



NDIS Quality
and Safeguards
Commission



Slides prepared by Prof
Bronwyn Hemsley and
Fiona Given at UTS
March 2022



Masterclass

Co-Creating Safe and Enjoyable Meals in Disability Services:
Pathways to Implementation Strategies

Tracy Mackey

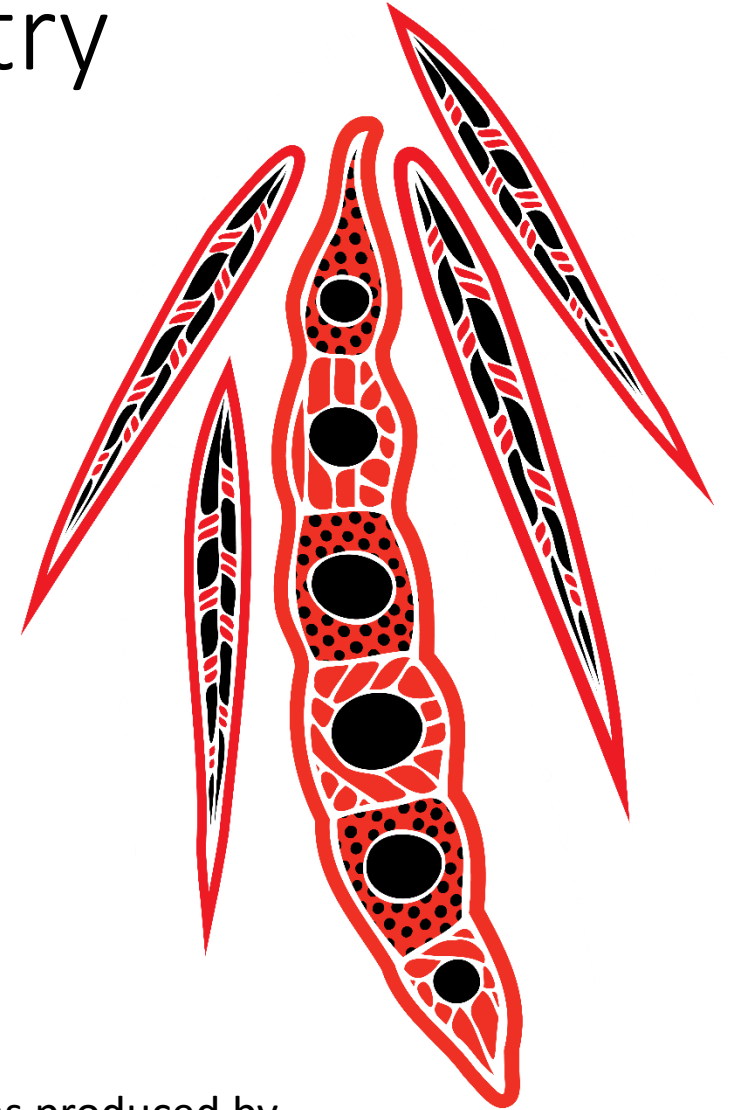
NDIS Quality and Safeguards Commissioner.





UTS Acknowledgement of Country

We acknowledge the Gadigal People of the Eora Nation as traditional custodians of knowledge for the land on which UTS stands, and pay our respects to Elders past, present and emerging and those here with us today.



The Girra Maa (Indigenous Health Discipline at UTS) wattle seed artwork was produced by Wiradjuri artist Nathan Peckham. It signifies our unity and diversity.



Partner Organisations

Funded by the Australian Government and the Victorian Department of Families Fairness and Housing



Partners

Investigator Team

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Images by Gary Radler are used in this presentation for illustrative purposes only, any person depicted in the images are models.

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Loretta Reiken, Chef Consultant, Dignity in Dining

Sarah Jones, Occupational Therapy Australia

Dr Sayne Dalton, APD, Dietitians Australia

Amy Fitzpatrick, Nichola Harris, Gail Mulcair, Speech Pathology Australia

Jemima McDonald, Council for Intellectual Disability

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Dr Seeta Durvasula, Developmental Physician

Prof Alison Lane, Occupational Therapy, La Trobe University

Shaun McCarthy, Director of the Legal Centre, The University of Newcastle

Danielle Notara and Dr Rachel Carling, Aruma (for NSW Pilot)

Emily Wailes, The Benevolent Society

Victoria Pilot Partners (funded by the Dept of Families Fairness and Housing)

Suzie Roberts, Steve Cooper at Possability (for Victorian Pilot)

Christina Melrose, Melba Support Services (for Victorian pilot)

Fiona Schreuder, Aruma (for Victorian pilot)

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Fiona Given



Ms Fiona Given (BA (Hons) LLB Grad Dip.
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Research Associate at UTS
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Bronwyn Hemsley

Prof Bronwyn Hemsley, Ph.D. Certified
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Project Lead – Co-Creating Safe and
Enjoyable meals



Dr Jeff Chan

Senior Practitioner

NDIS Quality & Safeguards
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Program



2.10pm Part 1: Fiona Given and Bronwyn Hemsley – Foundations + Modules

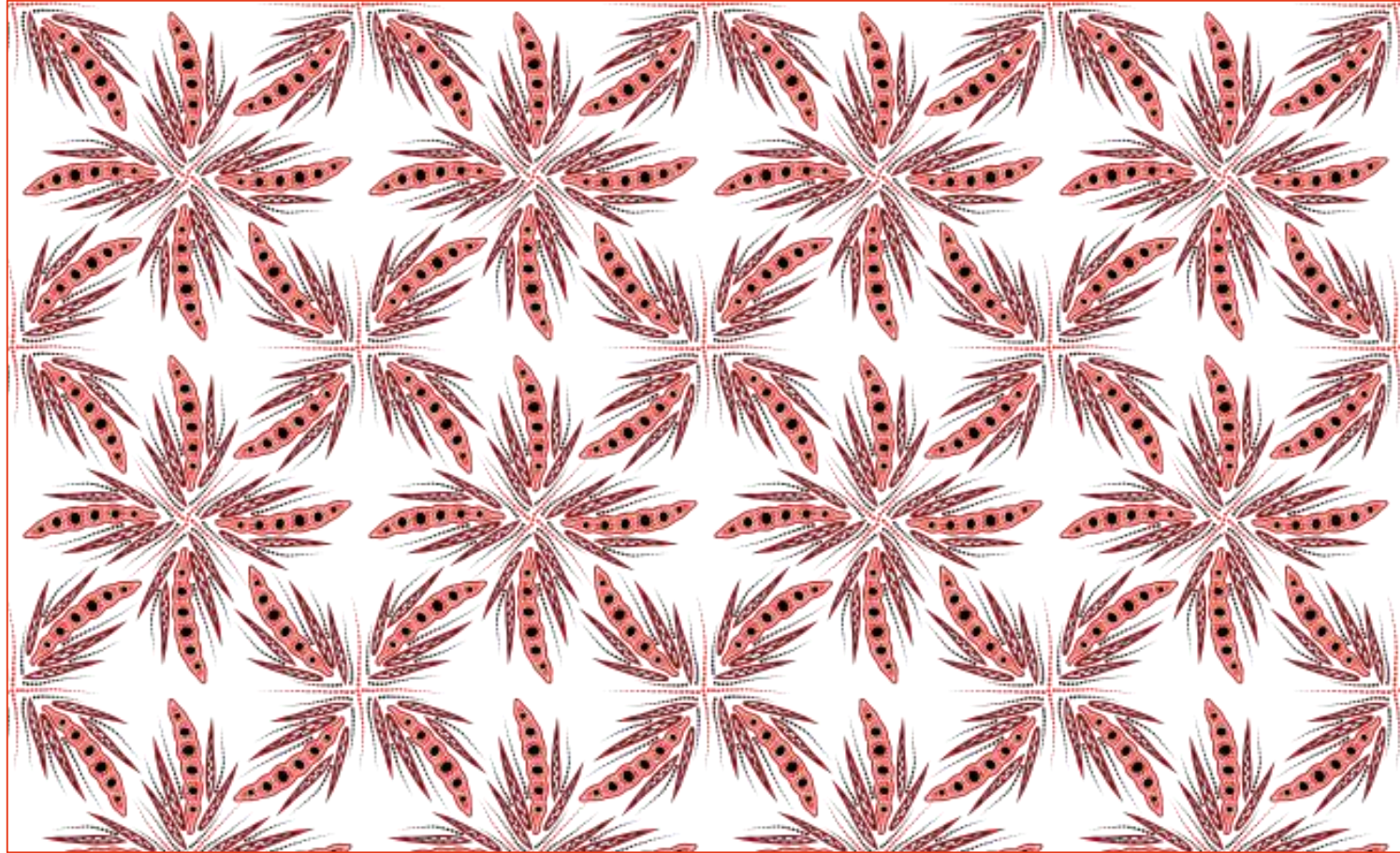
2.50pm *Screen break*

3pm Fiona + Bronwyn – Implementation Planning

3.50pm Jeff Chan, NDIS Quality & Safeguards Commission

4.00pm Close

Part 2



The Girra Maa (Indigenous Health Discipline at UTS) wattle seed artwork was produced by Wiradjuri artist Nathan Peckham. It signifies our unity and diversity.

Principles of Person-Centred Safe Meal Policies

- Be inclusive
- Explain reasons
- No changes without consultation
- Deeds not words
- Empathy and understanding
- Include people with little or no speech
- Plan for adequate funds
- Give enough time to talk
- Enable advocacy
- Meetings being scheduled
- Provide safe choices
- Time and planning for menu items



Fiona Given

Communication and Mealtime Safety



Communication is an essential part of mealtimes

Where does this leave people who use AAC?
Difficult to strike a balance

The importance of multimodal communication

Communication for social aspects and for safety

Time limits the quality of support: poor pay, public transport, safety COVID-19

Support workers must take the time to communicate and use AAC

Have completed their First Aid training and be willing to use it and confident

Basic training in mealtime assistance:
Not a production line

I feel like I am nagging or being too demanding
“Let me do my job my way”

Chat about menu planning over coffee



2.20pm

Overview of the Resources and Training Program and how they align with the NDIS Practice Standards and Quality Indicators in relation to dysphagia and mealtime assistance.

An Overview of Key Target Behaviours in the NDIS Quality Indicators for Standards

- 1. Identify:** Disability services/staff identify each participant requiring mealtime management.
- 2. Assess:** Each person with disability who requires assessment by a health professional obtains this.
- 3. Include:** People with disability are involved in the assessment & development of mealtime plans.
- 4. Manage safety:** Staff understand the person with disability's needs and responds to their risks.
- 5. Staff provide** safe and enjoyable meals for people with disability and manage their health risks.

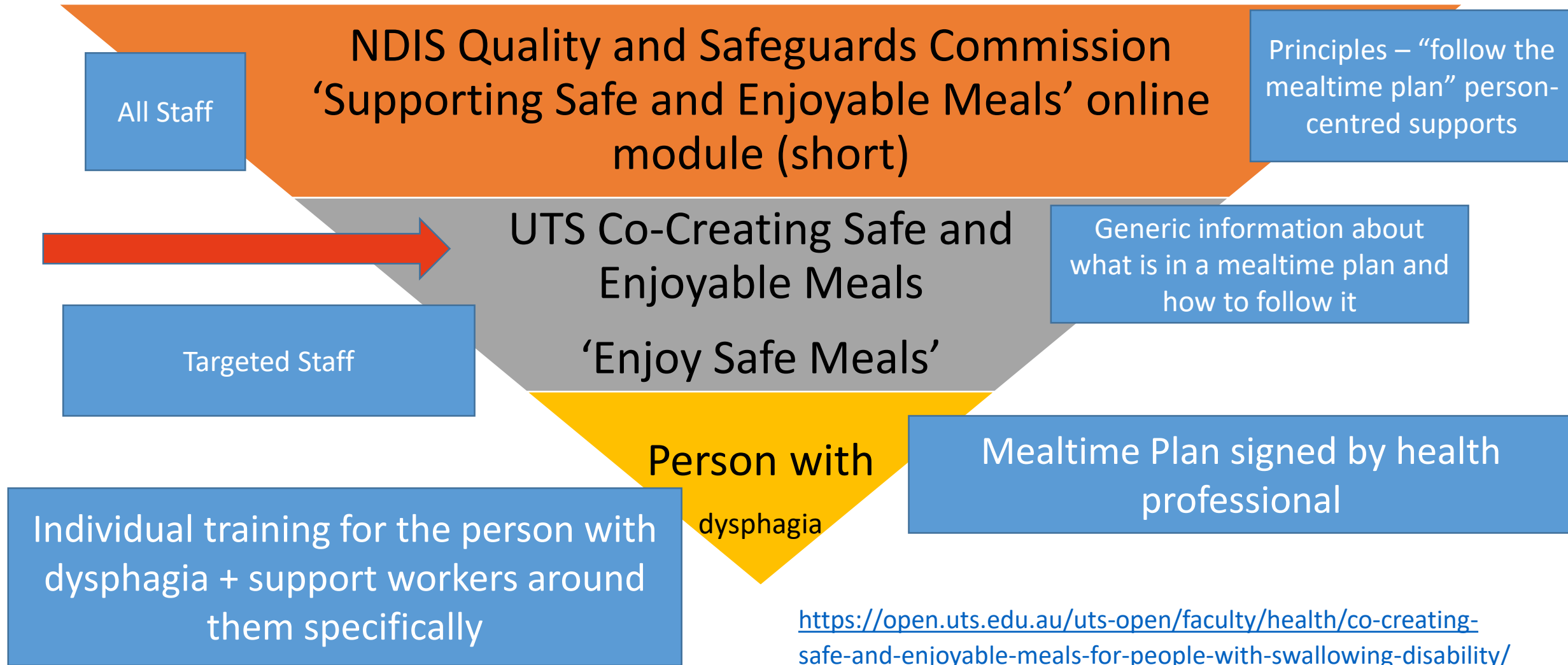
An Overview of Key Target Behaviours in the NDIS Quality Indicators for Standards - Continued

- 6. Access and Follow Mealtime Plans** for the people disability; plans are easily accessible to staff.
- 7. Build in individual preferences and health recommendations.** Staff plan effective menus with the person with disability, and provide nutritious meals that are enjoyable and meet the person's preferences with informed choices. Health professionals and disability services ensure healthcare recommendations are reflected in mealtime plans. Staff proactively manage risks.
- 8. Prepare and provide texture-modified foods.** Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime plans.
- 9. Check the food texture is right, store food safely, and label correctly.** Support workers store food safely and check that the correct meal of the correct texture is provided.

| 4 Modules | NDIS Practice Standards and Quality Indicators |
|------------------------------------|--|
| 1. Role + oral health | <p>Assess each person with disability who requires assessment by a health professional obtains this.</p> <p>Include: People with are involved in the assessment & development of mealtime plans.</p> <p>Staff provide safe and enjoyable meals</p> <p>Access and Follow Mealtime Plans</p> <p>Build in individual preferences and health recommendations</p> |
| 2. Swallowing + referral + choking | <p>Identify: Disability services/staff identify each participant requiring mealtime management.</p> <p>Assess:</p> <p>Manage safety: Staff understand the person with disability's needs and responds to their risks.</p> |
| 3. Food + modification | <p>Prepare and provide texture-modified foods.</p> <p>Check the food texture is right, store food safely, and label correctly.</p> |
| 4. Equipment + positioning | <p>Manage safety: Staff understand the person with disability's needs and responds to their risks. – particularly related to independence and equipment needs/position</p> |

Levels and layers for safety in severe dysphagia

Multi-directional and integrated training





Module 1: Mealtime Assistance and the Mealtime Plan

Trainer for this session:



Image by Gary Radler, any person depicted in the images are models.

“

She takes over and starts feeding me to speed things up.

“



What is going on in this story that impacts on the person's mealtime safety and enjoyment?





Module 2: Ensuring Safe and Enjoyable Meals: Swallowing and Detecting Swallowing Difficulties

Trainer for this session:



Image by Gary Radler, any person depicted in the images are models.

Swallowing in action



Signs of swallowing difficulty



Scenario 1: A party

You are at a party, and the table has a lot of party foods.

Everybody is sitting in small groups. A person in your group is talking with the group while eating.

A plate of chicken nuggets is nearby. Suddenly, they stop talking and their eyes are watering. They are silent, and their eyes are getting wider.



What would you do?



p.64



Module 3: What's on the Menu? Planning Food and Fluid Texture Modifications

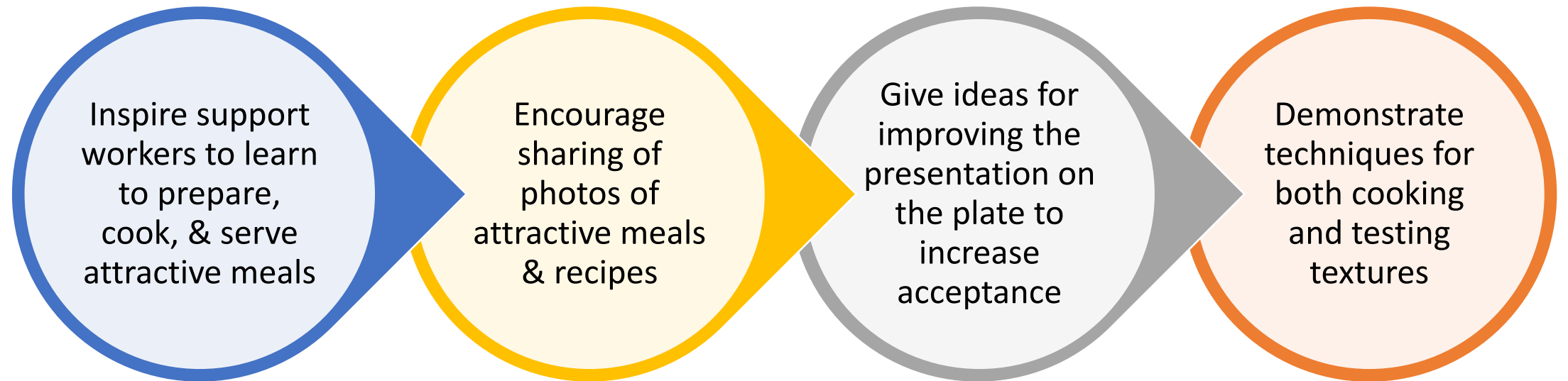
Trainer for this session:



Image by Gary Radler, any person depicted in the images are models.

Loretta Reiken:

My role as chef in the learning design



Attractive texture-modified meals (IDDSI)

- IDDSI Level 6 – Soft and Bite Sized
- IDDSI Level 5 – Minced and Moist
- IDDSI Level 4 - Pureed

© The International Dysphagia Diet Standardisation Initiative 2019
@ <https://iddsi.org/framework/> Licensed under the Creative Commons Attribution Sharealike 4.0 License <https://creativecommons.org/licenses/by-sa/4.0/legalcode>. Derivative works extending beyond language translation are NOT PERMITTED.



IDDSI Level 6 Soft & Bite Sized



IDDSI Level 5 Minced & Moist



IDDSI Level 4 Pureed

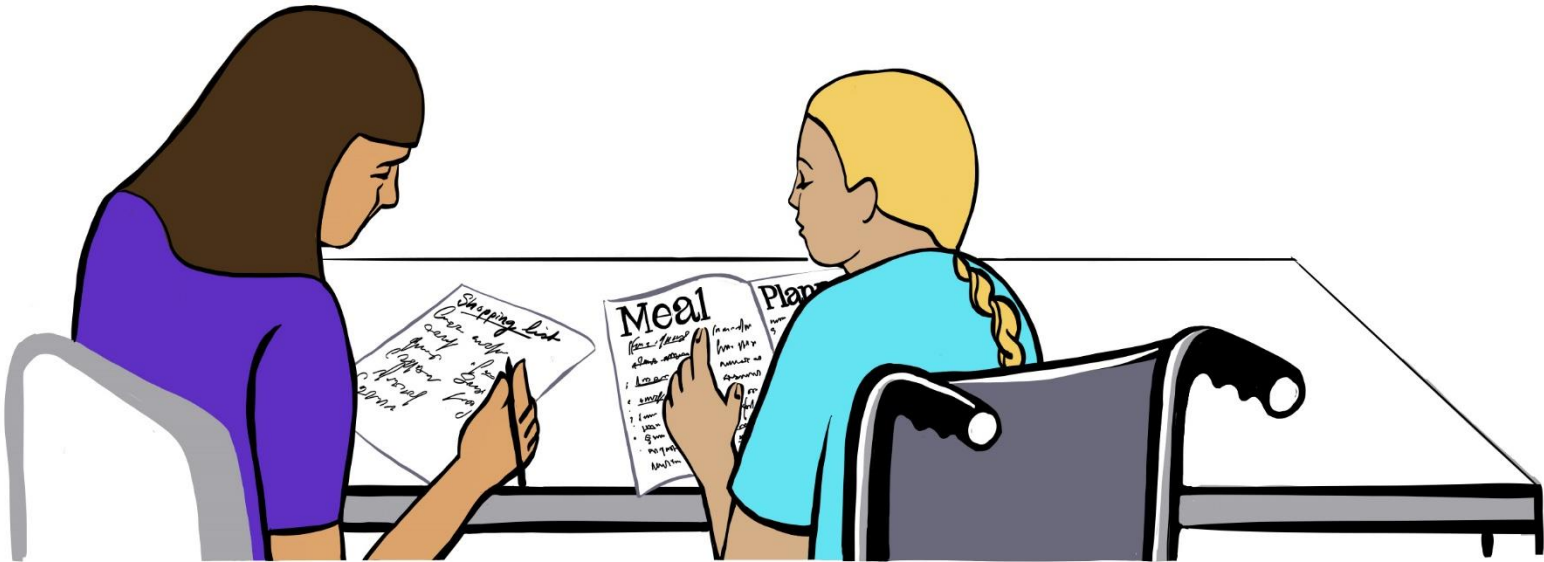


Preparing texture-modified foods at home



IDDSI Level 4: Pureed

The importance of menu planning



Additional Resources ... Guide to Menu Planning and a Menu Plan Template

Use the Guide to Menu Planning to make a menu plan for one day of the week

Guide to Menu Planning

Menu planning is an important part of providing a balanced and nutritious diet. There are general guidelines for nutrition that suggest a healthy balance of proteins, carbohydrates and fats, as well as other nutrients. These are also important for people on texture modified diets. There will be situations where individual dietary requirements override these basic guidelines, and nutrition recommendations from the dietitian should be followed.

This document provides examples on how to menu plan for a person who has a texture-modified diet.

Ideas for Breakfast

Here are some breakfast food ideas which can be easily texture-modified for a person with a swallowing difficulty:

- Porridge with rolled oats
- Raw muesli soaked overnight (not toasted) (with no nuts)



p.28 of Additional Resources



Module 4: Positioning and Assistive Technology for Safe and Enjoyable Mealtimes

Trainer for this session:



Image by Gary Radler, any person depicted in the images are models.

Resources



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[Mealtime safety](#)

[Resources](#)

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Train the Trainer Method

01

Trainee attends full day workshop delivered by UTS staff member.
Trainee also completes the 'Train the Trainer' module

02

Provisional trainer co-delivers training workshop with UTS staff member.

03

UTS staff co-deliver to provide feedback and guidance. Provisional trainers are supported to deliver workshops with greater independence.

2.40pm: Small Group Reflection – Initial thoughts about implementation in your organisation.

How are 'mealtimes' and 'dysphagia' currently considered in your setting/organisation?

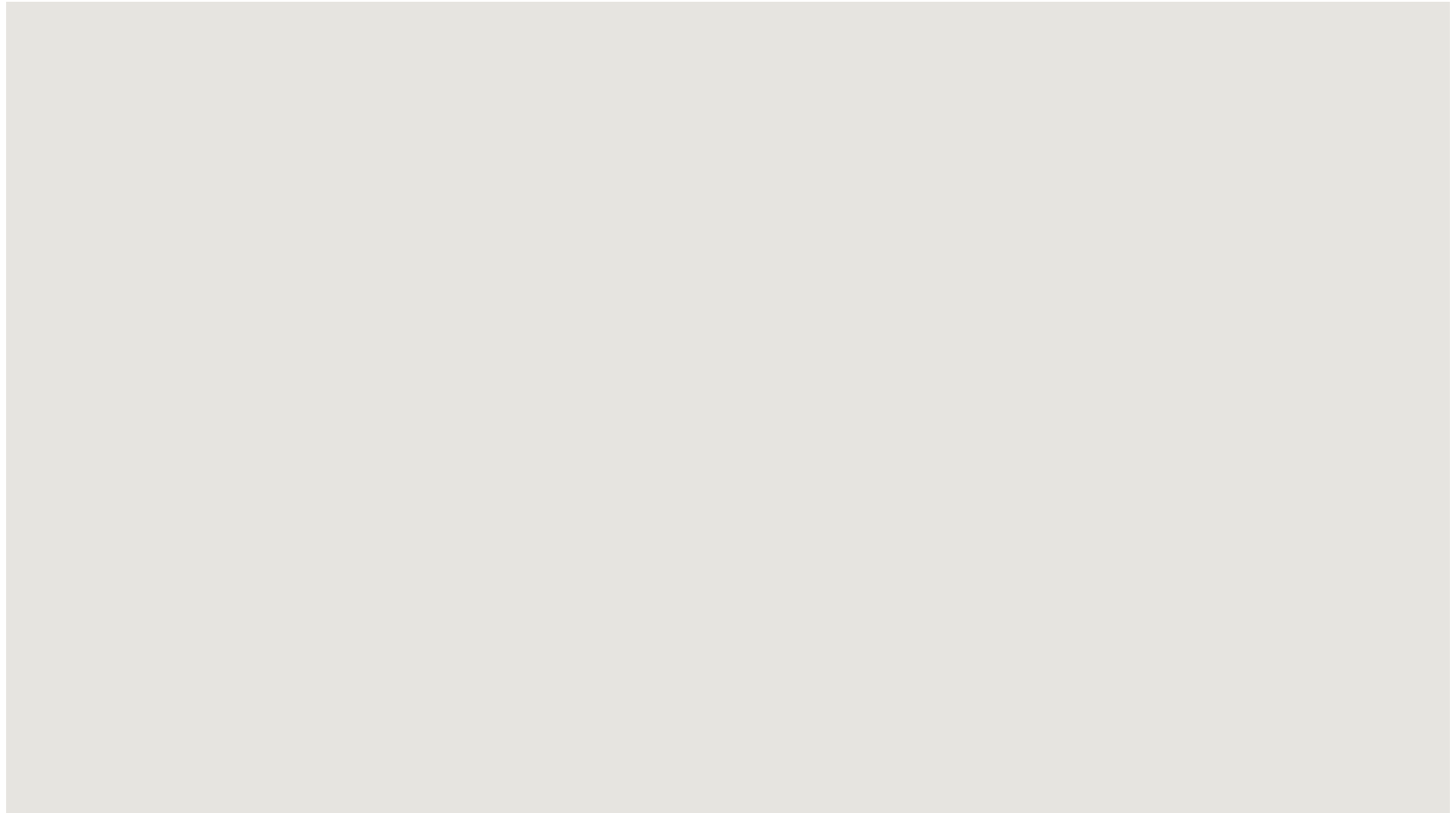
How does **this package of resources** add to or replace any of that?

What is **unique** about your setting, that might impact implementation more or less?

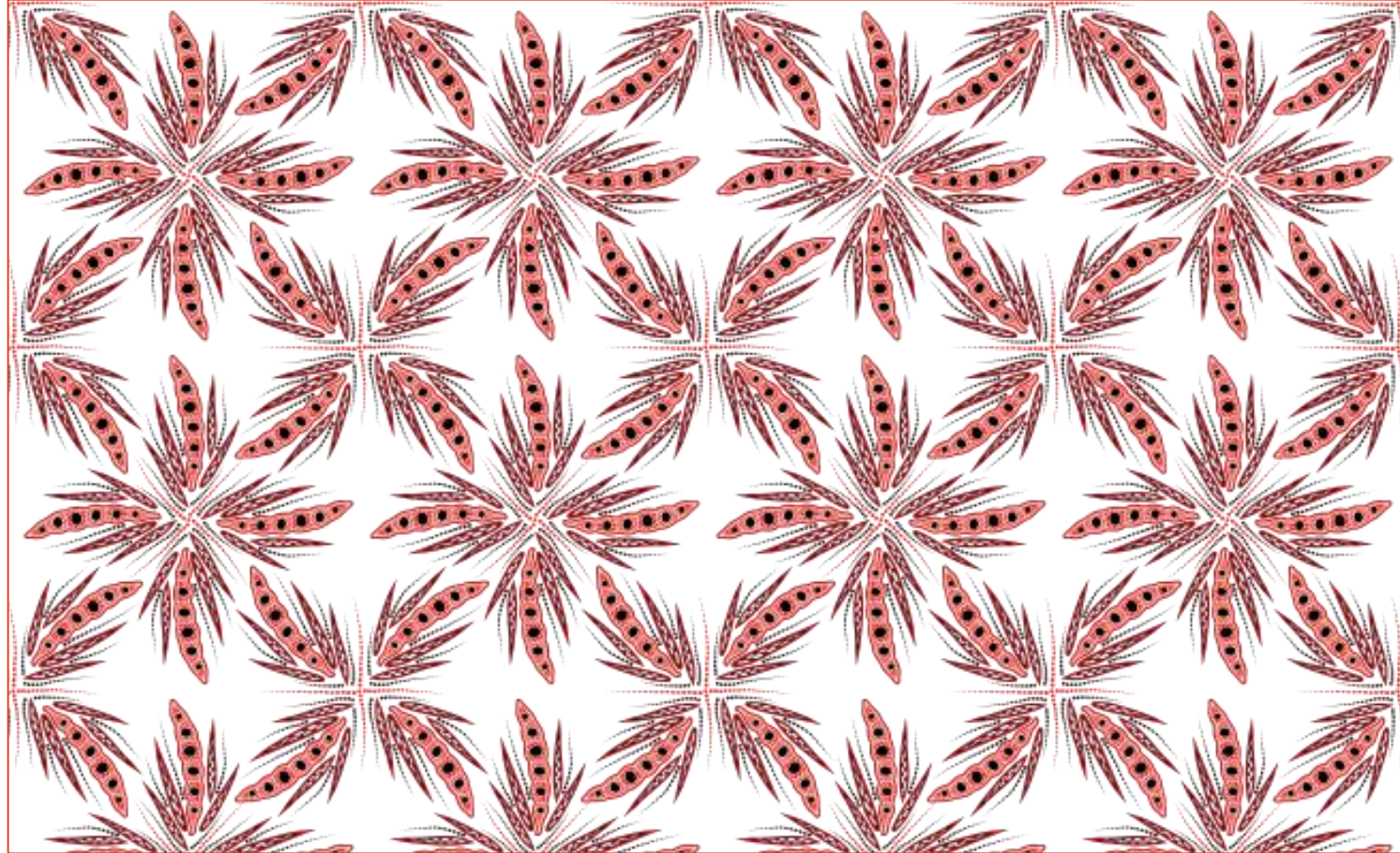
SERVICE LEVEL IMPLEMENTATION

- **Consider** your current training offerings in your organisation, and consider how mealtime assistance training ‘fits’ in that program
- What do you provide to staff apart from training?
- What supports help staff to implement the training?
 - Coaching
 - Buddy system
 - Audits
 - Seminars / workshops
 - Meeting inservices
 - Community of practice
 - Social connectedness about mealtimes and meals

NDIS Practice Alert: Dysphagia + Medicines



Part 3

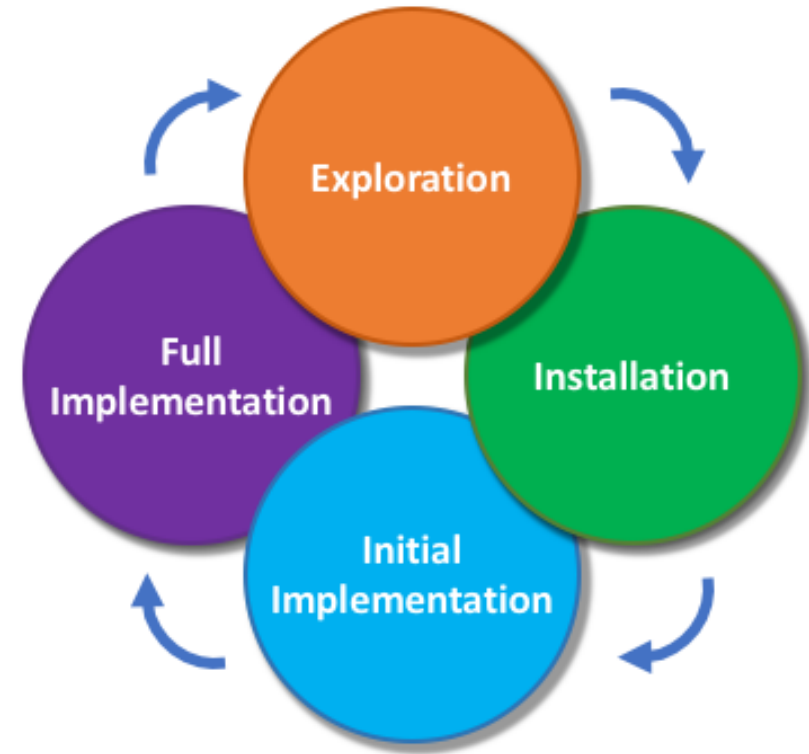


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3.00pm

Developing an
Implementation Plan

Considering common
barriers to and
facilitators for
implementation of the
strategies trained.



Active Implementation: Process Model

Adapted from: <https://ars.els-cdn.com/content/image/1-s2.0-S1551741117304916-gr2.jpg>

An Implementation Science Approach

- **involving stakeholders**
- identifying **target behaviours**
- **identifying local factors** (barriers and levers) affecting behaviour change using a TDF-based questionnaire
- **working with stakeholders** to generate specific local strategies to address key barriers; and
- **supporting stakeholders** to implement strategies.

Taylor, N., Lawton, R., Slater, B. *et al.* The demonstration of a theory-based approach to the design of localized patient safety interventions. *Implementation Sci* **8**, 123 (2013). <https://doi.org/10.1186/1748-5908-8-123>

Your implementation plan for *co-creating safe and enjoyable meals with people with disability*

- 1: Forming an implementation team
- 2: Defining a locally relevant target behaviour
- 3: Understanding the barriers to performing the desired behaviour
- 4: Devising intervention strategies to address identified barriers.
- 5: Intervention implementation.
- 6: Evaluation



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5. **Staff provide safe and enjoyable meals** for people with disability and manage their health risks.
6. **Access and Follow Mealtime Plans** for the people disability; plans are easily accessible to staff.
7. **Build in individual preferences and health recommendations**. Staff plan effective menus with the person with disability, and provide nutritious meals that are enjoyable and meet the person with disability preferences with informed choices. Health professionals and disability services ensure healthcare recommendations are reflected in mealtime plans. Staff proactively manage risks.
8. **Prepare and provide texture-modified foods**. Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime plans.
9. **Check the food texture is right, store food safely, and label correctly**. Support workers store food safely and check that the correct meal of the correct texture is provided.

Remember! inclusion at every step

- Time is the greatest barrier / “feel rushed”
- Complacency about coughing / not responding or knowing how to
- Documentation of near miss choking incidents is not common
- Time for documentation is often not provided in a shift
- Importance of an organisational approach
- Correct mealtime equipment and ingredients
- Cultural considerations extend beyond the food into roles and responsibilities (eg of family members)
- This involves everybody
- Must receive necessary training
- Casualisation of the workforce is an issue - valuing the role

Small/Large Group Discussions

Build your own framework for implementation

- Should the organisation embark upon the **'train the trainer'** model, or outsource the training?
- **Who needs training** within the organisation? (hint, it is not only Direct Support Workers)
- **How often** do they need training? (hint, this will vary according to their role)
- How are other staff supported to **implement the strategies**? (those who have not been trained)
- What **policies** are needed to support implementation of the trained strategies? (systems level change to support implementation)
- **When** should the training program commence?
- **How** will it be supported with **time and funding**?
- What **evaluation** points will be important, and who will decide these?
- What **outcomes** are important to track in the organisation?
- How will the organisation **engage with people with swallowing disability** in relation to the training and implementation of strategies?

SERVICE LEVEL IMPLICATIONS: STRATEGY

- List all of the parties that you feel would need training in safe mealtime assistance
- What level or type of training?
 - General knowledge only (the Worker Orientation Module type level)
 - Detailed knowledge to align with skills needed for working with people with severe dysphagia or high mealtime assistance support needs
 - Knowledge of responding to choking – who needs this?
 - Knowledge of referral patterns and procedures for follow up
 - Knowledge about documentation, reporting, incident reporting, communicating about mealtimes
 - Knowledge about rights and obligations, duty of care and ethical decision-making

Reflection points in the Masterclass

Barriers/Enablers

What are the key barriers and facilitators to disability organisations and support workers implementing the strategies needed to meet the NDIS Practice Standards for Mealtimes and Severe Dysphagia? [Indicators 1-9]

Experiences

What are the experiences of adults with ID of mealtime management? [Indicators 3, 5, 7]

How are they included in the design of their mealtime plans? Do they have choices?

Behaviours

What behaviour change techniques are appropriate to target key barriers to support workers implementing the strategies trained in the Co-Creating Safe and Enjoyable Meals training?

Costs and impacts

What are the costs and impacts of implementing the strategies as intended, to improve the care quality and safety, health and quality of life of adults with disability and dysphagia?

Reflection points continued ...

Outcomes

What outcomes are measurable and demonstrate change in disability services - striving to meet the Practice Standards through their policies, practices, training, and staff support?

Indicators

What are the indicators of success in the implementation of the strategies to improve mealtime practices? What are the indicators of risks, dangers, and deterioration?

Acceptance

Will the implementation frameworks make a meaningful difference, in prevention of choking in adults with disability?

Will the frameworks be adopted by staff to build a culture of inclusive, safe meals?

Influence

Does the organisation provide a feasible and sustainable approach to enable disability services to meet the NDIS Practice Standards?

ROOM KEY FOR SMALL GROUP DISCUSSIONS – 5 people per room.

| Barriers/Enablers – 1,2,3 | Experiences 4,5,6 | Behaviours 7,8,9 | Costs and impacts 10,11 |
|--|---|---|---|
| <p>What are the key barriers and facilitators to disability organisations and support workers implementing the strategies needed to meet the NDIS Practice Standards for Mealtimes and Severe Dysphagia?</p> | <p>What are the experiences of adults with ID of mealtime management? How are they included in the design of their mealtime plans?</p> | <p>What behaviour change techniques are appropriate to target key barriers to support workers implementing the strategies trained in the Co-Creating Safe and Enjoyable Meals training?</p> | <p>What are the costs and impacts of implementing the strategies as intended, to improve the care quality and safety, health and quality of life of adults with ID and dysphagia?</p> |

| Outcomes 12,13,14 | Indicators 15,16,17 | Acceptance 18,19,20 | Influence |
|---|--|--|---|
| <p>What outcomes are measurable and demonstrate change in disability services - striving to meet the Practice Standards through their policies, practices, training, and staff support?</p> | <p>What are the indicators of success in the implementation of the strategies to improve mealtime practices? What are the indicators of risks, dangers, and deterioration?</p> | <p>Will the implementation frameworks make a meaningful difference, in prevention of choking in adults with ID? Will the frameworks be adopted by staff to build a culture of inclusive, safe meals?</p> | <p>Does the organisation provide a feasible and sustainable approach to enable disability services to meet the NDIS Practice Standards?</p> |

Barriers to implementation – service and individual level

- **Reflect** - Apart from 'time' or 'money', think of any **other** barriers to implementation of safe and enjoyable mealtime practices for people with swallowing disability (there are several other barriers to be considered)

Facilitators to Implementation

How will you remove those barriers?

What else needs to happen?

Perhaps modifying the materials is an important step in implementation?

Questions?

Training staff

- All Indicators
- UTS Course 4 Modules
- Organisation's other training resources
- NDIS Quality & Safeguards Commission other resources

Screening and assessment

- 'Identify' 'Assess' and 'Manage'
- Support worker referrals
- Speech path/Dietitian assessments
- Behaviour support assessments

Community of practice

- Photos and recipes sharing
- Food photos
- Blog posts and 'success stories' shared on social media (Insta, Twitter, Facebook)
- Awards and recognition

Coaching and follow-up

- Community of Practice action
- Drop in observation
- Random check audit of implementation
- Principles of active support

Dr Jeff Chan

Senior Practitioner

NDIS Quality & Safeguards
Commission

Introducing the *Safe and
Enjoyable Meals* online
training (for everyone, free –
coming in April)



www.enjoysafemeals.com

- For information on UTS Training Workshop on *Safe and Enjoyable Meals for People with Swallowing Disability*
- For information on the Train the Trainer Model from UTS
- For updates on materials and new resources as they are made available
- To access downloadable PDFs and videos (Resources)
- To send recipes for meals (On the Plate)
- To send stories of experience for publication on the blog (News & Views)