

Help sheet no.8

Contracting catering services

Contracting of catering services can allow managers to pass on day-to-day responsibility of food management to companies that have the cost advantages of buying power and expertise in catering.

Different levels of services can be purchased, for example:

- Purchase of prepared cook-chill where meals are heated and served by the staff employed by the facility. (Some larger organisations have their own cook-chill kitchens.)
- Purchase of labour to cook and serve on site.

Whether catering is wholly or partially contracted or managed on site, the need to satisfy residents' food, fluid and nutritional status remains constant.

Establishing quality services begins with a policy on provision of food and fluids. As part of continuous improvement activities, many aged care facilities are developing policy statements about the style and requirements of the catering service to meet the needs of residents. This applies whether or not services are contracted.

It is important that where contractors are used, the facility regularly monitors the quality of service and nutritional value of the food provided.

The contract should clearly state the process of review and agreed standards by which the quality will be measured.

Checks for selecting a contractor

- Known track record of providing quality catering services to residential care settings.
- Observe quality of service in other like facilities.
- Ability to be flexible to provide for individual needs.
- Access to accredited practising dietitian for advice on menu and recipe development.
- Access to contract management support.
- Value for money.

Key contract specifications

This list is not exhaustive, but covers the key areas that need to be defined:

- Policy and nutritional guidelines for provision of food and fluid (refer to policy of the facility).
- Food quantity and expected minimum and variations in portion sizes to meet individual resident's nutrition needs.
- Special diets – range and variety provided within the diet type.
- Quality of raw and cooked product.
- Serving style, attention to presentation, including garnishing.

- Menu designed to meet the resident profile of the facility, including texture-modified diets, other special diets and ethno-specific meal needs.
- Frequency of review of menu.
- Special occasion catering.
- Range of dishes and choice at each meal.
- Range of between meal snacks specified.
- Thickened fluids menus and agreement on thickener to be used.
- Range of supplements and means of supplementation provided.
- Degree of flexibility re meal order changes.
- Style of service, dining room and bedside.
- Times of meals and between meals service.
- Temperatures of meals and fluids.
- Demonstrated access to expert dietetic advice for menu and recipe planning.
- Process of consultation between contractor and the staff of the facility, including the facility's dietitian who provides clinical services.
- Role and responsibility of contractor to provide food and fluids according to defined individual needs.
- Methods used to gain information about food preferences and daily choice.
- Contingency plans in case cook-chill food cannot be supplied from production kitchen.
- Procedures in case of staff illness.
- Staff employed are appropriately qualified.
- Frequency and type of staff training.
- Hygiene standards to be observed.
- Role and responsibility for development and maintenance of Food Safety Program, including auditing processes.
- Responsibility for equipment maintenance and replacement.

Adapted from Stewart A., (1999), *Nutrition guidelines for residential aged care facilities* (unpublished) Contact Alison Stewart, Consultant Dietitian.