

Welcome  
**Swallowing,  
texture-modified diets  
and nutrition**  
Webinar  
17 March 2023



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**Aged Care Quality and Safety Commission**

**Food, dining  
and nutrition** 

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A fact sheet for aged care residents, their families and carers

## Supporting safe and enjoyable mealtimes for people with swallowing difficulties

This fact sheet discusses swallowing problems, known as dysphagia. It outlines the types of support you may need if you have any swallowing difficulties.



**Signs that you may be having difficulty swallowing**

Swallowing difficulties can impact on your physical and mental health. Signs of swallowing difficulties can include:

- choking episodes where food can block your airway
- coughing or throat clearing
- wet sounding or gurgly breathing and voice
- increased breathing problems
- food getting stuck in your throat
- food or drink dribbling or escaping from your mouth

- fatigue during meals, only able to eat a few mouthfuls at a time
- taking a long time to eat a full meal
- food remaining in your mouth or cheeks during or after eating
- avoiding certain foods because they are hard to chew or swallow
- recent repeated chest infections or unexplained weight loss
- avoiding social situations due to embarrassment of swallowing difficulties or fear of choking
- poorly fitting dentures which can cause choking or lead to poor chewing.

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the dining experience for consumers at their residential aged care services?

A discussion paper on residential aged care food services was subsequently produced to complement the consumer complaints analysis. This discussion paper was commissioned to review the literature and provide evidence-based practice examples that will support providers to explore new ideas to improve meals, nutrition and the dining experience for consumers at their residential aged care services.

You can access the reports here:

- [Discussion paper on residential aged care food services](#) [pdf version]
- [Discussion paper on residential aged care food services](#) [web version]

## Positive stories

We have been asking providers to share positive stories and case studies that share approaches that have led to effective change in their services. We are also interested in creative, innovative suggestions on improving food, nutrition and dining in aged care.

Here are some of the "success stories" and case studies of consumers' food, nutrition and dining experiences:

[Meals that evoke residents' memories](#) ▾

[Consumer voice - Improving food, dining, nutrition through resolving complaints](#) ▾

[Dining with dignity - texture modified meals](#) ▾

## Feedback

We would welcome hearing positive stories and case studies from you, and would like creative constructive suggestions on how we can further improve food, nutrition and dining in aged care.

We are interested to know how you have brought about effective change. Please send through your stories, case studies and ideas to [info@agedcarequality.gov.au](mailto:info@agedcarequality.gov.au). This, with feedback from the webinars, will inform further engagement and education activities for the broader sector.

You can also send any supporting videos, photos or other visual material (ensuring first that you have secured the permission of any people featured in videos and photos to share their image).

[www.agedcarequality.gov.au](http://www.agedcarequality.gov.au)



# Comments submitted by participants

Eat meals together with staff and families. It is unnatural to eat while others watch on and more natural to eat together.

Introduction of Take 5 dining experience survey, moulded puree meals

Less use of plastic equipment and more use of crockery, glassware, cutlery

Shaped Food , Choice at point of service

Ensure comfort for the resident and give them confidence with their modified meal allowing them to dine with dignity.



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# Why is it important to focus on swallowing?

- Swallowing disorders are common
- Many residents are at risk due to their ongoing health conditions or temporary changes in health
- Swallowing difficulties can cause significant impacts on health and wellbeing and are a significant risk



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# Care needs and dysphagia

- Death, serious adverse events
  - Failure to meet nutrition and/or hydration needs
  - Failure to meet AC Quality Standards - Clinical Care
  - Adverse event reporting on Serious Incident Response Scheme
- 
- **Multidisciplinary team: holistic picture for management response**
  - **Overarching strategy / policy on swallowing and nutrition**



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# Standard 8: Organisation Outcome:

The organisations' governing body is accountable for the delivery of safe and quality care and services

## *Evidence of that?*

Food and Nutrition Policy is a good start: an over-arching philosophy of the organisation around food/nutrition, including around support for safe intake of food and drink and reflecting consumer perspective.

All food/drink provision based on this common philosophy - chefs, cooks, food service staff, clinical & care staff, leisure and lifestyle, employed allied health.

*You can have the best chef ever preparing food, but unless it goes in someone's mouth and is swallowed safely, its not going to provide the nourishment every consumer needs!*

**Everyone** plays a part!



# Inadequate nutrition contributes to:

- Increased incidence and severity of illness
- Slowed recovery from illness/accident or surgery
- Increased incidence of pressure injury
- Impaired wound repair
- increased risk of falling
- Worsened, or initiated diagnosis of T2 diabetes
- Altered medication clearance rate - potential for overmedication
- Increased physical incapacity/social isolation
- **Reduced capacity to carry out ADL thus impacting care requirements**



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# Quality Care: What should you do?

- **Providers need an active management plan for swallowing and nutrition**
- **Ensure processes are in place and all staff receive training so that**
  - ✓ all staff recognize and act on early warning signs of dysphagia
  - ✓ referrals are made to required health professionals including speech pathologist
  - ✓ all staff know and understand how to best provide support
  - ✓ consistent and appropriate implementation of the mealtime management plan
  - ✓ communication needs of individuals known and supported
  - ✓ choice and control is respected and supported



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# What is the role of the speech pathologist?

**Speech pathologists are essential  
for swallowing assessment and management**

Speech Pathologists

- Assess, diagnose and manage dysphagia
- Provide rehabilitation of swallow, or compensatory strategies
- Provide education to the person and the support team around them
- Provide education for informed consent regarding eating / drinking with acknowledged risk
- Refer on to other specialists or conduct instrumental assessment as needed
- Assess understanding and ability to express needs, discomfort, risks etc (and what supports communication)



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# Dietitian and Speech Pathologist

Ideally, if a SP assessment results in changes to texture of foods/drinks, a dietitian referral should be initiated to help avoid any impact on nutrition

If this is not immediately possible, consider fortifying foods/drinks

Always review regularly: Improvements in health/nutrition can also improve swallow.



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# How do we support choice when there is risk?

Process in place to manage 'Eating / Drinking with Acknowledged Risk'

Consumer Choice, Dignity of Risk, Duty of Care  
Aged Care Quality Standards

EDAR Process



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# Eating / Drinking with Acknowledged Risk

**Swallowing assessment**

**Informed Consent**

**Document EDAR Management Plan**

**Document the process undertaken**



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## How allied health care is supported under AN-ACC

The Australian National Aged Care Classification (AN-ACC) care funding model replaced the Aged Care Funding Instrument (ACFI) on 1 October 2022. This fact sheet provides information on allied health services under AN-ACC including how AN-ACC encourages and supports residential aged care providers to invest in restorative care.

Source: Department of Health and Aged Care's website  
<https://www.health.gov.au/sites/default/files/2022-12/how-allied-health-care-is-supported-under-an-acc.pdf>



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# Fortifying foods

**Milk powder (skim or whole)**

**Butter, cream, oil**

**Cheese - incorporated or grated on top of appropriate meals when hot: ensuring it is melted before eating**

**Legumes - lentils etc or pulse 'flour' - e.g. besan, soft mashed cannellini (baked beans)**

**Unflavoured commercial supplements (lactose free are available)**

**Always use high protein milk - 1 cup skim milk powder to 1 litre milk**

**NOTE:**

**Recipes are available for thickened ice cream etc and this can also be fortified.**

**ALL commercial mousse/dessert mixes should be fortified for TM.**



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# Q & A session



**We hope you enjoyed this webinar.**  
**Scan the QR code to give your feedback**  
**[info@agedcarequality.gov.au](mailto:info@agedcarequality.gov.au)**



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