

Considerations: Food Accessibility

Things to consider when food is available to elders on a self-serve basis 24/7.

In August of 2015, KDADS issued a statement noting a change to the PEAK 2.0 criteria related to the Food core. **Self-serve access to food is no longer a requirement of the food core;** however 24/7 accessibility to food continues to be a required outcome.

Residents have a right to access food anytime they wish 24/7 and homes should have staff available 24/7 that are trained to prepare and serve food. Preferred snacks should be stocked where residents live and should be available when residents want them.

While it is not practical in most homes to have the main kitchen and dining team available 24/7, many homes have accomplished increased availability of food by training other team members to assist residents with food requests.

As team members outside of the dining team become more involved in food service, it is important to consider the following:

- **Training:** Nurse aides, nurses, housekeepers, social workers, activity personnel, administrative and maintenance staff may all be called upon to assist an elder with food when the dining team is not available. ALL team members should receive training to do this safely. Training needs could include: safe food handling practices, information about special diets, food service, proper food storage and where to find dining information about elders in the home. **Staff training should be done upon hire and then routinely throughout the year.**
- **Access to information:** As other team members become involved in assisting elders with food they will need access to the same information that has traditionally been provided to only the dining team. Information about all residents' food preferences, eating habits, special diets or concerns should be available for quick reference by ALL staff. **Systems should be in place to keep this information available and current at all times.** Some homes have created a dining "book" with quick reference information that is kept near the food that any team member can reference.

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Homes who wish to make food available on a self-serve basis to elders should also make the following considerations:

Implement a consistent staffing model and “get small”: Prior to making food accessible on a self-serve basis, homes are strongly encouraged to implement a consistent staffing model. A consistent staffing model is one that ensures the same small group of team members provide support to the same small group of elders every day. Team members in this model get to know a great deal about the people they work with, which enables them to better anticipate care needs, identify possible risks and implement needed precautions.

Evaluate each resident: Each elder in the home should be evaluated specifically for any risks the self-serve access of food may present to the individual. Things to consider might include: foods that may put the elder at risk, the severity of that risk, the elder’s mobility and ability to reach and access the food independently, cognitive functioning and decision making ability of the elder, as well as the elder’s eating routines and habits.

Develop and individualized care plan: When an elder has special considerations in relation to self-serve food accessibility it should be addressed in that individual’s care plan. Spell out what steps the team will take to mitigate risk to the elder while working to honor the elder’s choice. See “Considerations for Risk” for further information.

Conduct routine and continuous assessment: Homes must continually assess the acuity of the elders living in the home to be sure that self-serve access is still advisable in the current circumstances.

Make on-going adjustments to self-serve food access as needed based on the risks and needs of the elders currently living in the home: If it is determined that a resident is at risk due to self-serve food access in the home it may be advisable to make adjustments to the types of food available on a self-serve basis, the way in which food is made available to elders, or to suspend the self-serve access entirely for a period of time until the risk passes.