



A fact sheet for providers



Nutrition and texture modified food and drinks

This fact sheet provides an overview of texture modified food and drinks and the steps involved, including the correct preparation and considerations, to ensure the look, smell and taste best meets the need of residents.

Why this matters

Texture modified foods and drinks may be part of an individual management plan for someone with difficulty swallowing, known as dysphagia.

Food and drinks can be modified to compensate for the type of difficulty a resident is experiencing and to make swallowing safer and easier.

Texture modifications will help to lower the risks of dysphagia, including choking and pneumonia. This can be caused by food/drink 'going down the wrong way' and entering the airway and lungs. Texture modifications can also help prevent dehydration and malnutrition arising from not being able to swallow enough food or drink.



How it's done

1 Appropriate assessment of individual needs is vital

Individual assessment of the benefit of texture modified food and drinks is required. There is no 'one size fits all' approach for texture modified food and drinks.

All nurses and care staff need to recognise possible signs of swallowing difficulties and understand how to organise assessments with a speech pathologist and dietitian.

Residents with difficulties swallowing can be assessed and reviewed by a speech pathologist and dietitian.

2 Correct preparation is key

Provide staff training for the correct preparation of texture modified food and drinks.

The [International Dysphagia Diet Standardisation Initiative \(IDDSI\) Framework](#) outlines standardised names and descriptions of texture modified food and drinks across a continuum of 8 (0-4 for drinks, 3-7 for foods).

The IDDSI Framework provides a common 'language' to describe different textures of food and fluids. Use of IDDSI terminology is endorsed as best practice by Speech Pathology Australia, Dietitians Australia and the Institute of Hospitality in Healthcare.

It is essential that food preparation of texture modified food and drinks follows the required guidelines for consistency to avoid potential negative outcomes, such as choking or aspiration.





3 Meals must be appetising as well as nutritious

Texture modified food and drink must still look, taste and smell great while also meeting a resident's preference and providing variety and choice. It must also meet the resident's nutrition and hydration needs.

4 Resident consultation

There should be processes for resident consultation and feedback on menus, including for texture modified food. Appropriate advocacy and decision making support should be identified and available.

5 Dignity of choice

Some residents may state that they do not want to have the recommended texture modified food and fluids. Reasons may include loss of enjoyment if they cannot eat and drink preferred foods, and loss of weight or dehydration due to dislike of the texture modification.

The Aged Care Quality Standards (Standard 1 Consumer Dignity and Choice) state that consumers have the right to make informed choices about their care and live the life they choose. This includes choice about texture modified food and drink.

Providers have an obligation to ensure that resident rights are upheld, and that appropriate processes are in place for informed choice to occur. This includes speech pathology review for:

- ✓ assessing the problem and associated risks
- ✓ identifying other strategies to reduce swallowing risks
- ✓ education, discussion and answering questions, including with any support person or substitute decision maker
- ✓ documentation on the process followed and recommendations and decisions made.

Train your staff to clearly understand individual preferences and ensure that the resident has access to these.

Refer to the fact sheet on Informed choice and supported decision making for people who plan to Eat and Drink with Acknowledged Risk (EDAR) at www.agedcarequality.gov.au/providers/quality-care-resources/food-dining-and-nutrition-resources-providers.



Standard 1: Consumer dignity and choice

The Aged Care Quality Standards are clear: consumers are to be supported to exercise choice in the care they receive and the way that it is delivered (Standard 1 (3)).

Residents having texture modified food and fluids should still be able to enjoy a range of foods across the day that look, taste and smell great.

Texture modified diets should still meet the resident's nutritional needs.

Processes should be in place to ensure appropriate resident choice and control over what they eat and drink. This includes a review when conditions or wishes change.



6 Ongoing monitoring is needed

Risks of dysphagia include malnutrition, dehydration, choking, coughing, undignified drooling, aspiration and pneumonia. There is also a risk associated with having a textured modified diet, as residents will often consume less and dislike the modified texture. They can also lose the enjoyment of food and drink.

Train your staff to recognise malnutrition flags such as appetite loss, changes in food consumption and reduction in urine output and bowel movements. Your staff need to continue regular malnutrition screening. Uneaten or unfinished food and drink - especially if repeated - should be identified, documented and lead to resident review.

7 Monitor symptoms

The symptoms and severity of dysphagia can change over time. Your service must:

- ✓ have systems in place to identify changes for individual residents
- ✓ engage with residents to discuss changes they are experiencing
- ✓ organise a speech pathology review to reassess and adjust food and drink modification recommendations as appropriate.

All changes in a resident's eating or drinking that are described by the resident or identified by staff should be documented.

8 Workforce training and processes

You must be able to demonstrate that all kitchen staff including cooks, chefs and food assistants are trained in the preparation of food to the appropriate consistency (for each current resident) in line with the [International Diet and Dysphagia Standards Initiative \(IDDSI\) standards](#) and nutritional fortification strategies. They must give particular thought to the nutritional content of texture modified menus. Residents must still have choice available and their preferences available.

Support strategies to enhance comfort and safety for eating or assisted eating must be identified and communicated to relevant staff. These can be recommended and explained by a speech pathologist.

Further resources

Swallowing

Additional fact sheets on Swallowing are available at www.agedcarequality.gov.au/providers/quality-care-resources/food-dining-and-nutrition-resources-providers:

- Supporting safe and enjoyable mealtimes for people with swallowing difficulties fact sheet
- Informed choice and supported decision making for people who plan to Eat and Drink with Acknowledged Risk (EDAR).





Processes and systems

Organisations should be able to show that they have the following in place:

- ✓ Clear processes to engage a speech pathologist and accredited practising dietitian as needed.
- ✓ Clear processes and documentation for texture modified food and fluid terminology used.
- ✓ Clear processes for communication of required texture modification between staff, speech pathologist, dietitian and food service team applicable to each individual resident.
- ✓ Regular staff training including:
 - all nurses and personal care workers (PCWs) are trained in the signs and symptoms of dysphagia, including when to make referrals and how to safely support enjoyable mealtimes for people with dysphagia
 - all kitchen staff including cooks, chefs and food assistants are trained in the preparation of food to the appropriate quality and consistency in line with IDDSI standards and nutritional fortification strategies
- all staff are trained in recognising and responding to the early signs of weight loss, malnutrition and dehydration and the nutrition needs of residents.
- ✓ Processes to engage each resident in timely reviews of their texture modified food and fluids.
- ✓ Procedure for ‘Supporting informed choice for people who eat and drink with acknowledged risk’ (refer to Fact Sheet 3).
- ✓ Rostering that allows the maximum number of staff to attend at meal times.
- ✓ Resident involvement in the ongoing development of their menus, including for texture modified foods and drink.
- ✓ Specific arrangements to ensure consideration, communication, oversight and monitoring of all relevant issues relating to texture modified foods when food is prepared offsite.
- ✓ Staff must have first aid capability on site, including knowing how to respond to choking.



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