

# Maggie Beer's BIG MISSION

## MEALTIME EXPERTISE

Improving the mealtime experience for residents and staff is complex and requires “all hands on deck”. Learn about the different professions and consultants who can help you to enhance mealtimes in residential care.

In this worksheet we learn;

- ✓ Why mealtimes are complex
- ✓ The on site staff to include in a mealtime transformation team
- ✓ Maggie's 12 pillars to guide transformation in the kitchen
- ✓ The role of the support team

### Why are mealtimes complex?

Mealtimes occur six times per day and have so many different components – the dining room, crockery and cutlery, table settings, seating arrangement, food, menu, temperature, different diets, nutrition, safety, service, systems, staffing, in-room dining – the list goes on! In addition, older adults can experience various symptoms associated with their health conditions that can prevent them from enjoying their mealtimes, such as reduced appetite, side effects of medications like nausea, fatigue, pain and discomfort, low mood, changes to their ability to swallow or communicate, impaired hearing or vision, or reduced memory and concentration.

### Which onsite staff should be involved?

One of the great parts about mealtimes, is that the full complement of staff are involved, and as they say, “many hands make light work”! During the experiment, Meath Care's management team and Maggie's team met every Monday morning to plan the week ahead. A monthly leader meeting was held with representatives from each department to seek their input and to ensure that all teams were kept abreast of the impending changes.



When forming an onsite team to lead the transformation of mealtimes, at least one member from each team should be considered:

- ✓ Centre Manager
- ✓ Clinical and/or Registered Nurse
- ✓ Allied Health (Occupational Therapist, Physiotherapist, Speech Pathologist, Dietitian)
- ✓ Diversional Therapy / Lifestyle
- ✓ Catering Team (Catering Manager, Chef, Food Attendant)
- ✓ Staff Development Team
- ✓ Care Staff (Carers from different shifts with leadership / influencing skills)
- ✓ Maintenance / Gardening

### Why is it important to also access the support of professional staff?

Professionals can help residential care homes to navigate the complexities of mealtimes. If you are planning on improving your mealtimes, consider accessing a range of professionals to help you achieve your desired end point, and to ensure that your changes are in line with best practice. Organisations generally already have existing professionals who support the site, who can also support mealtime transformation, such as allied health professionals. Additional professionals may be able to provide once-off consultancies in the planning stages or to help troubleshoot issues as they arise. Others may be needed more regularly to support the site through each step.

# MAGGIE'S TEAM OF EXPERTS

Maggie carefully selected an experienced team of experts to assist her in her mission.



“So often aged care homes are so driven by the necessities of every day that no matter how much they want to change, they don't have the bandwidth to step back to assess and do what needs to be done. The investment of bringing in professionals as change agents is one that will amplify what needs to be done to bring about change, and mentor and train the teams to do so.”

– Maggie Beer

In the experiment, Maggie and her team spent time getting to know the residents and staff of Meath Care to understand their perspectives on the food and mealtimes. She conducted a comprehensive audit of the site's catering service and presented the following 12 recommendations to the CEO, which could be used as pillars for other aged care providers to aspire to:

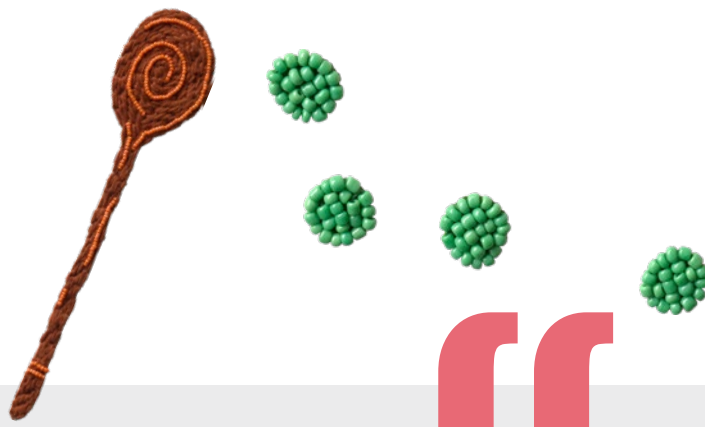
FOOD AND MENU	<ol style="list-style-type: none"><li>1. Every mouthful counts – enhance flavour, nutrition and quality.</li><li>2. Keep it fresh – cook fresh with seasonal ingredients and reduce reliance on processed and packaged foods.</li><li>3. Food first for fortification / supplementation.</li><li>4. Embrace choice and diversity – enhance choices for all residents including those with special diets.</li></ol>
KITCHEN	<ol style="list-style-type: none"><li>5. The art of kitchen flow – review staffing and workflow to boost efficiency and effectiveness.</li><li>6. Make equipment work for you – ensure correct use of well-maintained equipment.</li><li>7. Hot food is best served hot – ensure that food is served at the right temperature.</li><li>8. Waste not, want not – reduce food wastage and promote sustainability.</li></ol>
CATERING TEAM	<ol style="list-style-type: none"><li>9. Cooking techniques with impact – enhance culinary expertise with training, coaching and role modelling.</li><li>10. Rethinking texture modification – increase texture modification expertise.</li></ol>
LEADERSHIP	<ol style="list-style-type: none"><li>11. Peripheral vision – enhance kitchen leadership and staff buy in.</li><li>12. Risks should not be an excuse for doing nothing – simplify the Food Safety Management Program.</li></ol>

Prior to project commencement, Meath Care's catering and leadership teams were invited to watch the [Maggie Beer Foundation Online Training Modules](#) to provide a baseline of knowledge. These free modules, funded by the Australian Federal Government, provide industry-specific training for cooks and chefs in the Aged Care Sector.

Maggie and her team worked intensively with Meath Care over the period of the experiment to achieve the recommendations, and continued to offer mentorship once the experiment concluded. Maggie welcomes other Australian aged care providers to consider accessing support and guidance via her trainer mentor program.

# PROJECT SUPPORT

Julie Smith, Registered Nurse



“Nurses play a crucial role in enhancing the dining experience for older adults in residential care. Their understanding of each resident’s health conditions allows them to advocate for dietary modifications and to monitor nutritional intake, ultimately promoting better health outcomes and quality of life. Care staff look to nurses for support and advice – how nurses act towards staff and residents often sets the tone for the whole dining room.”

– Julie Smith

**Nurses are responsible for managing the clinical aspects in residential care, which includes conducting assessments, documenting, care planning, providing treatments, monitoring, reporting, offering assistance and support, managing compliance, and making referrals.**

Nurses are pivotal in implementing changes associated with mealtimes. They are aware of each resident’s clinical needs, so can ensure that mealtimes are tailored to individual preferences and needs. Nurses need to be a regular presence in the dining rooms to provide leadership and mentorship to the care staff, and to ensure that staff are well informed of changes taking place on the floor.

During the experiment, Registered Nurse, Julie Smith, was instrumental in establishing the buffet style meals in the dining room, including ordering the required supplies and equipment and providing on-the-floor mentoring to the care staff to support them in the new style of service.

In addition to assisting with the overall project management, Julie worked closely with the speech pathologist regarding the different dietary requirements of residents. Julie worked alongside Meath Care’s nurses to provide expertise for residents with complex conditions such as advancing dementia, chronic pain, and palliation.

Julie was also involved in the research components which included taking regular measures of mood, cognition, and clinical aspects (weights, falls, wounds, infections, pressure injuries, hospital admissions).





# PROJECT MANAGEMENT

Elizabeth Oliver, Occupational Therapist



“Occupational therapists (OTs) have the best job in the world! They help people to keep doing the things they enjoy – and mealtimes sure are important to most! OTs can help older people to regain, maintain, or improve their independence in mealtimes using different techniques and equipment. They can provide training and support to residents, staff and families.”

– Elizabeth Oliver



## Occupational therapists (OTs) can play an important role in enhancing mealtimes.

They can help with environmental design, including layout, colour schemes and furniture selection. OTs can also help residents to maintain the ability to eat by prescribing adaptive equipment like modified cutlery, two-handed mugs, plate guards and non-slip matting. This helps to overcome barriers to eating like vision impairments, or reduced hand function from conditions such as arthritis, Parkinson’s disease, or stroke. OTs can also prescribe specialised seating or pressure care to ensure older adults are seated comfortably and safely. OTs play a central role in supporting people with cognitive changes using special techniques like task breakdown, forward and backward chaining, errorless learning and spaced retrieval.

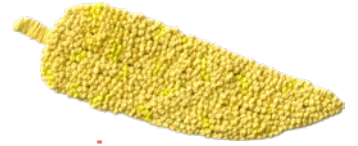
During the experiment Occupational Therapist, Elizabeth Oliver, was responsible for project managing the change, which included coordinating the team of experts, training and mentoring all staff, providing information sessions to residents and families, leading the changes to the mealtimes in the dining rooms, and the coordinating the research.

Elizabeth utilised the principles of dementia-friendly design during the dining room refresh, such as ensuring the use of contrast, use of labels, and directional guidance. Elizabeth provided referrals to the onsite occupational therapist for residents who required specialised seating or modified crockery or cutlery. Elizabeth also helped to enhance the lifestyle program through the implementation of the resident job roles in the morning “helping hands” group, the use of task boxes for residents with memory loss, and the commencement of new therapeutic groups. Please refer to **Video: Meaningful Activities**.



# RESEARCH

Associate Professor Jade Cartwright, University of Tasmania



“Research allows us to reflect on and learn through the process of innovating and changing practice and ways of working. Change of this magnitude is complex and never easy, yet it can lead to so many reciprocal benefits and positive outcomes for all involved. The research process provides insights and understandings that can help drive change forward, allow successes, outcomes and impact to be celebrated, and adjustments to be made along the way. It has been such a privilege supporting Maggie Beer’s Big Mission through the research process.”

– Jade Cartwright

We were fortunate to partner with a research team from the University of Tasmania, led by Associate Professor Jade Cartwright, to evaluate the project.

Jade worked with Maggie Beer and the project team to identify a suite of quantitative and qualitative measures to be able to track implementation of the model and outcomes for staff, residents and the aged care home over time. The research evaluated whether changes in meal quality, meal access and mealtime experiences were achieved and, if so, how they impacted residents’ nutritional health and wellbeing, including opportunities for choice, independence and involvement, as well as positive social interactions during meals.

Jade analysed the data to be able to share key statistics with the site, such as the level of malnutrition and depression, which helped the site to understand the urgency for change. Throughout the project, Jade provided case studies of residents who were benefitting from the approach and objective evidence of the transformation in mealtime care practices and the mealtime environment achieved which

helped to maintain momentum. Jade was also able to use the research data to further articulate the Care Model, which will be helpful in assisting staff to understand what the model entails and why it is of benefit to all stakeholders.

In addition to the formal measures, photos and videos were taken before and after the changes, which helped the site to celebrate how far they had come during the experiment. Furthermore, Meath Care used a customer experience company to collect and analyse feedback from residents and families, which provided a good point of comparison for resident satisfaction and quality of life before, during and after the experiment.

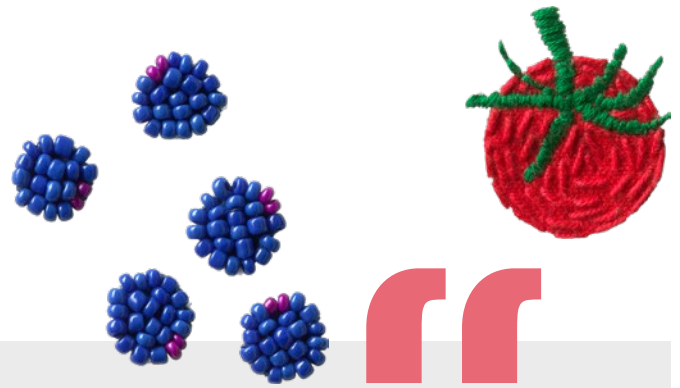
**Watch Jade Cartwright give her initial assessment results to Maggie in episode one on ABC iview.**





# LANDSCAPE DESIGNER

Professor Josh Byrne



“Gardens and good food go hand-in-hand, whether it’s including small amounts of fresh produce in meals such as herbs, or creating a lovely space to enhance the pleasure of sharing a meal with others.”

– Josh Byrne



In the experiment, Josh ran planning sessions with residents to seek their insights on what they wanted in their outdoor areas.

His team developed a plan for the balcony and courtyard to make the spaces more enticing, and to enable residents to be more involved in gardening tasks, with the installation of a pond, shade, garden beds, and a variety of trees and plants.

He emphasized the use of flowering native species to bring colour and to attract wildlife as well as herbs and citrus to further stimulate the senses.

A garden was established outside the kitchen to enable fresh herbs to be used in the cooking.

Following the experiment, we saw that residents and their families were spending more time outdoors, with a resident reporting, “I love it, I always take my visitors out there, it is a good improvement”. One resident stated, “I love the downstairs courtyard - it is lovely, I can walk around, look at the herbs and the water feature. It’s also nice to look out over the balcony”. Another commented, “The flowers make it looks more welcoming than before”.



# ARCHITECT

Felice Burrows



“Thoughtfully designed architecture enhances dining experiences by fostering a warm, accessible, and communal environment that not only promotes social interaction and comfort, but also gives residents a space they are proud to be in.”

– Felice Burrows



Felice Burrows ran multiple planning sessions with representatives from Maggie’s and Meath Care’s team to get a clear picture of the design goals for the experiment.

Much negotiation was needed to develop and revise plans that could be achieved in the short time within budget. In the dining rooms, Felice’s team invited residents to help with the colour selection and then transformed the dining spaces using panelling and painting, new lighting, curtains, dining room signage and art work.

The artwork chosen related to mealtimes, and also to the new names of the dining rooms – Willy Wagtail and Blue Wren. In the onsite café, Felice completed a similar refresh, as well as installing new cabinetry. Furniture for the café and courtyard was recommended by occupational therapist, Sam Neylon.

Residents described the renovated dining rooms as “fresh” and “light” and that they “liked everything about it”. One of the residents stated, “brilliant, I loved watching as more colours were added, they have done a good job. It makes the room feel bigger, more spacious”. One resident reported, “I think it is lovely. It shows that management respects us in some way - clean, clear, nice”.

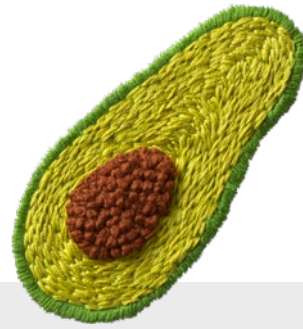
**Watch the plans for the revitalised dining room in episode two on ABC iview.**





# SPEECH PATHOLOGY

Natalie O'Brien, Speech Pathologist



“For so many people, food is so deeply connected to who we are...to our family, our culture and our quality of life. We need to work together so that all people, regardless of age, swallowing ability or communication skills, have the opportunity to experience the joy and sustenance of good food and the fulfillment of meaningful dining experiences. The role of the Speech Pathologist with older adults focuses on working with the team to ensure that all older people with swallowing or communication difficulties can find meaning, enjoyment and quality in their lives.”

– Natalie O'Brien

Natalie O'Brien demonstrated the value of utilising a Speech Pathologist throughout all stages of the menu design and meal service to ensure that people with swallowing difficulties have as much access to high quality, nutritious and delicious meals as everyone else.

Initially there was no choice given to residents requiring a texture modified diet. Residents had a different menu to those on a normal diet, which usually consisted of the same meal for lunch and dinner throughout the week. Many of their snacks were limited to yoghurts, custards, and puddings - lacking variety and interest.

Natalie actively advocated for residents with dysphagia and demonstrated to the catering team that many foods could be modified to all the levels of the International Dysphagia Diet Standardisation Initiative (IDDSI) texture specifications. Natalie was instrumental in enabling residents who required a different diet to be offered the same food as other residents but at the correct consistency for their swallowing ability, ensuring both safety and quality for residents.

Throughout the project, it was evident that all teams involved in mealtimes (management, clinical, catering and care) needed further training in how to prepare and serve food according to the IDDSI guidelines.

Natalie conducted formal hands-on training with all levels of staff on dysphagia, as well as working alongside staff to upskill them in IDDSI compliance testing at all points in the mealtime process, most importantly, at the point of service to the resident. Natalie brought joy to residents like 105-year-old Joyce when she was able to be served her favourite meal of fish and chips despite changes to her swallowing ability, as well as assisting Maggie to develop a recipe for scrambled egg for those on a Level 4 puree diet.

In addition to their important role in dysphagia, Speech Pathologists also support people with changes to their communication. Natalie, **Speech Pathologist Karen Roberts** and the speech pathology students worked with staff to facilitate greater social interaction and communication opportunities during mealtimes, adding to the quality of the mealtime experience for residents. This extended to leisure activities where food-based activity groups became a joyful way of sharing memories, thoughts, ideas and preferences around food.



# DIETETICS

Emma Falconer, Dietitian



“Great nutrition means great health, but food is much more than just this. For many, food brings us together and evokes many happy memories. As dietitians, our job is to not only make every mouthful count in terms of nutrients but also to make food tasty, and mealtimes a time for enjoyment and socialising.”

– Emma Falconer



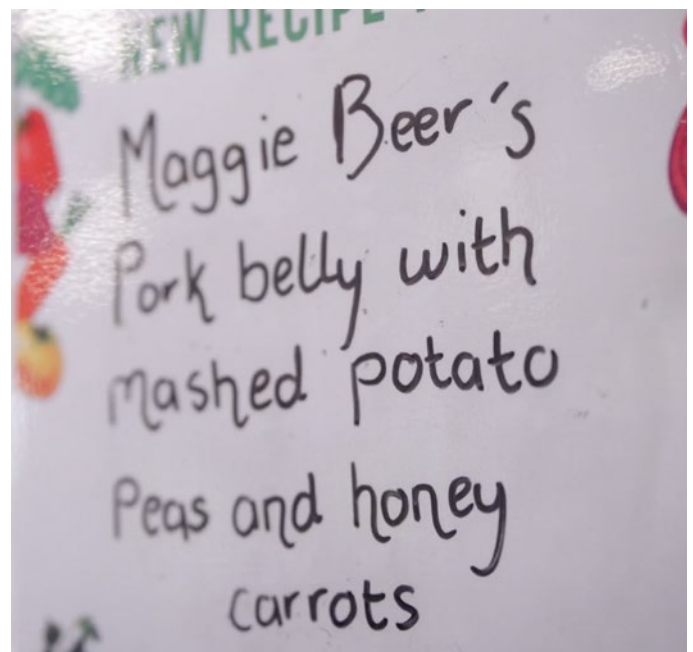
**Too often, dietitians are only sought to provide a basic level of input into residential care menus once a menu has been developed.**

In the experiment, Emma Falconer demonstrated how valuable it is to involve a dietitian throughout all stages of menu design, due to her ability to ensure that each individual recipe, meal and whole-of-day intake meets the nutritional requirements for older adults.

Emma highlighted how important it is for older adults to consume adequate amounts of protein, and how it is necessary to try to incorporate protein in each meal, including morning and afternoon tea. She was able to suggest creative ways to add protein using a food-first approach, whilst not compromising on flavour.

Emma worked closely with the Maggie Beer Foundation and Meath Care’s catering manager, Sasanka Peiris, to help to develop new nutrient-dense versions of the residents’ favourite recipes, as well as calculating the Nutritional Information Panels (NIPs) for each new recipe. Emma was able to bring more variety to the menu, and also helped the site to consider how to ensure the dish looked appealing on the plate to entice residents to consume their required calorie intake.

Emma helped to increase the amount of meal options for residents who were vegetarians, by suggesting a range of delicious meat-free options which were offered to all residents throughout the week as a second main meal option. In total, over 90 recipes were modified during the course of the experiment. Emma was also involved in conducting the nutritional assessments with residents and training staff in the increased nutritional needs of older adults, such as protein, fibre, vitamins and minerals.



# SUPPORT STAFF

In addition to Maggie's team of experts, support was sought from other professionals to provide advice along the journey, or to troubleshoot issues as they arose.

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# LEADERSHIP AND EMOTIONAL INTELLIGENCE

Dr Nigel Gribble, Curtin University



Nigel's favourite definition of leadership is from Brene Brown who says that "great leaders are anyone who takes responsibility for finding the potential in people and processes, and who has the courage to develop that potential."

– Dr Nigel Gribble

Change can be challenging, often stirring feelings of uncertainty and resistance. However, embracing change with the right tools and mindset ultimately leads to a more dynamic, innovative, and effective organisation. Leadership training was an important step in facilitating the mealtime changes during the experiment. Dr Nigel Gribble helped Meath Care to define its common purpose and to understand how both individuals and teams need to contribute.

He helped the site to consider desired and undesired behaviours and how these need to be supported or challenged. Dr Gribble shared various change management tools such as Kotter's Change Model and the Adaption Curve. He helped participants to understand their personal responsibility for change such as Above and Below the Line thinking.

***Watch the staff training in episode two on ABC iview***

# PHARMACIST

Kate Fulford, Clinical Pharmacist

Some people may not expect a pharmacist to be involved in mealtimes. However, pharmacists play a role in optimising mealtimes for older adults by managing the complex interplay between medications and nutrition.

Pharmacists can help sites to manage their medication schedules to enhance efficacy and to minimize gastrointestinal side effects. For example, some medications need to be taken with food to improve absorption, while others should be taken on an empty stomach. Pharmacists can identify potential drug-food interactions that could affect the efficacy of medications or lead to adverse effects.

Pharmacists advise on dietary choices that can help minimize medication side effects, such as nausea or constipation. Pharmacists work with dietitians to monitor the nutritional status of residents, ensuring that medications do not lead to deficiencies or malnutrition. They work with speech pathologists to recommend alternative medication forms that are easier to swallow. Pharmacists emphasize the importance of proper hydration, especially when medications have diuretic effects or when hydration is critical for medication efficacy.

In the experiment, Kate Fulford, provided training to the clinical staff in the role of the pharmacist in mealtimes. She helped nurses to reconsider the dispensing of medications during mealtimes to maintain residents' privacy and dignity and to create a positive mealtime experience.

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## CATERING EQUIPMENT

Letetia Sims & Geraldine Cahill

Letetia provided expert advice on how to overcome the issues we were experiencing with the food temperatures such as organising the trial of a heated trolley. Geraldine's expertise was helpful when selecting the buffet equipment. She highlighted how the existing crockery was too thin, which impacted on its ability to retain heat.



Geraldine recommended a range of crockery that was stylish yet functional, for example, the plates had a curved edge to enable residents to push food onto their forks, and to prevent spillage. Geraldine also arranged for the servicing of the kitchen equipment, to ensure its optimal functioning.

**Watch the extras video on food and temperature on ABC youtube.**

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## FOOD SAFETY SUPPORT

Elizabeth Frankish, Chris Richardson, Carey Bray

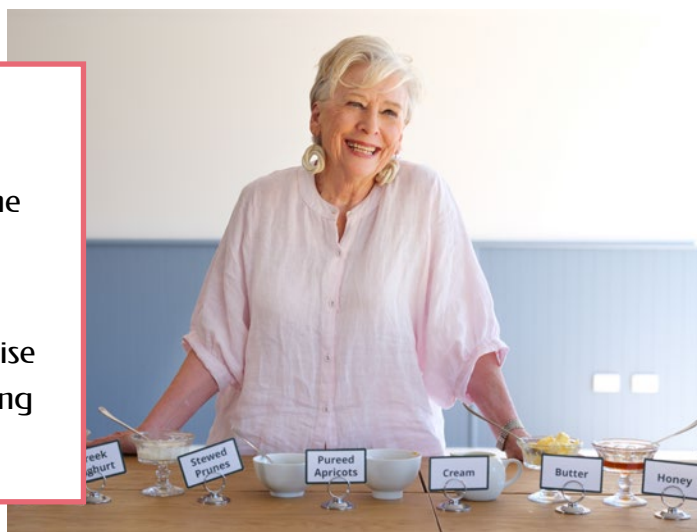
Early in the project, representatives from Maggie's team and Meath Care attended a Food Safety Program Workshop held by Murdoch University. The workshop was facilitated by Dr Elizabeth Frankish, an experienced food microbiologist consultant, who provided guidance on potential risks associated with microbial contamination and how to establish safety protocols to mitigate these risks when operating a buffet.



Food Safety Auditor, Chris, and Chef, Carey, gave further insights in ways to safely transition to self-serve meals from a food safety perspective and updated the team on a recent change to the Food Safety Standards. They provided a simple and user friendly Food Safety Program Template, designed by South Australian Health.

Remember that change can be daunting, but asking for help is the first step towards success as it shows willingness to grow and recognition of the importance of collaboration.

As you can see, there are a plethora of different professionals who can support sites to revolutionise mealtimes! We challenge you to consider accessing some expertise along your journey.



This Mealtime Expertise worksheet has been written by  
Change Care Consultant and Occupational Therapist Elizabeth Oliver.

Watch **MAGGIE BEER'S BIG MISSION** on ABC iview.



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# Maggie Beer's BIG MISSION

## Mealtime Expertise

### Summary of Health Care Professionals

Are you or your loved one experiencing difficulties during mealtimes?  
Please consider accessing support from a health care professional.

The following table outlines the roles of a range of different health care professionals and how they can assist with mealtimes. Other health care professionals include doctors, nurses, social workers, exercise physiologists, psychologists, and podiatrists.

Health Care Professional	Examples of How They May Assist with Mealtimes
<b>Occupational Therapists</b> help people to retain their independence	<ul style="list-style-type: none"><li>○ Prescribe mealtime equipment such as adaptive cutlery or crockery</li><li>○ Prescribe specialised chairs and wheelchairs to enable older people to be seated comfortably during meals</li><li>○ Support older people living with memory loss or dementia</li><li>○ Adapt the dining environment to suit the needs of older adults such as high-contrast tableware, large print menus, signage and labels</li><li>○ Assist older people to engage in meaningful activities such as mealtime chores</li></ul>
<b>Speech Pathologists</b> work with people who have difficulty swallowing and/or communicating	<ul style="list-style-type: none"><li>○ Identify the most appropriate food texture and drink thickness to swallow safely</li><li>○ Provide swallowing exercises and safe swallowing strategies including use of adaptive equipment</li><li>○ Offer training and mentoring in techniques to correctly modify the consistency of food and fluids</li><li>○ Provide therapy to restore, maintain and/or optimise older peoples' ability to communicate their wants and needs, and connect socially</li><li>○ Suggest ways to foster choice and conversations during mealtimes</li></ul>
<b>Dietitians</b> provide expert nutritional advice to enable people to eat well, maintaining optimal health and wellbeing	<ul style="list-style-type: none"><li>○ Assist older people who have reduced appetite, are eating less, have reduced interest in food, or are at risk of malnutrition</li><li>○ Assist with menu planning to create nutrient-rich mealtimes that meet budget and food preferences</li><li>○ Support older people with specific dietary needs (e.g. allergies, diabetes, high blood pressure, cancer, gastrointestinal diseases) or side effects of medications (e.g. nausea or reflux)</li></ul>

<p><b>Pharmacists</b> manage medication-related issues and provide valuable health advice</p>	<ul style="list-style-type: none"> <li>○ Conduct reviews of the older adult's medications to identify any that might cause side effects affecting appetite, digestion, or taste</li> <li>○ Suggest ways to minimise medication side effects such as nausea and constipation, which can impact on people's desire to eat</li> <li>○ Identify potential drug / food interactions which could impact on medication efficacy, affect nutrient absorption, or lead to adverse effects</li> <li>○ Simplify medication regimens to improve adherence and reduce the burden of taking multiple medications which can interfere with mealtimes</li> </ul>
<p><b>Physiotherapists</b> maintain and restore people's physical health, function and activity levels</p>	<ul style="list-style-type: none"> <li>○ Maintain older people's ability to walk, stand up / down, and prevent falls to enable residents to get to the dining room / serve themselves</li> <li>○ Prescribe suitable aids like tray mobiles to enable older people to serve themselves and to carry food and drinks back to the dining table</li> <li>○ Support older people with medical conditions such as pain or breathing difficulties so that they are comfortable during mealtimes</li> <li>○ Assist older people to recover from accidents, illnesses, or hospital admissions, so they feel well enough to dine</li> </ul>
<p><b>Dentists and Dental Hygienists</b> address various oral health issues</p>	<ul style="list-style-type: none"> <li>○ Identify and treat any oral health issues such as cavities, gum disease, oral sores, dry mouth, or infections to ensure older adults can eat without pain or discomfort</li> <li>○ Fit and maintain dentures or dental implants ensuring they fit well and function properly to ensure they do not cause pain or sores, which can make eating difficult</li> <li>○ Educate older adults and those who care for them on proper oral hygiene practices, including brushing, flossing, and the use of appropriate dental products</li> </ul>
<p><b>Audiologists</b> help people to hear better</p>	<ul style="list-style-type: none"> <li>○ Prescribe devices such as hearing aids, personal amplifiers and FM systems to enhance hearing during mealtimes.</li> <li>○ Teach strategies to improve communication to make it easier for people to engage in conversation during meals</li> <li>○ Suggest ways to improve acoustics in dining areas</li> </ul>
<p><b>Optometrists</b> address vision-related issues and improve people's ability to see clearly</p>	<ul style="list-style-type: none"> <li>○ Provide the correct prescription for glasses or contact lenses to improve older people's ability to see food, read menus, and engage in social interactions</li> <li>○ Advise on proper lighting in dining areas to reduce glare and improve visibility</li> <li>○ Teach adaptive strategies for dealing with vision impairment during meals, such as using the clock method to locate food on the plate</li> </ul>

**In Australia, referral to health care professionals can often be done through GPs or via self-referral. Services can be paid for privately. For older adults:**

- **Living at home**

Medicare and private health insurance may reduce the associated costs. Please consult your GP for further information.

- **With a home care package**

Home care packages may be used to fund some health care services. Please speak to your Package Coordinator for further information.

- **Living in residential care**

Residential care providers receive Federal Government funding to provide access to certain health care professionals when needed. Please speak to the Clinical Nurse if you have any concerns with your loved one's mealtimes or other clinical matters.