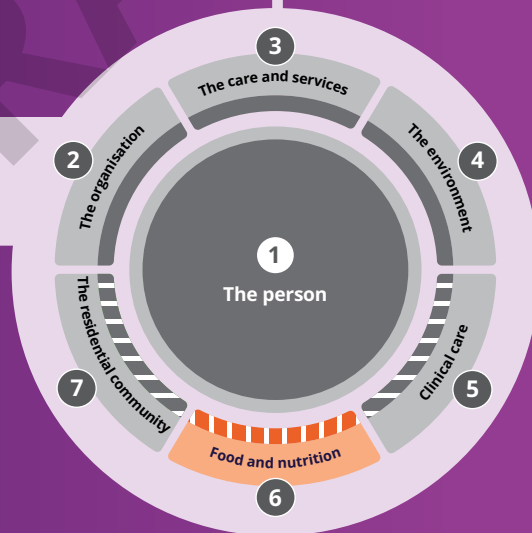




Draft Standard 6 Food and Nutrition

Guidance material for the strengthened Aged Care Quality Standards for review and discussion

January 2024



6

Contents

Purpose of the guidance	3
Structure of this document	4
Guidance on Standard 6: Food and Nutrition	5
What is the intent?	5
What will older people say if you are achieving the outcomes of this standard?	6
What are the key concepts?	6
Guidance for Outcome 6.1: Partnering with older people on food and nutrition	7
What is the outcome that needs to be achieved?	7
Why is this outcome important?	7
How can you achieve Outcome 6.1 in practice?	8
What are the key resources that can be referred to?	12
Guidance for Outcome 6.2: Assessment of nutritional needs and preferences	13
What is the outcome that needs to be achieved?	13
Why is this outcome important?	13
How can you achieve Outcome 6.2 in practice?	14
What are the key resources that can be referred to?	18
Guidance for Outcome 6.3: Provision of food and drink	19
What is the outcome that needs to be achieved?	19
Why is this outcome important?	19
How can you achieve Outcome 6.3 in practice?	20
What are the key resources that can be referred to?	24
Guidance for Outcome 6.4: Dining experience	25
What is the outcome that needs to be achieved?	25
Why is this outcome important?	25
How can you achieve Outcome 6.4 in practice?	26
What are the key resources that can be referred to?	30

Please note the draft strengthened Quality Standards in this document are not yet in operation. This draft is intended for consultation purposes only.

Purpose of the guidance

The Aged Care Quality and Safety Commission is committed to supporting the aged care sector to be ready for the implementation of the [strengthened Aged Care Quality Standards](#).

This draft guidance material is intended to support providers to comply with the strengthened Quality Standards. It also aims to promote best practice in service provision.

Aged care services vary in size and structure and have different ways of meeting the Standards. The draft guidance shows how providers can demonstrate they meet each Standard outcome.

This material is not a prescriptive guide. When we assess provider conformance against the Aged Care Quality Standards we won't expect that every provider will necessarily be taking each of the described actions. The actions you take to deliver high quality safe care will depend on the circumstances of your service and the needs of the people in your care. The material in this document can be used as a guide to achieving quality care outcomes in your organisation.

Consultation

We are consulting on the draft guidance materials for providers that deliver government-funded aged care services. Your insights will help to make our guidance materials:

- fit for purpose across service types
- practical and easy to understand
- useful tools for continuous improvement

We invite you to consider the below questions when reading through this document:

- Have you read and understood the draft Guidance material for the strengthened Quality Standard?
- To what extent do you feel the draft Guidance is fit-for-purpose for the different service types you deliver?
- To what extent do you feel the draft Guidance easy to understand and interpret?
- Is the level of detail in the Guidance right for each Outcome or Action? Is there content missing in relation to any Outcome or Action? Please specify the Outcome and Action and tell us what you would like changed.

You can provide your feedback by [filling in this feedback form](#) or using the QR code on this page before midday (AEST) on 19 May 2024.



Questionnaire

<https://survey.websurveycreator.com/s/ConsultationStrengthenedQualityStandardsMaterial>

Structure of this document

The guidance material is intended to help support delivery of person centred quality care and outcomes. It presents the intent and outcomes of the strengthened Standard including key concepts.

The tables on the following pages outline how you can achieve these outcomes in practice, depending on your role within an organisation.

To help users easily find information that applies to their service role, there are separate tables for:

- Governing body
- Provider organisation
- Worker (when applicable)

Different colour bars at the top of the tables indicate who in your organisation the information is targeted for.

Each of the tables include suggested actions and activities that can help achieve the outcomes of the strengthened standards and support continuous improvement.

We are also developing examples and other key resources that can be used as a further guide to ensure best practice in person-centred care. These will be made available at a later stage.

Guidance on Standard 6: Food and Nutrition

What is the intent?

Access to nutritionally adequate food is a fundamental human right. Food, drink and the dining experience can have a huge impact on a person’s quality of life. As people age, they may lose their appetite or experience conditions that impact on their ability to eat and drink. As such, it is particularly important that providers engage with older people about what and how they like to eat and drink, deliver choice and meals that are full of flavour, appetising and nutritious (including for older people with texture modified diets), and support older people to consume as much as they want and exercise dignity of risk.

In many cultures, food also plays a large role in fostering feelings of inclusion and belonging. The experience of sharing food and drink with other older people, friends, family and carers is important for many older people.

Providers must draw on Standard 3 in delivering food services to ensure this is informed by robust assessment and planning, and services are delivered in line with the needs, goals and preferences of older people. It is also critical for providers to monitor older people for malnutrition and dehydration and respond appropriately where concerns are identified – this is addressed as part of Standard 5.

Standard 6 is intended to apply only to residential care services.



What will older people say if you are achieving the outcomes of this standard?

“I receive plenty of food and drinks that I enjoy. Food and drinks are nutritious, appetising and safe, and meet my needs and preferences. The dining experience is enjoyable, includes variety and supports a sense of belonging.”

What are the key concepts?

The following key concepts are covered by Standard 7 The Residential Community:

Outcome 6.1 Partnering with older people on food and nutrition	Outcome 6.2 Assessment of nutritional needs and preferences	Outcome 6.3 Provision of food and drink	Outcome 6.4 Dining experience
Partnerships	Goals of care	Activities of daily living	Goals of care
Continuous improvement	Care and services plan	Access*	Reablement
Diversity	Culturally safe care	Textured modified diet*	Social engagement*
Contemporary, evidence-based practice	Contemporary, evidence-based practice	Food safety*	Diversity
	Quality of life	Menu and mealtime assessment*	Culturally safe care

* A full list of key terms and definitions for the strengthened Quality Standards can be found in the [Glossary of Terms and Definitions](#).

Guidance for Outcome 6.1: Partnering with older people on food and nutrition

What is the Outcome that needs to be achieved?

The provider partners with older people to provide a quality food service, which includes appealing and varied food and drinks and an enjoyable dining experience.

Why is this Outcome important?

Outcome 6.1 applies to you if you are a category 6 provider. It explains how to partner with older people to make sure food and drink is appealing and meets older people's needs and preferences. It also explains how food and drink contributes to a dining experience that promotes quality of life.

The following key concepts have been strengthened:

- Partnering with older people to create an enjoyable food, drinks and dining experience.
- Continuously improving the food service.

How can you achieve Outcome 6.1 in practice?

Governing body	
Actions	Associated activities
<p>6.1.1 The provider partners with older people on how to create enjoyable food, drink and dining experience at the service.</p> <p>6.1.2 The provider implements a system to monitor and continuously improve the food service in response to:</p> <p>a) The satisfaction of older people with the food, drink and the dining experience</p> <p>b) Older peoples’ intake of food and drink to ensure it meets their nutritional needs (including review of identified unplanned weight loss and malnutrition identified in Standard 5)</p> <p>c) The impact of food and drink on the health outcomes of older people</p> <p>d) Contemporary, evidence-based practice regarding food and drink.</p>	<p>Monitor the provider organisation’s performance in partnering with older people to create enjoyable food, drink and dining experiences.</p> <p>The governing body:</p> <ul style="list-style-type: none"> • Is accountable for the organisation’s delivery of quality care and service (Outcome 2.2 and Outcome 2.3). • Needs to maintain oversight of all aspects of their operations by reviewing the organisation’s reports on the: <ul style="list-style-type: none"> – Actions undertaken to encourage and support older people to participate in partnership activities. – Delivery of food, drinks and dining experiences to older people. – Management of complaints, feedback and incidents (Serious Incident Response Scheme or SIRS resources, Outcome 2.5 and Outcome 2.6). – Quality of care and services delivered by workers (i.e., performance assessments). • Leads a culture of safety, inclusion and quality. This is done by monitoring and investigating priority areas found in the reports listed above. If the governing body find issues or ways the provider organisation can improve through these reviews, the governing body needs to address them. The governing body needs to provide feedback and support to the provider to be able to improve. <p>If things go wrong, the governing body needs to:</p> <ul style="list-style-type: none"> • Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers. • Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>When monitoring the provider organisation’s performance, this needs to include monitoring the performance of any subcontracted providers.</p>

Provider organisation	
Actions	Associated activities
<p>6.1.1 The provider partners with older people on how to create enjoyable food, drink and dining experience at the service.</p> <p>6.1.2 The provider implements a system to monitor and continuously improve the food service in response to:</p> <ul style="list-style-type: none"> a) The satisfaction of older people with the food, drink and the dining experience b) Older peoples’ intake of food and drink to ensure it meets their nutritional needs (including review of identified unplanned weight loss and malnutrition identified in Standard 5) c) The impact of food and drink on the health outcomes of older people d) Contemporary, evidence-based practice regarding food and drink. 	<p>Develop and implement a system for partnering with older people to create enjoyable food, drink and dining experiences.</p> <p>Your system needs to:</p> <ul style="list-style-type: none"> • Give older people choice and control over their food, drink and dining experiences. This includes, helping older people exercise dignity of risk (Outcome 1.2 and Outcome 1.3). The Commission expects this to be centred around older people’s needs and preferences (Outcome 1.1). This needs to include conversations with older people to understand their eating, drinking, and dining preferences. You can do this as part of your broader processes for partnering with older people (Outcome 2.1). Also, you need to make sure older people who need additional support are represented and partnered with appropriately. Older people who need additional support include older people living with: <ul style="list-style-type: none"> – Mental illness – Communication challenges – Cognitive impairment – Disability. <p>You need to make sure that older people have their nutritional needs and preferences documented in their care and services plans following assessments (Outcome 3.1, Outcome 5.4 and Outcome 6.2).</p> <ul style="list-style-type: none"> • Include processes to check if older peoples are satisfied with the food, drink and dining experiences. You also need to check that older people are consuming food and drink in a way that meets their nutritional needs (Action 5.4.3 - Outcome 5.4). • Include processes to make sure you consider practices that are based on evidence. Your practices need to be contemporary and used to improve the food, drink and dining experiences for older people (Outcome 2.3, Outcome 2.7 and Outcome 3.2). For example, you can do this by involving older people in menu development (Outcome 6.3). • Include processes to identify risks associated with eating and drinking. You also need processes to control the risks you find. For example, soft foods may be needed for older people who are more likely to choke (Outcome 2.4). <p>The Commission expects you to partner with those involved in the transitions of care and services (Outcome 1.1, Outcome 2.1 and Outcome 7.2). You should share information about older people’s food, drink and nutrition (e.g., food and drinks consumed during hospital visits). You may find it helpful to have this information in care and services plans before the older person transitions back into your care.</p> <p><i>Continued on the next page</i></p>

Provider organisation (continued)	
Actions	Associated activities
	<p>Make sure workers have the time, support, resources, and ability to partner with older people about food and nutrition.</p> <p>You need to assess your workers’ abilities during the hiring process and on an ongoing basis. You also need to provide workers with guidance and training about how to:</p> <ul style="list-style-type: none"> • Partner with older people on their food and nutrition needs. • Deliver and improve food, nutrition and hydration service. • Recognise clinical change that impacts food and nutrition. • Support older people with modified diets (Outcome 2.9). <p>Training and guidance needs to be in line with:</p> <ul style="list-style-type: none"> • The organisation’s policies and procedures. • Their roles and responsibilities. <p>You can find more details about this in guidance material for Standard 2 and Standard 3 (Outcome 2.8, Outcome 2.9 and Outcome 3.2) .</p> <p>Monitor how you partner with older people to create enjoyable food, drink and dining experiences. This is to make sure your system is implemented consistently and effectively.</p> <p>To understand if you are partnering with older people effectively on food nutrition and dining needs, you need to review:</p> <ul style="list-style-type: none"> • Older people’s care and service documents, such as care and services plans and progress notes (Outcome 3.1). • Complaints (Outcome 2.6). • Feedback (Outcome 2.6). • Incident information (Outcome 2.5). <p>You also need to assess whether workers are following your quality management system (Outcome 2.9). You can do this through performance assessments and system checks.</p> <p>If you find any issues or ways you can improve through your reviews and assessments, you need to address them. If things go wrong, you need to be open about it and share this information with older people, their family, and carers (Outcome 2.3).</p> <p>You can find more information on monitoring the quality system in the guidance material for Standard 2 (Outcome 2.3). Also, you can find more information about how to assess and respond to unplanned weight loss or gain and malnutrition in the guidance material for Standard 5 (Outcome 5.5).</p>

Worker	
Actions	Associated activities
<p>6.1.1 The provider partners with older people on how to create enjoyable food, drink and dining experience at the service.</p> <p>6.1.2 The provider implements a system to monitor and continuously improve the food service in response to:</p> <ul style="list-style-type: none"> a) The satisfaction of older people with the food, drink and the dining experience b) Older peoples’ intake of food and drink to ensure it meets their nutritional needs (including review of identified unplanned weight loss and malnutrition identified in Standard 5) c) The impact of food and drink on the health outcomes of older people d) Contemporary, evidence-based practice regarding food and drink. 	<p>Apply the system for partnering with older people to create enjoyable food, drink and dining experiences.</p> <p>Depending on the worker’s role, this can include:</p> <ul style="list-style-type: none"> • Actively involving older people in decision-making about their dietary preferences and needs (Outcome 1.3 and Outcome 3.1). • Regularly seeking input from older people (Outcome 1.1). • Talking about menu options with older people. • Respecting individual choices of older people and their decision to take risks with their nutrition and hydration (Outcome 1.1 and Outcome 3.1). • Effective communication and active listening to older people and their families. This is to make sure their preferences are understood, considered, and fulfilled by workers (Outcome 1.1 and Outcome 3.2). • Take part in activities with other workers and management. These activities need to improve and put in place the policies and guidelines that help create enjoyable food, drink and dining experiences. Workers also need to take part in necessary training. • Enabling a culture of openness about food and nutrition. For example, by regularly asking older people what they think of their meals. • Enabling a culture of finding ways to improve the food and nutrition services. For example, by looking for new ways to make food appetising. • Monitoring and giving feedback to management about older peoples’ level of satisfaction with meals and the dining experience (Outcome 2.6). • Developing and following individualised care and service plans. This is about delivering care and services that meet older person’s individual needs and preferences on food, drink and dining experience (Outcome 3.2). • Monitoring and reporting on older people’s individual ability or appetite to consume food and drink in the context of each older person. This can include: <ul style="list-style-type: none"> – Risks (Outcome 2.4) – Deterioration (Outcome 3.1) – Changes (Outcome 3.1) – Incidents involving older people during the consumption of food and drink (Outcome 2.5). • Supporting an overall positive dining experience. For example, make sure that the dining area has minimal noise and is attractively presented and conducive for older people to enjoy their meals. • Providing help to older people who need assistance with their meals. Workers need to do this in a respectful, dignified and caring manner.

What are the key resources that can be referred to?

The following key resources relate to Outcome 6.1:

- [TO BE COMPLETED]

Key legislation relevant to this outcome includes:

- [TO BE COMPLETED]

Other provider obligations include:

- [TO BE COMPLETED]

The content for this page is still under development and will be included in the final versions of the Guidance material.

DRAFT

Guidance for Outcome 6.2: Assessment of nutritional needs and preferences

What is the Outcome that needs to be achieved?

The provider understands the specific nutritional needs of older people and assesses each older person's current needs, abilities and preferences in relation to what and how they eat and drink.

Why is this Outcome important?

Outcome 6.2 assesses nutritional needs and preferences in residential care. This is so you, as the provider can give personalised, high-quality care.

It aims to improve the older person's health and wellbeing by:

- Identifying and addressing specific dietary requirements and preferences.
- Preventing malnutrition and dehydration.
- Respecting individual choices and cultural backgrounds.
- Improving meal satisfaction.
- Supporting specialised care.
- Promoting independence.

By focusing on individualised nutrition, you can aim to improve the overall quality of care. This will also contribute to older people's overall quality of life.

The following key concepts have been strengthened:

- Re-assessment of each older person's nutritional needs, including their:
 - Dining needs and preferences.
 - Dining experience.
 - Ability to eat and drink.

How can you achieve Outcome 6.2 in practice?

Governing body	
Actions	Associated activities
<p>6.2.1 As part of assessment and planning, the provider assesses and regularly reassesses each older person’s nutrition, hydration and dining needs and preferences. The assessment considers:</p> <ul style="list-style-type: none"> a) The specific nutritional needs of older people, including a focus on protein and calcium rich foods b) The older person’s dining needs c) What the older person likes to eat and drink d) When the older person likes to eat and drink e) What makes a positive dining experience for the older person f) Clinical and other physical issues identified that impact the older person’s ability to eat and drink. 	<p>Monitor the provider organisation’s performance in assessing nutritional, hydration and dining needs and preferences of older people.</p> <p>The governing body:</p> <ul style="list-style-type: none"> • Is accountable for the organisation’s delivery of quality care and service (Outcome 2.2 and Outcome 2.3). • Needs to maintain oversight of all aspects of their operations by reviewing the organisation’s reports on the: <ul style="list-style-type: none"> – Assessment and planning of older people’s nutrition, hydration and dining needs and preferences. – Delivery of food, drinks and dining experiences to older people. – Management of complaints, feedback and incidents (SIRS resources, Outcome 2.5 and Outcome 2.6). – Quality of care and services delivered by workers (i.e., performance assessments). • Leads a culture of safety, inclusion and quality. This is done by monitoring and investigating priority areas found in the reports listed above. If the governing body find issues or ways the provider organisation can improve through these reviews, the governing body needs to address them. The governing body needs to provide feedback and support to the provider to be able to improve. <p>If things go wrong, the governing body needs to:</p> <ul style="list-style-type: none"> • Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers. • Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>When monitoring the provider organisation’s performance, this needs to include monitoring the performance of any subcontracted providers.</p>

Provider organisation	
Actions	Associated activities
<p>6.2.1 As part of assessment and planning, the provider assesses and regularly reassesses each older person’s nutrition, hydration and dining needs and preferences. The assessment considers:</p> <ul style="list-style-type: none"> a) The specific nutritional needs of older people, including a focus on protein and calcium rich foods b) The older person’s dining needs c) What the older person likes to eat and drink d) When the older person likes to eat and drink e) What makes a positive dining experience for the older person f) Clinical and other physical issues identified that impact the older person’s ability to eat and drink. 	<p>Make sure that assessment and planning processes include assessment of each older person’s nutrition, hydration and dining needs and preferences.</p> <p>You need to make sure that:</p> <ul style="list-style-type: none"> • An assessment of each older person’s nutrition, hydration, dining needs and preferences is done with the older person. You also need to include any other person the older person wishes to involve (Outcome 3.1). This may need to include a clinical assessment of food and nutrition needs (Outcome 5.4). For example, you need to make sure food is rich in protein and calcium to help increase bone tissue. You can find more information including the food, nutrition and dining hotline on the Food and nutrition Aged Care Quality and Safety Commission. • The outcomes of the assessment are effectively communicated and recorded in older people’s care and services plans. You need to include what and when the older person likes to eat and drink. Workers need to understand what: <ul style="list-style-type: none"> – Is a positive dining experience for each older person (Outcome 1.1 and Outcome 6.4). – Is culturally safe (Outcome 1.1). – Optimises older people’s independence, reablement, and quality of life. This means, how to help older people regain and keep their physical as well as mental function (Outcome 1.1 and Outcome 6.4). This can be by promoting use of their skills and strengths. • Processes are in place to support an older person to eat and drinking independently, when safe to do so. For example, equipment could be used to help older people eat safely and independently. • Care and services plans are reviewed and updated regularly. This is to make sure their plans remain effective and are in line with the older person’s needs, goals, and preferences (Outcome 3.1). • Strategies are in place to manage deterioration or changes in the older person. This is when deterioration and changes impact the older person’s ability to: <ul style="list-style-type: none"> – Eat and drink. – Access food and drink when they want it (Outcome 3.2). <p>Make sure workers who are part of the assessment and planning process have the ability and time to effectively assess nutritional needs and preferences.</p> <p>You need to check your workers’ abilities to assess older people’s individual nutritional needs and preferences during the hiring process. You also need to provide workers with guidance and training about how to assess older peoples’ individual nutritional needs and preferences. Training and guidance needs to be in line with:</p> <ul style="list-style-type: none"> • The organisation’s policies and procedures. • Their roles and responsibilities. <p><i>Continued on the next page</i></p>

Provider organisation (continued)	
Actions	Associated activities
	<p>Workers that assess nutritional needs may need specific qualifications. You can use the system for managing human resources to identify specific training needs (Outcome 2.9).</p> <p>If required, you need to engage external specialist advice or make a referral to a specialist (Outcome 6.3). Examples include dietitians, allied health, or other health professionals like a speech pathologist for chewing and swallowing assessment.</p> <p>You can find more details about this in guidance material for Standard 2.</p> <p>Monitor how you assess older people’s nutritional needs and preferences. This is to make sure your system is implemented consistently and effectively.</p> <p>To understand if you are assessing older people’s nutritional needs and preferences effectively, you need to review:</p> <ul style="list-style-type: none">• Older people care and service documents like care and services plans, and progress notes (Outcome 3.1).• Complaints (Outcome 2.6)• Feedback (Outcome 2.6)• Incident information (Outcome 2.5). <p>You also need to check whether workers are following your assessment and planning process (Outcome 2.9). You could do this through regular audits and worker performance assessments.</p> <p>If you find any issues or ways you can improve through your reviews and assessments, you need to address them. If things go wrong, you need to be open about it and share this information with older people, their family, and carers (Outcome 2.3).</p> <p>You can find more information on monitoring the quality system in guidance material for Standard 2 (Outcome 2.3). You can also find more information on managing unplanned weight loss and malnutrition in guidance material for Standard 5 (Outcome 5.5).</p>

Worker	
Actions	Associated activities
<p>6.2.1 As part of assessment and planning, the provider assesses and regularly reassesses each older person’s nutrition, hydration and dining needs and preferences. The assessment considers:</p> <ul style="list-style-type: none"> a) The specific nutritional needs of older people, including a focus on protein and calcium rich foods b) The older person’s dining needs c) What the older person likes to eat and drink d) When the older person likes to eat and drink e) What makes a positive dining experience for the older person f) Clinical and other physical issues identified that impact the older person’s ability to eat and drink. 	<p>Use the system for assessment and planning (Outcome 3.1). Make sure to check each older person’s nutrition, hydration, dining needs and preferences.</p> <p>Depending on the worker’s role, this can include:</p> <ul style="list-style-type: none"> • Doing comprehensive assessments and regular reviews and reassessments of each older person’s nutrition, hydration, and dining needs. Clinical needs also need to be considered through this process, where relevant (Outcome 5.4). • Considering factors, like the older person’s: <ul style="list-style-type: none"> – Individual food and drink preferences (Outcome 1.1). – Preferred meal times (Outcome 1.1). – Choice on what contributes to a positive dining experience (Outcome 1.1). – Specific nutritional needs and preferences (Outcome 1.1). • Considering any factors or issues that may impact the older person’s ability to eat and drink effectively and safely. • Updating care and services plans to outline the older person’s assessed personal dietary and dining needs of older people. • Monitoring older peoples’ level of satisfaction with meals and the dining experience (Outcome 2.6). Provider feedback to management on older people’s satisfaction with meals and dining experience. • Developing, following, and improving individualised care and service plans. Workers need to make sure this includes the older persons’ individual needs and preferences about the food, drink and dining experience (Outcome 3.1). • Monitoring and reporting on older people’s individual risks. This includes monitoring and reporting on deterioration or changes in each older person’s: <ul style="list-style-type: none"> – Ability to consume food and drink – Appetite – Ability to access food and drink. • Monitoring any issues that each older person may have during the consumption of food and drink (Outcome 2.4, Outcome 2.5 and Outcome 3.1). This needs to be appropriate for the context of each older person. • Making a referral or enabling access to a dietitian or other health professionals if needed (Outcome 3.2).

What are the key resources that can be referred to?

The following key resources relate to Outcome 6.2:

- [TO BE COMPLETED]

Key legislation relevant to this outcome includes:

- [TO BE COMPLETED]

Other provider obligations include:

- [TO BE COMPLETED]

The content for this page is still under development and will be included in the final versions of the Guidance material.

DRAFT

Guidance for Outcome 6.3: Provision of food and drink

What is the Outcome that needs to be achieved?

Older people receive food and drinks that meet their nutritional needs, are appetising and flavoursome, have variation and choice about what they eat and drink and are able to eat and drink as much as they want.

Why is this Outcome important?

Outcome 6.3 explains how you, as a provider, need to develop menus that:

- Are appetising.
- Are nutritious.
- Are flavoursome.
- Contain meal variety and choice.

This will make sure older people can enjoy meals and drinks that are tailored to their preferences, dietary needs, and cultural considerations.

The following key concepts have been strengthened:

- Development and review of menus.
- Partnering with older people and relevant health professionals.
- Giving older people choice about what, when, where, and how they eat and drink.
- Access to snacks and drinks.

How can you achieve Outcome 6.3 in practice?

Governing body	
Actions	Associated activities
<p>6.3.1 Menus (including for texture modified diets):</p> <ul style="list-style-type: none"> a) Are designed in partnership with older people b) Are developed with the input of chefs/cooks and an Accredited Practising Dietitian, including for older people with specialised dietary needs c) Are regularly changed, include variety and enable older people to make choices about what they eat and drink d) Enable older people to meet their nutritional needs e) Are reviewed at least annually through a menu and mealtime assessment by an Accredited Practising Dietitian. 	<p>Monitor the provider organisation’s performance in designing and preparing food and drinks. This is to make sure food and drinks are prepared in line with the needs and wants of older people.</p> <p>The governing body:</p> <ul style="list-style-type: none"> • Is accountable for the organisation’s delivery of quality care and service (Outcome 2.2 and Outcome 2.3). • Needs to maintain oversight of all aspects of their operations by reviewing the organisation’s reports on the: <ul style="list-style-type: none"> – Strategies implemented to provide food and drink to older people in line with their needs and preferences. – Delivery of food, drinks and dining experiences to older people. – Management of complaints, feedback and incidents (SIRS resources, Outcome 2.5 and Outcome 2.6). – Quality of care and services delivered by workers (i.e., performance assessments). • Leads a culture of safety, inclusion and quality. This is done by monitoring and investigating priority areas found in the reports listed above. If the governing body finds issues or ways the provider organisation can improve through these reviews, the governing body needs to address them. The governing body needs to provide feedback and support to the provider to be able to improve. <p>If things go wrong, the governing body needs to:</p> <ul style="list-style-type: none"> • Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers. • Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>When monitoring the provider organisation’s performance, this needs to include monitoring the performance of any subcontracted providers.</p>
<p>6.3.2 For each meal, older people can exercise choice about what, when, where and how they eat and drink.</p>	
<p>6.3.3 Meals, drinks and snacks provided to older people (including where older people have specialised dietary needs or need support to eat):</p> <ul style="list-style-type: none"> a) Are appetising and flavourful b) Are served at the correct temperature and in an appealing way, including the presentation of texture modified foods using tools, such as moulds c) Are prepared and served safely d) Meet each older person’s assessed needs e) Are in accordance with each older person’s choice f) Reflect the menu 	
<p>6.3.4 Older people are offered and able to access nutritious snacks and drinks (including water) at all times.</p>	

Provider organisation	
Actions	Associated activities
<p>6.3.1 Menus (including for texture modified diets):</p> <ul style="list-style-type: none"> a) Are designed in partnership with older people b) Are developed with the input of chefs/cooks and an Accredited Practising Dietitian, including for older people with specialised dietary needs c) Are regularly changed, include variety and enable older people to make choices about what they eat and drink d) Enable older people to meet their nutritional needs e) Are reviewed at least annually through a menu and mealtime assessment by an Accredited Practising Dietitian. <p>6.3.2 For each meal, older people can exercise choice about what, when, where and how they eat and drink.</p> <p>6.3.3 Meals, drinks and snacks provided to older people (including where older people have specialised dietary needs or need support to eat):</p> <ul style="list-style-type: none"> a) Are appetising and flavourful b) Are served at the correct temperature and in an appealing way, including the presentation of texture modified foods using tools, such as moulds c) Are prepared and served safely d) Meet each older person's assessed needs e) Are in accordance with each older person's choice f) Reflect the menu <p>6.3.4 Older people are offered and able to access nutritious snacks and drinks (including water) at all times.</p>	<p>Develop and implement strategies to provide food and drink to older people in line with their needs and preferences.</p> <p>Your strategies need to:</p> <ul style="list-style-type: none"> • Be developed in partnership with older people (Outcome 6.1). This is to enable older people to provide input to the service's menu. Strategies need to enable flexibility and choice to support each older person's needs and preferences. Older people's needs and preferences can change on a day-to-day basis whilst exercising dignity of risk. For example, chocolate and sweets should be provided to older people if this is what they want (Outcome 1.3). • Enable older people to access nutritious snacks and drinks at all times. This includes access to water at all times. • Include processes to get expert input from chefs, cooks and an Accredited Practising Dietitian on menus. Make sure the needs of any older people with specialised dietary requirements are met. At least once a year, you need to have a menu and mealtime assessment done by an Accredited Practising Dietitian. • Make sure menus are designed and reviewed in a way that supports each older person's needs and preferences. This is about the food, drink and dining experience (Outcome 1.1 and Outcome 3.1). You need to document how you enable variety with food and drinks to be offered and served to older people as stated in your menus. You also need to enable choice about what and when older people can eat and drink. When making texture modified diet menus, you may develop them using tools such as moulds to make the food appealing. • Serve food that is appetising, appealing, and flavourful. • Include processes for preparing and handling food safely. To minimise bacteria and contamination, you need: <ul style="list-style-type: none"> – A food safety program. This needs to be a written document on how food safety hazards are managed when handling food. For example, storing and serving food at the correct temperature. – To serve food in a way that is safe for older people. For example, at a temperature that does not burn older people. – To give opportunities to older people to be safely involved in the preparation of food and drink (Outcome 7.1). <p>Make sure the workers who provide food and drink have the ability and time to do this in line with older people's needs and preferences.</p> <p>You need to assess your workers' abilities to provide food and drink in line with older people's needs and preferences during the hiring process. You also need to provide workers with guidance and training on how to prepare and provide food and drink to older people in line with their roles and responsibilities. Workers need to be able to do this in line with:</p> <ul style="list-style-type: none"> • The organisation's policies and procedures. • Their roles and responsibilities. <p><i>Continued on the next page</i></p>

Provider organisation (continued)	
Actions	Associated activities
	<p>You can find more details about this in the guidance material for Standard 2 (Outcome 2.8 and Outcome 2.9). You can also find more information in the guidance material for Standard 3 (Outcome 3.2).</p> <p>Monitor that food and drink is provided to older people in line with their needs and preferences.</p> <p>You need to:</p> <ul style="list-style-type: none">• Assess your workers' compliance with the food safety program and any other procedures relating to food (e.g., menu selection and food delivery, Outcome 2.9).• Review older people's care and services (Outcome 3.1).• Review complaints, feedback, and incident information (Outcomes 2.5 and Outcomes 2.6). This is to help you understand if there have been any incidents of:<ul style="list-style-type: none">– Food related illness or incidents.– Unsafe food practices.– Situations where older people have not been able to access food or drink.– Food and drink not in line with meeting older people's needs or supporting preferences.• Talk with older people, their families and carers to understand if there are ways to improve the way food and drink is served at the service. <p>If you find any issues or ways you can improve through your reviews and assessments, you need to address them. If things go wrong, you need to be open about it and share this information with older people, their family, and carers (Outcome 2.3).</p> <p>You can find more information on monitoring the quality system in guidance material for Standard 2 (Outcome 2.3).</p>

Worker	
Actions	Associated activities
<p>6.3.1 Menus (including for texture modified diets):</p> <ul style="list-style-type: none"> a) Are designed in partnership with older people b) Are developed with the input of chefs/cooks and an Accredited Practising Dietitian, including for older people with specialised dietary needs c) Are regularly changed, include variety and enable older people to make choices about what they eat and drink d) Enable older people to meet their nutritional needs e) Are reviewed at least annually through a menu and mealtime assessment by an Accredited Practising Dietitian. <p>6.3.2 For each meal, older people can exercise choice about what, when, where and how they eat and drink.</p> <p>6.3.3 Meals, drinks and snacks provided to older people (including where older people have specialised dietary needs or need support to eat):</p> <ul style="list-style-type: none"> a) Are appetising and flavourful b) Are served at the correct temperature and in an appealing way, including the presentation of texture modified foods using tools, such as moulds c) Are prepared and served safely d) Meet each older person's assessed needs e) Are in accordance with each older person's choice f) Reflect the menu <p>6.3.4 Older people are offered and able to access nutritious snacks and drinks (including water) at all times.</p>	<p>Provide food and drink to older people in line with their needs and preferences.</p> <p>Depending on the worker's role, this can involve:</p> <ul style="list-style-type: none"> • Actively involving older people in the menu planning and review process. Workers need to make sure older people's dietary requirements are met and preferences are supported (Outcome 1.3 and Outcome 3.1). • Get input from chefs, cooks, and dietitians. Workers need to get their advice when addressing specialised dietary requirements or when changes to the menu are being considered. • Regularly reviewing and updating menus. This is to provide variety and choice to older people. • Supporting older people to select meals and drinks in line with their preferences. Workers need to support older people to meet their nutritional needs while also supporting their choices (Outcome 1.3). • Making sure older people have autonomy at each meal. This means, supporting older people to decide what, when, where, and how they consume their food and drinks. • Making sure older people who have not had a meal in regular service hours are provided with a meal. Workers need to make sure the meal provided is nutritious and meets the older person's individual needs. • Offering older people nutritious snacks and drinks, including water. Workers need to support older people to access these as they need. • Enabling access to food and drink depending on the older person's abilities. Workers should refer to care and services plans to make sure they support each older person in ways that meet their needs and preferences. • Serving meals at the right temperature. • Serving meals that are presented attractively including for texture modified diets. For example, using moulded food where possible. • Putting in place the food safety program. This is to make sure safety during meal preparation and service. This also includes where older people are involved in the preparation of food and drink (Outcome 7.1). • Monitoring older peoples' level of satisfaction with meals and the dining experience (Outcome 2.6). Workers need to provide feedback to management about this. • Following individualised care and service plans. This is to make sure older peoples' food, drink and dining needs and preferences are met (Outcome 3.1 and Outcome 5.4). • Monitoring and reporting on older people's individual risks. This includes monitoring and reporting on deterioration or changes in each older person's: <ul style="list-style-type: none"> – Ability to consume food and drink. – Appetite. – Ability to access food and drink. • Monitoring any issues that each older person may have during the consumption of food and drink (Outcome 2.4, Outcome 2.5 and Outcome 3.1). This is as appropriate for the context of the individual older person.

What are the key resources that can be referred to?

The following key resources relate to Outcome 6.3:

- [TO BE COMPLETED]

Key legislation relevant to this outcome includes:

- [TO BE COMPLETED]

Other provider obligations include:

- [TO BE COMPLETED]

The content for this page is still under development and will be included in the final versions of the Guidance material.

DRAFT

Guidance for Outcome 6.4: Dining experience

What is the Outcome that needs to be achieved?

Older people are supported to eat and drink. The dining experience meets the needs and preferences of older people to support social engagement, function and quality of life.

Why is this Outcome important?

Outcome 6.4 explains the core elements of a dining experience in aged care. This is to make sure that there are enough workers available to help older people with eating and drinking as needed. This is also about fostering a dining environment that promotes a sense of belonging, social engagement, reablement, and enjoyment.

The following key concepts have been strengthened:

- Having enough workers to support older people to eat.
- Making sure the dining environment supports:
 - A sense of belonging.
 - Social engagement.
 - Reablement.
 - Enjoyment.
- Sharing food and drinks with visitors.

How can you achieve Outcome 6.4 in practice?

Governing body	
Actions	Associated activities
<p>6.4.1 The provider supports older people to eat and drink, including by:</p> <ul style="list-style-type: none"> a) Making sufficient workers available to support older people to eat and drink b) Prompting and encouraging older people to eat and drink c) Identifying older people who require support to safely eat or drink d) Physically supporting older people who require support to safely eat and drink as much as they want, at their preferred pace. 	<p>Monitor the provider organisation’s performance in supporting older people to eat and drink in a pleasant dining environment.</p> <p>The governing body:</p> <ul style="list-style-type: none"> • Is accountable for the organisation’s delivery of quality care and service (Outcome 2.2 and Outcome 2.3). • Needs to maintain oversight of all aspects of their operations by reviewing the organisation’s reports on the: <ul style="list-style-type: none"> – Delivery of food, drinks and dining experiences to older people. – Management of complaints, feedback and incidents (SIRS resources, Outcome 2.5 and Outcome 2.6). – Quality of care and services delivered by workers (i.e., performance assessments). • Leads a culture of safety, inclusion and quality. This is done by monitoring and investigating priority areas found in the reports listed above. If the governing body find issues or ways the provider organisation can improve through these reviews, the governing body needs to address them. The governing body needs to provide feedback and support to the provider to be able to improve. <p>If things go wrong, the governing body needs to:</p> <ul style="list-style-type: none"> • Practice open disclosure. This means being open about what has gone wrong and sharing this information with older people, their family and carers. • Implement strategies to mitigate the risk of things going wrong again. <p>Further detail on this can be found at Outcome 2.3.</p> <p>When monitoring the provider organisation’s performance, this needs to include monitoring the performance of any subcontracted providers.</p>
<p>6.4.2 The dining environment supports reablement, social engagement and a sense of belonging and enjoyment.</p>	
<p>6.4.3 There are opportunities for older people to share food and drinks with their visitors.</p>	

Provider organisation	
Actions	Associated activities
<p>6.4.1 The provider supports older people to eat and drink, including by:</p> <ul style="list-style-type: none"> a) Making sufficient workers available to support older people to eat and drink b) Prompting and encouraging older people to eat and drink c) Identifying older people who require support to safely eat or drink d) Physically supporting older people who require support to safely eat and drink as much as they want, at their preferred pace. <p>6.4.2 The dining environment supports reablement, social engagement and a sense of belonging and enjoyment.</p> <p>6.4.3 There are opportunities for older people to share food and drinks with their visitors.</p>	<p>Develop and implement strategies to make sure the dining experience meets the needs and preferences of older people. Your strategies need to support social engagement, function, and quality of life.</p> <p>You need to integrate these strategies with your:</p> <ul style="list-style-type: none"> • Broader strategies for daily living (Outcome 7.1). This is to include older people in dining activities that <ul style="list-style-type: none"> – Promote older people’s quality of life. – Help older people contribute to their community. For example, by having older people take part in meaningful activities that engage the older person. • Workforce strategy (Outcome 2.8). You need to determine and arrange for the number and mix of workers that makes sure older people are supported to eat and drink safely (Outcome 2.9). At a minimum, you need to consider: <ul style="list-style-type: none"> – Skills and qualifications needed to make sure food is prepared safely (Outcome 6.3). – Any older people with physical impairment or requiring physical assistance to consume their meals safely. This can be visual or dexterity impairment and difficulty swallowing (Outcome 5.5). • Broader strategies to create and maintain a service environment that is clean, safe, welcoming, comfortable, and accessible (Outcome 4.1b). The dining environment needs to support reablement, social engagement, and promote a sense of belonging and enjoyment. You can do this by: <ul style="list-style-type: none"> – Supporting older people to eat where they want. For example, to sit at the table of their choice whether indoors or outdoors. – Placing furniture in areas which support older people to move freely and safely. – Installing handrails to support older people move safely. – Placing scents which are appealing to the older people at the service. – Playing music that older people at the service want to hear. <p>You need to develop and put in place strategies with older people in line with their needs and preferences (Outcome 1.1). You need to:</p> <ul style="list-style-type: none"> • Have ways for older people to share food and drinks with their visitors if they want. • Do a risk assessment of the dining environment (Outcome 2.4 and Outcome 4.1b). You need to do this to make sure risks you have found are managed. This can include maintaining chairs and tables to make sure they are secure and safe for older people to sit on and eat at. <p>Older people have choice and preferences for their ideal dining environment. However, you need to consider choice and facilitate dignity of risk when considering older people’s requests. This is because older people’s choice and preference may not be deemed safe for them or other people around them (Outcome 1.3).</p> <p><i>Continued on the next page</i></p>

Provider organisation (continued)	
Actions	Associated activities
	<p>You also need to consider older people’s individual needs when you plan for workers’ rosters. This is to make sure there are enough qualified workers available (Outcome 3.1). This needs to consider older people’s individual needs as per their care and services plans. Based on this, you need to have enough qualified workers to:</p> <ul style="list-style-type: none"> • Support older people to eat at the times they want to, and at their own pace. • Promote older peoples’ reablement. Workers do this by rebuilding or re-establishing older peoples’ skills and confidence to eat or drink independently or needing less support over time (Outcome 3.2). • Support older people living with dementia or other cognitive limitations. Some older people may need modified cutlery and colour contrast of utensils and plates. • Monitor older peoples’ food and drink intake. This is so that older people needing encouragement receive this as required. • Put in place strategies to support older people who eat in their rooms to experience a positive dining experience. <p>Monitor how you provide a positive dining experience in line with older people needs.</p> <p>To understand if you are providing a positive dining experience in line with older people needs and preferences, you need to review:</p> <ul style="list-style-type: none"> • Older people’s care and service documents like care and services plans, and progress notes (Outcome 3.1). • Complaints on the dining experience (Outcome 2.6). • Feedback about how to improve the dining experience. This is to optimise older people’s quality of life. • Workers’ ideas to improve the dining experience to support individual older people’s dining experiences. This can help you find opportunities to improve the dining experience and make it safer. For example, by moving furniture so older people can move more freely. • Incident information (Outcome 2.5). <p>You also need to assess whether workers are following your quality management system (Outcome 2.9). You can do this through performance assessments and system checks.</p> <p>If you find any issues or ways to improve through your reviews and assessments, you need to address them. If things go wrong, you need to be open about it and share this information with older people, their family, and carers (Outcome 2.3).</p> <p>You can find more information on monitoring the quality system in the guidance material for Standard 2 (Outcome 2.3).</p>

Worker	
Actions	Associated activities
<p>6.4.1 The provider supports older people to eat and drink, including by:</p> <ul style="list-style-type: none"> a) Making sufficient workers available to support older people to eat and drink b) Prompting and encouraging older people to eat and drink c) Identifying older people who require support to safely eat or drink d) Physically supporting older people who require support to safely eat and drink as much as they want, at their preferred pace. <p>6.4.2 The dining environment supports reablement, social engagement and a sense of belonging and enjoyment.</p> <p>6.4.3 There are opportunities for older people to share food and drinks with their visitors.</p>	<p>Make sure the dining experience meets the needs and preferences of older people. Also make sure the dining experience supports social engagement, function, and quality of life.</p> <p>Depending on the worker’s role, this can include:</p> <ul style="list-style-type: none"> • Determining the appropriate number and mix of workers to make sure older people are supported to eat and drink safely (Outcome 2.8). • Determining the skills and qualifications needed by workers (Outcome 6.3). This is to make sure workers can support older people: <ul style="list-style-type: none"> – With difficulty swallowing. – Who need physical assistance to eat. • Developing rosters that consider the needs of individual older people using information in the older person’s care and services plans (Outcome 3.1). This information helps make sure there are enough qualified workers available to: <ul style="list-style-type: none"> – Support any older people with specialised or complex nutritional needs (Outcome 5.5). – Support and encourage older people to eat at the times they want to, where they want to, and at their own pace. – Promote older peoples’ reablement. Workers do this by focusing on rebuilding or re-establishing older peoples’ skills and confidence to eat or drink independently (Outcome 3.2). – Monitor older peoples’ food and drink intake. Workers need to encourage older people to eat and drink safely. • Completion of a risk assessment of the dining environment (Outcome 2.4 and Outcome 4.1b). This is to make sure risks found have been mitigated. • Maintaining the dining environment to support: <ul style="list-style-type: none"> – Reablement – Social engagement – A sense of belonging and enjoyment. <p>Workers can find ways to achieve this this with older people in line with their needs and preferences (Outcome 1.1). For example through the cleaning, placement of furniture and playing a certain type of music.</p> <ul style="list-style-type: none"> • Determining ways for older people to be able to share food and drinks with their visitors if they desire. • Enabling older people to take part in dining activities. Dining activities need to promote older people’s quality of life and support them to contribute to their community. Dining activities also need to be in line with older persons’ preferences and be able to be done safely (Outcome 1.1 and Outcome 7.1). • Supporting older people to eat or drink safely, in line with their care and services plan. This needs to be in line with each older person’s daily nutritional intake and needs noted in their care and services plans (Outcome 6.2, Outcome 3.1 and Outcome 5.4). • Partnering with older people to get their feedback and incorporate this into continuous improvement plans for dining experiences (Outcome 2.6).

What are the key resources that can be referred to?

The following key resources relate to Outcome 6.4:

- [TO BE COMPLETED]

Key legislation relevant to this outcome includes:

- [TO BE COMPLETED]

Other provider obligations include:

- [TO BE COMPLETED]

The content for this page is still under development and will be included in the final versions of the Guidance material.

DRAFT



DRAFT

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.



Phone
1800 951 822



Web
agedcarequality.gov.au



Write
Aged Care Quality and Safety Commission
GPO Box 9819, in your capital city