



Volume 1, Chapter 3.05—Food and Nutrition in Long-Term-Care Homes 2019 Value-for-Money Audit

Why We Did This Audit

- Over 77,000 adults, with an average age of 83 years, reside in Ontario's 626 long-term-care homes, co-funded by the Ministry of Long-Term Care (Ministry) and residents.
- Many residents require assistance from long-term-care home staff in order to eat and drink. In 2019, 64% (2009, 56%) of residents were living with a form of dementia; they required an even higher level of care, including assistance with eating and drinking.

Why It Matters

- Eating and drinking well helps residents maintain good health and improves quality of life. There are over 234,000 meals served in long-term-care homes daily, which is 85 million meals per year. Although food-related incidents represent less than 1% of these daily interactions, even one incident can harm a resident necessitating ongoing diligence.
- The *Long-Term Care Homes Act, 2007* notes that every resident has the right to be properly fed through an organized program for dietary services, nutrition care and hydration services.

What We Found

- The consequences of improper food and nutrition care for residents are significant. Between January 2018 and May 2019, Ontario's long-term-care homes reported over 660 incident reports (about 1.3 incidents a day) containing issues on food and nutrition, such as choking, missed meals, staff feeding residents wrong texture food, and gastroenteritis outbreaks, which may be caused by contaminated food or drink or poor hygiene.
- Long-term-care home staff do not consistently follow the residents' plan of care, increasing the risk that residents may experience improper food intake. Between January 2017 and May 2019, the Ministry noted 56 homes that failed to follow a resident's plan of care, with 29% of these homes having a history of repeated non-compliance. In one home, a resident choked and died when staff did not follow the resident's plan of care.
- Homes' registered dietitians do not spend sufficient time proactively monitoring residents, such as observing residents eating to help identify those who may be struggling to eat or adequately feed themselves.
- Residents typically wait longer during breakfast to receive their food, an average of 43 minutes compared with 29 minutes during lunch and 24 minutes during dinner, because personal support workers have other responsibilities in the morning to help residents get ready for the day or do not report to work.
- Menus do not have recommended nutrients for residents, contrary to regulatory requirements to provide residents with adequate nutrients, fibre and energy. We found that homes' menus had sufficient protein, but often contained too much sugar (up to 93% over), too much sodium (up to 59% over) and not enough fibre (up to 34% under).
- Only 19% of residents and 76% of staff were observed by us to have washed their hands prior to mealtime to proactively prevent and control infections. Of the five homes where we conducted detailed work, four of these had experienced gastroenteritis outbreaks between January 2018 and May 2019. The one that did not have an outbreak had the highest handwashing rate of 69%, compared with 0% to 35% in the other four homes.
- At three of the five homes where we conducted detailed work, we found that homes still kept some food that was past its best-before date. Two homes served such food to its residents, with one serving liquid whole eggs that were three months past the best-before date. Such food may still be safe but can lose some of its freshness, flavour and nutritional value.
- Residents in older homes can be less likely to have a home-like dining environment, which negatively affects enjoyment and consumption of their meals. We observed at two older homes that some residents were eating in the hallway outside of the dining room, close to linen carts and close to people moving through the hallway.
- The Ministry does not require long-term-care homes to report on performance indicators related to food and nutrition, such as the percentage of residents at high nutritional risk. As a result, the Ministry cannot confirm that all long-term-care home residents are receiving sufficient food and nutrition care.

Conclusions

- The Ministry and long-term-care homes do not have sufficient procedures in place to confirm that residents are receiving adequate mealtime assistance and that they receive food and nutrition services in accordance with their individual plans of care. Menus that long-term-care home registered dietitians approved did not always meet nutritional requirements in accordance with Canada's Food Guide and the Dietary Reference Intakes.
- Staffing is not consistently allocated optimally to provide residents with resident-centred care that meets their dietary and nutritional needs, including feeding assistance requirements. Some residents who require help to eat and drink have to wait longer when personal support workers tend to other responsibilities.

Read the audit report at www.auditor.on.ca