



Our Food Safety Working Group and members, provide services across a wide range of the food industry including food service and retail.

The Food Safety Working Group developed and presented,

**A Nationally Consistent Approach to Food Safety Compliance in Aged Care, to:**

- The Honourable Ken Wyatt - former Minister for Aged Care.
- The Honourable Richard Colbeck - Minister for Aged Care and Senior Australians, and
- The Food Regulation Standing Committee.

## Submission

**Proposal P1053: Food safety management tools for the food service and closely related retail sectors.**

**Proposal P1053 to amend to the Australia New Zealand Food Standards Code (Food Standards Code) to include a new Standard 3.2.2A and a variation to Standard 1.1.17 is unsatisfactory from the perspective of its potential to be used as a 'default Food Safety standard' for the Residential Aged Care sector, in the absence of a separate standard governing the Aged Care sector.**

**The Aged Care sector needs a standard to contain some carve-out exemptions to allow the elderly residents to be able to eat food in a domestic residential ( home-like setting ) without all the rigorous settings applicable to the delivery of a commercial food business as set out in FSANZ Proposal P1053. At the moment, the proposed Food Safety Standard when imposed by default on all Aged Care facilities, will result in losses of food choice and inappropriate application of safety concerns that are inconsistent with the Aged Care Principles of Governance and will provide a regulatory excuse for many service providers to supply poor quality and less nutritious meals to aged care residents on the supposed spurious ground that it is the most 'safe' way to do so. Proposal P1053 needs a special provision to refer to Aged Care food provision.**

The Lantern Project Food Safety Working group believes that the Food Standards Code in its current version has not provided sufficient recognition for Residential Aged Care facilities as unique food service businesses, beyond 3.3.1. A Residential Age Care Facility is at once a commercial food service business and a domestic environment and requires special consideration.

The Aged Care Quality and Safety Commission has recognised a more domestic food service model as intrinsic to individual health, wellbeing and quality of life. The Aged Care Quality Standards require residents to have autonomy, independence, choice, the right to risk, personal sovereignty and dignity. The Guidance material promotes activities that ensure residents feel as if they were at home, yet this is in conflict with current enforcement of the Code by state and council regulators.

As stated in the *Dementia in Australia 2021 Report*, dementia is now the third-leading cause of disease burden in Australia. There are currently up to 472,000 Australians living with dementia. The problem of unsustainable food consumption among vulnerable residents in aged care who suffer from dementia is multifaceted. Service of recognisable 'comfort foods' is an extremely important strategy used within the sector to encouraging food consumption for those with Dementia.

However, access to many comfort foods, deemed 'High Risk' and also dining practices that have been part of the traditional or cultural meal time experience for many residents, including those with dementia, has been denied. Yet, state food safety regulators have placed restrictions on the service of items such as softly cooked eggs, camembert cheese, smoked salmon and a range of traditional smoked and cured meats to name a few, without giving consideration to the risk impacting nutrition, choice, quality of life and wellbeing. Strangely, these foods are readily available for Aged Care residents to purchase from a retail facility, yet are not able to be provided within their home.

It has been made taboo by some state food safety regulators for residents to share a relaxed meal at a communal table. Residents have had their right to use a ladle for self-service removed by some authorised officers, yet, the same activity is encouraged by aged care regulators, as it promotes independence and dignity. The obsessive covering of food in plastic and overuse of single serve packaged items that residents struggle to open without assistance impedes independence and further highlights the need for regulators to come to agreement. Furthermore, single use plastic items fail to align with the Australian Government's commitment to sustainability and protection of our environment.

The inconsistencies between federal and state regulators flow on from state to state, state to local and indeed between Authorised Officers. This situation has created a great deal of confusion and anguish within the industry and ultimately has resulted in a deficit of vital nutrition and quality of life for many aged care residents.

**We believe that prompt action is required to ensure:**

- Aged Care is recognised as a unique food service sector that is at once commercial and domestic.
- Areas are identified and defined where age care differs and may require alternate food safety practice to support personal sovereignty, dignity and the full dining experience to promote nutrition and quality of life for residents.
- A nationally consistent, concurrent and competent approach by the Aged Care Safety and Quality Commission and all State Food Safety Regulators, including individual officers is established that supports resident health and wellness.

Further, with regard to Food Safety Supervisors, Food Handler Training and Evidence to Support Food Safety Management, the current Certified Food Safety Supervisor training courses has not provided the Vulnerable Persons industry with knowledgeable/educated staff. Units of competence have not provided a consistent base level of skill or knowledge, nor have they produced staff capable of supervision. Moreover, graduates from Registered Training Organisations with hospitality Certificates, and even Diplomas are unable to answer questions on basic food safety. Therefore, consideration could be given to:

**Certified Food Safety Supervisor.**

- Maintain regulatory verification at supervisory level, with more relevant content.
- Ensure content is relevant and provides support to supervisors for real-life residential aged care food service with its challenges relating to food and nutrition and hydration. This may need to be in the form of a higher skills/knowledge level as it involves a broader and more in depth understanding the Food Standards Code and also the Aged Care Quality Standards relating to the right to risk.
- Include significant content contributed by industry rather than the training industry alone.

- Include content to support the development of supervisory skills and knowledge.
- Base certification assessment on knowledge of the Food Safety Program at the individual work place.

Regulated food safety training for all food handlers.

- Provide adequate content for food handlers in real-life residential aged care food service with specific reference to the challenges in food and nutrition and the right to risk.
- Include significant content input from industry with regular reviews to ensure currency and relevance are maintained.
- Include contextualised assessment based on knowledge of the Food Safety Program in the work place.
- The development of food safety skills and knowledge on site rather than mandated through an RTO. This will ensure the onsite Food Safety Plan is followed and also support varying roles, some having very minimal food handling.
- Recognition of competency in food safety within a specified period of time rather than a pre-employment mandate.

Before evidence to substantiate Food Safety Management in Aged Care Food Service is defined, first the approach by regulators requires review and to be made consistent. Further, dining areas within aged care settings need to be acknowledged as 'domestic' and have restrictions on foods and practices lifted with the onus placed, rather on sound, basic food safety practice, that includes supervision.

Evidence to substantiate Food Safety Management in Aged Care Food Service

- Clearly define areas where food safety evidence in the domestic aged care dining environment may differ from other commercial food service environments.
- Nationally standardised definitions for evidence that are consistent across jurisdictions and aligned with the intention of the Aged Care Quality Standards.
- Remove the risk of inappropriate interpretation of evidence by Authorised Officers through the provision of a simple, standardised HACCP based Food Safety Program recognized by Industry, to enforce the Code within the Aged Care Sector.
- Provide simple guidelines that are realistic, achievable and nationally consistent for monitoring of essential control measures with provision for facilities to comply with their own systems equivalent systems.
- Provide nationally consistent audit and inspection tools with plain English wording.

We request that consideration is given to updating of the Code to specifically include provision of food in the Aged Care Sector with evidenced based learnings in mind from other agencies, such as the Aged Care Quality and Safety Commission and Dementia Australia to ensure that older Australians living in aged care facilities are given the best possible care and safe food without restrictions.

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