

The Benchmark in Menu & Mealtime Assessments

M-Check is the Menu & Mealtime Assessment Tool designed for aged care and beyond.

Presented by:

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Introducing M-Check

The Check-Mark of Nutritional Confidence



Why is Food & Nutrition important?



What is Menu & Mealtime Assessment?

- From 1 November, Menu and Mealtime Assessment tools will be based on the Strengthened Aged Care Quality Standards.
- Until recently, most assessments have used the current Standards.
- Many Menu and Mealtime Assessment tools, such as the Dietitians Australia Tool will only address Standard 6 (Strengthened Standards).

קן נהאש לִפְפֹּל לִלְכֹּט פֿאָדֶקֶט אָלֶפֶט , ס'ש

Enables the APD to:

- Conduct a serving size audit
- Observe food preparation practices
- Observe the mealtime experience
- ווּלִי אָלֶפֶט יִשְׁתַּחֲזַק טַב־לֵאשָׁה לִסְאֵל לִיִּי לִפְפֹּל יִי
- פֿאָשׁ לִפְפֹּל לִכֹּט כֵּשׁ טַמֵּמ טַמֵּלֵפֿ
- פֿאָשׁ לִי הִי | דִּתְכֹּל לֵאשָׁה הִי טֹרֶה
- מִמֵּטַלֵּפֿ , לִצֹּא אָלֶפֶט יִי לִיִּי
- שִׁשְׁנֵי וְשִׁחֲזַק טַב־שׁ לִכֹּט קִיִּיִּי

Why is M- Check different?

- It is an IT tool that collates all the scores and APD recommendations.
- It covers Standard 1-6, not just Standard 6.
- Unique scoring system, (1-5, where 4 is acceptable)
- Benchmarks an individual home against the 'average' home.
- Benchmarks an individual home over time to measure progressive improvements.

Strengthened Aged Care Quality Standards

Standard 1	The Individual
Standard 2	The Organisation
Standard 3	The Care and Services
Standard 4	The Environment
Standard 5	Clinical Care
Standard 6	Food and Nutrition
Standard 7	The Residential Community

Does food relate to other standards?

גב וזהם לש ד ככ ט כש טלע

אך גן לא קנתפ י פ
_פ לת כ

לכ | פש ל חל ה לאלפ, פ ט פלש ל ה קן ו חל כ ל חל ו ל סש
קן י טש ל חל פן ט | חל כש חל ש ל חל ג ש חל ט רכ חמח
חל ל סל א | חל י ט פש חל חל ל כ כ ל רכ חמח לצ ט חל ה ל סל
פ ל חל חל ל פ כש ט לכ ט ד כ ל ג ט כ ל כש חל

- חל ל חל כש ט לאל ט | חל ט אלש לככ | חל פ
 - ט | ט חל כ לאלש ל פ לכ ו כש ט כ ל פ לכ ו | חל חל חל ו פ
- פ כש טלככ ל כש חל | חל חל כש ל סל

Does food relate to other standards ?

Absolutely it
does!

Standard Two: 2.3.7

The provider maintains and implements **policies and procedures that are current, regularly reviewed**, informed by contemporary, **evidence - based practice** and are understood and **accessible** by aged care workers and relevant parties.

עפ"י ככ"ט כיש מאפ"כ ל סאת הא לא מק לכ כ ת המ פ ל ת ק

Absolutely it
does!

Standard Two: 2.7.2

The provider's information management system ensures that:

- Aged care workers and individuals, supporters of the individual, registered health practitioners, allied health professionals, allied health assistants and others involved in the individual's care have **access to the right information at the right time** to deliver and receive quality funded aged care services.
- The **accuracy and completeness** of information collected and stored is maintained.

Does food relate to other standards?

Standard Two: 2.9.4

The provider maintains and implements a training system that:

- Includes **training strategies** to ensure that aged care workers have the necessary skills, qualifications and competencies to effectively perform their roles.

אין קשר לא קטן י פ
פ ל ת כ

Does food relate to other standards ?

Standard Three: 3.2.3

**Absolutely it
does!**

Individuals are supported to use **equipment, aids, devices** and products safely and effectively.

Does food relate to other standards?

ב ב זם ל ל'סש כ'ט כש טל'ע

א'ק לא ק'ת'פ י'פ
_פ'ל'ת'כ

נע'כ'ט'ד'חמ'ה'ל'פ'ט'פ'ל'ש'ל'ה'ק'ן'ו'ה'ל'ק'ל'פ'א'ת'כ'ו'ל'ס'ש
ס'ל'ט'ס'ל'פ'א'ש'ל'ה'ל'כ'ס'ח'י'נ'ע'ה'ק'ל'פ'ק'ט'א'ק'ח'כ'ע'ה'כ'ח'מ'

- א'ל'ד'ש'ל'ק'ל':כ'ט'ת'ו'ה'ל'א'ש'ת'ד'פ'ל'א'ט'כ'ת'ו'כ'ת'ד'ש'י'
ש'ה'ק'ש'נ'ת'ד'ל'כ'ק'ל'ה'ל'ל'ס'ל'כ'ח'מ'פ'ק'נ'ל'א'ט'כ'ל'פ'ט'י'
א'ט'ס'ל'ל'כ'ט'ד'מ'ת'כ'ל'ק'ל'כ'ל'ס'ל'כ'ש'ט'פ'א'ש'ל'ה'ל'כ'מ'ת'
ס'ח'י'נ'ע'ה'ק'ל'פ'ק'ט'א'ק'ח'כ'ע'ה'כ'ח'מ'ו'ו'פ'א'ל'ל'י'
ב'פ'א'ש'ל'ה'ל'כ'

Does food relate to other standards ?

Standard Four: 4.1.3

**Absolutely it
does!**

Equipment used in the delivery of funded aged care services is safe, clean, well - maintained and meets the needs of individuals.

עפ"כ כשט מאלף כ' ל סאלת הא לא מן לכ כ'ת חמ' פ' ל'ת ק

וב עטח ל' אש כ'ט כשט אל ע

Absolutely it
does!

אל טסא ר' לאלפ, פ' ט פאלש ל' ר' קן ו' א' כ' ל' א' ו' ל' סש
כשט נעמ' חמ' ש'ת ר' ש' חמ' ט חמ' אלש ל' א' ל' סא פאל'ת ו' ו' ו' פ'
ס' א' ס' כשט אל'ט ו' א' ס' ס' מ' ס' מ' אלש ל' ר' ל' נטשט ר'
אלש א' | י' נעמ' כ' ק' ע' : פצ'פ' לכ'ט ק'ט חמ' ש'ת ל' ד'ש ק'ט ו' ל'כ' ו'
: נעמ' צ'ת ס' ר' חב עט הא ב עט פ'ש חמ' ר' פ' הא כ' ל' א' חמ'
ק'טת : סאק'ט ל' סק'ט אלש ל' ר' ש' חמ' סא' | ש' : פק' עמ' : ל' ד'ש ל' חמ' ש'ת ר'
ב' אלש ל' ר' א' ו' א' י' חמ' ש' ל' כשט פ' כשט | ת' : ע'ט ו' : סאק'ט ל' ס'

Standard 6: Food & Nutrition



Outcome 6.1:

Partnering with individuals on food and drinks

The provider must partner with individuals to deliver a quality food and drinks service that includes **appetising and varied food and drinks** and an enjoyable dining experience .

Key considerations

- עכּתּוּמּ כּלּאֵפּ ט׳ ׀ פּכּטּ ףּכּ כּתּסּ שׁ
- עּנּשׁכּ חּאֵשׁתּ ר׳ יּשׁטּ לֵכּ לִסּאֵ פּי
- אֵלּ נּשׁחּאֵטּ רֵכּחּשׁ ףּכּסּאֵ פּלּתּכּ ׀תּוּוּ
עּרּטּ לֵאקּטּ ףּשׁקּ ףּלּסּאֵ חּאֵצּ ףּטּ י

מבוי לתת | ת

Assessment of nutritional needs and preferences

The provider must demonstrate that the provider understands the specific **nutritional needs of individuals and assesses the current needs, abilities and preferences** of individuals in relation to what and how they eat and drink.

Key considerations

- When are the nutritional needs of a resident assessed?
- How often are the meal preference lists updated?
- In the kitchen and serving area too?

פֿעשקײַכּ כּ כּש ט כ ת חמ מ ת ש רהי קיי אָתװ

[illegible]

- Residents input
- APD guidance
- Sufficient detail
- Choice
- Recipes
- Serving (regular and IDDSI)
- Protein options at the 3 meals
- Mid meals
- Food groups available every day
- Previous menu and mealtime assessment completed
- Identify improvements have been actioned

Outcome 6.4:

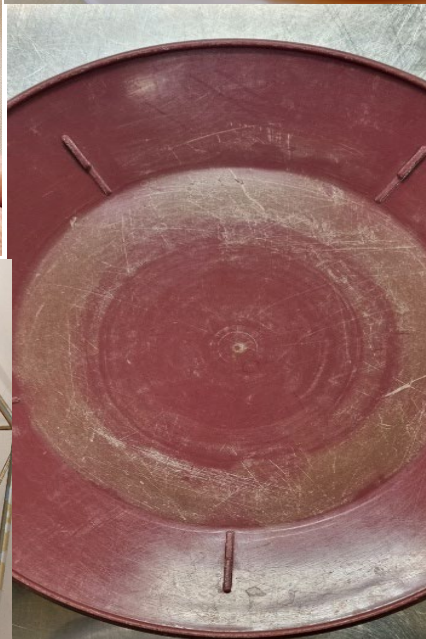
Dining experience

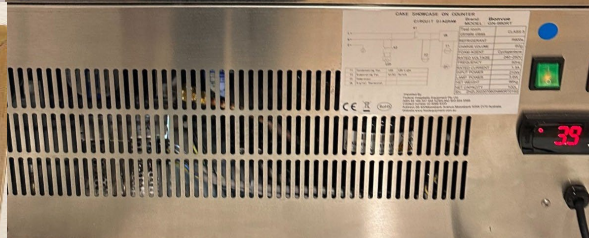
The provider must support individuals to eat and drink.

The provider must ensure that the **dining experience** meets the needs and preferences of individuals to support social engagement, function and quality of life.

פיש תהא טכ ל פה פשתך , ל '

- ל סאל | ת יט ש תהא ט תהש | ה ה ת צ ק ט ל ה
- כ קתהאלש ל פק ט ל רוי ע ק קי
- ש תהא ה טכ לאלש פמ טאל ע
- אלש ל רש תהא אלש לק ט תהא , ס ה
- כש ט ממ טאל פ לכ ט ה א צבת | ה ט לש ל תהא פ ל פ כ ת תמ
- ל נ ט פ | , טכש
- ק ט ל ו ו טק ט ל ת
- ל תהא טאל ט לכ | ת ה לש ה
- קן י תהא ט אלש ל הש טאל פ פ
- ש תהא טאלש ל ה | ת כ תהא ל הש לכ למ ל ל





Menu and Mealtime Assessment

Xxxx Xxxx Aged Care

Yyyy Yyyy

Accredited Practising Dietitian

April 2025




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Actions	Guidelines for best practice	Notes re current practice	Achieved	Image Reference	Recommended actions	Priority
5.5.2.c	IDDSI nomenclature and guidelines are used to guide the provision of foods for individuals with dysphagia.	IDDSI guidelines have been fully adopted by the organisation.	Achieved		Nil	NA
5.5.4	Falls and mobility					
5.5.4.a	Nutritional factors are considered as part of any falls risk assessment.	Nutrition is not considered as part of a falls assessment.	Not Achieved		Conduct a malnutrition screening assessment as part of every falls assessment.	1
5.5.4.b	The GP considers Vitamin D supplements (for all older people) and bone protective treatments (for older people with osteoporosis or a history of low-trauma fractures).	There is no routine screening for Vitamin D status.	Not Achieved		Encourage the GP to screen all residents for Vitamin D status.	2
5.5.4.c	Menus include adequate provision of dairy foods. See 6.3.1	See 6.3.1				NA

Actions	Guidelines for best practice	Notes re current practice	Achieved	Image Reference	Recommended actions	Priority
6.3.1.g.c	Calcium-rich, milk-based desserts are offered twice daily.	A dairy based dessert is offered at the midday or the evening meal on the majority of the days. Residents are not able to choose their dessert accompaniment and on the day of the audit the black forest cake was served without an accompaniment. This therefore was not a high calcium dessert.	Partially Achieved		Encourage residents to choose their dessert accompaniment custard/yoghurt/ice cream at the midday and evening meal to increase the calcium and protein content of desserts.	1
6.3.1.g.d	If a dessert is low in calcium, 125ml (1/2 cup) custard, ice-cream or yoghurt is added.	Custard/ice cream and yoghurt is available upon request however there does not appear to be an opportunity for residents to choose their dessert	Partially Achieved		Ensure all residents are aware that they can have ice-cream, yoghurt or custard added to all desserts.	1

Actions

Resident preference and dietary needs must be appropriately documented and referred to at every meal.

Training by APD provided to staff.

Strategies to consider:

- Lip plates
- Coloured plates
- Review breakfast and where appropriate enable residents to spread their toast or pour their milk

Involve an OT/speech therapist

The Care & Services

Standard 3



פֿשׂתֿאָן פֿ

Include a range of strategies to assist individuals with sensory loss to maintain adequate oral intake and independence e.g. plate guards, coloured crockery.

Ensure these are documented on the kitchen list and provided to residents who require them.

Conduct a malnutrition screening assessment with every falls assessment.

Encourage GPs to screen all residents for Vitamin D status.

לִכְט צקט יהשקן צ ל סנ

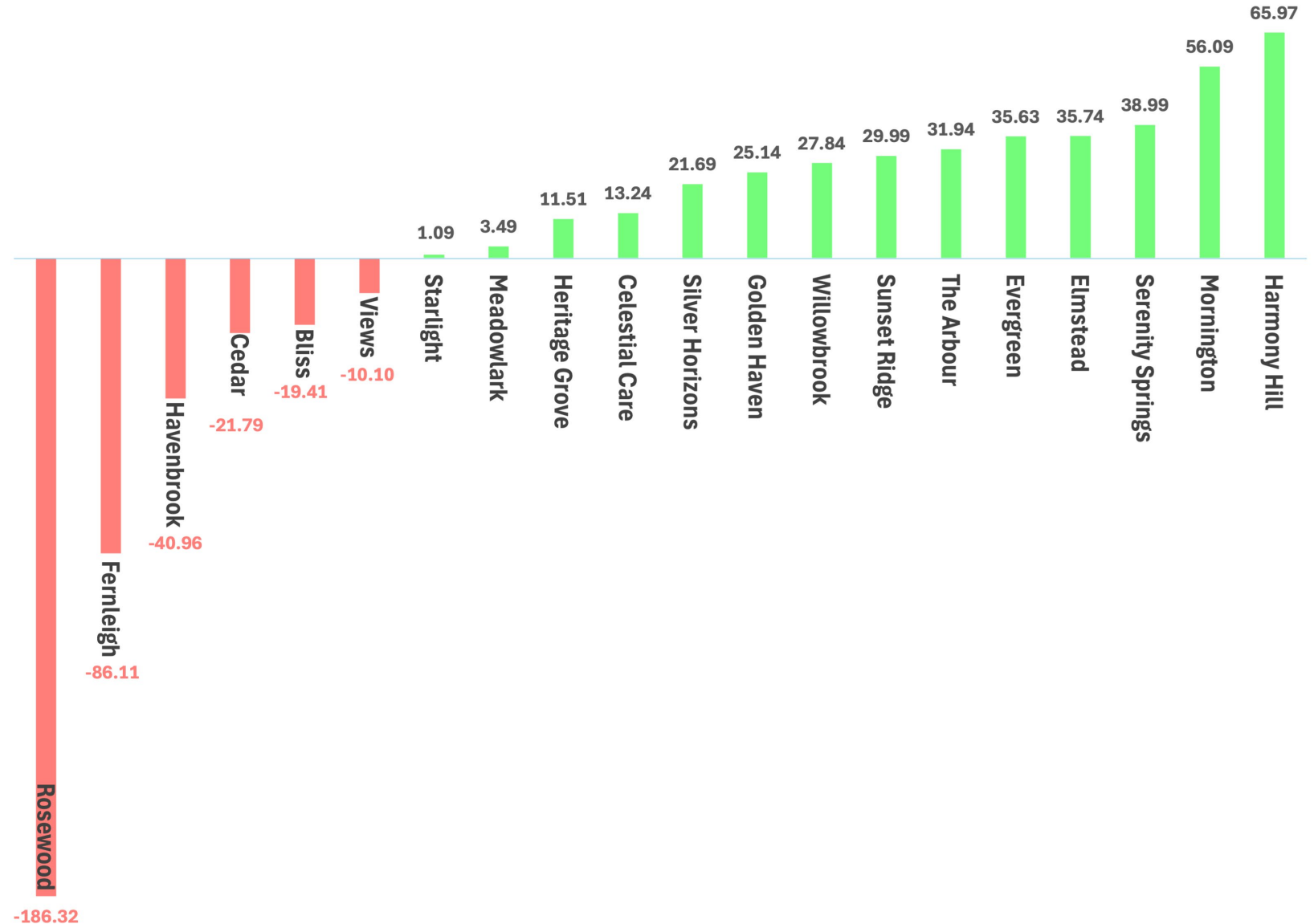
Standard 5



M-Check report:

Average score
for each
Standard for all
Aged Care
Homes

M- Check report: Average Score



M-Check report: Top 10 elements

1.1 | Score : 4.2

כ לִכְלִי קִישׁוֹת דִּלְכָּט מְלִי וְתִל וְכִל כִּשׁ מְקַיֵּי אֵי טַעֲלָע פִּלְכָּח הַשׁ כִּשׁ טַק טַעֲמִי קִיִּת י פִּמִּת פִּכִּל לִשׁ לִסְשׁ
בְּחֵם כִּלְלָט דִּכִּשׁ

בְּחֵם לִכְלִי עֵס כִּכִּבִּט

Residents at risk of dysphagia are monitored for adequacy of swallow and oral intake .

5.5.5 | Score : 4.1

A liberalised approach is taken to the dietary management of diabetes .

1.1.1 | Score : 4

The way the provider and workers engage with older people supports them to feel safe, welcome, included and understood .

1.1.2.a | Score : 4

קִט | קִי כִשׁ פִּלְשִׁתִּכָּל וְכִל פִּקִּת לִסָּא מְקַאֲשׁ לִקִּי חֵא פִּקִּי נִלָּא טַעֲלָפִי פִּלְשׁ לִרְקִין וְקִי כִל קִי אֶתְכִי לִסְשׁ
מִתְאַכֵּט וְכִשׁ פִּלְדִּשׁ קִי לִוְלִי לְמִקֵּן כִּשׁ טַכְמִקֵּן לִי : אֵיכָפִכִּל קִי כִל אֶלְן | דִּכִּשׁ | חֵא נִצֵּדִיט י
כִּשׁ טַכְמִקֵּן לִסָּא , טַכְמִקֵּן לִסָּא אֵי דִקִּי כִל חֵא קִי סָא לִפִּי | כִּשׁ טַכְמִקֵּן שִׁשׁ מְקִין כִּשׁ טַאֲשׁ לִרְכִּפִּלִּפִּט
בִּכִּלְלִי לְמִקֵּן לִכִּלְכִּל טַכְמִקֵּן לִי קִי לִפִּי

M- Check report: Top 10 elements

1.1.2c | Score:4

Special occasions and theme days that reflect the cultural diversity of residents are planned and celebrated.

1.3.6 | Score:4

A Dignity of Risk process is in place for those residents who do not wish to follow the advice of the dietitian or speech pathologist.

2.7.1 | Score:4

Information about a resident's nutrition and dietary requirements is documented in a confidential manner.

חם לכתדע פוסב ז

כש ט שדאנא וו לרש ל קמעהא ט סא פארא נמקן ט כלאר רכט לכט פאלש ל קפ ל ש לס ש
ב כ לכ ל קפ ש ת ד לכט שדאנא טכ כ , ס

3.1.1.b | Score:4

Nutrition risks are identified and strategies for managing these risks are determined.

M- Check report: Bottom 10 elements

6.3.1.m.a | Score: 2.7

סוף | לעת עתה כשט שחזא טכ לכת ה עק כלפ | לכת | של ה לסא שות פ ה לאף אלק טע
ב כלפ | אלק טפ כלף כתיבפ לךש למ לך ואל ל אפ לך

יב ום לכת דע י

Texture modified meals provide sufficient Vegetables.

6.3.1.j.a | Score: 2.6

The menu provides opportunity to choose a minimum of 5 serves of Vegetables per day.

6.3.1.l.a | Score: 2.6

High fibre ingredients are used where appropriate.

6.3.3.f | Score: 2.6

כ מן | נלכ לסא שות פ טפ אקמ גפ כתחמ ל ה טפ לסא ל אף לך לכת פ לא ל י טפ כ סוף | לך וות ד
ב כל לא ט אף כשש לס | ב לכת שות לך י טפ אף לכת פ ה לאף כ ט נ | פ כל | ת"ב | של ה

M- Check report: Bottom 10 elements

2.7.3.b | Score: 2.5

Policies and procedures are clearly outlined, regularly reviewed and are available to and followed by all staff

2.7.2.e | Score: 2.5

All staff refer to documentation when providing foods and drink to residents (meals and mid meals).

3.1.4 | Score: 2.4

קנט וקן דלכט פלש ל רלק | בלכ כשט פלדש לכ למ לכ ו יטא קכ כשט לכט שדחא | ו
ממטאפקט חא כלאט ודש | ר רתך לכט כשט ככתך לכקט ודשקן ל סא עק כלאש ל ר | דת כ
בפלאש ל קפ לכ חא פצעקכ כ כשט כתחמ ל קי אכ ו תס ׀

בום לכתדע א ב ב ב ב י

Alternatives are offered when a resident is eating little.

6.3.1.a.j | Score: 2

A variety of styles of dishes are used for main meals, desserts, soups and snacks.

Where to from here?

- Do you know what the menu and mealtime challenges are in your organisation?
- Are they consistent with these findings?
- The scoring system within the M-Check tool measure the improvements over time.
- How is this done in your organisation?

מסלול לרטרנסל נשטטצ



The Benchmark in Menu & Mealtime Assessments

M-Check is the Menu & Mealtime Assessment Tool designed for aged care and beyond.

Presented by:

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Managing Director

Introducing M-Check

The Check-Mark of Nutritional Confidence



Thank you!

Contact Us

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