

The Maggie Beer Foundation Student Project

**'Perceptions, observations and attitudes of
stakeholders regarding the Maggie Beer
Foundation a Good Food Life for All campaign'**



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December, 2014

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Executive Summary

Led by Maggie Beer, the Maggie Beer Foundation (MBF) in April 2014 launched a *Good Food Life for All*- an initiative to collectively bring about change to the well-being of older persons through the provision of flavoursome and nutritious food in aged care facilities. Since the launch of the MBF, a plethora of correspondence was received from various individuals and organisations with offers of help, comments on the food experiences in aged care facilities, suggestions and requests. The aim of this report was to collate and synthesise the unsolicited correspondence to identify: (a) stakeholders' attitudes and needs; (b) information which could inform interventions; and (c) acknowledge what has been voiced.

Two hundred and two items of correspondence including letters, emails, comments on the MBF website and social media comments were sourced and collated. Correspondence was separated into 11 stakeholder groups and analysed using common theme analysis to explore collective sentiments and summarise content. Eighty-nine comments were from social media and 112 from other sources, mainly family and friends of residents and miscellaneous individuals. Within the correspondence, five major themes were identified: 1. *'Perceptions of the food provided in aged care facilities'*, 2. *'Impact of food provided in aged care facilities'* 3. *'Constraints to improving the food provided in aged care facilities'* 4. *'Suggested solutions'* and 5. *'Support for changes to food provision in aged care facilities'*.

The first theme identified the perception of the food in aged care facilities from stakeholders as being mostly 'poor quality food'. This theme highlighted the potential areas for improvement towards providing 'good food' to residents in aged care facilities and challenged the definition of what various groups would define as 'good food'. Comments also alluded to people perceiving food prepared in commissary kitchens as being inadequate.

The second theme identified the impact of the food provided, whereby staff reported feelings of distress providing or serving the food with some staff leaving their position because of it. Family reported how painful it was to observe, residents felt powerless and some families brought in food or meals to compensate for the food being provided in residential care facilities. Another emerging theme was the need for residents to have food and an eating environment that was 'familiar', including people from different cultures.

The third theme explored the constraints associated with improving the food in aged care facilities according to stakeholders. From the correspondence these included: impeding food safety rules, an

inadequate budget for meals in aged care, and attitudes of staff that were either resistant to change and/or acknowledged that change was required but felt disempowered. Finally the skill level of cooks, chefs and food providers in aged care facilities was identified as a constraint. The need for menus with variety, that included cultural diversity but were familiar, were flavorsome and within budget constraints was reported as requiring considerable skills to plan and execute and that these skills were lacking in the residential aged care setting.

The fourth theme of 'suggested solutions' from stakeholders encompassed the need to improve the food in aged care facilities, the need to challenge current attitudes, the need to address budget and food regulation constraints and the need to change food culture. Suggestions included the need to involve residents in menu planning, establishing self-sustaining practices such as edible gardens, creating a familiar eating environment for residents and for facilities to be more open about budget and how food is prepared. Many positive examples of steps towards change already being implemented in residential care facilities were also provided, and serve as potential suggestions for future direction.

Underpinning these suggestions is the need to define 'good food'. From the comments from this population 'good food' could be defined as food which is:

- Flavoursome
- Smells good
- Familiar' to residents in name, to look at and to taste
- Tender, particularly meat
- Presented nicely (including modified texture)
- Made with fresh and minimally processed ingredients
- 'Home style' ie cooked on site, smells home cooked
- Suitable to the 'digestion of the older person'
- Nutritious, with appropriate amounts of salt and fat
- Culturally familiar
- The right temperature

The fifth and final theme demonstrated an overwhelming amount of support for the MBF and changes to the provision of food in aged care, with more than 90 comments of support, many invitations to collaborate with the MBF, offers of services and several stakeholders seeking the support of Maggie Beer to help in their own missions to improve food for older persons.

The findings of this analysis indicate that strategies need to be implemented to empower and enable staff in aged care facilities to facilitate action, with change occurring from both 'top down' and 'bottom up'. This involves 'top down' support from ACF management to review the budget allocated to meals, and to provide leadership in changing the culture surrounding food in aged care. The role of management can also be enabling by providing support for the upskilling of cooks and chefs. ACF staff, residents and their families in turn can contribute to the well-being of older persons through collective change.

In summary, the correspondence provides insight into what people think about the issue of food provision in aged care facilities. Although the comments are 'natural' and therefore unfiltered and from a skewed group they do provide an understanding of people's attitudes and an insight into what 'good food' means. They also reflect the considerable support for the MBF to collectively bring about change to the well-being of older persons through the provision of flavoursome and nutritious food in aged care facilities. Only through the collective efforts of many committed individuals, will the provision of 'good food' in aged care facilities in Australia be achieved.

‘Perceptions, observations and attitudes of stakeholders regarding the Maggie Beer Foundation a Good Food Life for All campaign’

Introduction

The Maggie Beer Foundation (MBF); a Good Food Life for All was launched in April 2014 with the aim to ‘bring about life-altering change to the wellbeing of older persons by having access to food that is full of flavour and nutrients’¹. The Foundation, led by Maggie Beer, is comprised of an extensive list of influential individuals from aged care corporations, commerce, academia, media and marketing. It is Maggie’s personal mission to improve residents in aged care facilities’ access to food that is flavoursome, nourishing, high quality, and a source of pleasure. The underpinning philosophy of the MBF is that changes in the food culture in aged care will occur collectively, with the assistance of many committed individuals.

Since the launch of the Foundation, the MBF have received a plethora of correspondence between April and October 2014 from various individuals and organisations with offers to help, insights and comments on the food experiences in aged care facilities, suggestions and requests. The task was to source these unsolicited communications such as emails, letters and social media comments posted in response to media articles, since the launch of the Foundation in April 2014, and then undertake a content thematic analysis to identify people’s sentiments voiced by potential stakeholders and help inform interventions.

Methods

Material was initially sourced between April and October 2014 from hard copy folders of communications provided by the MBF research assistant Michelle O’Rielly. Ten additional media articles were obtained using grey literature sources such as Factiva, Google and Addictomatic, bringing the total of media articles published over six months about the MBF to 31. The following items were included in the thematic analysis; letters, emails, comments on the MBF website, responses following speeches by Maggie Beer and press releases with social media comments.

Communications which were excluded from the thematic analysis included: press releases not related to the MBF, recipes, Maggie’s hand written notes, business cards, all media articles except

¹ Maggie Beer Foundation A Good Life for All; Mission Statement available at <http://www.maggibeerfoundation.org.au/mission>

those with social media comment, items from the minutes of residents meetings and comments concerning Meals on Wheels or similar.

All communications were scanned, entered into an Excel spread sheet and categorised as 'Business interest', 'Individual interest' and 'Media'. These categories were subcategorised into 11 stakeholder groups, as shown in Table 1. Six initial themes were identified using common theme analysis, followed by a secondary analysis grouping these initial themes into five major themes, as described in Figure 1. Thematic analysis of content within each stakeholder group and theme was conducted, with results from 'Business interest' and 'Individual interest' being reported separately to 'Media'.

Table 1: Groups and Individuals contacting MBF

<i>Category</i>	<i>Subcategory</i>	<i>Number of correspondence</i>
<u>Business interest</u>	Commercial Business	8
	Not for profit organisations	17
	Aged care Facilities	35
	→ Management	14
	→ Cooks/chefs/catering staff	7
	→ Carers and nurses	7
	→ Pilot site communication	7
		Total Business: 60
<u>Individual interest</u>	Health professionals/researcher	5
	Residents	2
	Family/friends of residents	17
	Individual miscellaneous comments and suggestions	29
		Total Individual : 53
<u>Media</u>	Social media (with comment)	10 articles, 89 comments
		TOTAL CORRESPONDENCE: 202



Figure 1: Thematic Analysis Process of 202 pieces of correspondence received between April-October 2014 regarding the MBF

Results

A total of 202 items of communication were identified from aged care facilities (comprising four stakeholder groups), commercial businesses, not for profit (NFP) organisations, health professionals and researchers, residents, family and friends of residents, individuals and social media comments (Table 1: Groups and Individuals contacting MBF.) between April –October 2014.

Content was analysed using common theme analysis, with six themes identified for each of the 11 stakeholder groups. These themes were: 'Negative experiences with food in aged care', 'Positive experiences with food in aged care', 'Suggestions for improvement and future direction', 'Commitment to the Maggie Beer Foundation', 'Offers to pilot the Good Food Life For All program' and 'Challenges associated with food in aged care'. Within each theme, items were coded as displayed in Table 2: Initial Themes and Codes.

A secondary analysis of these six themes from the 11 stakeholder groups was then undertaken, which revealed five major themes (Table 3: Major Themes). These themes will be the focus of this report.

1. *'Perceptions of the food provided in aged care facilities'*
2. *'Impact of food provided in aged care facilities'*
3. *'Constraints to improving the food provided in aged care facilities'*
4. *'Suggested solutions'*
5. *'Support for changes to food provision in aged care facilities'*

Theme 1: Perceptions of the food provided in aged care facilities

Perceptions surrounding food was prominent among most correspondence, with the sub theme of 'poor quality of food' emerging within the comments collated. The greatest number of comments was from family and friends of residents, followed by miscellaneous individuals.

Poor quality of the food

Most stakeholders commented on the poor quality of food, with the exception of management, commercial businesses, health professionals and researchers. Comments indicated issues pertaining to the **taste, smell, presentation and temperature of food, the lack of variety and use of frozen and processed ingredients**. Food was described as lacking in delicious smells, monotonous, unimaginative in presentation, bland and boring, flavourless, thoughtless and disappointing. In several instances, food was identified as being inappropriate to older persons, including difficult to chew (particularly meat) and unsuitable to 'the digestive systems' of older persons. Some people described their apprehension towards moving into aged care because of their concerns with the quality of the food, particularly 'baby boomers'.

"The food here is CWA style cookbook of the hard times era. It is unimaginative, boring and probably not very nutritious. The old people with false teeth are presented with meat that is hard to cut, so consequently find it hard to chew or digest. The evening meals are mind boggling- always soup, courtesy of Maggi- The factory, not you- and you can taste the chemicals at the back of your throat. The highlight is when tinned tomato soup is served; at least the flavour is identifiable. Then comes perhaps grey mince on toast, one special fried rice.

That was it fried rice on toast, unbuttered just rice fried with nothing else on it. Sometimes, sausage rolls with baked beans, or gourmet party pies, no sauce. Salads at night on request: tinned tuna, looks suspiciously like cat food- with tinned beetroot, feta cheese, old fashioned cucumber, unpeeled cut into chunks and tomato. Sachets of dressing on request. The residents like the desserts that are served at lunch time (main meal) because they are easy to eat, but in the main they are stodge. Spaghetti bolognaise never has cheese, but a suggestion of sauce. Once it was served with mashed potatoes, what we call splatter potatoes, courtesy of Deb. 90% of the vegetables are frozen."

From the 89 social media comments 43 commented on the poor quality of the food, describing it as 'starved of good nutrition AND of favour too', *mashed cardboard!, very ordinary, fed crap, boring beyond belief, rarely hot, tea served stewed and tepid, heart breaking at times to see what's dished up [for him] to eat, the smell, unimaginative small meals, abysmal, cold or totally unedible, comes in cans, smell[s of] Chicken or Beef Booster, horrible food and below standard care, meat is like old*

boot leather, like cat food and would smell just as bad, the same boring meals week in and out, muck, and rubbish

“The food is very ordinary. Party pies and sandwiches are not an appropriate Sunday dinner for anyone, but nursing home residents are a captive audience and get little choice” – Social media comment

Common themes were that food was unimaginative with repetitive menus, tasteless (mashed cardboard), rarely hot, made of unpleasant smells (like cat food) and not nutritious (reports of losing weight, no appetite, starved of good nutrition, laden with salt and fat).

The identification of aspects relating to ‘poor quality food’ highlights the potential areas for improvement towards providing ‘good food’ to residents in aged care facilities.

Theme 2: Impact of food provided in aged care facilities

The majority of comments reflecting people's feelings were from family and friends of residents and carers and nurses.

Carers/nurses/family/friends find the food provided very distressing

Carers, nurses, family and friends of residents indicated the distress they felt in relation to the food in aged care. Carers expressed their distress at feeding residents' monotonous pureed food and felt it was disrespectful feeding them unimaginative meals.

"I was horrified at what we had to feed the residents. It felt quite disrespectful feeding these residents the same pureed orange, pureed khaki green and pureed grey all drowned in gravy every day for lunch" –Carer/nurse

Family and friends of residents acknowledged feeling distressed about a parent in care with no alternatives to the food there. One person raised her concerns that the health of her mother in law would deteriorate as a result of the poor quality food, and another spoke of how they felt powerless and disheartened about the food provided to their grandmother in an aged care facility.

Twenty-six social media comments described people's distress. Some staff even commented on how they left their jobs because of the quality of the food.

"Heart-breaking that they don't get the quality of food they "need".

"Even the smell would sometimes be enough to make me sorry for the residents"

"I walked out after 2 days. I could not serve those meals to a dog, let alone an elderly person!"

"For people entering their later years be prepared to be treated as second class citizens because you get old and be prepared to be fed well below acceptable standards"

"It was slop, slop and more slop! I walked out after 2 days"

Family commented on how they brought food in for their parents and some social media comments related to people dreading the day when they would need to go to an aged care facility.

"My kids will be busy bringing me home cooked meals"

“poor residents have got buckley’s chance of a good meal unless their rellies bring it in for them”

“it’s going to be interesting to see if we also put up with boring pap”

“I obliged by taking it in as she didn’t have much else to look forward to in life”

“She rejoices when I and my sister take her out for meals”

Staff reported feelings of distress providing or serving the food, some staff left their job because of it, family reported how distressing this was to observe, residents felt powerlessness and family brought in food or meals to compensate for the poor quality being provided in residential care facilities.

Perceived powerlessness of residents

Carers, nurses, cooks, chefs, kitchen staff, family and friends of residents and miscellaneous individuals highlighted the powerlessness of residents in their comments. This related to residents’ inability to speak and/or feed themselves, residents lack of control over their food and environment, and fear of expressing dissatisfaction in case of any repercussions against them. Similar sentiments were made in the social media comments.

“For residents that cannot speak or feed themselves you just have to look in their eyes to see they are sick of the monotony of the same old everyday” –Carer/nurse.

“Worst was hearing the sighing when the residents saw the tables set with two spoons - one for the tinned spaghetti and one for the ice cream”- Social media comment

Perceived disconnect between what is provided and what older people have experienced

Carers/nurses, cooks, chefs and kitchen staff, NFP organisations, family and friends of residents, individuals, and residents themselves provided examples of the disconnect between what residents are given to eat in aged care, and what they have experienced throughout their lives. Comments highlighted the disparity between current aged care food experiences and what has been lived by residents who have been chefs, foodies, gardeners who have grown their own vegetables, or from diverse cultural backgrounds with a passion for food.

“My Mother suffered from dysphagia in the last year of her life whilst she was a resident...The staff

and my sister Ann and I hated the fact that Mum had to eat the mush which had been food. Unfortunately there was no alternative. This was difficult for her having been a brilliant cook herself and a descendent from some of the original settlers in the Barossa. The food she cooked was fabulous.” –Family/friend of resident.

Comments from these stakeholders also addressed their efforts to make the experience familiar to residents in aged care, in terms of cultural appropriateness, providing dishes which are familiar to residents, celebrating special days such as Mother’s Day and Father’s Day, the use of locally sourced produce, and promoting a positive dining experience.

Social media comments supported the need to make food and the eating experience reminiscent of other times and included;

“My father is in aged care and the only thing he looks forward to are the meals”

“Meal times are often the highlight of the day for many in rest home”

“The smell of a roast woofing threw the corridors brought back memories for many frail dear wives”.

“Give them food they grew up with”

“The smell of food cooking is the smell of home!”

The impact of food provided in aged care facilities reaches not only the residents, but also the carers and nurses within the facilities and the family and friends of residents. Elements of distress, powerlessness and feelings of being disrespectful emerged, as well as apprehension related being in an aged care facility in the future. It is evident that the experience with food in aged care is vastly different to what some older people have experienced in their lives, and there is a need to address this in order to improve the quality of food provided to residents.

Theme 3: Perceived constraints to improving the food provided in aged care facilities

All stakeholders provided comment on the constraints associated with providing food in aged care, with the most correspondence from family and friends of residents and individuals.

Limitations due to food safety standards/regulations

Carers and nurses, cooks, chefs and kitchen staff, management, family and friends of residents and individuals provided comments on the food safety standards and regulations as a constraint in the provision of food in aged care. Themes identified included; particular foods which have been banned due to a one-off choking incident in an aged care facility, the inability to accept fruit and vegetable donations from local suppliers due to food handling policies, inability to grow and eat vegetables because of food contamination risks. The restrictions on cooking methods due to food safety were also highlighted.

“Eggs have to be cooked hard because of the salmonella risk, even boiled ones. Scrambled eggs made with dried egg. My mother recognizes it from having had them during the war... People used to bring in fresh fruit and vegetables for the kitchen but they are not allowed to now...OH&S.” – family/friend of resident.

Limitations due to budget

Budget constraints were identified by cooks, chefs and kitchen staff, family and friends of residents, health professionals and researchers and one resident. Some comments challenged the belief that it is expensive to provide healthy food, whilst others indicated that it is not affordable to prepare brilliant recipes of diverse cultural backgrounds. The organisation’s budget was highlighted as being inadequate and lacking consideration for nutrition and the enjoyment of food.

“I took a job catering in an Aged Care Facility. I was given an 'allowance' of \$3.00 per day per person - for food! - expected to provide 3 meals and morning, afternoon teas and supper...I walked out after 2 days” –Social media comment.

“I would debate the priorities in relation to budgets, given that the simple joy of a nice meal to look forward to in a bleak world of sameness...must mean far more than a manicured garden or a nicely presented building”. –Family/friend of resident

“Well I worked in a Nursing Home and its all about money. Yes the food leaves a lot to be desired but it is about bulk amounts and price” - Social media comment

“I decided to brighten there food a little by asking for simple foods like sour cream and advocados, foods that have good fats in them... all the replys I would get was, “oh the budget won’t allow for that” - Social media comment

“Their profit margin is the most important factor” - Social media comment

“As long as we have for profit aged care, things will not change!!” - Social media comment

Attitudes of Staff

Comments from cooks, chefs and kitchen staff, individuals, not-for-profit organisations and residents revealed the challenges associated with the attitudes of staff members. Issues included; inability to make changes due to inflexible staff, the fear associated with the repercussions of voicing concerns, failure to recognise the need for improvement and failure to act on areas requiring improvement.

“Unfortunately the head cook does not take criticism well and seems to think our menu is fine and there is no need for improvement... I feel I am fighting a loosing battle at my workplace as when the head cook confronts people on this issue they always back peddle and find it easier to agree with her.” – Cooks/chefs/kitchen staff

Alternatively, some staff members expressed embarrassment and disapproval of the food served to residents. Several staff felt distressed about the food served as described earlier.

Skill level of cooks, chefs and carers

All stakeholder groups except health professionals and researchers and residents commented on the need to develop better training for people working in the provision of food in aged care. The challenges associated with providing diets of a modified consistency (particularly in terms of presentation) or to meet the requirements of specific conditions such as people with diabetes, Parkinson’s disease, ill-fitting dentures, and gastrointestinal related issues were raised. Meeting the requirements of diverse cultures also requires a high degree of skills from cooks and chefs to enable them to provide culturally appropriate meals. Two aged care facilities indicated that they have made changes to their menu in order for them to address the needs of their culturally diverse residents.

“I firmly believe that in this day and age there should be a course of training with a certificate for

catering in aged care residencies alone, a specialised, respectable, career for people to enroll in and feel proud about. It certainly should mean accreditation for aged care homes... Every hurdle we try and overcome is only solved by education". – Cooks, chefs and kitchen staff.

"Dad is restricted to a pureed thickened diet (yuck) to avoid aspiration pneumonia I was brave enough to taste his meal recently. Although I was surprised to taste fresh carrot and fresh peas in the mix, the meal is ALWAYS presented EXACTLY the same way... Although possibly nutritious, there is not ever the vaguest hint of variation or imagination" –Family/friend of resident

"...we have a high percentage of Asian Residents (predominately Vietnamese, Cantonese & Cambodian) - we have introduced an Asian Menu largely based on Vietnamese food items - however we do have some Cantonese & Cambodian menu items as well." –Management

The perceived constraints associated with improving the food in aged care facilities include: impeding food safety standards/regulations, which prevent certain food and food practices being allowed in aged care facilities, inadequate budget allocated to meals in aged care, the attitudes of staff who are both resistant to change and those who acknowledge that change is required, but need empowerment and leadership to facilitate this, and finally the skill level of cooks, chefs and carers in aged care facilities, which needs to be enhanced in order to improve the quality of the food in aged care and consequently reduce the impact associated with the provision of poor quality food.

Theme 4: Suggested solutions

Need to improve the food

Comments surrounding improvement to food came from all stakeholder groups except carers and nurses, health professionals and researchers and residents. Suggestions included the need to create a more enjoyable eating experience for residents, increase variety in the menu, make meals from scratch using natural and/or organic ingredients, avoid MSG and other flavour enhancers, present meals appealingly (including modified consistency), develop standards of meal quality and address appropriateness for the digestion of an older person. One individual suggested the inclusion of a bread-maker to enhance the aroma in aged care facilities and provide a tasty morning tea.

The analysis of social media comments suggested the need for; menus which are seasonal, choices (la carte), flavoursome and familiar recipes; opportunities for residents and their family to develop menus with the aged care facilities; and skill development for developing menus and adding cultural variety.

There were also a number of social media comments suggesting how to make the aged care facilities environment familiar to residents: “*bring back the smell of home cooking*”, outdoor produce gardens (vertical garden towers, raised garden beds with veg, herbs, links with schools).

Another suggestion was for more transparency (publish cost per meal). The outsourcing of catering for main meals was also highlighted as concern, with the perception that food cooked off-site and reheated is of lesser quality than fresh made meals.

Examples of current best practices in ACFs

Cooks, chefs and kitchen staff, management, commercial businesses, NFP organisations and individuals shared positive practices in their residential care facility. These included offering residents meal choices, providing food made from fresh ingredients and familiar dishes, as well as those from celebrity chef cookbooks. Two stakeholders reported on their development of moulded texture modified foods with variety and great taste, whilst another reported their plan to develop a range of such foods. The placement of fruit trees in gardens of aged care facilities was also described. Some organisations reported menus in their facilities being reviewed regularly with resident feedback and also undergoing dietary analysis to ensure nutritional adequacy. One family member suggested commercialising the idea of food in aged care with a reality television program, where competitors would be required to develop healthy and innovative menus.

“My first proviso would be that if it's a roast, the meat must be actually be roasted, and that the gravy must include meat juices - simple, but not that common anymore!” –Management

*“I love to cook, and try to cook everything from scratch with lots of fresh ingredients, free range eggs, butter and cream...Morning tea always includes fresh fruit, something savoury such as cheese and herb scones or savoury muffins as well as fresh warm cakes, biscuits or slices all made by me that day... For lunch I prepare old favourites like Shepherd's Pie, Roasts and Rissoles with lots of salads, vegetables and even fresh fish that I buy on my trips to the Gold Coast. Many of our clients are vegetarian so I will regularly make roasted vegetable lasagne, quiches and frittatas...” -
Cooks, chefs and kitchen staff*

“We are a group of 285 beds in Melbourne and we are trying to make a difference to our meal service. The menus are changed every 3-4 months...We have Food appreciation groups at each site that meet 3 monthly to review and discuss changes I get ideas and feedback on likes and dislikes” - Management

Seeking change/challenging the belief that food in aged care is acceptable

All stakeholders provided comment on this theme, with the exception of carers and nurses, residents, health professionals and researchers. Many people expressed the view that they were unable to comprehend why older people are not deserving of high quality, nutritious and freshly cooked food. Comments were also prevalent from people predicting the demand for higher quality food when the ‘baby boomers’ get older and are required to move into aged care facilities.

“It is sad fact that whilst we have educated ourselves and feel a moral obligation to feed our children well, we seem to have forgotten the healthy food requirements of our grandparents and parents who raised us on nutritional home cooked meals.” –Individual miscellaneous.

“Needs to start with the bureaucratic end to police whats happening in reality, not just accepting whats written in the rule book.” Social media comment

“We should stand up for our elderly. We should bombard politicians to ensure top quality meals in nursing homes” Social media comment

Most stakeholder groups provided comments containing the themes ‘recognition of need for action’ and ‘commitment to improvement’. Several comments pertained to the need for advocating, raising awareness and engaging younger people in the crusade to improve food in aged care.

The broad theme of 'Suggested solutions' encompasses the need to improve the food in aged care facilities and comments from stakeholders who are seeking to change the food in aged care, as well as challenging the belief that the food is of an acceptable standard. Many suggestions for improvement were provided pertaining to not only the quality of food, but also the need to involve residents in menu planning, establish self-sustaining practices such as edible gardens, create a familiar environment for residents, and for facilities to be more open about budget and how food is prepared. Positive examples of steps towards change already being implemented in residential care facilities were also provided, which serve as potential suggestions for future direction.

Theme 5: Support for changes to food provision in aged care facilities

Stakeholders offering their assistance were from all groups except the residents themselves. More than 90 of the 2012 comments were for support for the MBF vision. A total of 37 people offered their services to the MBF between April and September 2014, including offers of donations, contribution of skills relating to food provision, business skills, research support, advocacy for improved meals for older persons and other unspecified services. Nineteen offers to meet or collaborate with the MBF were received and there were 10 requests from stakeholders seeking assistance or advice from Maggie.

Quotes supporting the commitment to the Maggie Beer Foundation are included as Appendix 1 (n=93)

Discussion

The perceptions surrounding the food in aged care facilities indicate that stakeholders including carers and nurses, cooks, chefs and kitchen staff, residents, NFP organisations, family and friends and miscellaneous individuals feel the food is of poor quality. This relates to the taste, smell, presentation and temperature of food, the lack of variety and the use of frozen and processed ingredients. Stakeholders disliked that food in aged care is often inappropriate to older persons by being difficult to chew and unsuitable to the digestive system. There is also a perception amongst stakeholders that food cooked off-site and provided as 'heat/serve' is of poorer quality than fresh cooked food, with reports of up to 50% of aged care facilities obtaining main meals from a commissary kitchen².

The impact of the food provided reported by stakeholders included powerlessness of residents, distress felt by carers, nurses, family and friends, and the disconnect between what is provided and what older people have experienced when living independently. Some staff commented on leaving their jobs due to being appalled with the quality of the food and the attitude of other staff. Some family and friends of residents commented on the need to bring in meals from home to residents in aged care to compensate for the poor quality of food provided. Some people described their apprehension towards moving into aged care due to concerns with the quality of the food, particularly 'baby boomers', who also anticipated that there will be a greater demand for improvements in food with the ageing population and varied diet of this group. This leads to the observation that 'pre-war babies' are of the generation who are stoic and do not complain, and accept the current status quo.

A large amount of support was received for the MBF over the six months since its launch. This is impressive particularly as the correspondence received was unsolicited and the MBF has not been promoted, being in its infancy. The most common need expressed by stakeholders was their desire for people in residential care facilities to be provided with 'good food'. This prompts the question of 'What is 'good food' for aged care facility residents?' The Australian Government Department of Health has developed Standards and Guidelines for Residential Aged Care Services³ for accreditation around nutrition and hydration, which all residential care facilities must comply with on annual review. However, this document does not provide specific information regarding how these outcomes should be met, thus there are no standard criteria or legislated requirements for aged

² Personal communications – Maggie Beer

³ Australian Government Department of Health 1998, Standards and Guidelines for Residential Aged Care Services, viewed 24 November 2014

<<http://www.health.gov.au/internet/publications/publishing.nsf/Content/ageing-manuals-sgr-sgrindex.htm~ageing-manuals-sgr-sgrindex3.htm> > .

care facilities to adhere to. Furthermore, the definition of 'good food' varies according to the interested party, for example; food safety officers may have different criteria to those of dietitians or cooks. A strength of this analysis is that the correspondence has given an uninhibited insight into what 'good food' means to carers and nurses, cooks, chefs and kitchen staff, residents, NFP organisations, family and friends and miscellaneous individuals.

What is 'good food'?

The perception of poor quality food being served in aged care facilities was highlighted extensively throughout the stakeholder correspondence, with the need to improve the food prominent in these messages. According to carers and nurses, cooks, chefs and kitchen staff, residents, NFP organisations, family and friends and miscellaneous individuals the attributes considered to be synonymous with 'good food' were:

- Flavoursome
- Pleasant aroma
- Tender particularly meat
- 'Familiar' to residents in name, to look at and to taste
- Presented nicely (including modified texture)
- Made with fresh and unprocessed ingredients (no canned foods or foods containing MSG)
- Home style cooking' ie cooked on site, smells home cooked
- Suitable to the digestion of the older person
- Nutritious, with appropriate amounts of salt and fat
- Addresses cultural diversity
- Appropriate temperature

These can be categorised into 'sensory', 'aesthetic' and 'cognitive' attributes to describe 'good food' and depicted visually;

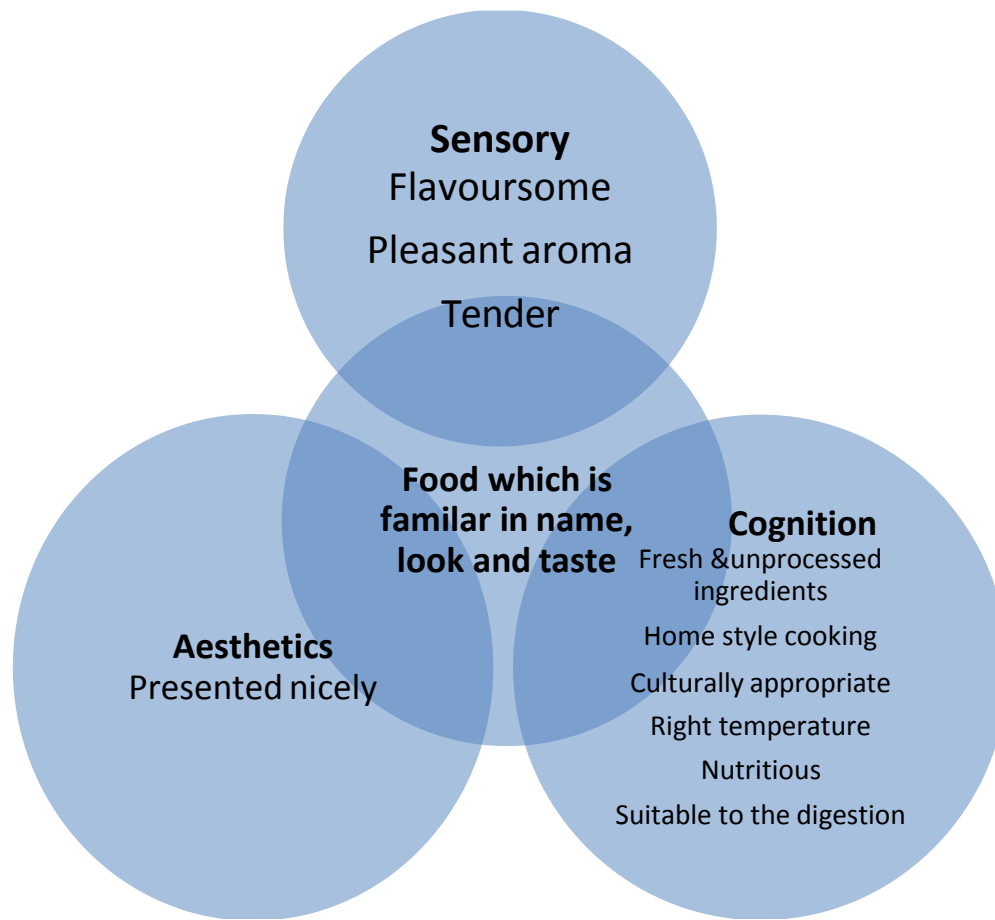


Figure 2: The perception of ‘good food’ from a broad range of views expressed in unsolicited correspondence sent to the MBF between April-October 2014

Strategies for change

To facilitate the provision of ‘good food’ to residents in aged care facilities, several changes need to be implemented. The following suggestions were made by stakeholders to help address the need to improve food:

- Development of menu and meal standards for aged care facilities in Australia
- Providing residents with meal choices on the menu
- Involving residents and their families in the development and review of menus
- Regular review of menus to ensure nutritional adequacy and resident satisfaction
- Use of moulded modified texture foods to improve the appearance of meals
- Plantation of edible gardens in aged care facilities
- Increasing advocacy and awareness surrounding the current food situation in aged care facilities and need for improvement.

Constraints

Underpinning all of these changes is the need to address perceived constraints which have prevented such changes from occurring. Perceived constraints included; attitudes of staff, the skill level of cooks/chefs and kitchen staff, the food meal budget and impeding food safety standards and regulations.

The perceived attitudes of staff included acknowledgment that change to the provision of food in aged care facilities is required, but staffs need empowerment and leadership, and attitudes which were dismissive and resistant to change. In the analysis some management groups were openly advocating for change while in other correspondence, stakeholders commented on management maintaining the status quo. Management can influence staff attitudes and also 'empower' staff by prioritising 'good food' and funding it adequately, while supporting and allocating funds to upskilling chefs and cooks.

Upskilling cooks/chefs and kitchen staff in aged care will allow for better skills in developing menus which meet the needs of a conservative group who want familiar foods, whilst also addressing cultural diversity. The language used to describe food is paramount and staff can be skilled to develop a menu with cultural diversity that describes foods which are familiar with older people eg; hearty casserole to describe an Italian Oso Buco. Analysed recipes and training to equip chefs and cooks in aged care to cook 'good food' within budget that is flavoursome, familiar and easy to eat for older people is also very empowering. Furthermore, better skilled cooks and chefs will feel enabled to prepare and cook meals which comply with food safety standards and regulations, whilst satisfying all other criteria of 'good food'.

Challenging the attitude of being 'risk adverse' to work within food safety standards and regulations could also reduce any consequence associated with unnecessary caution. Strategies need to be implemented to empower and enable staff in aged care facilities to facilitate action, with change occurring from both a 'top down' and 'bottom up' approach. The 'top down' approach utilises support from management to increase budget allocated to meals, and to provide leadership and support for cultural change, including the upskilling of cooks and chefs. Change from the 'bottom up' involves collective input from cooks and chefs to empower one another, actively seek opportunities to upskill and work creatively within boundaries placed on their ability to provide 'good food' to residents in aged care.

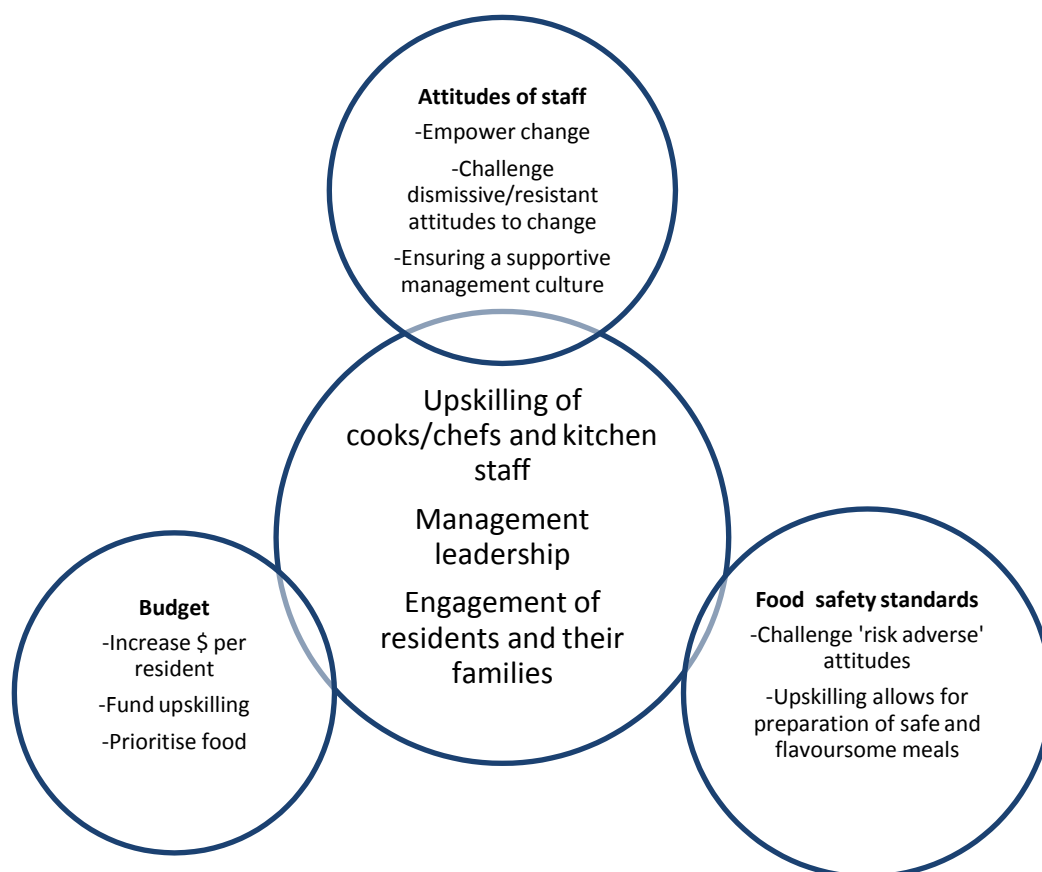


Figure 3: Constraints to providing high quality food in aged care facilities and how they can be overcome

Limitations of the project

This project presents some limitations which need to be addressed. Firstly, there were only two comments from residents, thus further qualitative interviews should be conducted to broaden the existing findings on residents' experiences with food in aged care. Furthermore, the eating environment and how this affects older persons' eating was not a theme which emerged from the analysis, and may warrant further investigation.

The correspondence used is unsolicited and provides comments which may be impulsive, exaggerated or misrepresented⁴, While this may concerns of validity and representation, the correspondence gives an insight into what people think about the issue of food provision in aged care facilities. Although the comments are 'natural' and therefore unfiltered and from a skewed

⁴ Beninger K, Fry A, Jago N, Lepps H, Nass L, Silvester H 2012 'Research using social media: Users views' Nat Cen <http://www.natcen.ac.uk/media/282288/p0639-research-using-social-media-report-final-190214.pdf>

group they do provide an understanding of people's attitudes and an insight into what 'good food' means.

Conclusions and recommendations

The quality of food in aged care according to unsolicited comments from a range of stakeholders needs to be improved, addressing the various components of 'good food'. While this reflects a perception of a particular group, the comments give an insight into what people think about the issue of food provision in aged care facilities. The view is that change is needed and that this cannot be achieved without changing the prevailing attitudes regarding food provision in aged care facilities, allocating more budget to food in aged care, upskilling of cooks, chefs and carers in the aged care sector, and addressing food standards specific to residential care facilities in Australia. These changes are possible with the collective efforts of many committed individuals and will pave the way for future changes in the provision of food in aged care.

Acknowledgments

This collaborative project was supported by the Maggie Beer Foundation and Flinders University Nutrition and Dietetics. The placement educator supporting the student was Louisa Matwiejczyk, Advanced Accredited Practising Dietitian and Flinders University Lecturer.

Appendix 1: Commitment to MBF (shared values, and praise) – Quotes

Group	Quote
Carers and nurses	<p>“I watched with great interest and admiration your latest venture into the world of aged care...”</p> <p>“. I have an enormous passion for food and the enjoyment comes from watching those you cook for enjoy it.”</p> <p>“I think what you have embarked upon is fantastic and I also hope to add some light heartedness and joy to our older folk’s lives. What you are doing has really struck a cord with me.”</p> <p>“I have felt so strongly about the lack of nutritious guidance for clients and for the Carers’</p> <p>‘I would be interested in any developments that are happening through Country Health SA and would love to attend the forum on the elderly at Tasting Australia ...Thank you for doing something about this appalling problem, the residents deserve more respect than just slop on a plate.”</p> <p>“Once again thank you so much with all my heart this means everything to me!”</p> <p>“The Maggie foundation seems a good match for what I am hoping to do in the aged care arena.”</p>
Cooks, chefs and kitchen staff	<p>“Knowing now that we share a passion for nutritious, quality, 'real' food for older people I would love to invite you to visit our Centre the next time you are in Queensland.”</p> <p>“The reason I have contacted you, is that I dearly love to become involved in your Maggie Beer Foundation. I am very passionate about Aged Care Food and where it is going. Food to the resident is about 70% of their life... I would really enjoy being part of your team. I have a lot to offer”</p> <p>“Clearly Maggie’s Foundation is creating a huge amount of excitement and enthusiasm. it is not before time, that at long last someone with enough clout, integrity and power of persuasion (as well as enormous stamina for her age,)is taking the bull by the horns and doing something.”</p> <p>“I really look forward to keeping informed with the website to see what is happening. I am sure it will just go from strength to strength. I now have hope in my heart because I see the tide is turning! Keep up the good work.”</p> <p>“I was thrilled to see you on Sunrise this morning and hear what you had to say. Very close to my heart, so much so I even attempted to write a book about the aged care food system... I was pleased to hear you announce it was going to be 'a long and complicated journey', as no doubt you recognise the pitfalls. I do most sincerely wish you every ounce of success with your project, and Maggie, you are the very perfect person to steer the ship.”</p>
Management	<p>The residents loved their pictures in the paper and the small amount of video that was used in a promo. More importantly the residents enjoyed spending time with the ever affable Ms Beer”</p> <p>“We read with great interest in " <i>The Advertiser</i>" that our heroine, Maggie Beer, is to do a project with SA Health to improve the nutrition of aged residents/clients”</p> <p>“I was thrilled to see the reference to the kitchen gardens work by Stefanie Alexander I think this had great applicability”</p> <p>“Thank you for inspiring us to continue to provide a positive dining experience to our residents”</p> <p>“I am just writing to say how great it is to finally get someone on board that supports the</p>

importance of food in aged care services”

“Whilst we have had some rather exciting changes of recent and our supply of consistent and wholesome food to our residents has improved, I still feel the need to delve further along the lines you espoused the other night on Current Affair”

“We were very impressed with your articles about food in aged care.”

“... i'm inspired by the Maggie Beer Foundation and you have my support.”

“I was absolutely delighted, after returning from leave a couple of weeks ago to find news of your latest venture waiting for me via email. I just want to let you know that I think the Foundation is a fantastic initiative, very smart... You mentioned benchmarking, and also talked of the importance of having leaders, and services that inspire others. I see elements of both of these in your foundation... Anyway, congratulations again.”

Commercial business

“We are so excited to hear of your launch of the Maggie Beer Foundation! To have a voice like yours in the aged care industry should make such a difference...”

Not for profit organisation

“It was with great interest that I read about the Maggie Beer Foundation and your commitment to the importance of a healthy nutritious meal served in residential aged care.”

“The importance of the daily meal routines in this environment cannot be underestimated; they provide a great sense of community for residents, with engaging conversation around the table, highlighting the importance of gathering together over a meal.”

“Having a healthy well-balanced diet together with variety of food that is fresh, enjoyable and well presented is of utmost importance it can be an aspect of everyday life that residents look forward to, or dread...”

“Congratulations on the Maggie Beer Foundation. Improving food quality for older Australians is a very worthwhile cause and I wish you every success.”

“So, you wanted to make a difference? I think you did and I'm going to use your speech to push for national standards - there are none at present... Thanks again Maggie, you are an inspiration.”

“I look forward to your continued interest in our elderly folk and the food served to them. I hope you find that many aged Care providers take pride in serving nutritionally sound and tasty food and are able to assist those who do not.”

“I have watched with great interest and admiration, Maggie's commitment to improving awareness and implementation of sound nutritional processes within my sector. I was pleased today to read about Maggie's launch of her Foundation focussing on A Good Food Life for All. My members nationally are committed to the same outcomes that Maggie is striving to achieve and we have identified this important area as one of significant focus over the next 3 years.”

Family and friends of residents

“Thank goodness that Maggie has taken this on.”

“Best wishes for your challenge.”

“I'm no super chef but I've been cooking since I was 9 and am now 71 and I love cooking and believe that people that are in Hospital deserve good food and I regard what I received (during a recent hospital admission) to be a long way from it. I would like to wish you all the best in trying to change the food in retirement homes.”

“I was delighted to read in the Advertiser that you were spearheading a campaign to improve food provided to elderly people in aged-care homes... My clients will be delighted to hear that you are going to become involved.. Congratulations and good luck with your project.”

“I was ecstatic when I read of your concern with the nutrition of the elderly and that you are going to take in on board... with so many aspects of neglect in the aged we need the help of

	<p>people like yourself to improve the quality of care for these vulnerable people. I thank you in advance for I know you can make a difference. I am a true fan of yours and love your cooking and enthusiasm, you have indeed brought joy to the kitchen. Best wishes in all your endeavours.”</p> <p>“It was with great pleasure we read in the Advertiser that you were to have an input into the menu at Ridgehaven Rise Nursing Home. We are sure the residents will appreciate it.”</p> <p>“Please pass on to Maggie my congratulations on the establishment of the Maggie Beer Foundation. There has been a need for this for a long time.”</p> <p>“I wanted to personally thank you for your compassion and dedication to this worthy cause... I am so grateful for today as I've come across your quest for better, quality meals which they all deserve and need!”</p> <p>“You are just the right person to guide this quiet revolution in thought, Maggie” “so pleased that you are going to focus on food in residential care...good luck.”</p>
Health professionals and researchers	<p>“I saw the article in the paper today. I'm absolutely delighted that you are addressing the appalling food situation in residential care facilities”</p> <p>“It was great to hear about your aged care foundation, I think it's a great thing and very overdue.”</p>
Individual Miscellaneous	<p>“I would like to congratulate you on your segment on A current Affair on July 11.”</p> <p>“Maggie this situation is an enormous problem in our society and I sure hope you can get enough support from the authorities to peruse this even more .I hope a "Lady of your STANDING can cut to THE CHACE on these matters" and get some action happening, and not hit "the brick walls like I did.”</p> <p>“It is so great to see what your foundation is doing for nursing home food and food awareness in general.”</p> <p>“It's great to read in today's Weekend Australian the article about nutrition and older people's well-being in residential care. Well done to you and others for raising this major issue.”</p> <p>“Many thanks for your time and effort.”</p> <p>“I was elated to see your latest venture aired on television. As you mention there are many people who share your concerns but have been powerless to change 'the system'... So Maggie, I was delighted to hear about your intentions.”</p> <p>“I was thrilled to hear Maggie Beers new Foundation and her Teams vision in changing old habits in presenting meals to our older people in SA... I would very much like to hear their progress on this important matter, as I am passionate about good food and caring for our older generation.” “You are an amazing lady.”</p> <p>“Love the very thought of your Foundation. It's wonderful to have as a focus a good food life for all.” “Well done Maggie, putting the spotlight on food for the elderly just before I get carried off into care...Keep going, it will change the lives of thousands or more, if only we listen and sit up and work at something new.’</p> <p>‘Congratulations for your involvement and campaign into better and more interesting food in aged care. The article in the Weekend Australian echo every thoughts as it is such an important part and time of our life. Also I am very much interested in that element of age care.’</p> <p>“I was thrilled to hear of your campaign to push for improved food quality for the elderly... This is a truly wonderful idea...”</p>
Individuals offering to assist and requests	<p>“Tonight I have watch a segment on channel 9 about your Foundation and applaud you on your Age Care mission”</p>
Residents	<p>“So pleased you are doing work on improving food in aged care facilities...Best of luck”.</p>

Social media comments of support

about time too...go Maggie “
 “Wishing Maggie the best of luck with this project”
 “Well done Maggie! This is an issue in so many aged care facilities and needs to improve. Not hard to cook well”
 “Well done Maggie. Nice to see people taking an interest in our elderly.”
 “Good luck!!!”
 “Well done Maggie. Nice to see people taking an interest”
 “...Hope her crusade works !!!!”
 “Brilliant, Maggie! Very long overdue initiative.”
 “A Great idea Maggie..”
 ”Good luck Maggie Beer”
 “Good luck Maggie. Great cause. Hope I can help in some way”
 “I'm so glad/relieved that a high profile person such as Maggie Beer is prepared to champion this issue”
 ”Go Maggie! And we need to support her.
 “Good on you, Maggie - and the best of luck with your very worthwhile initiative.I think you're great”
 “I love Maggie's recipes and her on screen presence”
 “love you maggie, keep up your brilliant work!!!! loved your farm you are a gem”
 “Bravo!!”
 “Congratulations Maggie Beer on a long overdue initiative. Fantastic cause”
 “Good luck with it, I hope it gets the support it deserves, It's hard to get an idea through if it's not mainstream or sexy. Good on you for advocating for something that's not easy. My respect for you has increased even more.”
 “Good work Maggie”
 “Thanking you for your interest in food served in Aged Care Facilities”
 “how wonderful Maggie!.. let me know when you're in Queensland”
 “Oh Maggie Thank God for you... Good on you Maggie and Thank God for you I hope this travels to all parts of Australia because we certainly need it everywhere.”
 “She is fantastic!”
 “
 “Hooray for you Maggie!!... I have prayed that someone like you in your position would take up such a worthy cause...Good on you Maggie I shall watch in anticipation”
 “Go for it, Maggie...”
 “Come on Maggie help our loved ones get the best in food and nutrition”
 “Good luck Maggie they deserve the best.”
 “I know it is very difficult to provide meals that meet the residents requirements and likes but I applaud Maggie for wanting to improve the meals to those residents”
 “Thank you Maggie!...”
 “...more power to the crusaders like Maggie Beer who may break through to alleviate the problem.”
 “Maggie, Stephanie and Simon are just absolutely the right people for this job!!”

“We need more people like Maggie to take a stand for our elderly.”
 “Maggie is just the person to push this forward with zest and vigour”
 “Good on you Maggie Beer, can I help you”
 “Thankfully someone that wants our aged Australians in nursing homes to have decent food”
 “Maggie, you are always surprising for all the right reasons!!!”
 “Admirable..”
 Absolutely excellent, and well and truly needed
 An amazing woman doing amazing things
 Love Maggie Beer
 This is fabulous of Maggie to put her name and influence behind such advocating and implement great nutrition and fresh foods in our aged care homes
 ‘Fantastic’
 Maggie Beer you are my hero
 Go Maggie
 “Great project...”
 Would love to have Maggie Beer cook at the nursing home I work at, our residents would love it...”
 “Wish we had Maggie Beer at our nursing home!!!!Our residents would love her food
 This is such good news!
 “Dear Maggie, I enjoyed attending a dinner at which you spoke some years ago & have followed you with interest since that time. Your vision and action in regard to good food and nutrition in aged care facilities is admirable and valuable.
 “very interested in what you said, wondering how do we get involved with this age care food”.
 “Hooray...Good luck to you, Maggie! Anything that provides some dignity to our elderly will be better than the current uncaring, callous conditions most of them are suffering in”
 All power to you Maggie, I hope you make a difference, and give a little pleasure to residents in aged care, who have little else”

Table 2: Initial Themes and Codes

Common Themes
<p>Negative experiences with food in aged care</p> <ul style="list-style-type: none"> • Limitations due to food safety standards/regulations • Distressing for carers/nurses/family/friends • Poor quality of food • Powerlessness of residents • Powerless to change due to inflexible staff • Lack of skills within cooks and chefs in aged care • Seeking change/challenging belief that food in aged care is acceptable • Disconnect between what is provided and what older people have experienced/familiarity • Limitations due to budget
<p>Positive experiences with food in aged care</p> <ul style="list-style-type: none"> • Commitment to providing high quality food to the aged • Recognition of need for action • Increasing/ensuring quality of life and dignity of the aged • Addressing diverse cultural needs of residents • Making the experience and environment similar to what residents experienced before moving into aged care • Commitment to improvement
<p>Suggestions for improvement and future direction</p> <ul style="list-style-type: none"> • Increasing/ensuring quality of life and dignity of the aged • Lack of skills within cooks and chefs in aged care • Need to improve quality of food • Limitations due to budget • Edible gardens • Recognition of good practice • Making the experience and environment similar to what residents experienced before moving into aged care
<p>Commitment to the Maggie Beer Foundation</p> <ul style="list-style-type: none"> • Praise for Maggie and the project • Appreciating interest in improving food in aged care • Offering services • Invitations to meet/collaborate • Seeking assistance from MB • Concurring with MBF vision/shared values • Willingness to pilot the Maggie Beer Good Food Life For All program
<p>Offers to pilot the Good Food Life for All program</p> <ul style="list-style-type: none"> • Commitment to wellbeing of the aged • Commitment to providing his quality food to the aged • Willingness to pilot the Maggie Beer Good Food Life For All program • Shared values
<p>Challenges associated with food in aged care</p> <ul style="list-style-type: none"> • Limitations due to budget • Challenge of modified textures or special diets • Recognition of need for action • Lack of skills within cooks and chefs in aged care • Distressing for carers/nurses/family/friends • Challenging the belief that food in aged care is acceptable

Table 3: Major Themes

Themes
Theme 1. Perceptions of the food provided in aged care facilities <ul style="list-style-type: none">• Poor quality of the food
Theme 2. Impact of the food provided in aged care facilities <ul style="list-style-type: none">• Distressing for carers/nurses/family/friends• Powerlessness of residents• Disconnect between what is provided and what older people have experienced
Theme 3. Constraints to improving the food in aged care facilities <ul style="list-style-type: none">• Limitations due to food safety standards/regulations• Limitations due to budget• Attitudes of staff• Skill level and attitudes of cooks, chefs and carers
Theme 4. Suggested solutions <ul style="list-style-type: none">• Seeking change/challenging the belief that food in aged care is acceptable• Recognition of need for action & commitment to improvement
Theme 5. Support for changes to food provision in aged care facilities <ul style="list-style-type: none">• Commitment to MBF (shared values, and praise)• Offering services• Invitation to collaborate/meet• Seeking assistance from MB