

Feedback on Meal obligation for in-home aged care and community respite

Meals on Wheels Brisbane South welcomes this area of review and guideline development as a recognition of the importance of nutrition and nourishment for older Australians and the positive impact this has on their health and wellbeing.

Concern 1

To support dignity of risk and choice for older people the obligation will not monitor or seek to influence older people's decisions regarding the meals they select. (your text)

Whilst this is a wonderful utopian statement, there needs to be recognition that we have clients with cognitive impairment such as dementia, and they may not be able to select meals themselves. Our staff often end up doing this for them. This is only undertaken after the client, while still cognitive, has provided a list of preferences to us or a family member/guardian, or advice has been received by a clinician. This will only increase as the population ages and we have found great success in supporting those with dementia to stay in their home longer by providing them with a meal that they may not select themselves but is aligned with their preferences and choices when their cognitive functioning was higher.

In addition, we may advise a client that they have selected a meal that is unsafe for them to eat because of their allergies or other information provided to us by themselves, their family or a clinician. Clients then often make a different selection. We are bound by ACQSC and Food Safety Guidelines to ensure we do not provide a meal to a client that is unsafe for them to eat due to declared allergens. This should be noted in the guidelines to provide clarity to all parties.

Concern 2

APD review of menu items. Are there enough APDs across Australia to be able to undertake this activity? There are often waiting lists in metropolitan areas for a personal visit which must be worse as you move away from a metropolitan area, however Meals on Wheels services and ageing Australians live across the country.

Would it be possible to consider a few options which may be the use of technology to review menu items and ingredients for those in remote/rural areas?

Similarly, would it be possible to allow, if not encourage, final year students to undertake this activity which could be part of their assessment for their courses? This would enable more numbers of eligible dieticians for service providers. Ultimately an APD is supervising them so they should be able to sign off on this activity. This may be well received by universities as a practical training option for their students as well.

Concern 3

There is no part of the guidelines that mentions delivery to the client. Meals on Wheels hand delivers meals to the client whereas other provides drop and go at all times of the day or night. We undertake temperature checks on the last item delivered to ensure our meals remain at a safe temperature. Concern over food safety should be part of this guideline as the Food Safety Standards only cover preparation and temperature requirements in relation to when the meal is delivered to the client (ie, from factory to residential address). A box of chilled or frozen meals dropped at the doorstep of an elderly client at 3 am in Cairns during Summer when there is 95% humidity and 30 degrees in temperature is not tested by drop and go providers as to whether their food is still at a suitable temperature. An elderly client is unlikely to be able to carry a box of meals into their house so may wait until a domestic or personal support worker arrives which could be 10 am. That would mean that box was sitting outside for 7 hours in the conditions of 95% humidity and 30+ degrees. In Australia, we have no best practice standard for measuring the efficacy of eskies or other insulated boxes holding temperature of items inside consistently (most are undertaken in cooler climates like Melbourne, indoors, under very controlled conditions). Therefore, a drop and go provider is potentially placing the health and safety of an ageing Australian at risk from food poisoning. There is no mention of this in these guidelines and yet these are about meal delivery. Even FSANZ 3.3.1 falls short of outlining delivery of meals and temperature controls to vulnerable Australians. There is no mention of any form of guide on what is considered safe and what is not. This is one area completely overlooked by these guidelines and Food Safety Australia and New Zealand.

There are no other concerns as we already comply and undertake many of the guidelines including seeking regular feedback from clients and developing our menus accordingly. This is part of our continual improvement practices and our desire to ensure meals are not only provided that can be eaten by our clients but that we also provide meals that our clients want to eat.

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