Nutrition and Catering Institute
Leading chronic disease prevention through foodservices

Congress Submission
Food, nutrition and the dining experience in aged care

Nutrition and Catering Institute (NACi)[1]
PO Box 1412 Toowong DC 4066

25th January 2021

This submission addresses **TOPIC 5 on page 2 "regulatory"**

prepared by

Emeritus Professor Sandra Capra AM
BSc (Hons), Dip Nutr&Diet, MSocSc, PhD
Chairperson, Nutrition & Catering Institute
s.capra@uq.edu.au

Dr Karen Abbey
BSc (Hons), DipNutr&Diet, MHlthSc, PhD
Cert III Commercial Cookery, Cert IV Training and Assessment, Certified Foodservice Professional
Chief Executive Officer Nutrition & Catering Institute
Karen@nutcat.com.au

In particular this submission addresses Appendix issues

- *A2 "The Aged Care Quality Standards and related guidance may be interpreted subjectively"*
- *A5" Lack of training in food, nutrition and the dining experience in the residential aged care workforce"*
- *C8 "There appears to be an overuse of supplements and food alternatives in residential aged care"* and
- *B1 "Providers often err on the side of caution in relation to risk feeding, thereby denying care recipients dignity and choice and the option to take risks" (listed as "toolkit").*
- *B8 "Many people eat the same thing for breakfast for decades, only for this option to be unavailable at their residential aged care home" as it relates to regulation on choice.*
- *B10 "Evaluating and determining satisfaction is important and there may be insufficient tools available".*
- *B11 "Residents are limited to the choices offered to them" listed as a "question".*

The Nutrition & Catering Institute proposes **that it is time for the government to take a "whole of system"** approach to issues in aged care foodservice, which are complex and have proved intractable over decades, despite regulations being developed and changed, and enforcements being increased.

Not only have regulations changed but so have residents. With the move to "aging in place", care home residents enter more frail, older and with more complex care needs, but not necessarily increased disease, that is, care homes remain homes, not hospitals. It is important to recognise the impact of home care packages on access to quality foods and nutrition in the home. No foodservice system for aged care should

[1] Note: The NACi is a not-for-profit registered charity dedicated to advancing the science of foodservices in order to improve health and wellbeing.

ignore the failure of policy and scrutiny on the use of home care packages to support foods and nutrition. In many ways this is an even more complex area, with recipients and care providers not required to implement supportive nutrition programs, little training, high staff turnover and little scrutiny of practice. This has led to those entering aged care homes to be predominantly "unsafe" to remain at home, and mostly in poorer nutrition condition. Unfortunately, the lack of regulation and policy around home care packages and the difficulties of undertaking robust research in this context means that absolute evidence of the extent of issues is not available in Australia.

We contend that:

- **Solutions must be sustainable and that short term, "band-aids" will not work in this complex area.**
- **It is time for a "whole of system" approach to solutions, and that the standards need to be embedded in a system which incorporates the foodservice system, the food safety system, the HR system, the care system and the management system.**
- **National supporting materials for the standards based on science and practical experience need to be developed by a group which must include a qualified, experienced foodservice management dietitian.**
- **It must be recognised in any solution that this sector is subject to high staff turnover, with many staff experiencing language difficulties.**
- **The supporting materials must identify a common baseline level of service, systems, equipment and staffing, but not be such that they cannot be applied in all settings, as "one size does not fit all" in this context.**
- **An identified nutrition champion must be on site in residential homes, and in all community care provider organisations.**
- **The food safety system should be integrated with the foodservice system. Its clarity can be a guide to how to develop and monitor foodservices.**
- **Assessing the foodservices in aged care must be undertaken by experienced professionals qualified in foodservice systems and management, nutrition and hydration.**

For decades, systems theory has been applied to foodservice (Vaden). Appendix 1 outlines this model which is comprised of six components: internal and external controls, inputs, transformations, outputs, memory and feedback systems. This model identifies that a foodservice system is affected by and impacts upon its environmental context.

The primary focus for aged care foodservice is to provide residents with meals that meet their social and nutritional needs. The foodservices system does not work in isolation and requires the other aged care systems, including the care and management systems, to support its functioning. It is also the most resident impacted system as it needs to be responsive to constant meal, food preferences and menu changes.

The Australian Government has funded a number of leading projects to understand and improve nutrition, hydration and foodservices in the aged care sector but without on-going sustainability. Examples of these programs include the Commonwealth Department of Health Encouraging Better Practice in Residential Aged Care (EBPRAC): Nutrition and Hydration (2006-2010) [2] which produced toolkits, assessment tools and training materials and videos. These were implemented across the sector in 2010 but were only funded for a once-off roll out, relying instead on continuity of champions and staff on the ground. Only remnants of this program can still be found on site, yet the materials were practical, and evidence based and still useful. Other examples include the national screening initiative, and the work that Health Workforce Australia commissioned on redesign and productivity within the sector.

Despite better practice being funded, researched and published, it still has not been universally adopted, and this is the issue. The systems issues remain. Menu planning and good menu design, which is client

[2] Encouraging Best Practice Nutrition and Hydration in Residential Aged Care Report https://www.newcastle.edu.au/__data/assets/pdf_file/0017/34037/EBPRAC-report.pdf

centred, focussed on quality of life and choice is not universal. It is compounded by high staff turnover, lack of skill and oftentimes, language barriers. Malnutrition, failure to take a client centred approach, quality of life and satisfaction with foodservice are measurable outputs of the foodservice system. There is a need to ask the question "why have these parameters improved little despite significantly increased resources?" The answer is that issues are upstream from the foodservice and the system needs to be viewed as a whole, not dissected into small parts. Solutions which are "one offs" such as intermittent training courses without on-the-ground applications and investing money to fix superficial issues simply do not lead to lasting change.

The UQ Victus Foodservice Research Group in September 2019 made a submission to the Royal Commission [3] which included the following points:

- *Foodservices is a critical part of the aged care sector, both residential and community based.*
- *Foodservices in this context have been trivialised and do not receive the level of attention required.*
- *The national standards are ambiguous and inadequate and difficult to interpret as a result of this ambiguity, allowing variations in interpretation.*
- *There has been significant distraction through media which has deflected attention from real issues.*
- *Solutions should be developed using a systems approach and a nutrition risk management framework.*
- *For the past 40 years the same issues of malnutrition, staff skills, foodservice design, foodservice management still plague this industry. This will continue to be the outcome unless there are pragmatic changes to the standards to become systems based and linked to quality outcomes.*
- *Qualified foodservice dietitians are the professional group best placed to provide guidance in foodservice provision. They should be responsible for assessing standards as part of the accreditation processes.*
- *Staff are key and additional skills development training should be resourced.*

The ambiguity of the standards underpinning accreditation and review, we see as a critical issue, leading to much misdirection of time and resources.

From 1998 to 2019 there were two standards – (Standard 2.10 and standard 4.8) related to nutrition, hydration and food safety

- Standard 2.10 Nutrition and Hydration has an expected outcome for all residents to receive adequate nourishment and hydration.
- Standard 4.8 has an expected outcome that hospitality services are provided in a way that enhances the residents' quality of life and the staffs' working environment.

The current standards consist of only one area which is directed to foodservices

- 2019 Standard 4 - Supports for daily living.4 (3) (f) Where meals are provide, they are varied and of suitable quality and quantity. The standard now operates across consumer, workforce and organisation. There is a strong consumer focus in which the home is to show evidence on how it meets these standards and system to support the compliance.

The open flexibility of the previous standards were criticised for the lack of specificity making them too open to interpretation[4]. Accreditation that focuses on the minimum standard (as against an agreed baseline) do not encourage excellence as they fail to define the level of practice expected.

[3] UQ Victus Foodservice Research Group
https://www.nutcat.com.au/wp-content/uploads/2020/03/Victus-FS-Royal-Commission-Submission.pdf
[4] Commonwealth of Australia, Department of Health and Ageing 2008

Standard outline	Prior to July 2019	After July 2019
Name of standard	The Australian Aged Care Standards	The Australian Aged Care Quality Standards
Total standards	4 standards 44 expected outcomes	8
Standards pertaining to the meal environment system	2 expected outcomes 2.10 Nutrition & Hydration 4.8 Catering, cleaning & laundry services	Standard 4 Support for daily living 4(3) (f) Where meals are provide they are varied and of suitable quality and quantity
Type of standards	Outcome based	Outcome based
Supporting documents	Assessment module 7 Nutrition, hydration, oral and dental care	General supporting documents

Other Issues around the standards.

- Accreditors are not required to have skills or understanding on how foodservice systems work.
- There is no requirement for specific timelines in which menus need to be reviewed or even that the review is undertaken on site. Hence many are paper based by individuals in distant locations.
- There is NO requirement for the menu review to be undertaken by an appropriate professional, in Australia this would be a qualified dietitian-nutritionist with foodservice experience.
- There is no international consensus of what choice means in this context. Or how many choices are "enough". Choice needs to consider the food production system, the food distribution system, the physical layout (multiple buildings, dining rooms etc) homogeneity of the population, personal preferences as well as other systems factors such as staffing levels and duties, equipment and storage, supply chain.
- The previous standards did not provide enough support to deliver a minimal service. The new standards provide no additional guidance and support.
- Despite the deficiencies with the aged care home standards, there are NONE for community aged care services with respect to food, nutrition and hydration.

Examples of how the standards have not worked well.

Example one - accreditation does not necessarily lead to a quality service

It was found as part of doctoral research[5] that homes which had three years accreditation often had foodservice systems failures in meal temperature, dining room services and texture modified meals. Observational data from 36 aged care homes 2014/2015 found systematic issues with the foodservice system which directly impacted the quality of foodservices for residents. These included a 40% decrease in the variety of food for residents on texture modified meals, 36% of dining rooms not being supervised at lunch rising to 69% at the evening meal, and in 100%, inadequate communication between care and foodservice staff. It was observed that in 49% of homes, at least one resident received a cold meal when it

[5] Abbey K, 2015 Australian Residential Aged Care Foodservices Menu design, quality and standards – a time for action https://espace.library.uq.edu.au/data/UQ_363734/s4214134_phd_submission.pdf?dsi_version=7c271cbab3a53ee5e496a44adf0220bf&Expires=1611466822&Key-Pair-Id=APKAJKNBJ4MJBJNC6NLQ&Signature=Z39CqddkR44VWZnM3iVnD8bURgS~YcOWVj-Hyc4RvASkLKb0gpvuGYOzoDUme~wgqJwmAnoiahShNvkY4yQa~dIrjaUnodUhVqTZKDFG3rXK6uWkntQSLYSSkvFpgr3C9w~MJIX3yJHWcml~IerOzrm5LvXS8aUWPAZU2hc44~5qUaZQVODb0uDc1T5FoniXWrDWOiaFdl9vkBZjNpz9K6xPfxkd9g5kC7whqnijyZqZC00-3QhqB23Fo-AOUQBtnpevix1J-R8WKwHh9moeoRyXXNdrFr6~xv9NUaKiFEG4EKbg3FZavgjBdyTwIyJdKvbDJzoa0Vu9cal82p98xw__

should have been hot, and that in 39% of cases, care staff were on meal breaks at lunch time rising to 44% at the evening meal.

Example two - implementing menu choice takes a whole of system approach if it is to work

A recent aged care foodservice study into menu choice highlighted the reliance of the foodservice system on care and management systems. This home was trying to move from one hot choice at lunch to offering more hot choices at the evening meal. It found that even with a highly motivated competent chef with a small-scale foodservice operation that the choice to residents was hampered by poor communication and language issues, staff turnover and change management processes. Changes in care practises impacted the foodservice. Residents responded positively to the increase choice, however, without descriptive foodservice standards which specified the level of choice required there was no motivation for change and mixed support from care staff and management.

Example three –meals must be fit for purpose, not just compliant with ambiguous standards

There needs to be a practical approach to foodservices. Not all foodservices can or should operate in the same way. This is evident in the design of kitchens, equipment available, dining room location and how the menu is planned. We have extensive experience in seeing staff trying to meet the expectations of overly complex or restaurant style menus and meals, or unrealistic nutrition standards which can lead to staff resources being diverted to "fixing meals", requiring meals to be cut up (such as pork chops on the bone), altering texture modified meals at delivery, and supplying unfriendly supplements. The standards should set out practical menu expectations and focus on providing nutrient and energy dense meals, choice, and a dining experience that supports residents to eat their meal. Making the meals fit for purpose would help resolve the current nutrition issues in aged care homes.

Standard 4 (2019) is ambiguous and leaves interpretation up to individual homes regarding what varied, quality and quantity means. There is no reference to any specific targets or nutrient ranges within the standards, creating difficulties when designing menus and determining whether they meet the nutritional needs of the group. With around 50% of residents in aged care homes malnourished, proper menu planning that meets these requirements is of even greater importance. As a result of the ambiguity, there is little understanding of what a menu in aged care should look like and as such there are many poorly designed menus in Australian aged care homes.

The term quality in reference to food is undefined and therefore there is uncertainty as to what this means in the context of aged care. What does quality mean to aged care residents? Is it a hot meal, appealing presentation, taste, meets resident's preferences, chosen at point of service? All of these outcomes can be a measurement of quality, however with its ambiguous use in the standards, delivering such 'quality' in foodservice is difficult. The standard does not guarantee that resident are served an appropriate meal service.

The term varied is not defined. Varied can be interpreted in multiple ways including, variation within a day, a week, a menu cycle or the length of the cycle itself. With no clear and specific requirements, menus are often poorly designed with repetition of meals, ingredients and cooking styles. Resident satisfaction with the menu should be regularly undertaken and include the most vulnerable. New ways of determining satisfaction such as plate waste, facial expressions and the like need to be implemented.

There should be an explicit guideline that resident preferences must be met or specificity regarding choices in menus included within the standard. It is important that there is a standard that protects the right of residents to have meaningful choices.

While malnutrition is a major issue, it is best addressed by increasing intake through choice and food fortification strategies. It is noted that in countries where nutrition consultation is

mandated (Canada), the rates of malnutrition remain the same as in Australia. New solutions which are easy to implement and maintain need to be found relating to acceptability of the menu.

Staff working in aged care homes are doing the best they can within the current regulatory framework. Within dining rooms there is very often a lack of direction and little expectation that someone will be monitoring residents and checking on food and fluid intake especially those that are unable to communicate, frail and on vitamised/puree thickened fluids which are known to compromise nutrition intake.

Our many observations have shown that meal environments are mainly task focussed and staff worked their way through meal services methodology. Residents seemed to be the afterthought, a mere piece in a system, which did not focus on them.

We conclude, therefore that the lack of definition fails to provide aged care homes with adequate guidance on what a foodservice and mealtime should be for residents. The current standards do not protect our elderly from a poorly designed foodservice that is inappropriate and does not meet their basic nutritional needs, and which is not integrated with other systems.

This would require extra education provided at the Cert III level, more support within this environment and homes making a conscious effort to make nutrition and hydration a priority. It is not easy working in age care, with our most vulnerable population being cared for by staff paid at one of the lowest rates of pay, doing long hours of heavy and emotional work. And while the current assessment of the age care standards may look “good” from a government perspective, the amount of paperwork and lack of quality checks and balances often require staff to spend time at computers filing notes, filling in audit forms and doing paperwork to feed an accreditation system of “compliance” rather than focus on undertaking and improving care.

The system theory is a practical framework developed and used in foodservices for decades. It serves as a means of providing controlling mechanism to ensure the service delivery is of a high standard, as well as the means to measure system performance and to put in place improvements through feedback. The aged care meal environment is a complex system with many aspects which would place pressure within this model.

We propose that the standards for foodservice should have baseline level parameters identified is at least supporting documents (if the standards themselves cannot be changed) to make the process clearer and easier. These should be related to dining room ambiance (music etc), table setting, staff on duty (not on meal breaks) no medication trolleys present and a nutrition champion being clearly identified.

This should be applied across all aspects of the standards to improve the baseline requirements in foodservices; it would make the assessment of foodservice against the standards easier and would provide aged care homes with clear direction as to what is expected. An example of a well-regulated, implemented foodservice system is the Food Safety Regulations which outline clearly what is expected, compliance and quality. This system is assessed by qualitied food safety auditors this standard has provided and strong support to foodservices and has raised the standard of food safety in aged care.

We also propose that for foodservices, assessors must be qualified in foodservice management, nutrition and hydration. These professionals should be experienced foodservice dietitians, credentialled in auditing.

For all statements made in this submission, references can be provided upon request.

Appendix one

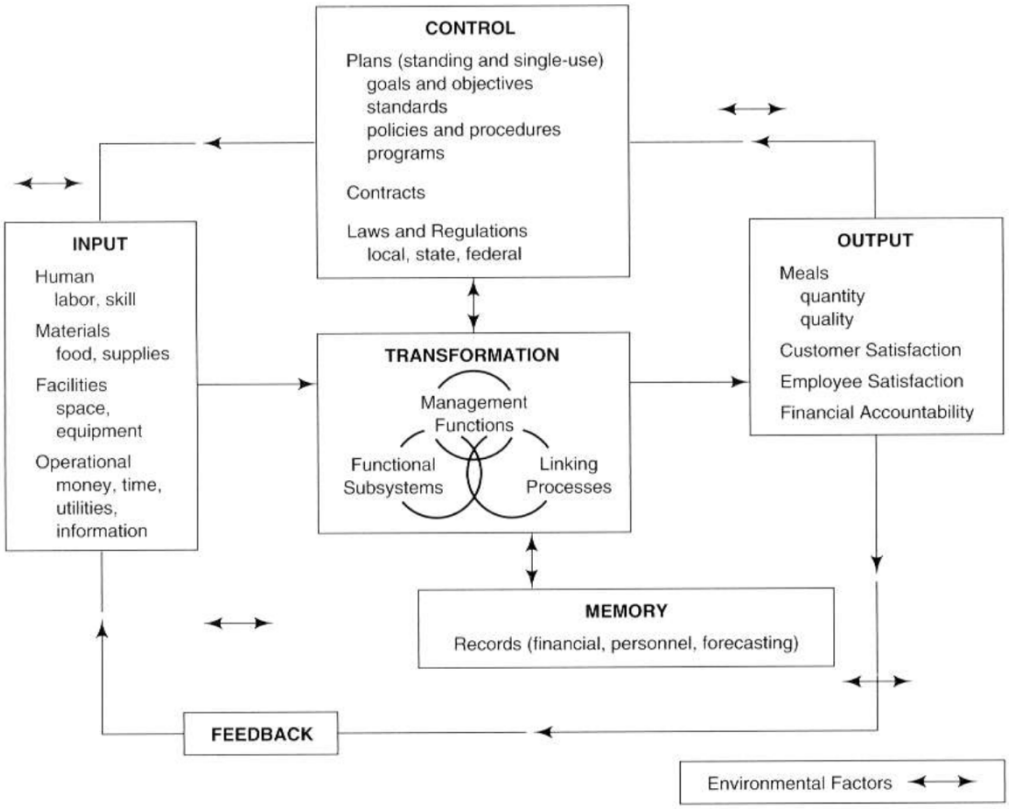

Figure 1.4. A foodservice systems model.
Source: Adapted from *A Model for Evaluating the Foodservice System*, by A. G. Vaden, 1980. Manhattan, KS: Kansas State University. © 1980. Used by permission.

Adapted from A Model for Evaluating the Foodservice System by Vaden, 1980. Manhattan, KS: Kansas State University.