An in-depth case study examination of nutrition care in urban and rural “house model” long-term care homes

Seshni Naidoo,RD
College of Pharmacy and Nutrition
RaDAR 2023 Online Summit
Supervisor: Dr. Allison Cammer
November 21, 2023

Traditional	House Model
➢ Larger facility ➢ Large dining rooms with 4-6 residents at a table ➢ Meals produced and transported from central kitchen ➢ Staff from multiple departments involved in mealtime including food service staff, continuing care aides and nursing	➢ Emerging model for long term care ➢ Small home-like environment ➢ Approximately 10 residents live together in home ➢ All meals are cooked in house ➢ Continuing Care Assistants complete all activities including cooking, personal care, housekeeping and laundry ➢ Goal→Individualized, resident centered care in a more intimate environment; less institutional

Research question:

What are the strengths and challenges associated with providing nutrition care to residents living in house model LTC homes ?

- Given these strengths and challenges, what are the training and support needs of CCA's providing nutrition care in house model LTC homes?
- Is there a difference between urban and rural settings?

University of Saskatchewan

Home #1

- 263 residents (10 houses of 10 residents plus traditional model)
- Urban setting
- Traditional kitchen attached but most meals are from within small house
- ++ twenty years in operation
- Multi-skilled workers

Home #2

- 225 residents (21 houses of 10 residents + 1 house of 15 residents)
- Rural setting
- No traditional kitchen attached
- Under ten years in operation
- Multi-skilled workers

Home #3

- 72 residents (8 houses of 9 residents)
- Rural setting
- One kitchen for two houses
- Opened 2022
- Journeyman cooks

Compare and Contrast

- Urban vs rural
- Established vs new
- Staffing complement and types
- Design/staff education/training

University of Saskatchewan

Initial Findings

Supports in place for staff vary

- Menus and accompanying recipes
- Food safety (training for staff and current practices)
- Food literacy- meal preparation an additional skill that requires training and practice
- Structure of the house model long term care home (stand alone vs connected to a traditional LTC with commercial kitchen) may influence practices
- Limitations in variety and nutritional quality for some therapeutic diets (i.e., texture-modified foods for dysphagia) exists

COVID 19 and infection control

- Impact on dining mitigated (congregate mealtimes and social interaction)
- Impact on food production can be significant

Time constraints for staff

- Food and meal preparation tasks can take CCA's away from direct resident care and interaction; create time constraints