

Draft Revised Aged Care Quality Standards

**Response to consultation
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Recipient

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8,500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the dietetic profession and the people and communities they serve.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians play an important role in aged care, such as in the assessment and dietary management of clients with chronic diseases and malnutrition, in the planning and coordination of food service within aged care homes and home delivered meal programs, and in the training of aged care sector staff.

Feedback on the Draft Revised Aged Care Quality Standards

Here follows feedback from Dietitians Australia on the **DRAFT Revised Aged Care Quality Standards**. Our organisation particularly welcomes Standard 6 (Food and Nutrition) and, especially the addition of a requirement for providers to ensure menus in residential aged care are developed and reviewed with the input of chefs/cooks and an Accredited Practising Dietitian. In Standard 5 (Clinical Care) we most welcome a requirement for providers to implement processes to recognise, monitor and manage malnutrition and dehydration.

Although we consider the draft Standards to be a significant improvement on the current Standards, we believe there is room for improvement. We invite a discussion on the feedback and recommendations for improvement outlined in this submission.

Draft Revised Aged Care Quality Standards

Feedback and recommendations from Dietitians Australia to strengthen the Standards

Draft ACQS	Outcome	Actions	Dietitians Australia feedback	Dietitians Australia recommendation
Standard 1 – The Person	Outcome 1.3 (Choice, independence and quality of life)	Actions 1.3.1 - 1.3.5	It is important for providers to regularly review and document the choices and decisions (i.e. for care and services) of all older people in their care, as these are unlikely to be static and may change from time to time.	Add an additional 'Action' to Outcome 1.3, as follows: <ul style="list-style-type: none"> The provider regularly reviews the choices and decisions of older people, documents any changes and communicates these changes to all workers involved in the care of the older person.
Standard 2 – The Organisation	Outcome 2.3 (Accountability and quality systems)	Action 2.3.1(c)	As part of monitoring an organisations performance, it is vital that aged care governing bodies have oversight of direct care labour costs and hours for nurses, care management staff and allied health staff/contractors, as well as oversight of food and nutrition budgets, as outlined in the 'Quarterly Financial Report' (QFR), to ensure adequate funds and hours are directed to care (including allied health care) and food and nutrition in residential aged care homes.	Expand 'Action 2.3.1(c)' to include: <ul style="list-style-type: none"> monitoring of the Quarterly Financial Report (QFR), including the 'Food and Nutrition Report' for residential aged care services.

Draft ACQS	Outcome	Actions	Dietitians Australia feedback	Dietitians Australia recommendation
Standard 3 – The Care and Services	Outcome 3.2 (Delivery of care and services)	Action 3.2.3	In Action 3.2.3, it is important that the provider ensures older people receive timely and appropriate referrals to healthcare professionals, including allied health professionals, where required.	Revise ‘Action 3.2.3’ to: <ul style="list-style-type: none"> The provider ensures older people receive timely and appropriate referrals to other service providers, including healthcare professionals, where a need is identified.
Standard 4 – The Environment	Outcome 4.1b (Environment and equipment in a service environment)	Actions 4.1.1 – 4.1.3	In Standard 4, there is no specific reference to the commercial foodservice environment in residential aged care homes, the equipment in a commercial foodservice environment or food safety precautions / control in commercial foodservice environments to prevent foodborne illness outbreaks and vermin. The prevention of foodborne illness outbreaks in residential aged care homes, caused by salmonella, E.coli, other biological hazards and vermin, is especially important in the care of older people and those with weakened immune systems.	Add an additional ‘Action’ to Outcome 4.1b: <ul style="list-style-type: none"> which requires providers to ensure the commercial foodservice environment, cooking equipment and dining areas (in a ‘service environment’) are clean, well-maintained, safe and fit-for-purpose.
Standard 4 – The Environment	Outcome 4.2 (Infection prevention and control)	Actions 4.2.1 – 4.2.2	See comment above.	Add an additional ‘Action’ to Outcome 4.2 which requires: <ul style="list-style-type: none"> residential aged care providers to implement a system for the prevention of foodborne illness outbreaks and vermin.

Draft ACQS	Outcome	Actions	Dietitians Australia feedback	Dietitians Australia recommendation
Standard 5 – Clinical Care	Outcome 5.3 (Medication safety)	Actions 5.3.1 – 5.3.6	There is no ‘Action’ around managing and monitoring the impact of medications on appetite, food absorption, and vitamin/mineral metabolism/absorption (e.g. some drugs reduce iron absorption). It therefore important for providers to implement a system to monitor any potential impacts of medications on appetite, food absorption and vitamin/mineral metabolism or absorption.	Add an ‘Action’ to Outcome 5.3 which requires providers to: <ul style="list-style-type: none"> implement a system to monitor any potential impacts of medications on appetite, food absorption and vitamin/mineral metabolism or absorption.
Standard 5 – Clinical Care	Outcome 5.4 (Comprehensive care)	Action 5.4.1	<p>Action 5.4.2 outlines that providers must implement a system for the delivery of evidence-based comprehensive care that responds to clinical safety risks including, but not limited to malnutrition, dehydration, choking and swallowing, falls and mobility etc. In the Action that precedes this (Action 5.4.1), the assessment and planning systems to regularly identify clinical risks and chronic conditions is far less detailed.</p> <p>In Action 5.4.1(a), the term ‘regularly’ in ‘regularly identify clinical risks and chronic conditions’ also needs to be clarified/quantified, as this is open to interpretation. For malnutrition, quarterly screening (using a validated malnutrition screening tool) is recommended. It is important for the Standards to be explicit so that providers and assessors are aware of best-practice screening (and timings for screening) for malnutrition.</p>	<p>Edit ‘Action 5.4.1’ to specifically detail/outline the clinical safety risks outlined in Action 5.4.2 (e.g. changed, behaviours, choking and swallowing... etc) to make it clear to providers and assessors what clinical risks are to be included in assessment and planning systems.</p> <p>In ‘Action 5.4.1(a)’, clarify/quantify the term ‘regularly’ in ‘regularly identify clinical risks and chronic conditions’. For malnutrition, screening (using a validated malnutrition screening tool) is required every quarter (i.e. every 3 months).</p>

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Standard 5 – Clinical Care	Outcome 5.4 (Comprehensive care)	Action 5.4.4	Action 5.4.4. (Technical nursing) refers to implementing a system to ensure delivery of technical nursing in enteral feeding. Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice, and devise/guide enteral feeding regimens where indicated.	Edit 'Action 5.4.4' to: <ul style="list-style-type: none"> acknowledge the engagement of Registered Nurses with Accredited Practising Dietitians in enteral feeding regimens.
Standard 5 – Clinical Care	Outcome 5.4 (Comprehensive care)	Action 5.4.7	In Action 5.4.7 (Choking and Swallowing), it is not clear to providers and assessors who needs to be engaged to implement evidence-based processes to manage swallowing and choking risks, including when the older person is eating, drinking or taking oral medicines.	Strengthen Action 5.4.7 by stating: <ul style="list-style-type: none"> The provider implements evidence-based processes by engaging with a Speech Pathologist and an Accredited Practising Dietitian to manage swallowing and choking risks including when the older person is eating, drinking, or taking oral medicines.
Standard 5 – Clinical Care	Outcome 5.4 (Comprehensive care)	Action 5.4.9	In Action 5.4.9 (Continence), there is no assessment of factors contributing to incontinence. It is vital to investigate all possible causes of incontinence, including dietary causes, such as food allergies or intolerances.	Edit 'Action 5.4.9' to include: <ul style="list-style-type: none"> The provider implements processes for continence care that assesses factors (including possible dietary causes) contributing to incontinence.

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Standard 5 – Clinical Care	Outcome 5.4 (Comprehensive care)	Action 5.4.10	In Action 5.4.10 (Falls and Mobility), there is no requirement for providers to implement processes to ‘prevent’ falls through evidence-based interventions (e.g. good nutrition – such as a diet high in protein, calcium & Vitamin D, body strength & balance activities etc).	Edit ‘Action 5.4.10’ to: <ul style="list-style-type: none"> The provider implements processes and engages healthcare professionals to (a) prevent falls and harm from falls (including medication reviews, good nutrition, strength and balance strategies), (b) clinically assess.....etc
Standard 5 – Clinical Care	Outcome 5.4 (Comprehensive care)	Action 5.4.11	In Action 5.4.11 (Malnutrition and Dehydration), malnutrition screening is not included, nor is the ‘appropriate health professional’ disclosed/identified to manage malnutrition and dehydration, and prescribe oral nutrition supplements (where required). Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice, manage malnutrition and dehydration, and provide advice on oral nutrition supplements, where indicated. It is important for providers and assessors to be aware of who the ‘appropriate health professionals’ are to manage malnutrition and dehydration.	Strengthen ‘Action 5.4.11’ by rewording as follows: The provider implements processes to screen for, manage and monitor malnutrition and dehydration, and ensures: <ol style="list-style-type: none"> timely referral to an Accredited Practising Dietitian of all older people identified at-risk of malnutrition, malnourished or experiencing unplanned weight loss or excessive weight gain. where indicated by an Accredited Practising Dietitian, nutrition support is provided to older people who cannot meet their nutritional requirements with food and fluid alone. food and fluids provided are consistent with evidence-based care of chronic conditions.

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<p>Standard 5 – Clinical Care</p>	<p>Outcome 5.4 (Comprehensive care)</p>	<p>Action 5.4.13</p>	<p>In Action 5.4.13 (Oral Health), it is important for providers to implement processes to ensure clinical oral health assessments are conducted routinely, with concrete timings for assessments to be guided by the Australian Dental Association (ADA). It is also important for providers to investigate changes to appetite, food intake and weight status, as a reduction in food intake and unplanned weight loss may stem from oral health issues.</p>	<p>Strengthen ‘Action 5.4.13’ by rewording as follows:</p> <p>The provider implements processes to ensure:</p> <ol style="list-style-type: none"> a. routine clinical oral health assessments are conducted every X months (<i>seek advice from ADA on this</i>) b. changes to appetite, food intake and weight are investigated promptly as possible signs of oral health issues c. prompt referral to oral health professionals when oral health issues are identified d. access and use of products and equipment required for daily oral hygiene.

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<p>Standard 6 – Food and Nutrition</p>	<p>Outcome 6.1 (Partnering with older people on food and nutrition)</p>	<p>Action 6.1.2(b)</p>	<p>In ‘Outcome 6.1’ and specifically Action 6.1.2(b), providers must implement a system to monitor and continuously improve the food service in response to older people’s intake of food and drink, to ensure it meets their needs (including a review of Quality Indicator data on unplanned weight loss). In addition to monitoring food intakes and unplanned weight loss data, it is important for providers to monitor malnutrition and dehydration data collected from Action 5.4.11, to inform improvements in food service. It is equally important for providers to consider feedback received from residents and their families on the food provided via resident food committees, residents/family surveys, complaints received etc.</p> <p>It is therefore important to strengthen ‘Action 6.1.2(b)’ by including (1) monitoring of malnutrition and dehydration (collected from processes to recognise, monitor and manage malnutrition and dehydration – as required in Action 5.4.11), and (2) feedback/complaints received from older people (and their families) on the food.</p>	<p>For 6.1.2 (The provider implements a system to monitor and continuously improve the food service in response to: a,b,c,d), edit 6.1.2(b) to:</p> <ul style="list-style-type: none"> Older people’s intake of food and drink; Quality Indicator data on unplanned weight loss; rates of malnutrition and dehydration (as per Action 5.4.11); and feedback/complaints received from older people (and their families) on the food, to ensure it meets their needs.

Draft ACQS	Outcome	Actions	Dietitians Australia feedback	Dietitians Australia recommendation
Standard 6 – Food and Nutrition	Outcome 6.1 (Partnering with older people on food and nutrition)	Notes to describe 'Intake'	In Outcome 6.1, the 'Notes' to describe 'Intake' need editing. Enteral nutrition can be provided via different modes of delivery, with the four main types being a nasogastric (NG) tube, a nasojejunal (NJ) tube, a percutaneous endoscopic gastrostomy (PEG) tube and a jejunostomy tube (J-tube). The current description of 'Intake' does not reflect this, nor does it acknowledge that oral intakes may include food and/or oral nutrition supplements.	Edit the 'Notes' for Outcome 6.1 to: <ul style="list-style-type: none"> 'Intake' refers to how older people meet their nutritional and hydration needs, including through oral intakes (food and/or oral nutrition supplements) and enteral nutrition (delivered via nasogastric tube, nasojejunal tube, percutaneous endoscopic gastrostomy tube, or jejunostomy tube).
Standard 6 – Food and Nutrition	Outcome 6.2 (Assessment of nutritional needs and preferences)	Action 6.2.1	In 'Outcome 6.2', there is no requirement for providers to engage an Accredited Practising Dietitian to assess and plan an older person's nutrition and hydration needs. Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to assess nutrition needs, provide expert nutrition and dietary advice for care plans, manage malnutrition and dehydration, and recommend oral nutrition supplements, where indicated. In the absence of any requirement in the Standards for providers to engage an APD in the assessment of nutritional needs, there is a real risk that malnutrition and other dietary concerns, will go undetected.	Edit 'Action 6.2.1' as follows: <ul style="list-style-type: none"> As part of assessment and planning, the provider engages an Accredited Practising Dietitian to assess and regularly re-assess each older person's nutrition, hydration, food and dining preferences. The assessment considers....

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Standard 6 – Food and Nutrition	Outcome 6.2 (Assessment of nutritional needs and preferences)	Action 6.2.2 (proposed)		<p>Add a new Action (6.2.2) to Outcome 6.2 <i>(which follows on from revised Action 6.2.1 outlined above)</i> as follows:</p> <p>The assessment of nutritional needs and food & dining preferences considers:</p> <ol style="list-style-type: none"> a. the unique nutrition needs of older people (particularly protein and calcium) b. the specific nutrition needs of the older person being assessed c. issues that impact the older person’s ability to eat and drink d. cultural and religious requirements for meals, snacks & beverages e. what and how much the older person likes to eat and drink f. when the older person likes to eat and drink
Standard 6 – Food and Nutrition	Outcome 6.3 (Provision of food and drink)	Outcome Statement	The ‘Outcome Statement’ for ‘Outcome 6.3: Provision of food and drink’ should be strengthened by acknowledging that older people have unique nutrition needs, which need to be catered for in all food offerings, including ‘meals, snacks and drinks’. They are also entitled to choose ‘where’ they eat/drink (in addition to what and how much they eat and drink).	<p>Edit the ‘Outcome Statement’ for Outcome 6.3 to:</p> <ul style="list-style-type: none"> • Older people are provided with meals, snacks and drinks that are nutritious, appetising, flavoursome and varied, with a choice given to what and where they eat/drink and how much they eat/drink.

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<p>Standard 6 – Food and Nutrition</p>	<p>Outcome 6.3 (Provision of food and drink)</p>	<p>Action 6.3.1</p>	<p>In Action 6.3.1(b) for ‘Outcome 6.3’, the pivotal role of Accredited Practising Dietitians in the development and review of menus (including for texture modified diets) is commendable.</p> <p>Dietitians Australia recommends that residential aged care providers have their menu assessed ‘annually’ by an Accredited Practising Dietitian, with an ‘on-site visit’ to conduct the assessment. An annual on-site assessment is best practice, as an off-site desk-top assessment of the written menu does not necessarily reflect the nutritional quality and quantity of the food being served, nor take into account the dining experience.</p>	<p>Edit ‘Action 6.3.1(a)’ as follows:</p> <p>Menus (including for texture modified diets):</p> <ol 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, to enable older people meet their nutritional requirements and specialised dietary needs c. are assessed annually by an Accredited Practising Dietitian (with the assessment conducted on-site) d. are seasonally changed, include variety and enable older people to make choices about what they eat and drink. <p>NOTES: Add an additional note beneath ‘Outcome 6.3’ as follows:</p> <ul style="list-style-type: none"> • <i>An annual on-site assessment is best practice, as an off-site, desk-top assessment of the written menu does not necessarily reflect the nutritional quality and quantity of the food being served, nor take into account the dining experience.</i>

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Standard 6 – Food and Nutrition	Outcome 6.3 (Provision of food and drink)	Action 6.3.3	Action 6.3.3 only refers to ‘meals’, which could be interpreted as ‘main meals’ (i.e. breakfast, lunch and dinner). Mid-meal snacks and beverages are important considerations in the provision of nutritious food in residential aged care, as they contribute valuable nutrition to people with smaller appetites. In addition, moulds are not the only way to make texture modified meals appealing. Other techniques used to make texture modified foods presentable include piping and scoops.	Edit ‘Action 6.3.3’ to: <ul style="list-style-type: none"> • All meals, snacks and beverages provided to older people: <ol style="list-style-type: none"> a) are flavoursome, varied and appealing (moulds, piping or scoops are used to shape and nicely present texture modified foods) b) served at the correct temperature c) are prepared and served safely d) are in accordance with each older person’s choice and needs (meets cultural/religious needs, specialised dietary needs, feeding support needs)
Standard 6 – Food and Nutrition	Outcome 6.3 (Provision of food and drink)	Action 6.3.4	Not all snacks and drinks are made equal – some are nutritious and contribute significantly to health, wellbeing and quality of life, whereas others contribute little, if anything to these life measures. It is therefore important to ensure the mid-meal snacks and beverages offered to older people are nutritious.	Edit Action 6.3.4 to: <ul style="list-style-type: none"> • Older people can safely access nutritious snacks and drinks (including water) at all times.

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<p>Standard 6 – Food and Nutrition</p>	<p>Outcome 6.4 (Dining experience)</p>	<p>Actions 6.4.1 – 6.4.4</p>	<p>The Actions in ‘Outcome 6.4’ could be strengthened by also acknowledging the importance of supporting older people to eat and drink at a pace that meets their needs. In many cases, older people are forced to eat their meal quickly, as a result of workforce shortages and challenges with providing feeding assistance to several residents at once.</p>	<p>Edit the Actions for Outcome 6.4 to:</p> <ul style="list-style-type: none"> • 6.4.1 - The provider makes sufficient workers available to support older people to eat and drink. • 6.4.2 - Workers encourage and physically support older people to eat and drink where required and ensure that older people eat and drink as much as they want, at the pace they choose. • 6.4.3 - The dining environment supports a sense of belonging, social engagement, reablement and enjoyment. • 6.4.4 - There are opportunities for older people to share food and drinks with their visitors.

Draft ACQS	Outcome	Actions	Dietitians Australia feedback	Dietitians Australia recommendation
<p>Standard 6 – Food and Nutrition</p>	<p>Proposed ‘Outcomes’ for Home Care and Home Delivered Meals</p>	<p>Proposed ‘Actions’ for Home Care and Home Delivered Meals</p>	<p>Standard 6 is intended to apply only to residential care services. It is equally vital to establish:</p> <ul style="list-style-type: none"> • nutrition and hydration Standards for home care; and • Standards for meal delivery services that provide meals to older people receiving in-home aged care services. <p>Outcomes 6.1, 6.2 and 6.3 should be considered by all providers of meals to older people receiving in-home aged care services. Outcome 6.4 is also relevant, particularly when meals are consumed in a communal eating environment.</p> <p>While evidence-based national meal guidelines already exist to support meal programs for older Australians, there is no mandate or incentive for any guidelines to be followed by caterers providing home delivered or centre-based meals to community-dwelling older adults in Australia. The nutritional quality of these meals is therefore highly variable (from very good to very poor). As such, some aged care clients currently receive meals that are not suited to their unique nutrition needs, increasing the risk of malnutrition and subsequently falls, ill health and early entry into residential aged care and/or hospital. There is also no oversight on how home delivered meal services provide therapeutic meals (e.g. low potassium meals for clients with renal issues), increasing the risk of harm and ill health.</p>	<p>Expand Standard 6 (Food and Nutrition) to include ‘Outcomes’ and ‘Actions’ for:</p> <ul style="list-style-type: none"> • nutrition and hydration in home care; and • meal delivery services that provide meals to older people receiving in-home aged care services. <p>Mandate the ‘National Meal Guidelines for service providers, caterers and health professionals providing home delivered and centre-based meal programs for older Australians’ and provide sector funding support for education and training to implement and evaluate these guidelines.</p> <p>Involve Accredited Practising Dietitians in the design and assessment of menus for home delivered and centred-based meal program for older Australians, to ensure consistency with the National Meal Guidelines.</p>

Draft ACQS	Outcome	Actions	Dietitians Australia feedback	Dietitians Australia recommendation
Standard 7 – The Residential Community	Outcome 7.1 (Daily Living)	Action 7.1.1(e)	The ‘Notes’ for Action 7.1.1(e) are most welcome, as it reinforces the importance of enabling older people to participate in activities that would be a normal part of their life at home, like helping with food preparation, cooking and meal service, setting tables, doing laundry, arranging flowers, etc.	No action required.