Effectiveness of the Aged Care Quality Assessment and accreditation framework

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The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6500 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier communities. DAA appreciates the opportunity to provide feedback on the *Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised* by the Senate Community Affairs References Committee.

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DAA interest in this consultation

DAA would like to see every older person in Australia have access to food which meets their social and nutrition needs to support good health and wellbeing. DAA considers that the Aged Care Quality Assessment and accreditation framework has a key role in ensuring that older people are supported by systems which provide food for physical and mental wellbeing.

The Accredited Practising Dietitian program managed by DAA is the platform for self-regulation of the profession in Australia. Accredited Practising Dietitians have unique skills and knowledge in food and nutrition to support older people as individuals and to lead multidisciplinary teams in the community and in residential aged care so that older people can enjoy foods and fluids which meet their social and nutritional needs.

Key messages

Some older people in the community enjoy good health but too many living in the community or in residential aged care homes are malnourished and dehydrated without access to food which meets their preferences or cultural needs.

The current Aged Care Standards and the new Aged Care Standards to be used for accreditation from July 2019 provide limited guidance for service providers and accreditation surveyors.

More guidance is needed from accreditation frameworks and more investment is needed to prevent, identify and manage food related risk such as malnutrition and dehydration in the community and in residential aged care.

Discussion

Access to food is a human right

Access to nutritious food is a basic human right but published studies (see attachment) in Australia and reports of residential aged care facilities which have been sanctioned indicate that not enough is being done to support good practice in order to reduce the risk of harm related to poor nutrition and hydration.

The prevalence of malnutrition in the community is reported to be as low as 1.4% and as high as 42%, and in residential aged care prevalence is reported to range from 22% to 50% where malnutrition is defined as two or more of the following characteristics:

> insufficient energy intake, weight loss, loss of muscle mass, loss of subcutaneous fat, localized or generalized fluid accumulation or diminished functional status.[1]

It is important to note that food is also important for social and emotional wellbeing. Choice is one aspect of meeting nutritional and social/cultural needs and yet published studies[2] indicate that in practical terms this is limited in the Australian aged care environment.

Management of food related risks

DAA recognises that there is a spectrum of practice in relation to efforts by service providers to address food related risks in residential and community care. In addition to malnutrition and dehydration, service providers must also address risks related to dysphagia, special dietary requirements, food allergy and intolerance and food hygiene. However, accreditation frameworks offer limited guidance to service providers and accreditation surveyors rarely have a background in nutrition and dietetics, or food and nutrition systems. It appears that training in these areas for the purpose of accreditation is limited.

Investment by service providers is needed to manage food related risk and this should be identified in accreditation frameworks. For example, Accredited Practising Dietitians have a key role in reviewing menus, in supporting food service staff to prepare and deliver food which older people enjoy, in guiding nursing staff and other care workers to identify and manage food and nutrition related risks. Members of DAA report that many service providers are reluctant to invest in APD services other than menu reviews at accreditation time. However this lack of investment can lead to greater costs in terms of wound care, supplement use, and bowel care as well as poor quality of life. When asked, older consumers report that food is very important to them.

Service providers should also be investing sufficiently in a variety of nutritious and tasty food provided at a time to suit the needs of older people in an environment conducive to eating and drinking well. DAA is only aware of one study which has been published in Australia to inform spending on raw ingredients in residential aged care[3]. The average cost per person per day from data compiled from 817 aged care homes was $6.08. Comparisons with other institutional food services, such as corrective services in Queensland of $8.25 and the prevalence of malnutrition suggest that this is insufficient and accreditation frameworks are not sufficient to improve this situation.

It is generally recognised that the workforce who deliver food and nutrition systems are not highly skilled and so it is important that accreditation frameworks identify training of any staff who contribute to food and nutrition systems.

Governance frameworks must also be identified by accreditation frameworks in recognition that nutrition is everybody's business. I.e. it is not sufficient for table top menu reviews but rather multidisciplinary integrated food and nutrition systems must be evident.

Conclusion

While many service providers are delivering excellent care with respect to nutrition to care recipients, this is not true across the sector as demonstrated by the prevalence of malnutrition. Poor intake is not an inevitable consequence of getting older and more needs to be done to provide older people with the opportunity to do well.

Accreditation frameworks are not sufficient at present. In the absence of more prescriptive frameworks, more investment is needed in training accreditation surveyors and providing materials for service providers to improve food and nutrition systems so that older people have access to tasty nutritious food which meets their needs.

References

1. White JV, Guenter P, Jensen G, Malone A, Schofield M. Consensus statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: characteristics recommended for the identification and documentation of adult malnutrition (undernutrition). JPEN 2012; 36: 275-83
2. Abbey KL, Wright ORL, Capra S. Menu Planning in Residential Aged Care—The Level of Choice and Quality of Planning of Meals Available to Residents. Nutrients 2015, 7, 7580-7592; doi:10.3390/nu7095354
3. Hugo C, Isenring E, Sinclair D, Agarwal E. What does it cost to feed aged care residents in Australia? Nutrition & Dietetics 2017 DOI: 10.1111/1747-0080.12368

Attachments

Table of Australian studies which examine the prevalence of malnutrition.