

Delivered meals and centre-based meals

Introduction

This section describes the requirements for delivered and centre-based meal services funded by the HACCC program.

The HACCC delivered meals and centre-based meals service provides a nutritious, appetising and culturally appropriate main meal delivered to the person's home, or to a community centre where meals are eaten in a social setting.

Readers should also refer to the sections:

- Part 3: 'The Victorian approach to care: the active service model'
- Part 3: 'Planned activity groups'
- Part 2: 'Service coordination, assessment and care planning'

Scope

Delivered meals and centre-based meals are one option for people who are assessed as nutritionally at risk or who have decreased capacity to prepare their own meals.

Delivered meals are pre-prepared and can be delivered fresh or chilled either on a daily basis or several days in advance using frozen meals. Meals are prepared using a range of food technologies including conventional systems, cook-chill systems and cook-freeze systems.

When providing centre-based meals a suitable venue is required.

For more information refer to Part 1: 'Employee and related requirements' — information on community venues.

Please note:

- A doctor's/medical certificate is not required for consumers to receive a delivered meal or centre-based meal service
- Delivered meals and centre-based meals are not a catering service. They are for people in the HACCC target population who are at nutritional risk or who have decreased capacity to prepare their own meals
- A subsidy is not provided for meals provided during a planned activity group because meal provision is included in the PAG unit price. See 'Planned activity groups' in Part 3 and 'Program funding' in Part 1.

Assessment and care planning

The assessment for delivered meals or centre-based meals may occur:

- as part of a Living at home assessment
- as a service-specific assessment.

Risk factors for poor nutritional status include:

- obvious underweight
- unintentional weight loss or weight gain
- obvious overweight affecting life quality

- recent changes that affect what the person eats, meal preparation or shopping
- reduced appetite or reduced food and fluid intake
- mouth or teeth problem
- chewing or swallowing problem (such as choking or coughing during or after meals).

The focus of the assessment is on assessing nutritional risk and providing information on supports that will enable the person to maintain or progressively improve their capacity for good nutrition. During the assessment process, the person's strengths and capabilities, diversity, risk factors, food preferences and any special dietary requirements are taken into account.

Care planning

The care plan, developed with the person and their carer, documents agreed strategies to improve or maintain nutritional status. This may include referrals for specialist intervention from a dietitian or GP.

The care plan should include capacity building strategies to re-establish and enhance the person's nutrition and independence through skills development, aids and equipment, shopping and meal preparation assistance.

Social support strategies such as a planned activity group or a friendly visiting service are important factors for people with nutritional support needs who may also be at risk of social isolation.

Delivered meals and centre-based meals may be provided separately or as part of a coordinated package of services. Delivered meal providers are required to work in conjunction with other services providers when providing meals to vulnerable or at-risk people who require monitoring. This ensures a coordinated and complementary response to meeting the person's needs.

Delivered meals may be provided on a short-term, episodic, intermittent or ongoing basis. The person's care plan details how and when delivered meals or attendance at centre-based meals will occur, and lists the date for the next scheduled review.

Information about food safety and safe food handling should also be provided to the person.

Nutritional requirements for adults

Service providers should ensure that production and delivery methods minimise loss of nutrients and physical damage to the food. In addition, food should always be presented in an appetising and attractive manner.

Meals should have a minimum of two courses, namely main course and dessert, and contain the recommended food servings.

While delivered meals provide a main meal, people should be made aware that they need two other meals during the day in order to meet their nutritional requirements.

Recommended daily intakes of nutrients

The Nutrition Committee of the National Health and Medical Research Council has established recommended dietary intakes (RDI) of nutrients for good health.

A HACCC meal should provide:

- two-thirds of the RDI for Vitamin C
- one-half of the RDI for other vitamins, proteins and minerals
- at least one-third of the RDI for energy.

The recommended food servings are listed in the table below.

Vitamin C supplement

It is a condition of funding to serve a Vitamin C supplement with each meal provided.

A list of acceptable supplements is supplied in the table below.

Recommended food groups and servings

As stated above, it is recommended that each delivered meal contain two-thirds of the RDI for Vitamin C, one-half of the RDI for the other vitamins, protein and minerals and at least one-third of the RDI for energy.

This can be achieved by including the following eight food servings in each meal. Weight in grams is for cooked food, with the exception of the rice/pasta item under points two and six and the oatmeal/barley/semolina item under point six.

Each of the food group servings, plus a source of Vitamin C should be included in every delivered meal and every centre-based meal.

Table 2: HACCC program delivered meals recommended servings

*Weight in grams is for cooked food, except for rice and pasta items.

Food group	Portion size*
1. One serving: meat/alternative	
Meat/poultry/fish	75–90 grams
Peas/beans/lentils	1 cup
2. One serving: potato/alternative	
Potato	90 grams
Rice or pasta occasionally	120–150 grams
3. One serving: green vegetable	
Green vegetable	60 grams
4. One serving: yellow or orange vegetable	
Yellow or orange vegetable	90 grams
5. One serving: fruit	
Fruit (cooked/prepared)	120 grams
Whole fresh fruit	1 medium

Food group	Portion size*
6. One serving: bread/cereal/alternative	
Bread	1 slice
Bread roll	1
Muffin	½
Dumpling	1
Pancake	1
Prepared breakfast cereal	1/2 cup
Oatmeal/barley/semolina	25 grams dry weight
Rice/pasta (this cannot be counted as a serve of potato)	120–150 grams
7. One serving: milk/alternative	
Milk	200 ml
Cheese	30 grams
Yoghurt	150 grams
Skim milk powder	20 grams
Cottage cheese	250 grams
8. One Vitamin C supplement: minimum amount daily	
Fresh fruit:	
Orange, small 1	50 grams
Mandarin, large 1	90 grams
Tomato, medium 1	110 grams
Grapefruit 1/2	100 grams
Pineapple, 1 whole slice - 1.5cm thick	110 grams
Paw paw diced 1/3	50 grams
Cantaloupe diced 3/4 cup	100 grams
Strawberries 10 medium	70 grams
Pure fruit juice:	
Orange juice	75 ml
Grapefruit juice	100 ml
Tomato juice	200 ml
Vegetable juice	150 ml
Tropical fruit juice	150 ml
Orange and mango juice	75 ml
Apple blackcurrant juice	60 ml

Fruit juices may be supplied as:

- chilled fruit juices delivered in cartons or plastic containers, which should be stored under refrigeration for less than one month and used within 10 days of opening
- canned juices, which should be kept under refrigeration and used within two days after opening. Once opened the juice is to be dispensed into a clean food-grade container with a fitted lid.
- fresh juices, which should be squeezed daily, kept refrigerated and consumed within two days.

Menu planning

All meals provided should be based on a menu plan. Service providers who cook their own meals are directly responsible for menu development and should ensure they have the advice and ongoing input of a dietitian in the development and implementation of both their general menu and menus for individuals with special dietary needs.

Those services that purchase meals must ensure that they have a written contractual agreement with their supplier, which includes a specification based on an agreed menu.

Menu planning is based on the following principles:

- all meals meet the nutritional and portion size requirements of these guidelines
- the menu is cyclic, with a series of weekly menus designed to be used in sequence and rotated a number of times; this reduces the possibility of repetition and monotony
- the person's profile has been considered, including physical health, cultural cuisine preferences and special dietary needs
- menu items have aesthetic appeal including flavour, colour, texture and variety
- people are provided with choice and the means to express preferences and satisfaction.

Catering for individual needs

In order to cater to people's individual needs, food services require relevant information from the person or organisation providing the assessment, such as the HACCC assessment service. To aid this process, the HACCC assessment service should establish links with providers of delivered meals to facilitate the transfer of relevant information.

Cultural and religious requirements/preferences

Where service providers cater for people from a range of ethnic groups, they need to adopt a flexible and creative approach to providing meals. Ethnic meals may need to be incorporated into the main menu or separate menus may be needed.

Services can also tender food provision to other ethnic or religious organisations to best provide for the cultural and religious needs of their communities.

HACCC assessment services should establish links with meal service providers to facilitate the transfer of information.

Special diet meals

Service providers are encouraged to meet people's special dietary requirements but are not under obligation to do so, as the primary purpose of delivered and centre-based meals is to provide a nutritious meal. Where people require a modified or special diet, this should be supplied on the basis of a letter of recommendation from a dietitian or medical practitioner.

No person should be on a modified or special diet unless the aims and benefits of this diet are clearly known to the person, their carer and the provider of the service (usually the assessment and care management service and the delivered meals provider). The person's medical practitioner or dietitian should review the need for a special diet at six and 12 month intervals and advise the service of review outcomes.

If agencies are unable to properly provide a specific type of special diet meal, they should not attempt to provide them. Nor should special diet meals be provided to all people, such as making all meals suitable for diabetics. This would potentially place people who did not need that specific special diet at risk.

Service providers should seek appropriate information from a dietitian or medical practitioner regarding the details of any diet requested to ensure the service provider can meet the requirements of the diet. If a particular diet or dietary requirement cannot be provided properly by the service, the consumer should be assisted to find an alternative provider.

Monitoring the person's wellbeing and other circumstances

Historically, funded organisations have often used home-delivered meals as a way of supporting and monitoring the wellbeing of people receiving services and/or providing some daily social contact for isolated individuals. Sometimes delivered meals are used in this way because they are the only service a person will accept or there is not another appropriate service available.

While it is still a requirement of meal deliverers to monitor the wellbeing (and other circumstances) of the person receiving the meal, and to report any concerns back to their supervisors, in general this should not be the primary reason for a person to receive a delivered meal. Funded organisations should ensure that consumers who require monitoring or social contact receive a more appropriate service where possible.

Delivered meal providers are required to work in conjunction with other services, whether or not they are HACCC funded, when providing meals to vulnerable or at-risk people who require monitoring. This ensures a coordinated and complementary response to meeting the person's needs. Meal deliverers should be instructed to report back any comments or concerns about service users. Meal deliverers should have an opportunity to give this important feedback to their supervisor after each delivery.

Service access

Access to delivered meal services can be improved using a range of strategies. These strategies address problems that may prevent the person receiving meals from meeting their nutritional needs.

Geographic access

Service providers must ensure that all geographic areas in their catchment can be supplied with home-delivered meals when required. In isolated areas this may mean delivering frozen meals two or three times a week, or using other HACCC services such as home care workers or nursing services to deliver meals. In some isolated areas innovative responses have been used such as contracting local pubs or restaurants to provide or deliver meals.

Using frozen meals to enhance access

While all delivered meals services should provide meals for 365 days of the year, frozen meals can be left on a Friday or a weekday for weekend or public holiday consumption. This is not the case for hot meals or chilled meals, which must be delivered daily, and must not be left on Friday, or a weekday, for weekend or public holiday consumption. Frozen meals can be used for this purpose because freezing is the only way to maintain a safe and continuous food temperature in the home environment.

Service providers are advised not to leave hot meals when no one is home due to the risk of deterioration or contamination. However, special arrangements should be made if the person is unable to receive the meal and other arrangements, such as a neighbour or friend picking up the food, are not possible. Some of these alternatives include:

- arranging to deliver a frozen meal in advance
- delivering the hot meal at a time when the person is home
- assessing whether the person would be more appropriately supported through assistance with shopping and meal preparation rather than delivered meals.

Purchasing or contracting

Where a HACCC funded organisation purchases meals from another source or subcontracts meal production, there must be a written contract and a written meal supply specification with the supplier that includes all the requirements of the *Victorian HACCC program manual*. This contract should include procedures regarding communication, comment from the people receiving the meals and menu planning.

Food safety requirements for HACCC meals

Delivered meal service providers must be familiar with legal requirements in the area of food safety and must ensure that paid and unpaid staff receive appropriate information and training. It is the responsibility of providers to ensure that the practices of their delivered meals service comply with all regulatory requirements.

Victorian food laws

Victorian food safety laws affect every Victorian's health and safety. Food-borne pathogens can cause severe illness and even death in vulnerable people.

Under the *Food Act 1984*, all food business owners and community groups who sell food are legally responsible to ensure that food sold or prepared for sale is safe to eat.

The Act also requires food premises to comply with the Food Standards Code. The code is a collection of individual food standards developed jointly by Australia and New Zealand. It is a criminal offence in Australia to supply food that does not comply with relevant food standards.

It is also an offence to sell food that is damaged, has deteriorated or perished, is adulterated or is unfit for human consumption.

This means that all staff who handle and prepare food for sale are responsible for food safety, not only the business owner/proprietor.

From 1 July 2010, changes to the *Food Act 1984* came into effect. These changes are intended to improve Victoria's system for regulating the safety of food sold for human consumption.

If you run a food business, you need to understand the impact of these changes on your organisation. Your local council environmental health officer will assist you to understand and comply with your obligations.

See also free guidance materials on the Victorian Department of Health food safety website.

Food premises classification and registration

The *Food Act 1984* adopts a preventative approach to food safety. It groups food premises into separate classes, and sets out different food safety requirements for each class based on the food safety risks of its highest risk food handling activity. There are four classes — from highest risk (class 1), such as a nursing home, to lowest risk (class 4), such as a newsagent selling only pre-packaged confectionery.

The level of regulation is largely determined by the microbial hazards posed by food handling onsite. The greater the chance of something going wrong during the food handling process, and the greater the potential impact on people's health, the higher the level of regulation.

Local councils are responsible for classifying every food premises within their municipal districts under the Act. The Department of Health has developed a food business classification tool that outlines a wide range of food business activities and applies a classification of 1 to 4 according to the food safety risk of each activity. HACCC funded delivered meals organisations that prepare ready-to-eat meals for delivery to vulnerable persons fall under class 1, the highest risk category.

Home-delivered meals

To ensure high standards of food nutrition and safety the following information is provided regarding food delivery processes:

- the suitability of vehicles used in the delivery of meals should be considered in accordance with national food safety standards
- individual meal containers should be disposable aluminium foil or microwave-safe plastic and have the meal production date shown (handwritten or labelled)
- funded agencies should ensure that non-disposable food carriers/containers and insulated carriers are cleaned before they are reused
- insulated containers should be used to transport individual meals at all times, whether as a large number in a car or a small number delivered by hand
- frozen meals should be placed in a person's freezer and chilled meals placed in the refrigerator. Care should be taken that meals are stored in order of production
- food deliverers should ensure that consumers are capable of independently preparing frozen or chilled meals. Any problems or concerns should be immediately reported to a supervisor
- meals should not be left if there is no one at home unless there is a specific, predetermined arrangement.

People receiving meals

Information on food safety and safe food handling should be provided in a form that people can understand and use. Meal deliverers should inform people about the correct handling of the meal, reminding them to eat their hot meal when they receive it.

Staffing statement

All food premises that operate in Victoria need to ensure their food handlers have the skills and knowledge required to keep food safe in the workplace.

This requirement means anyone in a business or community group that prepares food has surfaces likely to come into contact with food must know how to keep food safe from contamination.

For important information about the skills and knowledge required by food handlers, please refer to the department's food handler skills and knowledge information sheet, provided in the links section at the end of this chapter.

Volunteers

Volunteers should be given information on the delivered meals service and kept up-to-date with any relevant information about menu or delivery changes so they can inform service users.

For more information on recruiting, training and the support of volunteers, refer to Part 3: 'Volunteer coordination'.

Meal deliverer's role

It is the meal deliverer's role to:

- deliver meals safely
- monitor the person's wellbeing and other circumstances
- provide the person with information.

Funded organisations should ensure that meal deliverers (whether paid or voluntary) are kept fully informed about the menu and service so that information can be conveyed to and from people receiving meals. To assist people receiving meals, meal deliverers can:

- distribute a newsletter
- distribute a consumer satisfaction survey
- provide information about the meal delivery service
- monitor food handling and storage.

Reporting requirements

Organisations funded for food services are required to participate in the quarterly collection of the HACCC minimum data set (MDS).

For details see, Part 1: 'Reporting and data collection'.

The HACCC MDS is used to record details of individual clients receiving delivered meals, and the number of meals received during the quarter.

Links

Victorian Department of Health food safety website www.health.vic.gov.au/foodsafety

Food business classification tool <http://www.health.vic.gov.au/foodsafety/foodclass/index.htm>

Food handler skills and knowledge information sheet
http://www.health.vic.gov.au/foodsafety/skills_knowledge/food_handler.htm

Food Act 1984 [http://www.legislation.vic.gov.au/domino/Web_notes/LDMS/LTObject_Store/LTObjSt2.nsf/d1a8d8a9bed958efca25761600042ef5/d104b68ff611fe30ca257761001fc67a/\\$FILE/84-10082a080.pdf](http://www.legislation.vic.gov.au/domino/Web_notes/LDMS/LTObject_Store/LTObjSt2.nsf/d1a8d8a9bed958efca25761600042ef5/d104b68ff611fe30ca257761001fc67a/$FILE/84-10082a080.pdf)

Community Services and Health Industry Skill Council <http://www.cshisc.com.au/>

National training information <http://training.gov.au/>
