement

Registrants must offer meals in accordance with this policy and that provide balanced and adequate nutrition for residents.¹ Registrants must establish an individual dietary plan with residents who require a special or therapeutic diet, have food allergies or intolerances, and/or have special needs associated with chewing or swallowing.² Registrants must obtain appropriate professional advice (Registered Dietitian or food service supervisor/diet technician) to plan menu rotations, special or therapeutic diets, and food preparation to accommodate chewing and swallowing abilities.³

Registrants must ensure that, where the monitoring of food intake or therapeutic diets is provided at the prescribed services level, a registered dietitian monitors the residents' health and nutritional status.⁴

10.3 Meals as a hospitality service

Operators of assisted living residences must offer a menu plan that provides a rotation⁵ of balanced and nutritious meals. Appropriate professional advice (Registered Dietitian or food service supervisor/diet technician⁶) should be sought in planning menu rotations.

Operators typically respond to an individual resident's request for:

- the regular menu plan; and
- routine modifications to the regular menu plan (e.g., low sugar, low sodium, cut up, minced, pureed).⁷

1 See Policy Tab 4, outcome 2.3.1.

2 See Policy Tab 4, outcome 2.3.2.

3 See Policy Tab 4, outcome 2.3.4.

4 See Policy Tab 4, outcome 6.4.1.

5 Dietitians of Canada recommends a menu plan that provides a minimum of four weeks of menu rotations.

6 Eligible for membership in The Canadian Society of Nutrition Management.

7 In this instance, texture modification is a personal choice, e.g., where the resident finds it easier or more comfortable to eat a minced meal because of chewing difficulties associated with loose dentures.

Registrant Handbook

POLICY 10 Meal and Dietary Services

If an operator agrees to a resident's request to modify the menu plan *beyond routine modifications* to the regular menu plan, they must seek professional advice to develop an appropriate menu plan that will provide balanced, nutritious meals consistent with the resident's request. This will include requests such as:

- a special diet to address preferences, religious practices and cultural customs (e.g., vegetarian, ethnic);
- a special diet to address food allergies and/or intolerances; or
- a therapeutic diet (including modified texture diets) prescribed by a physician.⁸

Where an operator agrees to respond to a resident's request for a routine or beyond routine modification to the regular menu plan, the operator must ensure that the resident's unique dietary requirements and menu plan are recorded in a dietary plan.⁹ The dietary plan should form part of the resident's personal services plan.

The *Health and Safety Standards*¹⁰ associated with the delivery of meal services reinforce these points by stating:

2.3.2 Where registrants agree to accommodate residents' special dietary needs (special or therapeutic diets, food allergies or intolerances, and/or special needs associated with chewing or swallowing), registrants must establish an individual dietary plan⁹ as part of the residents' personal services plan.

2.3.4 Registrants must obtain professional advice from a Registered Dietitian or food service supervisor/diet technician⁶ to plan menu rotations for their regular menu plan, as well as menu rotations designed to address individual resident's special or therapeutic diets, and food preparation to accommodate chewing and swallowing abilities.¹¹

3.3.1 Registrants must ensure that staff has qualifications consistent with their job responsibilities.

3.3.2 Registrants must provide staff orientation and ongoing training to develop and maintain staff knowledge and skills.

In providing meals as a hospitality service, the operator's responsibility relates to the production of balanced, nutritious meals. The operator has no obligation to monitor a resident's adherence to their dietary plan or to observe changes in eating habits. The resident assumes full responsibility for selecting the meal service being received, monitoring the impact of the menu plan on their own nutritional/health status and advising the operator of any changes that may be required in their dietary plan. The resident may do this in consultation with their physician or dietitian.

⁸ Generally, only physicians prescribe therapeutic diets. However, a physician may delegate this task to another health professional, such as a Registered Dietitian.

⁹ A 'dietary plan' is a written plan defining the requirements for producing food to meet the resident's individual dietary needs. It includes special instructions where needed (e.g., low sugar diet for diabetes). Where a registrant offers the prescribed service, *monitoring of food intake or of adherence to therapeutic diets*, the dietary plan should also describe relevant indicators of health status for the resident and activities undertaken to monitor the resident's health outcome.

¹⁰ See Policy Tab 4.

¹¹ Routine modifications to the regular menu plan (e.g., low sugar; low sodium; cut up, minced or pureed to make eating easier due to loose dentures) may be implemented without seeking professional advice.

Registrant Handbook

POLICY 10 Meal and Dietary Services

The operator may provide a voluntary program for residents to be weighed or may weigh a resident upon that person's request. As the resident in assisted living is directing their own care, taking weights is intended only to provide information back to the resident so that they can adjust their own consumption habits. An operator should not interpret the weight information or make adjustments to a resident's dietary plan as a result of the information, unless the resident requests it. (See Appendix 1 to distinguish activities that can be done as a support to residents and those that form part of the prescribed service.)

10.4 Monitoring of food intake or of adherence to therapeutic diets

Monitoring of food intake or of adherence to therapeutic diets is one of six prescribed services that can be offered to residents by an assisted living operator. At the prescribed service level, an operator would provide the expertise necessary to assess a resident's health/nutritional status and implement a therapeutic or special diet. The operator is responsible for observing and monitoring whether the resident is complying with the therapeutic or special diet. The operator may measure food/fluid intake, may chart weight and may modify the resident's dietary plan or therapeutic diet as required.

The Registrar's health and safety standard associated with this level of service is:

6.4.1 Registrants must ensure that, where the monitoring of food intake or therapeutic diets is provided at the prescribed services level, the service is provided in accordance with *Meals and Dietary Services* and a Registered Dietitian monitors the resident's health and nutritional status.

At the prescribed service level the operator's responsibilities relate not only to the production of appropriate meals, but also to the development of a dietary plan. It also includes the ongoing monitoring and evaluation of health status as it relates to nutrition and includes making adjustments to dietary plans as required. (See Appendix 1 to distinguish activities that form part of the prescribed service and those that can be done as a support to residents.)

10.5 Living at risk

If a person could manage eating independently in their own home, then they should be able to manage eating with an acceptable level of safety in an assisted living residence. Some residents may choose not to follow their dietary plan and place themselves at risk of dehydration, malnutrition or exacerbating a health condition (e.g., diabetes). This is a personal choice. Operators may remind residents of their dietary plan and, if the resident is regularly not following it, an operator may bring the matter to the attention of the resident's family.

Some residents may be at risk of choking due to the medical condition dysphagia, which is described in Appendix 2. Where an effective dysphagia management plan has been developed that allows the person to eat with minimal coughing and with minimal risk of food or drink going into their airway or choking, dysphagia should not be a barrier to the person residing in an assisted living residence. Independent of issues associated with dysphagia management, residence staff should be trained to respond appropriately if any resident chokes.

Registrant Handbook

POLICY 10
Meal and Dietary Services

Appendix 1 Extract from the Personal Assistance Services Matrix¹²

Monitoring of food intake or of adherence to therapeutic diets is one of six service areas for personal assistance. A service area may be provided at either a less intensive support level or a more intensive prescribed service level. Operators may perform some or all of the activities in the support services column without triggering a prescribed service. Registered assisted living operators must perform at least one service, but no more than two, at the prescribed service level.

Service Areas	Support Services	Prescribed Services
	The personal assistance activities listed in this column are <i>not</i> prescribed service activities. Registered assisted living operators may perform all activities in this column.	Performing any one activity in this column indicates the service listed in the corresponding service areas column is a prescribed service.
Monitoring of food intake or of adherence to therapeutic diets	<ul style="list-style-type: none"> Modify meals in accordance with diets requested by residents and as recommended and monitored by the resident's dietitian or physician: <ul style="list-style-type: none"> includes provision of expertise necessary to prepare individual menu plans for diets requested by the resident and incorporate same into rotating menus. Provide a voluntary program for residents to weigh in or weigh a resident upon their request. Monitor food consumption for purposes of resident satisfaction and quality control. Observe changes in eating habits and bring changes of concern to resident's or other's attention. 	<ul style="list-style-type: none"> Monitor/measure/record food/fluid intake. Determine and chart residents' weights on a regular and/or compulsory basis. Provide expertise to assess a resident's health/nutritional status and implement a special or therapeutic diet. Provide expertise to monitor the appropriateness of a resident's special or therapeutic diet and modify the meal plan where indicated. Observe/report whether resident complies with special or therapeutic diet.

¹² See Policy Tab 6.

Registrant Handbook

POLICY 10
Meal and Dietary Services

Appendix 2

Dysphagia

'Dysphagia' can involve "difficulty in eating, drinking or swallowing." Where there is the presence of dysphagia, or screening for entry to an assisted living residence identifies a swallowing problem, an assessment by an appropriate professional should be obtained to determine the safety for the person eating unsupervised in the common dining area of the assisted living residence.

Speech and language pathologists, occupational therapists and dietitians with specialized training and skills can conduct swallowing assessments and provide strategies to eat/drink safely and/or recommendations for diet texture modifications.

In most cases of dysphagia, a dysphagia management plan is developed following an assessment. The plan may include a modified texture diet, drink consistency and/or strategies to help with eating/drinking safely, (e.g., cut up, minced or pureed foods, thickened fluids, postural changes/support, adaptive eating aids).

In most situations where there is 'dysphagia,' the person should be able to eat safely, without close monitoring, as long as they follow the recommendations in the dysphagia management plan. Where an effective dysphagia management plan has been developed that allows the person to eat with minimal coughing and with minimal risk of food or drink going into their airway or choking, dysphagia should not be a barrier to the person residing in an assisted living residence.

Where there is a high risk of food/drink going into the airway or of choking, it is critical that the person be fully capable of directing their own care. Specifically, the resident must:

1. understand the dysphagia management plan that is required for eating and drinking safely; and
2. be able to identify and confirm that the meal presented has been prepared according to the diet modification requirements.