

THE
PURE FOOD
CO

Feeding Strength & Dignity

How Better Nutrition Can Transform Aged Care



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Foreword

As Australia's aged care sector undergoes once-in-a-generation reform, one truth remains constant: good nutrition is fundamental to health, dignity and wellbeing as people age.

Food is not simply a daily service; it is a core contributor to strength, recovery, independence and quality of life. Under the strengthened Aged Care Quality Standards, this reality is rightly being brought to the fore, with greater emphasis on safety, clinical outcomes and the lived experience of older people.

At the same time, the sector faces profound structural challenges. Demand is rising rapidly, providers are consolidating, workforce pressures are intensifying, and expectations from residents, families and regulators continue to grow.

Meeting these challenges will require innovation, fresh thinking and a willingness to reimagine how care is delivered - including how food and nutrition are planned, prepared and governed.

At Regis Aged Care, we believe older people deserve the very best, particularly when they are at their most vulnerable.

This belief underpinned our decision to partner with The Pure Food Co to enhance our texture-modified meal offering. That decision was driven by a commitment to quality, safety, choice and resident experience - recognising that specialised expertise, technology and clinical



insight plays an important role in delivering consistently high standards of care across our community of Regis homes.

The broader conversation about how Australia supports older people is an important one. Constructive public dialogue - informed by evidence, experience and a shared commitment to improvement - is essential if the sector is to continue to evolve in a way that serves the interests of older people.

In that context, The Pure Food Co's white paper is a timely and welcome contribution to the national discussion about food, nutrition and ageing. It invites thoughtful consideration of how we can do better, and how innovation and collaboration can help shape a stronger future for aged care in Australia.

Linda Mellors
 Managing Director & Chief Executive Officer
 Regis Aged Care



Executive Summary

Australia's aged care sector is undergoing its most significant transformation in decades.

Driven by the findings of the Royal Commission, rising community expectations, and rapid demographic change, the system is being reshaped around safety, dignity, wellbeing and clinical outcomes.

The introduction of the new Aged Care Act and strengthened Aged Care Quality Standards in November 2025 marks a fundamental shift in how food and nutrition must be managed across aged care settings. No longer regarded as a hospitality service, food is now recognised as a clinical domain essential to preventing harm, supporting functional ability, and improving quality of life.

Yet despite its centrality, food and nutrition remain one of the sector's most persistent weaknesses.

Around two thirds of aged care residents are malnourished or at risk of malnutritionⁱ, contributing to higher rates of falls, pressure injuries, infections, and hospitalisationsⁱⁱ. Protein intake is routinely inadequateⁱⁱⁱ, texture-modified meals are inconsistent and often unsafe^{iv}, and dysphagia management is hindered by delays in speech pathology access^v.

The consequences are serious, including the recent documented spike in choking deaths in residential care settings, reinforcing the urgency of system-wide change^{vi}.

At the same time, the sector is being reshaped by two powerful forces:

- **Demographic pressure**, with the number of Australians aged 85+ set to triple by 2050
- **Structural consolidation**, with a 27 per cent decrease in residential aged care providers since 2015 and increasing reliance on larger, multi-site operators.

These trends demand solutions that are clinically sound, operationally feasible, scalable, and economically sustainable.

The Pure Food Co was founded in direct response to these challenges, specifically in relation to texture modified food, following lived experience of inadequate nutrition during illness.

The company has grown into a global leader in clinically designed food systems for seniors, partnering with more than 500 aged care facilities across Australia to deliver texture-modified meals backed by science, technology and measurable outcomes.

More than a food manufacturer, The Pure Food Co provides an end-to-end nutrition system integrating:

- **Nutritionally fortified, IDDSI-compliant meals crafted for safety and enjoyment**
- **Menu optimisation informed by clinical need and resident preference**
- **Staff education and change management support**
- **Digital insights that track consumption, costs, and clinical risk.**

Our experience with Australian, New Zealand and European partners shows that this holistic model can improve weight stability, increase protein intake, support hydration, improve wound healing, and reduce behavioural and emotional distress associated with poor mealtime experiences.

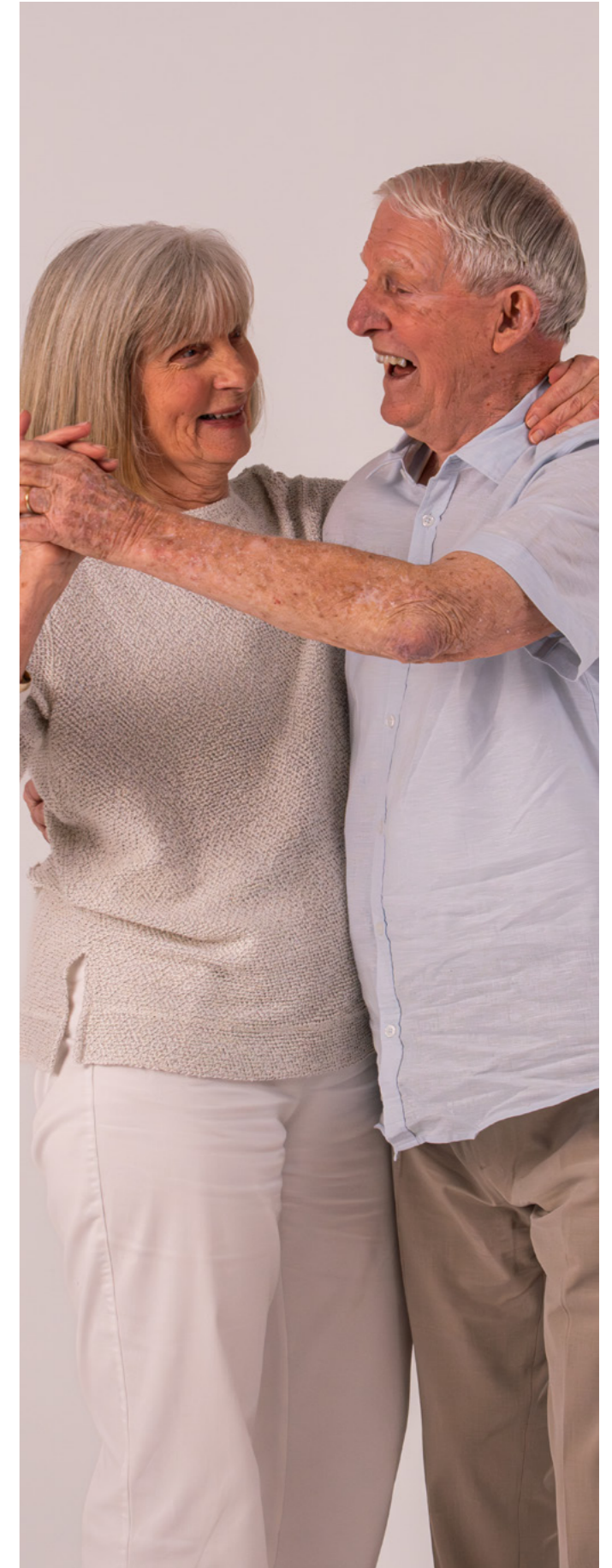
But the future challenge extends beyond residential aged care. With the Support at Home program expanding, more older Australians will rely on home-delivered meals – yet providers currently lack visibility over what their clients are eating. This gap undermines clinical oversight and increases the risk of undernutrition, choking, and preventable decline.

This white paper argues that Australia must now embrace food as medicine – integrating nutrition into clinical governance, technology systems, workforce planning, and national aged care reform. It makes the case that food and nutrition are foundational to safety, dignity and health outcomes for older people, and that reform must extend beyond aspiration to practical, system-wide change.

To that end, this paper puts forward three targeted, actionable recommendations:

1. **Improve nutritional oversight in home care by enabling visibility of the meals delivered to Support at Home recipients, so providers can monitor nutritional adequacy, identify risk, and have informed conversations with clients about food, health and wellbeing while preserving individual choice.**
2. **Strengthen access to speech pathology assessment in aged care, recognising dysphagia management as a high-risk clinical area and ensuring residents are assessed in a timely manner so they receive the correct texture-modified diet and appropriate swallowing supports.**
3. **Mitigate choking risk in residential aged care by requiring providers preparing texture-modified meals in-house to maintain a documented choking and dysphagia risk management plan related specifically to the preparation of texture modified food as part of their health, safety and clinical governance obligations.**

The opportunity is clear: by elevating nutrition from an operational task to a clinical priority, Australia can dramatically improve the health, independence and dignity of older people, while at the same time reducing avoidable pressure on hospitals, aged care providers and the wider health system^{vii}.



About The Pure Food Co

The Pure Food Co was founded with a clear and deeply human mission: *to nourish the world's seniors.*

The company's origins lie in a personal experience that revealed the scale of a global problem. Co-founder and co-CEO Sam Bridgewater saw his stepfather, who was living with cancer, struggle to maintain weight and energy during treatment. The meals provided to him were inadequate - neither nutritious enough to sustain recovery nor enjoyable enough to encourage eating. That experience exposed a reality faced by millions of our most vulnerable older people: food, the most fundamental part of wellbeing, was failing them.

This personal experience changed the course of Bridgewater's life. The then-27 year old left his job in international banking in Sydney and, together with friend and co-founder Maia Royal, established The Pure Food Co to redefine how food could serve older adults - not as a commodity or operational expense, but as a form of care and clinical support. From its earliest days, the company's focus has been on science-led innovation and partnership. It combines the principles of nutrition, food technology, and human dignity to create food systems that deliver delicious meals and measurable health benefits.

The Pure Food Co's approach integrates food production with clinical care. Its meals are designed by chefs, food technologists and dietitians to meet the needs of people with swallowing difficulties, frailty, and other health conditions that affect nutrition.

Yet they are crafted by chefs who understand the sensory and emotional power of food - its ability to comfort, connect, and restore joy. This dual focus on clinical value and human experience is central to the company's success.

Since its founding in 2013, The Pure Food Co has grown from a small New Zealand startup into an international leader in aged care nutrition systems. Its products are served in aged care facilities, retirement villages, and hospitals across Australia, New Zealand and Europe. The company now partners with more than 500 aged care facilities in Australia, from



The Pure Food Co co-founder and co-CEO
Sam Bridgewater

standalone, family-run care homes, to large national operators Regis Aged Care, Arcare and Uniting.

These partnerships are based not on transactional supply, but on collaboration - understanding each operator's specific clinical, operational, and cultural needs to tailor solutions that deliver results.



At the heart of The Pure Food Co's success is its innovation ecosystem. The company employs a multidisciplinary team of food technologists, dietitians, and operational experts. It has invested heavily in research and development, creating intellectual property around the production of safe, nutrient-dense, and appetising texture-modified meals. These meals balance taste, aroma, visual appeal, and nutrient content - making them both clinically effective and providing sensory satisfaction for residents. Every product is compliant with the International Dysphagia Diet Standardisation Initiative (IDDSI) and backed by scientific validation and real-world data.

The company's model extends far beyond food manufacturing. The Pure Food Co offers a complete nutrition management system, providing clients with data insights, menu design, staff education, and implementation support. This data-driven

approach enables providers to make informed decisions, demonstrate regulatory compliance, and continuously improve care.

"The Pure Food Co's approach integrates food production with clinical care. Its meals are designed by chefs, food technologists and dietitians to meet the needs of people with swallowing difficulties, frailty, and other health conditions that affect nutrition."

The Pure Food Co has operations across Australia, New Zealand and Europe, where it is expanding rapidly into France and Belgium. Each new market brings cultural, regulatory, and operational diversity, but also validates the company's universal message: that food, when designed and delivered properly, can restore strength, dignity, and joy to people as they age.

The State of the Sector

The aged care sector in Australia stands at the intersection of reform, rapid demographic change, and rising expectations.

The Royal Commission into Aged Care Quality and Safety, completed in 2021, exposed deep systemic failures – underfunding, inadequate staffing, and widespread dissatisfaction with food quality and mealtime experience. The Commission’s recommendations led to one of the largest reform agendas in Australia’s social history, aiming to rebuild the system around safety, dignity, and quality of life.

Central to this transformation is the new Aged Care Act and the strengthened Aged Care Quality Standards, which came into effect in November 2025. These reforms represent a cultural reset for the sector by redefining aged care as not simply custodial support but as a rights-based system that prioritises wellbeing and person-centred care.

Crucially, food and nutrition, once treated as a secondary hospitality function, are now explicitly recognised as critical to health outcomes and quality of life.

Under the new Standard 4: Services and Supports for Daily Living, Standard 5: The Care and Services Standard, and the newly introduced Standard 6: Food and Nutrition, providers are required to demonstrate that food and dining services deliver measurable health and wellbeing outcomes. Together, these standards make clear that meals must be safe, nutritious, and clinically appropriate, while also reflecting residents’ individual preferences, cultural backgrounds, and dignity.

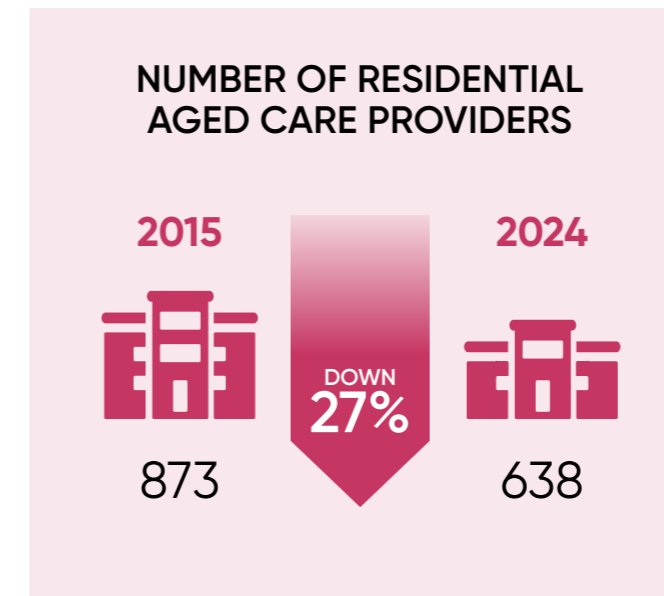
Standard 6, in particular, represents a significant evolution in how food is regulated and valued within aged care. It explicitly links nutrition to clinical outcomes, requiring providers to ensure residents receive meals that are not only enjoyable but also support hydration, strength, and recovery. Compliance will depend on robust evidence that nutrition programs aim to reduce malnutrition risk, promote functional ability, and integrate with broader care planning.

At the same time as quality expectations in aged care are being raised, demographic trends are driving unprecedented demand in the sector.



This explosion in demand is already straining aged care and healthcare systems. Hospitals are increasingly managing avoidable admissions from aged care residents suffering malnutrition-related complications – from falls and fractures to infections and pressure injuries^{ix}. These preventable conditions create ripple effects, including bed blocking in public hospitals and increased demand for higher-level care^x.

Meanwhile, KPMG’s Aged Care Sector Analysis 2025 points to a parallel structural shift: sector consolidation. There are now just 638 residential aged care providers, down from 873 in 2015 – a 27 per cent decline in less than a decade^{xi}. Similarly, the number of home care providers has fallen to 855 nationwide, reflecting ongoing mergers and market exits. This consolidation means that fewer but larger providers are becoming increasingly dominant – the top 25 residential aged care providers now operate around 45 percent of all aged care beds^{xii} – often managing dozens of facilities across vast geographies. These larger networks face greater complexity – but also possess the scale to adopt innovative, system-wide solutions that deliver consistency and efficiency.



Amid rising regulation and demand, food and nutrition remain one of the sector’s biggest challenges. Despite being one of the most tangible aspects of daily care, food services have historically been under-resourced and undervalued^{xiii}.

“Crucially, food and nutrition, once treated as a secondary hospitality function, are now explicitly recognised as critical to health outcomes and quality of life.”

The next phase of aged care reform should incentivise providers to view nutrition not as a cost to contain, but as a clinical investment that underpins health outcomes, operational efficiency, and brand reputation. While many operators are doing this already, the sector as a whole is not adopting nutrition technology at the pace required to meet the needs of a rapidly ageing population. The recently-introduced aged care quality standards, which require operators to cater for each resident’s individual preferences at mealtimes, only heighten the need for innovative solutions to meet this operational challenge.

Undernutrition in ageing populations continues to contribute to preventable hospitalisations, delayed recoveries, and diminished quality of life^{xiv}. If the sector is to meet the intent of reform, it must harness innovation in food and nutrition to deliver the measurable health and wellbeing outcomes residents deserve.

Food as Medicine

The concept of food as medicine is simple yet transformative: that food, when designed with clinical intent, has the power to prevent and treat disease, enhance wellbeing, and reduce healthcare costs^{xv}.

For older people, this idea is not abstract – it is life-changing. The difference between a diet that maintains strength and one that accelerates frailty can determine whether an older person lives independently or enters high-level care.

While it's important to stress that high rates of malnutrition seen among aged care residents largely reflect vulnerabilities that existed before their admission^{xvi}, the problem is not being adequately addressed within the care environment.

Studies show that up to 68% per cent of aged care residents are malnourished or at risk of malnourishment, and that most receive insufficient protein and energy to sustain muscle mass and immune function^{xvii}.

This nutritional deficit drives a cascade of negative outcomes: loss of mobility, increased falls, delayed wound healing, higher infection rates, and increased mortality^{xviii}. The financial toll is equally staggering – billions spent on preventable hospitalisations and extended stays^{xix}.

Protein is the cornerstone nutrient in this equation, providing the building blocks for muscle maintenance and strength, which are critical in reducing malnutrition and frailty risk^{xx}. While adults over 65 require 1.2–1.5g of protein per kilogram of body weight per day^{xxi}, most aged care residents consume less than 0.8g/kg^{xxii} – barely half of what is required to maintain muscle mass.

Compounding the problem is the challenge many operators face in providing protein-rich meals across the day; breakfast is often lacking substantial protein^{xxiii}, and texture-modified diets can exacerbate the gap^{xxiv}. Addressing this imbalance through fortified foods and smart menu design can dramatically improve clinical outcomes^{xxv}.

The food as medicine model reframes meals as not just something to enjoy for the taste, aroma and social connection, but as a clinical intervention as well.

Evidence from studies in Australia, New Zealand and France show that nutrient-dense meals can lead to measurable improvements in weight stability, wound recovery, and muscle strength.

This approach is also economically sound. Nutritional interventions cost a fraction of what hospitals spend treating malnutrition-related complications. For example, the cost of caring for a single pressure injury can exceed \$20,000^{xxvi}, while a pneumonia episode can cost around \$37,000^{xxvii}.

In 2022–23, fall injuries alone are estimated to have cost the Australian health system around **\$5 billion**^{xxviii}.

By contrast, preventing malnutrition in aged care through fortified meals and consistent nutrition support (especially in conjunction with physical rehabilitation support) costs just a few dollars per resident per day. The return on investment is clear: better nutrition saves lives and money.

The new Aged Care Quality Standards embody this understanding, requiring providers to demonstrate how their food systems support residents' health outcomes. The challenge for operators is to translate this policy shift into practice. That's where The Pure Food Co's system excels – providing not just food, but an end-to-end framework that integrates clinical science, staff training, menu design, and measurable outcomes. This is how 'food as medicine' becomes not just a philosophy, but a daily reality.

Choking Deaths in Care

Recent reporting in The Age and The Sydney Morning Herald revealed that choking deaths in residential care settings have more than doubled in the most recent reporting period, exposing systemic failures in how swallowing difficulties are identified and managed^{xxix}.

In the reporting, speech pathology experts warn that the pattern is repeating familiar mistakes – that each "wave" of deaths generates the same recommendations, yet without structural change, preventable deaths continue to rise. The escalation reflects a dangerous mismatch between resident needs and the capacity of care systems to safely manage dysphagia.

A Safer Care Victoria alert sent to health and aged care CEOs in September 2025 identified one of the key reasons for the recent spike in choking deaths was residents being served food inconsistent with their assessed swallowing needs^{xxx}.

The alert also highlighted systemic gaps in assessment, communication, staff training and clinical governance – all of which increase risk for the growing number of older people living with dysphagia.

It's important to note that choking risk must always be considered alongside resident choice and autonomy.

In practice, many aged care providers regularly engage in discussions with residents and their families where clinical assessment – often supported by an external speech pathologist – recommends a texture-modified diet, yet the resident or their representative elects to continue with a standard diet.

The principle of informed choice recognises that individuals have the right to understand and accept risk in their care decisions; however, this places additional responsibility on providers to offer high quality texture modified meal options.

In these situations, the availability of visually appealing, delicious texture-modified meals means a resident is afforded the dignity of making a genuinely informed decision – as opposed to having to choose between a potentially dangerous meal, and a meal that looks, smells and tastes unappealing.

With Australia's ageing population and increasing prevalence of dysphagia, choking risk will continue to



grow unless food safety, clinical collaboration and nutrition technology are strengthened across the system.

The Pure Food Co recommends that aged care facilities that prepare texture modified meals in-house should be required to maintain a documented choking and dysphagia risk management plan as part of its health, safety and clinical governance obligations.

This plan should address staff training and competency specifically in relation to the preparation of texture modified food, compliance with IDDSI standards, escalation pathways for residents awaiting speech pathology assessment, and regular review of choking incidents and near-misses.

This approach aligns with existing workplace health and safety best practice to identify and mitigate foreseeable risks, while also underscoring the increased risk inherent in producing texture modified meals inhouse.

Texture Modified Food

One of the most technically demanding and high-risk areas of aged care food service is texture modified food (TMF). For residents with swallowing difficulties, eating can be dangerous without precise control over food texture and moisture.

Studies estimate that up to 50 per cent of aged care residents in Australia have dysphagia^{xxxi}. The consequences of getting TMF wrong can be fatal, with choking the second most common cause of preventable death in aged care facilities in Australia^{xxxii}.

In many aged care kitchens, TMF preparation involves manual blending and thickening - up to 23 individual steps for a single meal^{xxxiii}. This process is time-consuming, inconsistent, and often carried out by undertrained or overstretched staff. Inconsistency in texture can lead to clinical incidents and regulatory non-compliance. And for the resident, the resulting meals are often unrecognisable, unappealing, and nutritionally inadequate, leading them to eat less and lose weight^{xxxiv}.

The Pure Food Co has revolutionised TMF by combining food science, safety, and dignity. Its meals are compliant with the International Dysphagia Diet Standardisation Initiative (IDDSI), precisely engineered for safety and consistency, and nutritionally fortified to deliver complete, balanced nutrition that can be served quickly and is delicious. Importantly, the company has reintroduced visual appeal into TMF - moulding pureed foods into familiar, appetising shapes and colours. This approach increases meal satisfaction and consumption, restoring not only nutritional intake but the social and emotional pleasure of eating.

The impact of improved TMF is profound. When residents eat more, their weight stabilises, wound healing accelerates, and overall clinical outcomes improve. At the same time, operators benefit from consistency, compliance, and operational efficiency.

Beyond the product, The Pure Food Co provides a complete support ecosystem. This includes training for kitchen and care staff, menu design aligned with

clinical needs, and data tools to monitor nutritional performance.

By integrating the kitchen with the clinical team, the company helps providers meet regulatory standards, reduce risk, and improve resident outcomes. In an environment of rising expectations and scrutiny, TMF excellence is no longer optional - it is essential.



CASE STUDY:

Morris Park Chef at Respect Aged Care

For Respect aged care chef Morris Park, food is about joy, care and consistency - delivered every single day.

After studying cooking and spending countless hours watching cooking shows, Morris was drawn to the creativity, personality and passion of the chefs he admired. That early inspiration has shaped a career focused on preparing food that genuinely makes people happy.

"What I enjoy most is seeing residents really enjoy what we prepare," he says. "They know I care about their meals, and I pay close attention to their feedback so we can adjust things quickly when needed."

Working at Respect's Wellington Views home in Tasmania, Morris says aged care food service offers something unique.

"It's steady, organised and community focused," he says. "Unlike a busy à la carte kitchen, the numbers stay consistent, which makes it easier to run the kitchen well. The hours are family friendly, and I really value the daily conversations and relationships with residents."

But aged care kitchens also come with complexity.

"Consistency is everything. Having caring, reliable staff and making sure everyone is well trained is essential - especially when it comes to compliance and dining standards."

Catering for residents on texture-modified diets adds another layer. Clear communication, regular staff briefings and constant checks to ensure dietary information is current are critical.

"We're always working to make sure residents on texture-modified diets have the same level of choice as everyone else, including mid-meals," he says. "It's an ongoing learning process, but an important one."



Introducing The Pure Food Co's texture-modified meals has helped ease that pressure.

"I was initially concerned about the budget, but it's balanced out well," Morris says. "The biggest difference is the time we've gained back in the kitchen - it's taken real pressure off the team."

It's also ensuring they're compliant with tough new regulatory standards for food and nutrition in aged care.

Morris's residents have responded positively, and the clinical benefits are clear.

"The residents are happy with the meals, and the extra protein has helped keep weights stable across the home," he says. "We've seen far fewer residents experiencing weight loss since making the change."

For Morris, the impact is felt in both outcomes and confidence.

"When you know the meals are consistent, nutritious and safe, it makes a real difference - for residents, for families, and for the whole team."

Access to Speech Pathology Assessments

Despite the high prevalence of swallowing difficulties in residential aged care, access to speech pathology remains limited and inconsistent.

Speech Pathology Australia (SPA) has highlighted that access to swallowing and communication assessment is “limited and variable across aged care settings,” yet dysphagia management is one of the highest-risk clinical areas in aged care^{xxxv}.

When residents are not assessed promptly on admission, it can lead to poor outcomes for individuals, including an increased likelihood that they are placed on an incorrect, unsafe or overly restrictive texture-modified diet.

These delays have significant consequences. Without timely assessment, residents at high risk of aspiration may be served food or fluids they cannot safely swallow.

Others may be placed on a more restrictive IDDSI level than necessary^{xxxvi}, which can contribute to reduced food enjoyment, lower intake, preventable weight loss and dehydration and increased malnutrition risk.

Barriers to implementation identified in residential settings include communication breakdowns, time pressures and staffing limitations that impede adherence to prescribed texture-modified diets^{xxxvii}.

In environments where workforce shortages are already acute, even small inconsistencies – such as unclear documentation, outdated swallowing plans, or staff not being informed of a change in diet level – can compound into serious clinical incidents.

Australia’s growing shortage of speech pathologists is a major contributor to this risk.

With one of the lowest workforce fill-rates of any Allied Health profession^{xxxviii}, many aged care homes simply cannot guarantee rapid access to a speech pathologist when a resident is admitted, deteriorates, or shows signs of swallowing difficulty.

Meanwhile, the strengthened Aged Care Quality Standards require providers to demonstrate that each resident’s food, nutrition and swallowing needs are clinically informed, reviewed regularly, and communicated clearly across the care team.

Without timely input from a speech pathologist, providers may struggle to meet these obligations, and the safety of texture-modified diets becomes heavily dependent on systems, staff judgment and kitchen capability – rather than on clinical assessment.

Effective dysphagia management starts with the right assessment, diagnosis and the right texture level. If assessment is delayed, every subsequent safeguard becomes more fragile.



For providers, this reinforces the need for integrated systems, evidence-based food solutions, and strong clinical partnerships that minimise the risks created by gaps in speech pathology availability and ensure residents receive meals that are both nutritious and safe.

The Pure Food Co recommends that a speech pathology screening assessment should be conducted by a Registered Nurse for every person upon their admission to residential aged care, and this practice should be integrated into all operators’ admission protocols.

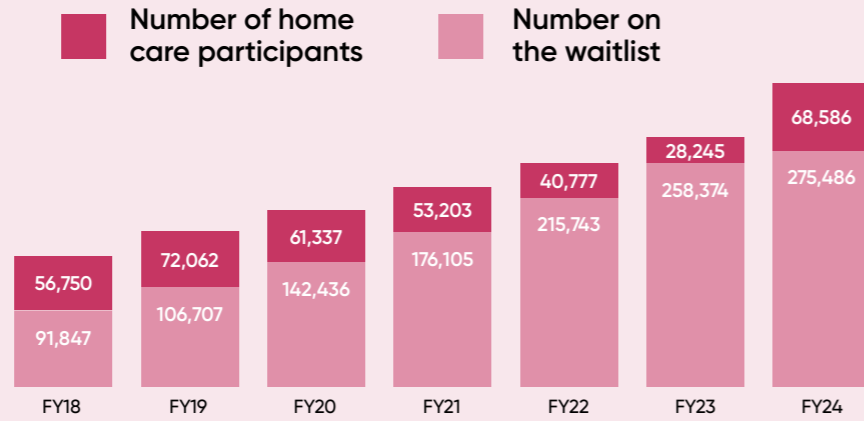
If dysphagia or other swallowing challenges are indicated, the resident should then be assessed by a speech pathologist within 14 days, and at least annually thereafter.

To ensure decisions impacting their diet are based on the best information possible, residents with swallowing difficulties and/or their representative should be made aware that more rigorous diagnostic tools – such as a Videofluoroscopic Swallow Study or Flexible Endoscopic Evaluation of Swallowing – are available to them if they wish.

It’s acknowledged that challenges with timely assessment are often amplified in regional, rural and remote parts of Australia, where access to speech pathology services is even more limited. This will likely warrant targeted policy responses such as greater use of telehealth-enabled assessments and stronger incentives to attract and retain speech pathologists in underserved areas.

The Home Care Challenge

Australia's future of aged care is increasingly home-based. The Federal Government's Support at Home program, launched in 2025, consolidates existing schemes into a single model designed to help older Australians live independently for as long as possible. This reflects a powerful public sentiment: the desire to age in place, surrounded by familiarity and autonomy.



Source: KPMG, 2025 (using data from GEN Aged Care)

While this shift is positive, it introduces new nutritional challenges. Many older people living at home struggle to prepare nutritious meals due to fatigue, cognitive decline, or mobility issues. Others live alone, lack motivation to cook, or are unaware of their changing nutritional needs. The result is widespread undernutrition^{xxxxix} - a silent but devastating risk factor for hospitalisation and loss of independence.

Home care recipients can use government funding to purchase meals from third-party suppliers. However, home care providers have little to no visibility of what meals are ordered or consumed. Without data on nutritional intake, case managers cannot accurately assess wellbeing or intervene when risks emerge. This gap undermines care planning, making it difficult to connect the dots between nutrition, health outcomes, and care costs.

To address this, The Pure Food Co recommends that a digital nutrition visibility framework be introduced to the Support at Home program.

Home-delivered meals should include standardised nutritional metadata (macronutrients, micronutrients, texture level, etc.) recorded at point of order. These data can then be automatically logged via existing care management software or a dedicated API that links meal providers to the home care provider's systems.

This would empower case managers to discuss nutrition during care reviews and identify clients at risk of malnutrition or weight loss. Over time, such systems

could help link nutrition data to clinical outcomes, driving preventative care and reducing hospital admissions.

While greater digital visibility of nutrition in home care would offer significant clinical and preventative benefits, its implementation will require careful consideration of issues such as digital literacy among older people, interoperability between meal providers and care management systems, data privacy, and the capability of the workforce to interpret and act on nutritional information.

Addressing these challenges through appropriate system design, training and support will be essential to ensuring that increased transparency translates into meaningful improvements in care.

The home care challenge is particularly acute for clients with dysphagia or other swallowing disorders. Without professional oversight, preparing or consuming TMF at home is risky. Variations in texture or improper thickening can lead to choking or aspiration, especially when meals are prepared by untrained carers or family members. Ready-to-eat, IDDSI-compliant meals from trusted providers offer a safe, dignified solution - providing both clients and care providers with peace of mind.

As more Australians receive care in their homes, the integration of nutrition, technology, and oversight will become critical. The future of home care nutrition lies in smart, data-driven systems that connect meal delivery with clinical insight. The Pure Food Co's vision aligns perfectly with this direction: practical, evidence-based, and deeply human - ensuring that every meal not only sustains life but enhances it.

Conclusion

Australia is at a turning point. The new Aged Care Act and Quality Standards have created the strongest regulatory mandate yet to ensure every older person receives safe, nutritious, clinically appropriate meals - but regulation alone will not deliver the change required.

The sector must embrace innovation, technology and evidence-based nutrition systems to meet rising expectations and the realities of an ageing population.

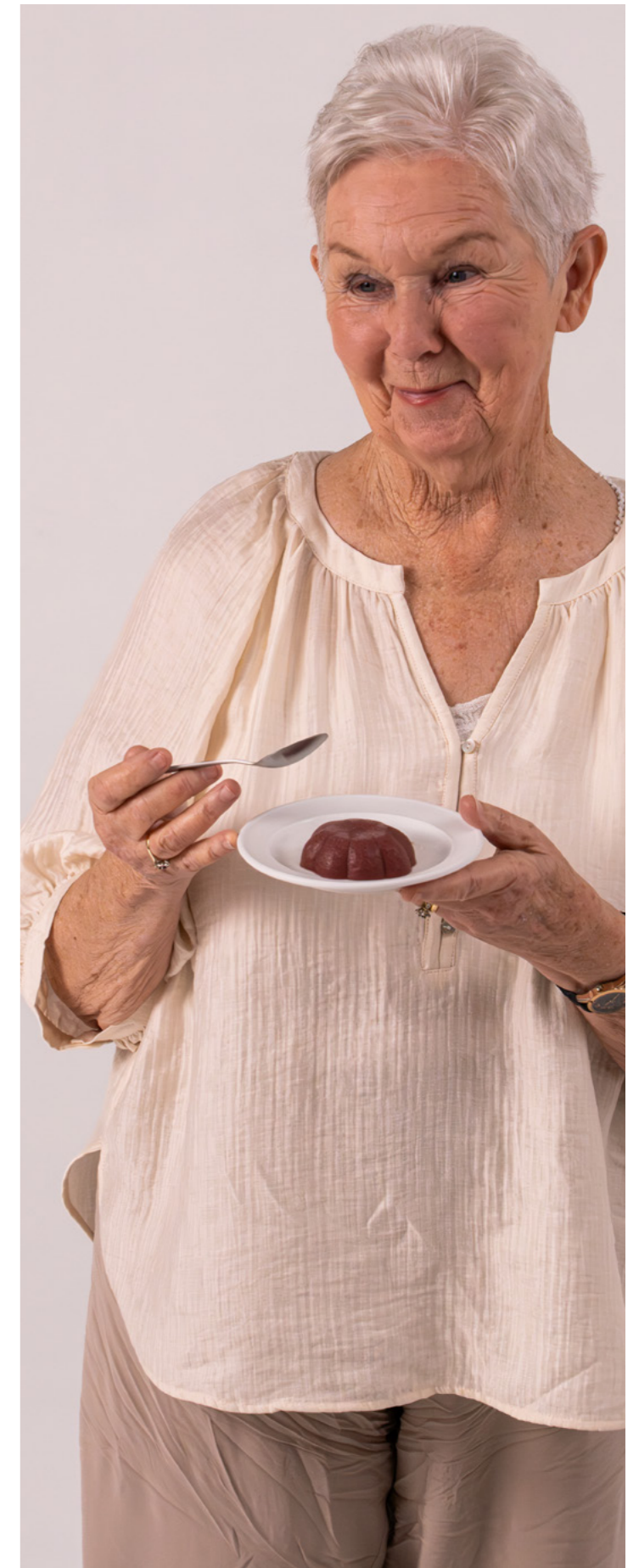
Food is one of the most powerful, yet overlooked, levers available to improve health, reduce harm and restore dignity in aged care.

When meals are nutritionally optimised, clinically aligned, visually appealing, delicious, and consistently safe, the benefits ripple across the entire care ecosystem - from reducing preventable hospitalisations to improving staff confidence and resident quality of life.

The Pure Food Co model demonstrates what is possible when food is treated as both nourishment and clinical intervention. It shows that practical, scalable solutions already exist - solutions that work across large multi-site organisations, rural and metro settings, and increasingly, home-based care.

The task now is to accelerate adoption. Government, providers and sector leaders share a collective responsibility to ensure that every older Australian - whether living in residential care or at home - has access to meals that support strength, independence and wellbeing.

Getting food right is not a luxury. It is foundational to safe, high-quality care. And it is one of the most powerful tools we have to build an aged care system worthy of the people it serves.





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