

# **Analysing the Food and Beverage Sector in Care Homes**

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<p>The major objective of this thesis is to compose a concise, reliable and useful write up of the current situation in the food and beverage departments in the care homes for the elderly. The author thought it necessary to conduct a study on this topic and further recommend actions that can be implemented in order to improve the overall situation in this field especially in light of future prospects for the care sector. The project process has focused on obtaining information from the actual inspections and interviews held within the care homes themselves. The author's experience was also very beneficial throughout this work. This was doubly important in those cases where the author had difficulty obtaining information.</p> <p>The author used a qualitative approach to gather information for this thesis. Information was also obtained from sources and that were referenced, using the Harvard style as the referencing tool. The timing to conduct this work and the writing of this thesis took more than 10 months as the work started from the initial stages of this degree course.</p> <p>Finally, the author would like to thank all those who have helped make this journey successful, a journey which was an eye opener to further and continue research in the hospitality industry. For this matter, the author wanted to use this section to thank all his family, Rita, my wife who was always a good source of intelligence and offered the correct phrasing, wording advice and unconditional support. My two sons, Kurt A. and Shaun J. who helped me professionally since both of them had already experienced this level of education and are now sitting for their Doctorate.</p> <p>My sincerest gratitude goes to the ITS management for presenting this opportunity. My heartfelt thanks also goes to all the lecturers from Haaga Helia University who conducted the lessons here in Malta, especially Mr. M. Halmeenmaki for being the tutor of this thesis.</p>	
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# 1 Introduction

As people are living longer and most countries are experiencing a better standard of living the expectation of the human being has changed. People are enjoying life more, and comfort is key. In EU countries the average life expectancy for males is 77 and females is 83. (Union, 2016)

When one reaches a venerable age the standards that one was accustomed to are to be retained and offered in the chosen home for retirement.

Living standards can be compared by measuring the price of a range of goods and services in each country, relative to income, using the common national currency called the purchasing power standard (PPS). Comparing GDP per inhabitant in PPS provides an overview of living standards across the EU. In this regard Malta is found in the 15<sup>th</sup> place in the list of EU countries. (EU, 2016)

The Maltese Parliament issued a set of rules and regulations regarding standards in care homes, (Malta, 2015) targeting the rights of persons with disability and others seeking services in such care homes. This was done in the hope to standardize the level of care given to everyone throughout the care home sector in Malta. It has long been felt that, notwithstanding the Government intervention there was no measurements for the necessary checks and balances. With the publication of these National Standards the state can now apply the necessary tools to ensure the expected performance and management levels within all care homes, be they public or privately owned.

Care service represents one of the fastest growing sectors in the EU in terms of both employment and persons in care. The number of people who would be requiring care will triple by the year 2060. (Verashchagina, 2010)

For this reason if one had to invest in the care homes sector one will experience financial growth and stability. If the service given to the clients in their care is of a good standard it will ameliorate things, both for the persons in care and also for the company that is running the care home.

A good reputation for the home means more clients' thus increasing revenue which in turn offers the possibility for further investments.

## 1.1 Background of research topic

A care home means a facility used as a place for the care and housing of older persons either by choice or due to a disability or a health situation that a person might have experienced.

A care home might be chosen by someone as a place to rest and recover after an operation or illness. This facility can be used as a rehabilitation centre especially for those who do not have anyone to care for them.

Same standards should apply to all persons in care with different levels of dependency and in units offering specialized care, like dementia. In Malta one finds a selection of care homes, the Government owns the majority of beds within the care home sector. The state runs the largest facility on the island hosting an average of 1100 clients. Strangely enough the standards set by the Government in 2015 does not apply for this facility which falls under its own responsibility. (Diacono, 2015)

However during the research that the author was conducting on line he came across a call for application for a quality assurance officer to help implement, control and maintain standards in all the care homes that are run by the state. This is an important pace in the right direction, but it is in the early stages and the author could not conduct an interview or ask for assistance since, as this stage there is only the call for application for such post. For verification the author is also listing the call for application in the *Personal Documents File* that the author will be forwarding if requested. In due course the author has tried to reach the department concerned but faced a lot of difficulties, no one was able to answer the questions, and the calls were being transferred from one office to another, and which calls were mainly unanswered.

Standards have to be applicable for all care homes, being state owned, privately owned or as a joint venture between the private sector and the government. Maintaining these standards is important as they are the key to a successful future.

## 1.2 Research Questions

The principal research questions motivating this study are two:

1. Where and why is the system failing?
2. What has to be done to prevent and correct failures?

The aim of this study is to contribute to the local care home food service quality and to improve standards in this ever-growing industry. This is doubly important as nowadays the

average lifespan is increasing and therefore the number of elderly taking up residence in care homes is on the increase.

The author is analysing where and why the system is failing, is it because of the lack of human resources or the preparation and qualifications needed for a person to work in this industry. It might also be the case of a poor financial position that the establishment might be passing through.

Can it be the lack of self-pride in ones post, or the stigma attributed to the care homes in general?

Why is there a big similarity between the services offered in hospitals and the care homes? Should the services in care homes be more similar to a hotel service, since in this industry such standards are better maintained?

An action plan is needed in order to prevent and correct failures. It is very important to have an action plan in place in all the care homes, while also highlighting the most appropriate and efficient way to do so. This will be done in order for care homes and all stake-holders involved to reap the benefits of having this procedure in place.

### **1.3 Justification for the research**

The primary objective of this research is to highlight differences in care homes in Malta by experiencing and observing first-hand current practices in such care homes.

Secondly, this study aims to collect data and highlight non-conformities as prescribed by governmental and European standards. Following this, care homes which do not provide an adequate level of quality service, will be notified, and this is done in order to improve standards across the board.

The third and final objective is to bring to light the importance of having a plan of action in place for all care homes, while also highlighting the most appropriate and efficient way in doing so. This will be done in order for care homes and all stake-holders involved to reap the benefits of having a plan of action in place and that in turn will help to ameliorate the overall in house operations.

Information from the private sector was easily accessible and when the author asked for permission to visit these facilities, his requests where always accommodated. The same

thing can be said for when permission was immediately given upon a request for a survey to be handed to some of the key people in this sector.

However in the state owned care home listed in this work, the author found difficulty in concluding his work since doors were shut and no means of communications could be obtained from this segment. The write up on this segment of service provider was based on the author own experience since a close family member was admitted in this care home.

All the information in this thesis was obtained in accordance with rules and regulations for the Protection of data.

#### **1.4 Methodology**

The title of this thesis is 'Analysing the Food and Beverage Service in Care Homes-Malta and to achieve the objective set out in the title itself, the author needed to use a selection of tools in order to be able and analyse the situation in the care home sector.

The author used a qualitative system to construct his work.

One of the tools used and that was of utmost importance in order to feel the pulse and actually witness what is happening behind the doors of these facilities the author used on site visits. The author have chosen three facilities to conduct these visits at, and one of the facilities that was chosen was located in the southern district of the island, another facility in the central region and the other facility located in the northern part of the island. The reason as to why such facilities in their respective locations were chosen was because of the demographical perceptions or constrains attributed per locality.

The author chose a totally private facility and that is a successful family-run business located in the central section of the island. The care home in the northern part of the island was chosen since it is a privately owned care home that is run by a company specializing in the care home sector. The southern located care home was chosen since it is a government owned property and the food and beverage services are offered by a third party.

For these visits a set list of questions to present to the personnel in the food and beverage department was prepared and sent in advance to the management team of each facility. The author wanted to be consistent in his work and presented a structured list of questions in all the three facilities in which the visits were conducted.

Questions topics related to personal achievements in order to analyse experiences in one's post, the overall running of the respective department, and the cycle for cooking, reheating and serving practices. Furthermore, dietary options and accommodation for such instances, and the handling of complaints were also investigated through the questions posed by the researchers.

Initially the results were analysed independently and furthermore collectively, this was done so as to obtain a clear picture of the overall operation in care homes and to why and where improvement is required.

Interviews were conducted with the key people who are the service providers in these care homes. Highly important was the interview the author had with one of the top management of a care service provider, this chosen service provider was chosen since it is one of the largest provider of care services on the island. The questions chosen were sent to the person in question prior to the meeting that was planned, this was done in order for the person involved to prepare well for the answers and the approach needed in advance. The list of question chosen were varied but all related to the services offered by the company. The author requested information about each facility and the number of clients housed in their respective facility. The type of service offered, both to their clients and to the staff. Monitoring training and the in house procedures related to this. Problems and difficulties faced by the companies when recruiting skilled staff. Measures to control food safety like the implementation of HACCP in the care homes.

The author focused on training and its importance and furthered the research to countries abroad. During this interview the person in question also backed up his theory with facts especially when asked about training for the staff, and after the visit the author received an e mail from the HR manager of the company listing the training plan forecasted for this year. With all this material in hand the author had a good picture of the overall operations of one of the successful operator in the care sector.

Another interview was done with a HACCP company's director since the need to know how one goes about introducing and implementing HACCP, problems faced by care homes. Is this a financial burden that does not reap results? Advantages and disadvantages when implementing this food safety procedure.

On line surveys were posted to all duty managers, these where e mailed to the nine facilities and everyone responded to them. With these questions the author wanted to see behind the doors of each facility, and with the use of this questioner the author managed to get a picture of the operations. The author wanted the duty managers to express their opinions in total confidentiality, questions related to the size of the facility and number of in house clients commenced this survey. Questions of the operational side of things followed, as their involvement in menu engineering needed to be noted.



The knowledge of a specific dietary requirement that a client might have. How to tackle complaints and the recording of these comments. The running of a facility together with qualified staff, is there a problem recruiting qualified staff. Confirming the training offered to the staff and what type of training was the staff given. The author wanted information regarding meetings, managerial or staff related.

After the response from everyone, and with the help of the on line surveys the author prepared charts and graphs in order to analyse and document the findings.

In compiling the thesis, the author as a researcher found that the experience obtained in the culinary sector was very relevant and useful to this study. A vast 36-year experience in the hospitality industry has greatly benefitted the researcher throughout this thesis.

### **1.5 Definitions**

The main concept was the interviews that were scheduled and conducted within the care home sector. These interviews were of high importance to the final completion of this thesis as the writer wanted to actually feel what is happening and why, behind the doors of each establishment.

A Survey was also used and was sent to managerial level employees. The writer also wanted to know and obtain information from the horse's mouth in order to build a more precise picture of the current situation. The results obtained from these surveys were of importance especially when such surveys were conducted within the highest ranks of these institutions.

Also, some of the work in this thesis was based on the writer personal experiences, especially when the writer found closed doors and could not obtain further information from a certain section of the care home sector. The writer also found that his experience and expertise became very handy when he wanted to give advice in order to ameliorate the situation and how each institution should proceed in order to offer its clients a better package.

The coordination of all the tools used helped immensely in order for the writer to conclude his work and be able to offer a precise report of the actual situation and how to bring up standards in the care home sector in the years to come.

## **2 Literature Review**

Topics that were of importance to the author were the training, the financial situation, services on offer, hygiene standards and food safety and the general rules and regulations related to this sector. As regards to authentication of the information obtained from on line resources and some journals, the author is using the Harvard style of reference.

### **2.1 Theoretical Framework**

Training is a very important topic and a tool that if used wisely and professionally all those involved would benefit positively. For this reason this topic was analysed and its importance highlighted in detail, using the following sources listed hereunder.

The theoretical part of this study and that relates to training was obtained from journals commissioned by the government of Australia.

Australia, as a country was chosen because of the similarity in climate when compared to Malta. This country, Australia was also the place chosen by a lot of Maltese to emigrate in and start a new life in the 1950's, this was also another reason for which this source was cited.

At the moment there are more Maltese (generations) in Australia than in Malta. There is a strong influence of the Maltese archipelago and its culture on the new Maltese generations that are living in Australia. Many of these are choosing Malta as a place to return and retire in.

During this journey it was noted that the best and most expensive homes thus offering a better and upgraded services, are all located either in central, or northern Malta.

Although Malta is a small country the division between north and south does exist. This is not only in the mentality of locals, as even the article that was written by Debono, and that was cited identified this phenomenon. The difference in educational standards in the regions of Malta might also be the reason behind this division. For this matter, the analysing of three care homes in different locations, north, central and south had to be carried out. In this study the three care homes that were chosen will be referred to as units A, B and C.

During the analysis carried out in the care homes, a discrepancy in the service that is offered by the carers in the dining rooms was identified. The lack of attention and customer

care skills during meal times could be immediately noted. The main problem might be the lack of food service training and customer care awareness, since both topics are absent from the initial stages of the previously care training programmes.

There was only praise for the rest of the services offered by the carers vis a vie the clients. Their dedication to the clients and the personal services offered in the rooms was impeccable and much praised by the majority of the in-house clientele.

As previously reported in the discussion, the importance of training had to be highlighted. During this time an important matter was identified, that of a merger of more than one institute to carry out the process of learning. The institutes in question are a hospitality based facility and a vocational institute specialising in care service. Sources used was the local media.

In 2015 the government of Malta issued a set of rules and regulation in order to introduce, improve and maintain standards in all the care homes on the island. An article written by Diacono was refereed to since it was of importance as it highlighted an irregularity in the provision of this very important law. The media was also of influence and for this reason a local newspaper was also a source to obtain information from.

The government of Malta has introduced standards but in the same time have made provision to exclude from these standards the largest care home on the island from adhering to such positive practices.

Obtaining information from EU sources and statistics was important especially since Malta is a member state. Mortality statistics and life expectancy standards have been analysed in order to get a picture of future clientele in care homes.

References where also obtained from the Long term care for the elderly provisions and providers in 33 EU countries as to highlight the importance given to this sector by the EU. Statistics were also used in order to analyse the living standards in EU countries, especially Malta.

HACCP is an important step towards improved food safety, especially when dealing with frail clientele. The book *Evolving Methods of HACCP* was also cited since this highlighted the importance of HACCP and as to why it has been included in this thesis. Since Food Safety is a very important topic the Food Safety Act presented by the government of Malta was also cited.

Standards are of utmost importance in all scenarios in life, thus the awareness of such standards had to be listed in this work. The national minimum standards set up by the government of Malta where cited in this thesis.

Some of the work in this thesis where based on personal experiences, and this for more than one reason. There was no means of communications from the care homes that are run by the state. The department in question offered no feedback whatsoever to the many calls and that most went unanswered. The personal experience section was influenced by true experiencing of a relative that was admitted for some time in the largest care institution that was managed by the state.

## **2.2 Thesis aims and objectives**

The objective is to help as much as one can to improve the standards in all the food and beverage departments in the care homes for the elderly. Be able to maintain and enhance services offered and to keep evolving the product especially this is an ever growing industry since people are living longer. One need to take note that these persons are vulnerable and away from their families, and that have reached their last segment of existence on this earth. Keeping in mind that these persons where accustomed to a certain way of life, so why deprive them of their standards which they have worked so very hard to achieve. This needs to be a pleasant experience, a good end to a well lived life, a 5 star experience.

### **3.0 Findings and analyses**

In this chapter the author's findings came because of the focus of the actual services provided in the care homes that are mentioned in this report. The conclusions were made after personally, the author visited each facilities in question and analysed the services on offer. Another analyses was carried out after the receiving of the survey which the author sent to the in house management of 9 facilities.

#### **3.1 Service providers and occupancy in the care homes**

In Malta one finds a selection of care homes which mainly houses the elderly. The government is the main service provider and runs the largest care home on the island and that houses an average 1100 clients (ageing, n.d.) There is also an ever increasing waiting list that today amounts to roughly 900 persons. There is a long list of care service providers in Malta, however as one can see in the introduction a waiting list still exists to this day. Statistic wise the government is in a position to issue figures as regards to the waiting list, the private sector were not in a position to confirm this, since data for this matter is not kept.

Because of this waiting list the government has set up a scheme to offer those persons who require immediate care but cannot afford to stay in a privately owned care home, a place in a private care home. This process have been created as not to keep these clients on the waiting list for a long time. The government is subsidising the rates payed in the private sector and is sending urgent cases to the private homes. This has ensured that the persons in question are given immediate attention and care and in the meantime also helping the private care sector thrive.

The Government also offers services in other centres but which are small accommodations scattered across the island. One will find these centres in the village core, and the location of these facilities has helped immensely especially to those living in the vicinity of such care homes. People from the locality opting to stay in these homes have experienced an easier transition from their home to these facilities because they still are experiencing the same cultural and scenery that they have been accustomed to. The state also have centres specialising in rehabilitation, with the aim to provide services to the clients that needs rehabilitating in order to continue with their normal life, but in these facilities the clients stay for a short period of time.

Food in the government operated facilities is prepared from an outside source and presently is being supplied by an industrial catering company that specialises in bulk food preparation and production. The contractor is chosen after a tender is submitted by the

government. There is a criteria to follow when choosing a contractor but the most important factor in this criteria is the cost.

To conclude his work for this thesis based on the government owned care homes, the author informed the authorities with the wish to conduct an analysis at this facility but although the many calls, which of most went unanswered, the author had no response whatsoever to his requests. So as regards to this Government owned facility the report will be based on the author's own personal experience when a family member was admitted to this care home.

Another service provider in this field is the catholic curia of Malta which also manages some care homes for the elderly, but the majority of these are small accommodations that houses retired clergymen. However one can also find convents and other places that belongs to the church of Malta which are being used to home elderly persons. A small segment of these care homes are being used to accommodate persons who do not have the means to pay and stay in the private sector or have not accepted the government grant due to some reason, which mainly is the location of the facility that the government has offered accommodation in. Many of these clients are also people who dedicated their lives to the same clergy and that now have grown old and require care themselves.

There will not be a write up on this segment of the care sector since most of the services offered are based on charitable cases. One might encounter certain constrains attributed to financial problems found in this category of care homes. A poor financial situation might impede such facility from adhering to, and maintain standards offered to the in house clientele. Persons choosing these establishment are aware of the circumstances and constrains and do not expect to be accommodated on the same standard that one finds in other facilities in the care home sector. However from the author's personal experience of one of these care homes that is found near the locality the author lives, the in house clients are very happy and well looked after. The ambience of these convents might be the perfect setting for anyone who would like to spend time in peace and tranquillity.

The private sector, which I will be mostly focusing on is dominated by a major company that specialises in the care home sector. This company runs some nine properties that together offers 1500 beds. The following information was obtained during an interview with the Manager for Quality Assurance of this company held on May 11<sup>th</sup> at their head office. During this interview the author asked questions which were sent in advance by e mail, the list of questions can be found in the appendix 1.1 Copy of the e mail sent can also be found in the separate document entitled *Personal Documents*.

Out of the nine facilities, four are privately owned and these are located in the central and norther district of the island. These facilities are of a very high standard both in the general

upkeep of the establishment and in all services that are provided to the clients. It is important to highlight that client's pay a monthly fee for the accommodation that include all the food and beverages similar to a full board accommodation. Medical requirements including medicines and fees related to medical assistance have to be paid extra.

The monthly fee that one pays in these accommodations is quite a substantial one but it can be easily reflected in the product offered to the in house clientele. The food served is lavish and the way the food and beverage department works is similar to a 4 star hotel. The rooms are very well kept and so are the public areas, one of the facilities has two outdoor pools and another facility has a heated indoor pool amongst other amenities like a fully equipped restaurant, gym, rehabilitation areas, craft room, lobby and also a small chapel.

The company also offers all the food and beverage services in two of the states' owned establishments, one of them is unit B in which the author has conducted some research in. In these homes the company offers services related to food and beverage only.

Another three homes are owned by the company and clients can book a room and stay on full board basis in this facility. The government also sends clients as per the scheme mentioned earlier in this report and pays for their accommodation and board. All the clients are treated equally and there is no distinction between the paying customers and social cases sent to this home by the government.

During the visits to these care homes, referred in this report as units A and B the author asked the staff a standardize set of questions. Other important information was obtained by the Questionnaires that has been sent to all the in house managers of this company. Copies of these surveys, appendix 7.2 and the kitchen's standard questions can be found in the appendix 7.3

Another facility that the author has focused on and that will be analysed is a privately owned care home located in central Malta. The company is a family run business and owns only this facility which houses 105 clients. In this facility clients can book directly with the management and pay the requested fee. Again the government uses this facility to home persons who have been on the waiting list and do not have the means to pay themselves to stay in a private care home. Again there is no distinction between the persons in care in this home.

Comments relating to this facility have been obtained as a result of the questionnaire that the author sent, and also by a physical visit to the premises where the author also conducted a survey with the kitchen staff on the same format as for Units A & B.

In this report the author will be referring to this facility as unit C.

### **3.2 Food and beverage packs and entitlement**

In the National Minimum Standards for the Care Homes for Elder People presented by the Government of Malta in page 23 paragraph 15.01 to 15.10 states rules and regulations for care homes to follow when presenting food. (Malta, 2015) There might be some issues in this regard and the cause of some of the irregularities might be in the actual provision and monitoring that the set standards are being adhered to, and kept.

During the day, clients are entitled to three meals in which one of them could be served cold, normally served during the evening and that mostly comprises of a sandwich or a cold platter.

The author analysed the product of units A, B and C by actually conducting an onsite visit in all the three care homes. During these visits the author took some photos and also asked the food preparation staff some questions related to the topic. For the onsite analysis the author choose these three homes (unit A-B-C), and that are located in the southern part of the island (unit A), another is in the norther part of the island (unit B), and the other care home chosen is located in central Malta (unit C). The reason for this selection is that in the southern part of the island one will not find any privately owned facilities. On the other hand one can find more than one privately owned facilities located in the norther part of the island. The other reason as to why the author choose to conduct an analysis in a centrally located care home is because this facility is a privately owned facility and that is located in a central area of the island, thus having no influences or practices abided to one's perception or any demography issues especially relating to regions. (Debono, 2014)

#### **Breakfast**

In the major state owned care home, first thing in the morning breakfast is served and usually the clients are not given an option. Breakfast is always the same, toasted bread with butter and jam or ham and cheese filling. Toasted bread is prepared in advance by the carers in toasters on trollies scattered across the corridors and because of this the toasted bread can arrive to the client slightly cold and a bit rubbery. Bread comes wrapped in napkins and not served on plates.

Cereals are also served but this option is not very popular to the age group presently in care, also one can note a lack of variety that makes this option not a desired one. Coffee and tea are also served during breakfast and are a very much desired beverage at this time of day.



This meal is usually served room service similar to a hospital service where the carer passes in the corridor offering food and beverages to the clients from a trolley, without the use of a tray. Most of the clients do not have a table or chair in their room and have to make do with the furniture provided. For those clients who are still independent consuming breakfast sitting on the side of the bed and placing plates on the commode is not a practice that one is encouraged to adopt. Some of the clients who are dependent on the carers are well looked after and are fed the same choice as above, others who have problems digesting food are offered cereals that have been soaked in milk and blended.

#### Unit A.

Breakfast in the privately owned facilities in the southern region of the island consists of toasted bread with a selection of jams and butter spreads. A good selection of cereals are also on offer. There are no fresh fruit or fresh fruit juices served during breakfast, the only beverage offered to the clients is freshly brewed coffee and tea. Clients who are confined to their room can have the same items that are served in the dining room, but room service. Carers do a great job by preparing the food and some of the times feeding some of the clients that need help in consuming the food.

To those clients who would like to have breakfast occasionally in their room food is served from a trolley and not on a tray, the trolley goes round the floor and distributing the food and beverage per room. Clients have to consume the food on their commodes or by sitting on the bed. Some of the clients have a small table and a chair which they use to consume the meals but there is no formality in this regard.

For those clients who are still agile and independent, breakfast is served in the dining room, where a table is laid at the far end of the restaurant with a toaster, some cereals and milk and the carers take orders, prepares them and serves them to the clients. The quality of the food served during breakfast is acceptable, however the lack of cold cuts and cheese, fresh fruits and fruit juices is noted.

#### Unit B. North

Breakfast in the government owned facilities and that the food and beverage service is outsourced from a privately owned company is of a good standard, but room for improvement can be noted. Toasted bread is the main item on the breakfast menu but some of the time arrives to the client a bit cold due to the large number of in house clients and the lack of equipment on offer. Another reason might be that the carers toast a batch of bread and once the whole batch is ready it is distributed to the clients. The toasted bread is filled with ham and cheese upon the client's request. Bread can be served fresh together with a selection of jams served on the side. Cereals are served during breakfast too and come accompanied with fresh milk. Fresh fruit and fruit juices are not served during breakfast.

Breakfast served in the room for those clients that are confined to their beds due to certified illness is a different story. Normally these clients are served coffee and tea and a sandwich with ham or cheese which is not toasted. This approach might have been taken after numerous complaints that the toasted bread arrives in the room cold and stale. Room service breakfast is not served on a tray either, items are plated and served to the client on the bed side table. Same process for those who are dependent or have problems digesting food as per Unit A.

### Unit C.

In the privately owned facility in the central part of Malta breakfast is served differently from the facilities above, the clients who have lack of mobility are served in the dining room, whilst independent clients are served while being seated in the lounge area.

The thing that struck me most was the use of plastic ware being used during breakfast, the reason behind this is the high amount of breakages the facility experienced in the past. Breakfast is the same every day, fresh sliced bread is filled with ham and cheese and presented to the clients folded in a napkin. Cereals are available but are not very popular, coffee and tea are served to the clients in the plastic cups, and apart from this nothing else is offered to the clients.

## **Lunch & Dinner**

Lunch in the state's largest facility is served between 11.00 and 12.00. The starter is mainly a soup dish, a choice of main courses are offered to the clients but the clients' need to pre order their meal a day in advance. In many cases the clients forgets or try to change the choices of the food ordered, but will find difficulty in doing so as there are a limited of extra items or no spare food choices at all. Food comes readily plated from the supplier.

Lunch for those who are independent is served in the dining room, others who are confined to the rooms lunch is served room service.

Food for the clients in the dining room is served from the kitchen, food is plated in advance by the contractor and sent in specialized cabinets that are then plugged in the kitchen to warm up the food. Once ready the carers comes and collect the food and serves it to the clients. Lack of detail in plating of the food can be noted because food is placed irregular on the plate, from my point of view it also lacks a combination of colours. Food is mainly served without sauces and is mostly cooked either boiled or steamed, vegetables seems to be always overcooked and are served mashed up and most of the time potatoes is served mashed.

Dessert is mainly fresh fruit but there is also a choice of a one sweet item, obviously for those who are not diabetics. The dessert is served in a disposable container and not presented on a dessert plate, however this item is a very popular one.

Room service food is served in the same way as in the restaurant but serving time is prior to the dining room service. The reason is that the careers caring for the bed ridden patients have to also monitor the service in the dining room. Persons who have difficulty in digesting food a special soup is prepared and that mainly contains meat that has been blended together with the vegetables. This is done to monitor that clients in this situation are consuming the recommended daily intake of proteins and vitamins.

The options for dinner are mainly the same as lunch but includes a sandwich or a small salad. Most of the clients opt for the sandwich in order to avoid eating a repetition of lunch and also to keep themselves light for the evening.

### Unit A

The majority of food offered to the clients is outsourced and only few items are prepared in house. The company that runs this facility have an industrial kitchen and all the food supplied to their homes is prepared there. Food is transported from the industrial kitchen to each outlet on a daily basis and food is sent in gastronomie dishes in a temperature controlled van. For lunch the clients are given a choice of two soups, on the day of the author's visit one of the soups was a popular Maltese soup (kusksu) and a very much appreciated buy the locals residing at this care facility, this is a dish similar to minestrone but thickened with an egg and ricotta custard. The other soup was a beef broth made purposely for those clients who cannot digest any solid foods. After the broth is cooked the meat and vegetables are then blended to form a thick consistency. As for the main course, clients are given four options, two are mainly the same every day, a chicken and a fish dish. The two other options change on a daily basis and during the authors visit one of these items was a timpana, a local pasta delicacy, the other was a pork dish. All main courses comes accompanied with vegetables and potatoes.



Figure A. Chicken Option A



Figure B. Fish Option B



Figure C. Pizza



Figure D. Poached Fish

As regards to the dessert option only one item is offered to the clients, this option changes on a daily basis.

During the dinner service only one type of soup is offered to the clients. Three main course choices are presented for dinner and on this day the items were pizza, chicken and fish dish, all these main courses comes accompanied with vegetables and potatoes. Also for the evening service fresh fruit is on the menu. The majority of the clients chose that for their dinner they order a platter made up of 2 sandwiches of their choice and such platter comes accompanied with a small salad. This unit has a seven day cycle menus and such menus are changed according to the season of the year, this to ensure that seasonal and fresh produce can be used to compile the dishes they cook and presented to their clients.

### Unit B

Lunch in this unit is similar to unit A with some minor changes. For example no choices are offered as starters, but on the other hand choices are given for dessert. During the authors visit the menu for lunch was a thick vegetable soup and the chef was about to blend the soup so it will be smoother for the clients with digestion issues. As for the main course there were four main courses, a curry chicken made with very mild curry powder and that comes accompanied with steamed rice, a chicken item that was a chicken drumstick, a fish dish which is a frozen product, and a very popular item was the ricotta cannelloni. Accompanying these main courses were mixed vegetable and creamy and bolangere potatoes. Ice cream or fresh fruit or jelly are served for dessert.



Figure E. Soup of the day



Figure F. Chicken Parts



Figure G. Spinach Pie



Figure H. Jelly

Dinner in unit B. is also very similar to unit A. on this day on the menu there was beef broth which is the only option as a starter, for main course chicken which is always on the menu mainly because of its tenderness and popularity to the locals, spinach pie and a choice of an egg roll with salad or a Maltese salad that comprises of tuna, olives capers, lettuce and tomatoes were offered to the in house guests. For dessert in unit B. one finds a selection of fruit.

### Unit C

Lunch in unit C is prepared in house, fresh and on a daily basis. Menu is done by the chef a week before so that commodities can be purchased. On a daily basis two soups are served, a vegetable based and a meat based soup. On the day of the interview the vegetable soup was a minestrone and the meat based soup was a beef broth. It was brought to the attention of the author how important the beef broth is, since some of the clients opt only for soup as they do not consume a lot of food. It is important that this option contains

some of the nutrients needed daily and that satisfy the clients appetite. As regards to the main courses three options have been prepared, on this visit they had steamed chicken, ricotta ravioli and beef patties. All main courses comes accompanied with vegetables and potatoes that changes on a daily basis. Fresh fruit is served every day and there is no choice given in this regard, only fresh fruit in season is used.



Figure H. Bolangere Potatoes



Figure I. Chicken



Figure J. Meat Patties

Dinner in Unit C is mainly the same as lunch, the soups are the same as per the lunch service. For the main course two options are the same as lunch, the chicken and the beef patties and instead of the ravioli for dinner they are offering breaded fish, same options for vegetables and potatoes. As for dessert jelly and custard was being prepared for the dinner service. A vast number of clients refrain from consuming the dessert since they are diabetics and the only option for them is fresh fruit.

### 3.3 Service during meal times

The service itself is as important as the food presented and care in both respects is important.

#### Unit A

In this unit the same group of carers working on the floors and that mainly arranges the rooms and cater for the clients' need in the rooms are the once serving the clients in the dining room. These carers have been trained in palliative care and through their training they offer a very good service as they tend to all the clients' needs and demands throughout their shift. However were food is concerned carers are only trained to feed their clients and to constantly check that the food presented is in line with any dietary requirements

that the clients might have. They also assist the clients whilst consuming the food and help out where needed.

Carers have not been trained as servers, so it is obvious that they lack serving skills, carers in the dining room only follow the same routine of handing plates to the clients and checking that the clients consume the food presented to them. If any problems arise they immediately direct it to the kitchen personnel since they do not know how to handle clients in the dining room. This was noted during my visit to this unit. As regards to food service the chefs start plating from the different options available on the day and then place them on a trolley which the carer then takes round the dining room and shows them to the clients. No pre orders are done and neither ordering of food on the tables in the dining rooms is taken. Clients are not served well because roughly two portions of each item of the day are plated and placed on the trolley and clients have to make do with what is left from the items on the trolley once it is their turn.

#### Unit B

In unit B the servers serving in the restaurant are also the same ones that care for the clients in their room. The difference in this unit is that the carers are employed and paid by the state, so the service provider has no jurisdiction on them. Their performance is solely monitored by the government, however one needs to point out that if any problem with these carers arises the service provider informs the department concerned and matters are addressed immediately. However one can notice a gap or lack of communication between the departments of this unit. For example the pouring of the soup during service is only done by the kitchen personnel since the carers do not pour the soup because they might get injured in doing so and this is also something that is not in their job description. Soup is then plated in the kitchen by the kitchen staff and by the time it is presented to the clients the soup comes half spilled on the trolley that it has been delivered to the table on. Breakfast is served in the room for those clients who have a lack of mobility, others who require help in consuming foods, the food is served in a dining room, fed by the carers. The remainder of the clients, which are the majority of the in-house guests, are served in a separate dining room. The same service as per unit A, but what can be noted is that the chef in charge of this unit has more influence on the carers. Plates are filled with the food presented on the day and again placed on trollies. Carers pull the trollies around the tables and offering from the display, again first come first served basis, which is not the preferred practice for the clients in the dining room.

#### Unit C

In this unit a group of carers are solely employed as servers and personal dedication towards the clients can be noted. Carers have not been given any training as servers but

since they are constantly in the dining room they seem to have grasped the idea of serving. During the day when not serving the clients these carers offer coffee and tea on demand.

A practice that is highly praised is that these carers peel or squeeze fresh fruit for the clients, these fruit items are not supplied in house but purchased by the relatives of the clients that from time to time visit their relatives.

In this unit the problems of portions can be also noted, the chef plates according to what she thinks is popular and the carers have to make do with what they are given to present to the client. However I need to point out that this practice is not a rigid one and sometimes, and when available, the chef tries to accommodate every requests made by the clients.

### **3.4 Food safety in care homes.**

It is highly important to offer every client, especially the frail and the sick safe food.

HACCP-Abbreviation for Hazzard Analyses Critical Control Point, focuses on food safety awareness. It is a tool that helps to achieve standards in all aspects of the food industry. It is for this reason that the author included it in his thesis.

The introduction of HACCP (hazard analysis critical control point) in care homes is an excellent start and a good practice to maintain standards in food safety.

The HACCP system is also beneficial in order to keep standards throughout the board. HACCP is an obligatory procedure that is enforced by the food safety act 2002. (Malta, 2007). The European Union has reached an agreement and decided to apply HACCP to all food businesses, other than those involved in primary production, this means that businesses such as cafes, take-away and restaurants now need to have effective food safety management systems. The EU is the first Regulatory Authority that has mandated HACCP for the very small catering businesses. (Kane, 2011)

The author held an interview with a director of a HACCP company that amongst other series specialises in the field of food safety in care homes. Details of the company's name and other information can be found in the *Personal Documents File*

Research indicates that businesses in the manufacturing sector of the food industry need guidance in order to develop their own effective HACCP systems and that this guidance needs to be in the form of both written support materials and personal consultancy help. (Kane, 2011)

The company chosen to offer its services in this regards will be responsible to monitor the standards in all food preparation areas and ensures that food safety is being given priority. Furthermore a report is to be done and such report will be based on the physical audits



that are held monthly or more or less frequent as per the agreement reached between the care home facility and the HACCP Company providing the service.

In the initial stages the HACCP service provider that has been chosen will do a risk assessment of the food preparation areas and issue a report accordingly. Any irregularities and hazards have to be noted and addressed and a plan to tackle these issues and solve them has to be prepared. The importance of this system is to follow the food safety rules and regulations and to monitor that such important practices are being adhered to and maintained. This will be followed by the HACCP manual that will be tailor made for each facility and amongst other things the manual will include:

- Flow process chart
- Hazard analysis
- CCP determination table
- HACCP audit tables
- Critical limit validation
- Verification schedule
- Risk assessment tools
- CCP monitoring forms

A HACCP team is then chosen, this is made up of the key personnel handling food in the unit. It is important that this team is made up of not more than 6 persons which shall also including the person in charge of the facility. The HACCP representative will head the committee and the team meets every 3 months or often if required. Importance is given to pending hazards and target dates are issued to tackle these instances. It is very important to send an agenda prior to the meeting. The meeting shall commence by the reading out of the minutes from the previous meeting and any actions upon these issue is noted. The meeting shall continue based on the agreed agenda, and again minutes of the meeting are to be taken down and send to all after the meeting has ended. This will help to enhance the validation and importance of such a meeting.

The HACCP Company chosen, abides itself to carry out inspection visits in the facility as per the contract that has been signed, some on a monthly bases and others on a bi monthly routine. During these visits the representative of the HACCP Company checks that a good level of food safety is being kept, that all relevant paper work related to HACCP records are being done accurately and on a daily basis, and that all members of staff are adhering to these practices. These forms are important to be done on a daily basis and accurately because they are the facts needed to trace complaints or problems that might crop up at a later stage.

The HACCP manual needs to be reviewed according to the Food Safety Law & Regulations every year, and this to reflect changes that are occurring from time to time in this ever evolving industry.

Investing in HACCP ensures that standards in food safety are being kept and to further enhance the knowledge and awareness of the staff, the HACCP Company can also offer periodical training sessions which are very important for the staff in order to implement and maintain the standards that are very important in today's world.

HACCP is a much needed practice and with its inclusion in the facility will help ameliorate things for both the facility itself and especially for the customers in their care.

### **3.5 Implementing HACCP**

For one to reap the benefits of HACCP one is to follow the rules and regulations which are found in the food safety act and also in the manual of every facility adhering to this practice. Tractability is of paramount importance for everyone in the Food and Beverage sector and of special importance to those who are taking care of people who are old, venerable and sick.

First of all a list of suppliers needs to be done, and a document is sent to each supplier and questions related to food safety and standards have to be answered by each supplier. The questions are basically related to HACCP standards of the company in question. Once these documents have reached the Care Homes, the managing director will choose the suppliers not only based on the product they offer or the price but also on the required standards as per HACCP rules and regulations. Copies of this document should be placed in the HACCP manual so from time to time checking can be done to see if the supplier is abiding with the declarations presented in the report. This procedure needs to also apply to all the new suppliers that from time to time are contacted in order to deliver commodities to the unit. This will ensure that produces have been purchased from a reputable and safe source and that will be arriving at the premises in a safe and acceptable manner.

Food that has been brought from the reputable source and has now been delivered to the home needs to be checked, if fresh, cold or in a frozen state needs to be immediately stored in the appropriate location. All commodities should be checked and records of temperatures have to be logged in the HACCP forms.

Thawing of foods needs to be done as per the rules and regulations of the Food Safety Law and Regulations that thawing is to be done in a cold holding facility specifically used for this

purpose. If there is no unit specifically set for the thawing of foods, food are then to be thawed in a fridge together with other produce but always placed on the bottom shelves to avoid items dripping on others. Storage facilities needs to be adequately furnished with cold rooms, deep freezers and airy rooms to store dry goods, room to store cleaning products away from disposables items is also important. All commodities that are to be de boxed needs to be placed in clean containers and proof of product is to be retained for traceability reasons.

Cooking on the premises has to be monitored and constant temperatures records need to be done, ensuring that food has been cooked through and that there is no risk of bacteria growth or cross contamination. If food is prepared on the premises than a routine is to apply as to when the food is cooked so when it is ready it can be served immediately. This will avoid re heating of the food and all the problems relating to it. It is important that once the food is cooked the temperatures are to be recorded on the HACCP forms.

When and if, the food is to be re heated for service, temperature has to be recorded again in order to verify that the core of the food is hot enough and out of the danger zone.

Once laid on the plate, food needs to be presented in a neatly manner. Food needs to be kept hot in a temperature of not less than 80 degrees ensuring that there is no room for bacteria growth and that food is not cold when served to the client. Any left-over foods should be discarded and not used for the following service.

Standards also dictate that the washing up of the plates should be done under control, plates need to be washed with an adequate food safe detergent, rinsed in hot water and then dried and stored in a safe and clean place for the next service.

Cleaning of the food preparation areas need to be also in line with the HACCP requisites and only food safe detergents are to be used.

The HACCP consultant together with the management will issue plans for daily, weekly and monthly cleaning of the food preparation areas. Staff who are doing the cleaning must follow these schedules and sign after each task has been completed.

The HACCP representative shall make sure that all the above are adhered to and in case of any irregularities they need to inform the staff and the manager immediately.

All staff should be trained in basic food safety and have to periodically renew the food handlers' license. This license is renewed after the attendance to a specialized course that will be conducted by professional licensed personnel. At the end of this course a brief examination is held and only those that pass are given the food handlers license.

All persons working in the hospitality industry are required to have a valid food handles license and such license is to be always available on the person as proof, when requested.

If the HACCP rules are followed than one will find it easier to reach and maintain standards in the respective unit. The other very important requisite needed in order to strive and be the best, is motivation. Investing in staff training is a good way of motivating people to give that little bit more. (Australia, 2016)

### **3.6 Staff Professional Development**

It is important to have adequate and qualified staff to carry out the task assigned. The author highlight the importance of investing in the staff by offering periodical training sessions.

### **3.7 Staff Training**

In order to offer a good service and guarantee standards, staff should be given the opportunity of training. Trained is an ongoing process, the management is responsible to train staff and a training plan should be carefully set to cover the needs that the staff and trade requires.

The need for training will arises after the staff have their yearly appraisals or after some comments that the in house clients may put forward to the management.

Three steps must be implemented if a training program is to be successful.

1. The first is the identification of the required training.
2. The second is an analysis of the firm to identify the issues that will affect the ability of the firm to exploit new skills.
3. The third is an evaluation of the training to ensure that sufficient resources are applied to implement and to integrate in the training program. (Bahron, 2015)

A detailed training plan, and the list of the qualified speakers should be prepared in advanced, this will make the training binding and valid. Training should be carried out by qualified personnel in the respective sector, who then shall customize the training for the required needs. After each set of training an acknowledgment in the form of a certificate has to be awarded to the staff and a copy of such training retained by the Human Resources department and placed in the staff's file.

An external training company which is qualified in the field of the required training, or the HACCP Company shall laisse with the management and organize the training required. The following are some examples of training needed from time to time in relation to the food and beverage service:

- Basic food preparation and production
- Food handlers license
- Basic kitchen hygiene procedures
- Personal hygiene
- Allergens
- Nutrition
- Customer Care
- First Aid

Training can improve business performance, higher customer satisfaction, profit and staff morale. Training offers many more advantages for both the business and the staff in general. (Development, 2016)

The company will benefit from more skilled staff, by targeting those skills needed to meet the actual requisites for the operation, for today and also the years to come. Better customer service will surely be a result of well-trained staff, and not let's forget better work safety practices and productivity improvements. If the company demonstrate to its workforce that they values them enough by investing in them, the staff in return will improve their loyalty towards the company and staff thinks twice to leave and look for another job opportunities. In return the well trained staff will offer a better service and the retention of such staff will save the company money.

Trained staff shall acquire new skills, increase their contribution to the business and building their self-esteem. The training they do can take them into other positions within the organisation, positions with better prospects and better pay. Training would make staff more skilled and able to do different tasks. Training for staff also means that the company is valuing them enough and is spending money to invest in them.

All training is important, but after the visits the author had in the different care homes what struck the author most was the lack of customer care awareness by the servers during the meal times. For this reason the author sought the help from a vocational institution since this institute prepares students to work in the care sector. The e mail that was sent can be found in *The Personal Document File*. The personnel employed as careers are also working as servers for the in house clients, they might be very good in attending to a patient's needs but the author believes that there is a discrepancy when such carers act as servers in the dining rooms, or when presenting a client with a room service meal.

The lack of highly qualified personnel was identified and the reasons being mostly related to work conditions, low wages, lack of equipment and the very important comment of not

treated as professionals where not attracting enough people to join this course. The highest qualification most carers have is a MQF (Malta Qualifications Framework) level three certificate, and this does not augur well. Basic topics are thought up to level three but the more demanding issues and their learning outcomes are covered in levels four and five. Basically persons that are working as carers need more training especially in the field of customer care, a topic which is mainly taught in levels four and five. Since most of the students are ending their studies in level three they are not getting any customer care information and awareness. This topic is of high importance especially when dealing with people day in day out.

Training should be based on needs and such needs have to be identified during talks between the learning institution and the care service providers. However it is important that in level three a taster of all the topics found in levels four and five are to be offered to the respective students. There is also the need to train careers in basic food service since this is part of their job description and of utmost importance. This can be done in accordance with a culinary institution. During researching on this topic I found that two institutions are merging and will offer courses between the two campuses. This initiative has to be praised as it might be an important part of a missing link of some of the courses provided by both institutions. (Demicoli, 2016)

This is an idea but a meeting in this regard has already been held and for this reason I am attaching the details in *The Personal File*, an e mail had been sent by the Head of Academia of a culinary arts institute regarding a memorandum of understanding between the two institutions.

The detailed list of prospective courses held between the two institutes is being planned. This is a start, a joint venture that hopefully will fill the gap that this industry is experiencing.

This project is in the initial stages thus no further information can be obtained at this point.

## **4.0 Conclusion of thesis**

In the conclusion of this thesis the author posted a list of challenges that the system might encounter during the day to day operation. Actions to be taken to upgrade the services offered and areas for further research.

### **4.1 Challenges posed to the system**

It would be easy to upgrade the services offered to the clients if one adheres to the comments made in the conclusion of this thesis. But with same importance is the commitment of both the management and staff for all of this in order to succeed. Along the way one would experience hiccups which might make the system fail, here is a list that could attribute to a system not succeeding.

1. Where there is lack of supervision throughout the day in the food and beverage areas.
2. When there is lack of personal pride in one's employment.
3. Where there is a high staff turnover.
4. When there is lack of customer care awareness.
5. When one employees un-qualified staff in the food and beverage areas.
6. Where there is lack of ownership of food presentation since most food is not being cooked in house.
7. Where, and when attention to detail is not given when presenting and serving food.
8. The lack of facilities and equipment when serving food for room service.
9. Where the investment in both staff and product is kept to a minimum.
10. When the product and services are not renewed periodically.

## 5.0 Action plan and Recommendations

The human being has not been totally successful in salvaging this earth and preserving it for future generations and to some extent the damage that has been the result of progress can be very much noticed. In some cases the results were not at all favourable and the impact on this planet has been catastrophic. Taking global warming as a case in point, the extinction of some species and the famine in third world countries. However one also needs to acknowledge the work done to better standards throughout the board, and to help the human being lead a healthy life and live longer. These are important and positive attributes to the human race

People themselves need to invest in what can help them lead a comfortable life and be aware of the importance of ongoing improvements that from time to time needs to be noted. Maintaining the positive aspects that the human being has achieved is of paramount importance and should be constantly held high in everyone's agenda. Each and every person should be committed and responsible towards the other and in no way be an obstacle in the path that the human being walks throughout his existence on this earth.

The good financial status of a person can help them lead a more comfortable life as they can personally select the best options on the market regardless the price. But not all individuals are the same and those with a lesser income are still individuals who requires care. It is important to treat and give a good service to all persons requiring your help and attention regardless of their statuses.

The fact that people are living longer is now acknowledged, and special amenities have to be available to cater for this need. From the investors' side this is also an important sector and one which will yield financial growth. Unfortunately in some cases one tends to focus only on the financial aspect of things, putting it on the forefront of the agenda, when people and the services towards them should be clause number one on everyone's agenda.

In Malta, we do have a lot of good quality care facilities were the clients are really pampered, however such services can be bettered with minimum efforts. Collectively, the management and the staff can work together and offer a much higher service to all their in house clients. There is no need to create a revolution, as an evolution might be enough.

Throughout this journey the author noticed that the care homes in which he have conducted the studies in are similar to a hospital, and all the staff are trained to do the same job as the hospital staff. This is the type of service that people who are confined to their room appreciate, but what about the rest of the in house clientele? During these visits and



the surveys that I have conducted I have noticed a low percentage of persons who are confined to their rooms, so things need updating.

Today's generation are tomorrow's clientele, so one needs to remember that we are living in a digital era and accustomed to this way of life. At the moment investment in IT in care homes all over the island is a taboo and one is not acknowledging its importance in tomorrow's world. To start with there should be a plan to invest heavily in this sector so when the time comes, which is very near, each and every facility would be readily equipped with the required IT gadgets. Wi-Fi should be available throughout the facility, menus and other special request should be sent to the client by e mail. Menu should bear nutritional information and ordering facilitated with a touch of a button.

Rooms should resemble hotel rooms and furnishing requires updating, especially the soft furnishings. Better light management will be of importance to those dining in their rooms. A small table and 2 chairs should be placed in every room and when clients opt to dine in the room the table should be laid in advance. Important items on this table are the set of cutlery, condiments containing low sodium salt and pepper. In our region, the Mediterranean one can find an abundance of olives and by-products, so the introduction of olive oil and good quality vinegars on the table is important. Napkins placed on the table should be folded neatly or shaped similar to the ones found in restaurants. Glasses for beverage should be used and last but not least a small vase containing some fresh flowers will enhance the table setting.

There should be a distinction when setting up for the meals, breakfast set up should be more casual but in the same time detailed and effective. A small container should be placed in the centre of every table so that the clients can dispose of any disposable items. Jars with sugar free fruit preserves and small containers of low fat butter spread should be placed on every table, together with a small bread basket containing a selection of appropriate bread rolls ideal for breakfast and not just one choice of bread every day. A choice of a platter containing 2 slices of ham and cheese and a fresh fruit platter or a cereal should be the main options for breakfast. Fresh fruit juices, coffee and a selection of teas should be served to the clients upon entering the dining room.

For the majority of clients that utilizes the dining room, awaiting them should be the same table set up as in the rooms. A menu card is to be placed on every table so clients can check what they are eating. At the moment a board is placed upon entering the restaurant and the menu is written with a marker or printed and fixed to the board without the effort to enhance the format. A detailed menu with some kind of design might change the perception of the clients towards the meal itself. Allergens should be listed together with the nutritional value of each item on the menu.

Piped soft music related to the era of the in house clientele would be a bonus for the patrons, this is a simple process that require minimum cost and will yield better guest satisfaction.

Importance should be given when serving the clients and the serving staff should be instructed to serve in the classical manner, making the clients feel important is imperative and should be part of every establishment's mission statement.

Clients should be given the choice based on a menu presented on the table and not from a trolley making the rounds in the dining room. The beverages pack offered to the clients should also be enhanced. Sparkling water should be included with the natural mineral water, since this is the only items that is presently offered to the clients, lemon wedges should also be placed on the tables and every meal should end with a hot beverage, coffee or tea.

I did not analyse the financial aspect of the privatized care homes since this is a delicate and a private matter, and what the clients pay is confidential. However clients housed in the state owned facilities have a deduction of 60% out of their monthly pension which is placed towards their general accommodation and board. Pensions vary from 600 to 900 euro per month making the contribution roughly 360 to 540 euro per person monthly. I came to the conclusion from the above figures that every person in care pays roughly 15 euro per day. This is a minimal figure and in my opinion only covers the food and beverages served, what about the overall expenses, wages of the kitchen staff, carers and other fixed costs. The state do help fund any discrepancies in its care home sector but the private sector needs to work hard in order to make profit.

Food presented to the clients does reflect the entitlement that the clients pay on a daily basis, and improvement is imperative and can easily be done with minimum expense and by following simple steps and procedures.

Taking breakfast as an example, at the moment in most care homes the highest breakfast costs are the hams and cheeses used during this service, in fact in some homes the cold platter is non-existent. This platter should be available to all, but to break down costs clients should be offered a choice between the cold meat and cheese platter, the fruit platter or a cereal. This procedure would break down costs and in the same time offer variety for breakfast. Adding to this positive move is the consumption of fresh fruit, the nutritional value obtained by consuming fruits and the low calorie intake of such meals. However one needs to point out that if cereals are to be introduced they need to be of good quality and varied by the day. There are cereals that are served hot like the porridge which is not offered to the clients at the moment, this can be easily introduced. This is a very highly nutritious item, low in fat and in the meantime can help reduce cholesterol level in the blood.

To vary this dish one can add dried fruits, fruit purees and honey and one can serve it on a daily basis.

Lunch in most homes is acceptable and my only comment is the plating of such food. Chefs in most care homes do start to plate carefully at the beginning of service but when they are really tight and need to be faster the plating suffers and most plates come out of the kitchen in a disorganized manner. Soups should be served in consommé bowls and not in soup plates especially when the soup is a broth and the staff are spilling a lot of it since they are using these type of plates. When clients are served the soup spilled out of the plate, especially since no under plates are used, the liquid spills on the table. To make this more efficient the soups should be served from the middle of the restaurant from a soup terrine on a neatly dressed station and served by the carers and not in soup dishes from the kitchen and passed to the client from a trolley.

During the visit in unit A the chef was plating the food and it looked very presentable and neat, but since in house they do not have cloches the chef covered the plated food with other main course plates, meaning the food was pressed and did not remain presentable. Case in point was the timpana a baked pasta dish which is roughly 5cm high and which ended being served flat on the plate when presented to the clients.

Bread is served sliced on plates, it will be better to serve bread in a bread basket and the bread covered with a clean napkin so product does not dry out quickly. If possible bread should be warmed up so clients can have a much better product, replicating freshly cooked bread. It is advisable that more than one type of bread should be served, this will enhance the display in the basket with no additional costs since the consumption will remain the same. Needless to say that the introduction of low fat spreads or herb oils to accompany bread will be much appreciated by the clients.

The dessert is mainly composed of jelly which is a much loved dessert by the clients but when one finds this item regularly it will become boring. Mix jelly with a scoop of ice cream or chop soft fruits in the jelly, serve fresh fruit carved on a platter which can be placed in the middle of each table so clients can share. Include natural yogurts to accompany the fruit on the table or fruit yogurts served in small bowls and accompanied with some ladies or sponge fingers. In Malta we have the custom of mixing coffee with different flavours like cloves and cinnamon or aniseed, and if coffee is served in this manner then it will be the perfect ending to the meal.

Dinner should be on the same scale as lunch except the addition of a small buffet table laid with fresh salads and condiments. This will replace the cold platter or the egg roll presented on the day of the author's visit in one of the units. A selection of low fat sauces can accompany the salads to make them more appetizing. Soup should also be served from this buffet together with a selection of bread rolls. The climate here on the island is very

warm so this light, end of the day meal will be quite a popular one. Fresh fruit compotes or purees should be offered as dessert, a light ending to a healthy meal.

Standardized plating of food presented to those who are confined to their room is important and every detail in this process will help ameliorate things. This will surely be acknowledged by the recipient and their relatives who will come and visit during the day.

Service also needs to change and the introduction of serving trays or individual trollies for serving should be used. Those who are not confined to the room but would occasionally like to dine in the privacy of the room should be served on a neatly set table or a trolley that doubles up as a table, like the ones used in hotels for room service.

Menus should be planned in advance so one can check and control the required daily intake of vitamins, salts, sugars and fats in the food presented to the clients. Needless to say the compiling of these menus take time and expertise, so only qualified staff in the field should plan menus.

*Who can plan a menu? Anyone can plan a menu in its simplest form.*

*The definition of a menu is simply "a listing of foods."*

*If people are hungry, they can mentally plan a menu by choosing the foods they would like to eat. To plan a simple menu does not take years of experience and education. On the other hand, planning a successful and profitable menu for a commercial foodservice operation does take foodservice experience and a culinary education. (Institutional, n.d.)*

Once the menu is done a nutritionist should check the items on the menu and give the go ahead for the introduction of this list of food. Follow up is important and regular inspections are required in order to check and control that what had actually been written on the menu is being served to the clients.

*Is the nutritionist checking what is actually being placed on the plate?*

*Or is the checking being done on the printed menu only?*

The food ordered and placed on the plate might differ from what is actually listed on the menu, so constant checking of the quality and quantity of food on a plate is imperative.

These menus should be changed seasonally in order to use fresh produce which in turn can also be less costly. There should be a restriction in the use of frozen vegetables especially when fresh products are readily available on the market. Check for flavour in certain dishes and use a more appropriate list of accompaniments to the main courses on the menu. Brussels sprouts with a fish and tomato sauce is not an ideal condiment, how about some nice minted peas that we have in abundance on the island, or some courgettes tossed in butter especially when in season are very cheap to purchase.

Certain small changes can do a big difference, and without incurring any extra cost.

In the private care homes in which the author conducted some research in, the food is outsourced from a sister company that has an industrial kitchen and supplies the food to all its care home facilities. So food needs to be transported with care and stored according to the food safety act rules and regulations and reheated accordingly. One needs to keep in mind the very hot climate we have on the island and although refrigerated transportation vehicles are used to transit the food one will still face instances of breaching the required food safety procedures. The quality of the food is also at risk since food needs to be prepared in advance in order to be delivered on the next day. When food is reheated the quality of the food also suffers and these might be some of the reasons that negative comments are raised during meal times by the residence regarding the quality of food presented to them.

In unit C which is also a privately owned entity the food is prepared in house on a daily basis, and the quality of the food is much better than in unit A and B. Food is cooked on the day and served fresh to the clients, no reheating is involved since both lunch and dinner are cooked separately. The author also believes that in the units that food is outsourced (unit A & B), the compliment of staff witnessed during the visits is sufficient to produce the meals in house themselves and only a little amendment in the compliment of staff is required. The extra help needed is a person in charge of ordering and receiving goods and with a basic knowledge of food preparation and production. It would also be advisable to employ this person as a commie breakfast cook, his first task will be the preparation and serving of breakfast and then the ordering, receiving and storing of commodities.

This will eliminate some of the excess work the carers have first thing in the morning by preparation and serving of breakfast and in the meantime ensuring standards are kept in both the preparation and serving of this meal. By purchasing food on a daily basis it will also help to acquire freshly produce and bargaining for the best prices available on the market on the day, correct receiving and storing procedures as not to damage the food purchased. All in all enhancing the final product from its initial stage.

Prepare a guest satisfaction questionnaire to rate the services offered, or to analyse if certain changes that might have been introduced have been positively accepted or not. Monitor the clients' response and deliver feedback in order to acknowledge the clients' comments.

If an overall upgrade of the food and beverage sector is implemented successfully, then the next step would follow, that of enhancing the revenue of the respective unit. Extra revenue would make up for any extra cost incurred when upgrading the product. The introduction of a non-resident pack for all the meals served in house, some people in the vicin-

ity that are still living independently might like to make use of the food and beverage facilities on offer in a care home located near their own home. Entice the relatives of the in-house clients to join in with their relatives for a meal whilst visiting them. This will bring a very much needed face lift for the care home sector plus increasing the much needed revenue for the company and the state care sector.

Food safety is a very important factor and of paramount importance in the care home sector where the clientele is frail and more prone to illnesses. In the European Union this process is backed up by a law that binds all food preparation and serving outlets to embrace the rules and regulations of HACCP. To this day not all facilities on the island have taken this positive step and more awareness of its importance should be made clear to those who are not in line with the law.

This process should be the responsibility of the health directorate since they are the ones who are at the moment conducting food safety audits in these establishments. A time frame needs to be identified so that every facility embraces the HACCP system and starts adhering to its rules and regulations. I believe that once one starts implementing a HACCP system the overall quality of the product is improved, it is very important to upholding the standards and to continue updating and investing in the product that one is offering.

Training should be of paramount importance in order to keep on track with current trends and other new procedures. Some of the facilities here analysed invested heavily in training, and this can be seen from the response to the questions posted to the HR manager of a company, however not everyone acknowledges the importance of training. Having a well-planned training session is very important however one needs not to forget the monitoring of results obtained from such training and the actual implementation of the skills obtained from the training given to the staff.

Here, the author feels the need to highlight the topic of appraisals and the very important procedures attached to this process. One does not only identify gaps from the employees' point of view but can address comments and other issues from the operators' perspective. A well-planned appraisal process should offer a lot of positive and constructive feedback and criticism in order to improve and maintain standards throughout the board.

Monitoring of the product being offered is key, it can be done in the form of a checklist and the duty manager has to complete daily rounds in order to make sure that everything is in order and in line with the standards that have been initially set. The presence of a responsible person on the floor makes the staff aware that control is being monitored and analysed and that their performance is noted, both for the positive and negative attributes that one might present whilst on duty.

Organise a weekly get together between the management, clients and staff where the management can host this event. This will help the manager and his staff to get more acquainted with their clients, listen to their comments and act upon them. Once the management is portrayed as reachable and accessible the clients can discuss matters there and then without the need to escalate problems and complaints.

The top management of every unit need to find time and dine in the restaurants with the in house clientele, this will help with the image of the quality of the food being served. In the meantime the management would be assessing both quality and service offered in the dining room during serving times.

With some changes listed hereunder, and extra efforts from all the parties involved, the food and beverage sector in the care homes on the island can be improve the product they offer;

1. During the care course that at the moment is being offered in a vocational institute, one has to include training sessions for everyone as food and beverage servers. This can be achieved with the inclusion and help from a hospitality institution.
2. Students attending the customer care course should also be offered the opportunity to sample customer care awareness in the first years of their learning experience.
3. Major revamp of the dining rooms especially the table set up and décor. Investment in new gadgets that are constantly introduced on the market, like the cutlery for persons suffering from parkins disease is a case in point.
4. The introduction of new menus and a modern concept in serving to be introduced. Menus' format should change with the season, writing should be in bold so clients who might have lack visual use can also read this document.
5. Menus to be placed on every table and ordering done when clients are seated in the dining room.
6. A system related to personal performance of the servers for the way they treat and serve the clients in the dining room. This can be done with the introduction of appraisals.
7. The in-house cooking of all the food needed in the respective unit.
8. The use of SOP for recipes, (standard operating procedures) as this will maintain standard and uniformity in cooking and serving.
9. A major boost in how the food is presented on the plate with the use of photographs in order to have standardized plating.
10. A supervisor to work solely in the dining room and this same person to be responsible for the venue.
11. Checking and monitoring of standards by the floor manager and a report issued on a daily basis.
12. Encourage extra revenues in care homes by the introduction of a visitors dining card.

All the above issues can be introduced with a little effort from the people involved in the care home sector, however to maintain standards, attention to customer care, uniformity in the overall service and quality, constant supervision is imperative.

### **5.1 Area for further research**

The follow up after this work should be focused on menu engineering, highlighting fresh local and seasonal produce. Variety in food served, so the avoidance of repetition is imperative. Offer special meals on special occasions, such as on individual birthday days, festivities like Easter, Christmas and New Year's Day.

Importance should be given to the nutritional content of the food, and spot checks to analyse the content of food plated is also very important.

Every care home should adopt trends that work in the hospitality industry such as sales and marketing strategies in order to increase extra revenues, especially in the food and beverage department.

Invest in qualified personnel in order to offer the best service to the clientele and move, and be in line with the same standards offered in the hospitality industry. For the first time a restaurant in a retirement home in Hampshire in the United Kingdom has been awarded a AA rosette for its food. This backs up the author's theory with facts since a qualified chef who had experience and worked in a renowned Michelin star restaurant had been employed in this retirement home. (Rudgard, 2017) This home is now opening its restaurant during certain days of the week in order to attract clients and get more revenue. The plan for this retirement home is what the author had earlier proposed in this report. Invest in quality and reap a good outcome.

Last but not least, where possible a quality assurance team should be set up, this will assure that product is always uniform and up to standard. This team should also keep a look out for new emerging trends in order to be able and enhance the existing product for tomorrow's clientele.



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## 7 APPENDIX

### 7.1 Questions-Managers Interviews

Date-11<sup>th</sup> May 2016

Person Interviewed- Group Quality Assurance Manager

1. How many facilities do you operate and what is your company's involvement in each facility?

*We have at the moment 9 care homes. The ones that are privately owned are 4. Another home is a facility located in the northern district which is partly owned by the state and the company, but the company is solely responsible for the supply of the food and beverage, the rest is of the responsibility is of the state.*

*The company also runs another 5 facilities, in some supplying only the food and beverage services and the other facilities are totally run by them.*

2. How many beds do you have in each facility?

*In total we cater for 1479 clients in all the homes.*

3. What type of facilities do you offer in;

- Care homes that are solely operated by your company

*All the services that are needed in a care home for the elderly*

- Care homes that are run together with the state

*Food, beverage and in some also the servers.*

4. Do you have a facility where the clients pay extras for their meals (supplement)?

*No everything is included in the price that one pays*

5. Do you find difficulty in employing qualified staff?

*Yes, very much and sometimes we need to get unskilled staff and train them ourselves.*

6. Do you hold any training sessions for your staff?

*A list of training is being forwarded by the group HR Manager, copy of the e mail is being attached to the Personal Document File 1.3*

7. What type of training do you normally perform?

*See comment above.*

8. Do you plan your training?

*Yes and no, some training is planned way in advance and other is planned as we go along the daily routine. Staff are also paid for attending any training. By next year the HR Manager would like to build a yearly calendar of training as training is considered as of the utmost importance to the group.*

9. Do you keep a record of the training offered to your staff?

*Yes they are kept at the HR office and candidates are given a certificate of attendance.*

10. Do you do staff appraisals and are they analysed?

*Appraisals are done every year, and records are kept.*

11. Are the carers/servers aware of what is required by them when serving the clients?

*The careers are basically taught how to act in the dining room but not to the extent of serving a client in the proper manner that one finds in the hospitality sector.*

12. Do you yourself check the quality standards of meals presented to the clients?

*We make it a point to eat in all the facilities we have. For this reason I plan lunch meetings with the facility managers, so together we can sample the food.*

13. Are you HACCP accredited?

*Yes we are accredited by a HACCP Company.*

14. What happens after you receive the HACCP report?

*We forward the report to the facility manager in question, highlight hazards and set a time plan of action.*

15. How do you handle complaints, is there a system where one logs the complaints?

*We have an SOP when handling a complaint and encourage the staff receiving the complaint to take pictures if possible. The complaint then is forwarded to our food supplier which is also a part of the group. If the complaint is of high importance it is then forwarded to the Chief Operating Officer.*

16. Do you have staff meetings, and who is invited to attend?

*Head office holds half yearly meeting with all the staff. Each facility have their own meetings and these are very frequent. Minutes at the Head office are kept there and each facility manager retains the minutes of meetings held in the respective facility.*

17. Are records kept of the staff meetings?

*Minutes at the Head office are kept and each facility manager retains the minutes of meetings held in each facility.*

18. Are you happy with the food quality, preparation and presentation?

*Yes but there is always room for improvement, motivating the staff to improve the service is of utmost importance.*

19. Will you change anything from the service given to the clients in the restaurant?

*We are at the moment dealing with the food supplier as we would like all the kitchen staff to be reemployed by this sister company. We feel that the staff would be more attentive to serve the food they also have cooked, but this is a major change and we are still in the initial stages.*

20. Is it possible to e mail a survey to house managers & kitchen staff?

*Yes, the survey is going to be e mailed to Group Quality Assurance Manager and then it is going to be forward to all the managers.*

21. Is it possible to monitor the staff during service?

*Yes, dates needs to be set with each facility manager.*

## **7.2 Kitchen Visits**

Kitchen Visit-8<sup>th</sup> June 2016 at 10.00-11.00am

Name of Facility Unit A in Southern Malta

1. Can I take some photos of the plates and table set up?  
YES
2. Qualifications of Head Chef/person in charge?  
*Head chef has Basic Food Preparation and Production Certificate from ITS*
3. How many staff are employed in the kitchen?  
*6 including the chef, 3 morning and 3 on evening shifts*
4. Service type & content of Breakfast-Lunch-Dinner?  
*Breakfast-Toasted bread with butter and jam and a selection of cereals*  
*Lunch-(today)*  
*Starters-Vegetable, pasta & ricotta soup (kusksu) as starters or beef broth*  
*Main course-Chicken or Fish or Pork of Timpana (baked macaroni) accompanied with sprouts and mashed potatoes*  
*Dessert-Apple crumble or fresh fruit*  
*Dinner-(today)*  
*Starter-Beef broth*

Main course-Pizza or Fish or Mozzarella Salad accompanied with baked potatoes and mixed vegetables  
Dessert-Fresh fruit



5. Number of covers?  
*120 + 10 room service)*
6. At what time is food being reheated? (when food is not prepared in house)  
*Some cooking is done in house but very restricted, mostly food is reheated since cooked food is out sourced. Re heating for lunch starts at 11.00, and service is at 12.00. For dinner food is reheated at 19.30 and service is at 18.30.*
7. Do you check the temperature of foods when reheating them?  
*Yes, food is placed in the heater (berlodge) and all temperatures are recorded*
8. If food is freshly cooked what is the method used for preparation?  
*What little food prepared in house is cooked mainly steamed.*
9. Do you use standardization when plating food?  
*Yes*
10. Do you offer choices for different courses?  
*Yes see comment above*
11. Do you plate the same item all at one go?  
*No, all items are displayed on the warmer and are plated upon request.*
12. Do you cater for special dietary meals? (name them)  
*Yes, but we do not have any dietary restrictions, apart from diabetics.*
13. Does the career offers constrictive feedback?  
*No, there seems to be a gap between the careers and the kitchen staff, and comments that carers are not trained to the job are relevant.*
14. When someone complains what is the procedure?  
*Immediate action is taken from the kitchen staff but very few comments arise.*
15. Do you feel you need more training to be better in your job?  
*The company offers a lot of opportunity as regards to training and their needs are tailor made for.*

### **7.3 Kitchen Visit-Thursday 9<sup>th</sup> June 2016 10.00-11.00am**

#### **Name of Facility-Unit B in Northern Malta**

1. Can I take some photos of the plates and table set up?  
*Yes*
2. Qualifications of Head Chef/person in charge?  
*The head chef experience is based on experience but one of the helpers has an ITS Basic Food Preparation and Production Certificate.*
3. How many staff are employed in the kitchen?  
*9 persons in total are employed, 5 work mainly mornings and 4 work on evening shifts.*
4. Service type & content of Breakfast-Lunch-Dinner?  
*Breakfast is served by the carers and consists of;  
Sliced bread (fresh or toasted) with ham & cheese or butter and jams, a selection of cereals are also offered to the clients. Coffee and tea are served as well  
Lunch menu is;*

*Vegetable soup as a starter, and for the main course (today) they had Cannelloni or chicken curry or chicken leg or fish accompanied by mixed vegetables, mashed potatoes and bolangere potatoes. As for dessert (today) was ice cream or fresh fruit or jelly (diabetic and none). Dinner menu is; Beef broth as a starter, and for the main course (today) they had chicken or spinach pie or egg roll or Maltese salad and accompanying these main courses is a mixed salad and roast potatoes. Dessert is a choice of fresh fruit*



5. Number of covers?  
*80 (20 of which are served in their service)*
6. At what time is food being reheated? (when food is not prepared in house)  
*Very few items are prepared in house, mainly the soups and the salads, the rest of the food is outsourced. Re heating starts at 09.30 and lunch is served at 11.30, for the evening service re heating starts at 15.30 because dinner is served at 17.30*
7. Do you check the temperature of foods when reheating them?  
*Yes all temperatures are logged in the HACCP manual, both the food and the hot cabinet temperatures are recorded.*
8. If food is freshly cooked what is the method used for preparation?  
*Soup is the main item cooked in house, preparation for the soups starts first thing in the morning and the soup is left simmering till 11.15. Soup is not re heated since it will be still hot.*
9. Do you use standardization when plating food?  
*Yes, the plating is done by the chef and sometimes his assistant helps out, all choice are plated and then placed on a trolley which goes round the restaurant so clients can pick what they like.*
10. Do you offer choices for different courses?  
*As for the starters no but we offer choices for main courses and sometimes deserts.*
11. Do you plate the same item all at one go?  
*No see question 9.*
12. Do you cater for special dietary meals? (name them)  
*Yes, 1 client is a celiac and the majority are diabetics*
13. Does the career offers constrictive feedback?  
*No, the carers in this unit are employed by the Government and do not take any orders from the in house management. There seems to be a problem during service since these carers refrain from serving the soup from the soup terrine, they only serve soup that is already plated. There seems to be a wide gap between the food preparation staff and the carers serving the food, they do not offer any constructive feedback and are just a link between the plate and the clients. Customer care seems not to be on the agenda of the carers neither is the serving/waiting aspect during the food service time. Carers serving in the dining room are the same ones found on the floors.*
14. When someone complains what is the procedure?  
*Very few complaints are noted but still immediate action is taken by the kitchen staff.*
15. Do you feel you need more training to be better in your job?

The mother company offers training during the year and such training is valid to their line of work, however if new measures are to be included to their routine then training is needed to cover these issues.

#### **7.4 Kitchen Visit-Friday 3<sup>rd</sup> June 10.00 to 11.00 am**

##### **Name of Facility-Unit C in central Malta**

1. Can I take some photos of the plates and table set up? Yes

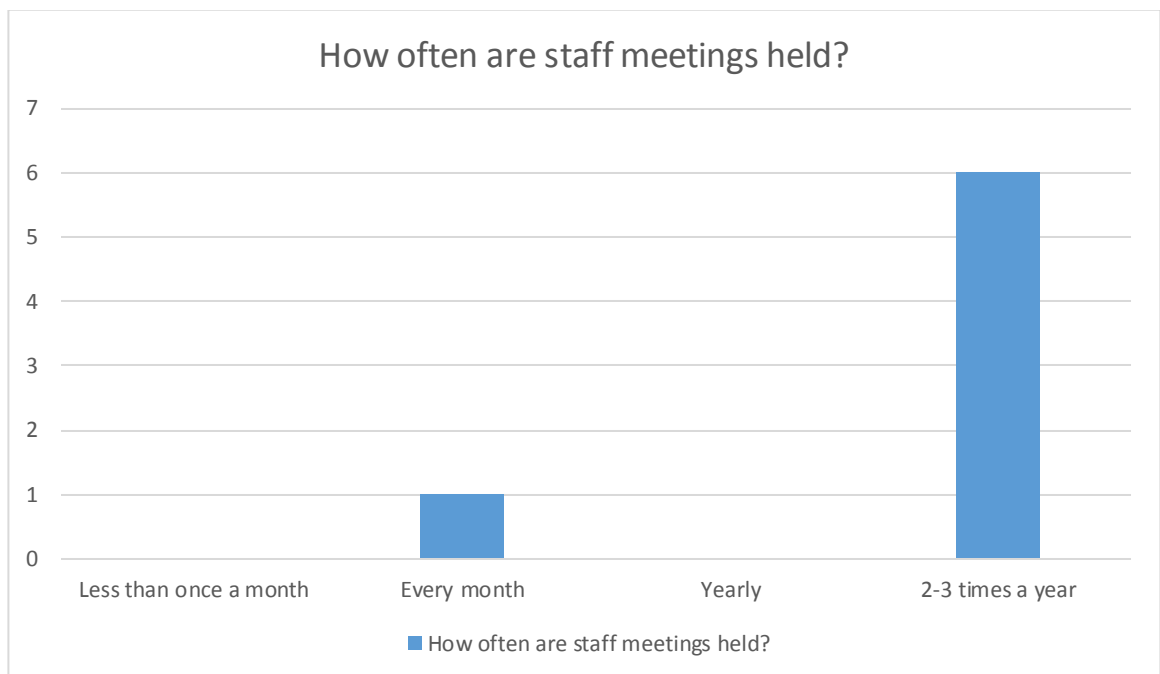


2. Qualifications of Head Chef/person in charge?  
*No qualifications but good experience based from other food preparation areas -In house Basic kitchen hygiene practice-Food handlers license-In house fire awareness.*
3. How many staff are employed in the kitchen?  
*1 chef and 1 helper in the morning and another 1 chef and 1 helper for the evening service.*
4. Service type & content of Breakfast-Lunch-Dinner?  
*Breakfast is done by the carriers-2 cereals & sliced bread (plain or toasted) with jam or ham and cheese-coffee and tea  
Lunch-(today) Minestrone or beef broth-Beef patties or boiled chicken or ravioli tomato sauce- cauliflower and cabbage-bollangere potatoes-melon  
Dinner-(today) Beef broth or chicken & vegetable broth-Battered fish or beef patties or boiled chicken-mixed vegetables and bollangere potatoes-jelly & custard.*
5. Number of covers? *105 (5 clients served in room).*
6. At what time is food being reheated? (when food is not prepared in house)  
*Food is prepared fresh daily in house so for lunch there is no re heating, for dinner the use of items from lunch are being used and are re heated at 15.00 since dinner is at 16.30.*
7. Do you check the temperature of foods when reheating them?  
*Yes.*
8. If food is freshly cooked what is the method used for preparation?  
*Few mis en plus is prepared the day before like cutting up of vegetables and slicing of the meat. Cooking is done from 07.00 in the morning and when food is cooked it is immediately served. During this interview (Friday 3<sup>rd</sup> June at 10.00) I noticed that the pot of boiling water was prepared for the cooking of the ravioli but the ravioli not yet cooked, the chef replied that she cooks them fresh and since they are very popular is it a bit too much but she still does them that way.*
9. Do you use standardization when plating food?  
*Yes but sometimes plating depends on the clients since some of them requires their food mashed up.*
10. Do you offer choices for different courses?  
*Yes, see comment above.*
11. Do you plate the same item all at one go?  
*No plating is upon the request from the career serving the food.*

12. Do you cater for special dietary meals? (name them)  
*Yes but they only have one NO PORK, the diabetics are catered for and some time when pasta is served they are offered the other selection on the menu, deserts for diabetics is fresh fruit.*
13. Does the career offers constrictive feedback?  
*Yes but when the new ones come they need to be told what to do.*
14. When someone complains what is the procedure?  
*The chef takes immediate action but complaints are nearly non-existent, as per the chef in the presence of the duty manager.*
15. Do you feel you need more training to be better in your job?  
*Yes but time is a problem since the chef is a mother and cannot afford more time away from home.*

## 7.5 Survey

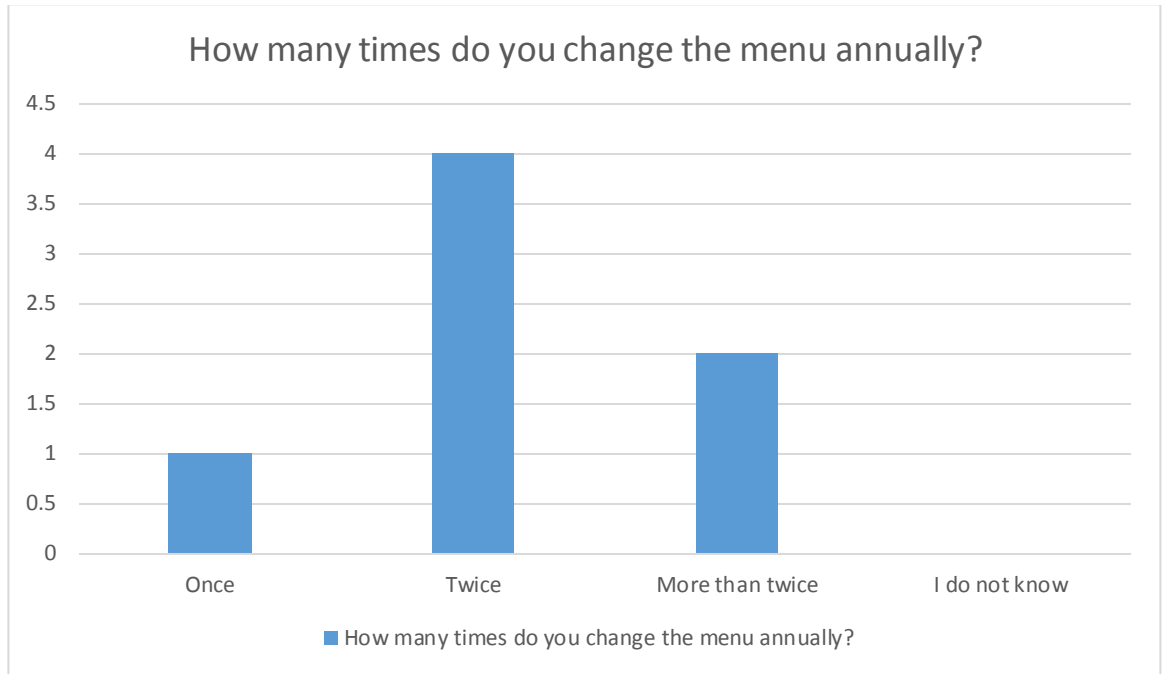
### Question 1



### Question 2



Question 3



Question 4

Do you have any residents with any of the following dietary restrictions/conditions?

	Coeliac	Lactose Intolerant	Diabetic	Allergic to Nuts	Medical Condition (high blood pressure, etc...)	Other	Total Responses
Number of care homes housing clients with dietary restrictions	3	2	6	0	7	0	7

### Question 5



### Question 6

What is the most common complaint received?

Text responses

- Food is not to their liking
- Cold food
- Different main courses from what is available
- Portion sizes
- No taste
- Not good
- Taste salty-sweet
- Vegetables over/under cooked

### Question 7

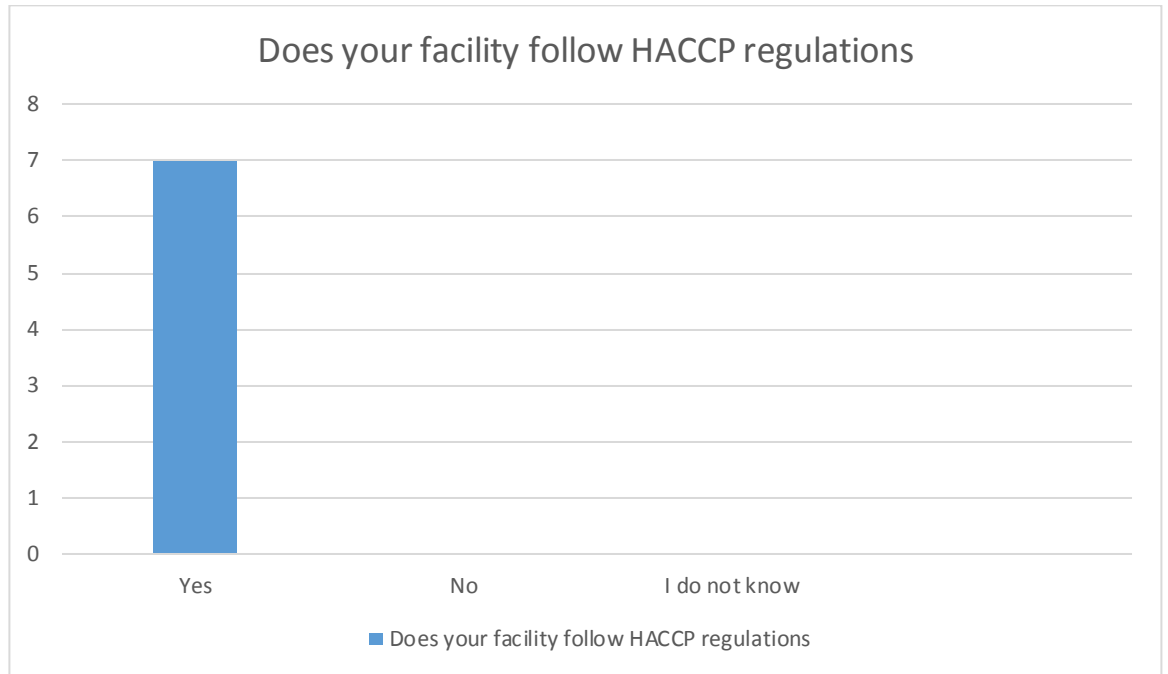
How would you go about handling a complaint?

Text responses

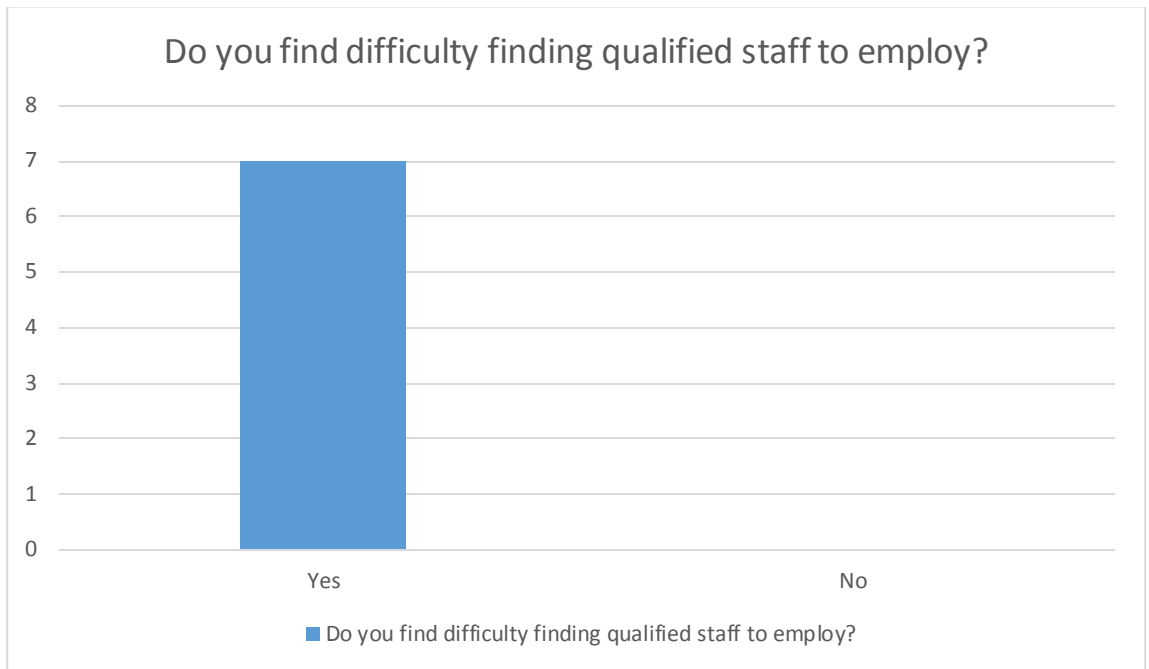
- Listen to residents and investigate people involved
- Alert chef and speak to client, rectify

- Listening patiently and taking corrective action mainly with the caring and kitchen staff
- Mainly offer another main dish or salad
- Confirm date and time of serving, obtain the chef's views, identify the validity of the complaint and act accordingly

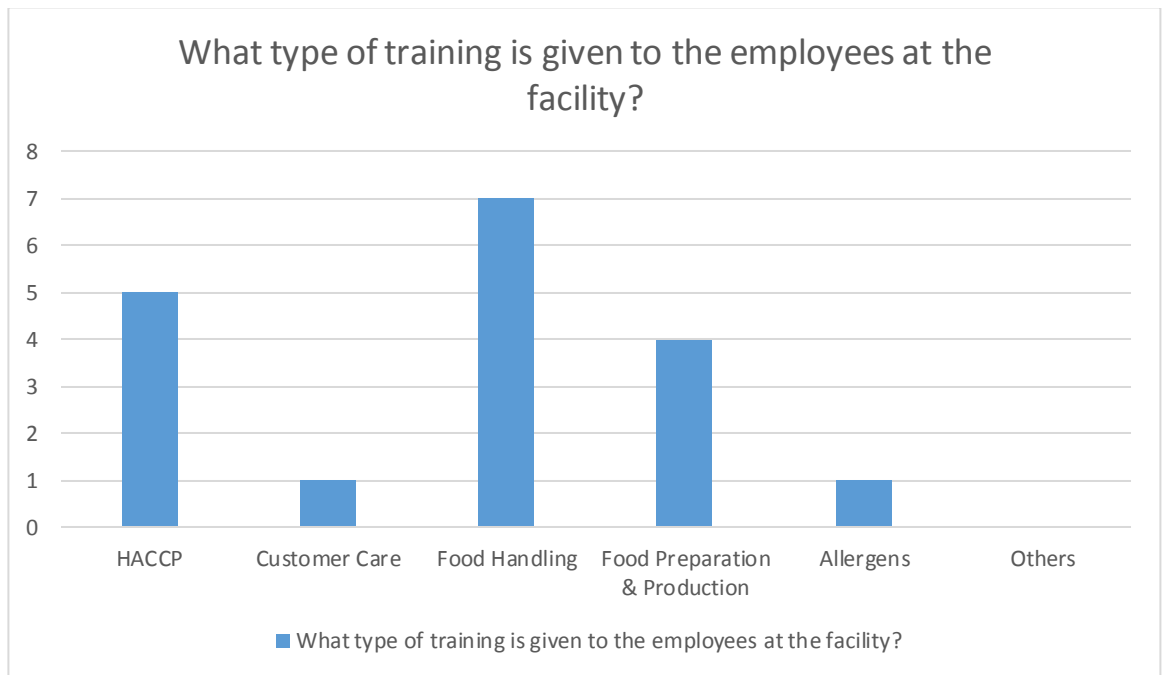
Question 8



Question 9



Question 10



Question 11

