Aged Care Dietitian Services Australia | Bloom

Canonical: https://bloom-healthcare.com.au/aged-care/aged-care-dietitian/

Details:

Ageing, illness, medication, reduced appetite, swallowing changes and difficulty shopping or preparing meals all affect nutrition, and they rarely arrive one at a time. An Accredited Practising Dietitian assesses the whole picture and develops practical recommendations that respect health needs, preferences, culture and the simple fact that food is meant to be enjoyed.

The goal is nourishment that works in real life, not an unnecessarily restrictive diet. A plan that is technically correct and that nobody follows has achieved nothing. To discuss a referral, call 1300 771 465 or email hello@bloom-healthcare.com.au .

What a dietitian assesses

Weight, strength and energy , and how maintaining them is affected by health, the home environment, routines and the support already in place

Appetite and what has changed about it, including the effect of medication, mood, pain and fatigue

Swallowing and chewing , and whether a speech pathology assessment is also needed

Practical mealtime barriers — shopping, carrying, standing to cook, opening packaging, cleaning up afterwards

Medical conditions that interact with diet, and the existing advice the person has been given

What the person actually eats and enjoys , because that is the starting point for any workable change

Unintentional weight loss is not a normal part of ageing

It is common, which is not the same as normal. Unintentional weight loss, reduced appetite and a drop in strength are worth assessing rather than accepting, because they compound: less muscle means less stability, which means less activity, which means less appetite.

Where that cycle has started, the useful interventions are often small and practical — changing the timing of meals, increasing the energy density of food already being eaten, making a favourite meal easier to prepare, adding something between meals — rather than a wholesale change to the diet.

Where the issue is dental, mechanical or related to swallowing, dietetics alone is not the answer and the assessment will say so.

Where dietetics overlaps with other services

Swallowing. Coughing during meals, a wet-sounding voice afterwards, food sticking, or avoiding particular textures are all reasons to involve speech pathology alongside dietetics. Texture-modified diets are a joint piece of work.

Getting to the kitchen and using it. Where the barrier is standing, reaching, carrying or safety, occupational therapy is the discipline that addresses the environment and equipment.

Strength and function. Where appetite and intake are improving but function is not, physiotherapy or exercise physiology may be needed, because nutrition and activity work together rather than separately.

Mention all of it at the referral stage so the supports are planned together.

How Support at Home funds this

In-home aged care is funded through the Support at Home program, which replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025 . Allied health, including dietetics, sits in the Clinical Supports category.

Access begins with an aged care assessment through My Aged Care on 1800 200 422 . The assessment considers strengths, areas of difficulty, goals and care needs, and if the person is eligible a support plan sets out the services they are approved for. Bloom does not decide anyone's funding, and no provider can.

See the Support at Home hub and aged care services for the wider picture, and the aged care FAQs for common questions about access and appointments.

Dietetics is also available to NDIS participants — see the dietitian service page and the NDIS page — and on a privately funded basis.

Culture, preference and dignity

Food is not only nutrition. It carries culture, memory, religious observance, habit and pleasure, and an assessment that ignores that produces advice nobody follows.

A workable plan starts from what the person actually eats and enjoys, and from any observance that matters to them, then changes the smallest number of things necessary. Where a restriction is genuinely required for a medical reason, it should be explained in terms the person can act on, with alternatives offered rather than a list of prohibitions.

Dignity matters too. Mealtimes are often where loss of function is most visible, especially where someone needs help to eat or has had their diet modified. How that support is provided affects whether a person keeps eating with others or starts avoiding it, and that has nutritional consequences of its own.

Residential aged care

Where someone lives in residential aged care, dietetics works alongside the facility rather than around it. With consent, recommendations are shared with the care team so they reach the people preparing and serving meals.

The practical questions are usually about whether a modified texture is still required, whether a supplement is doing anything, whether intake is actually being recorded accurately, and whether a person's stated preferences are reaching the kitchen.

Where appointments happen

At home, which lets the dietitian see the kitchen, the pantry, the fridge and the actual mealtime rather than a description of it; in residential aged care; in the community; and by telehealth , which suits review appointments and family coaching well.

A home visit is particularly useful for a first assessment. What is in the cupboard, how food is stored, who does the shopping and what the person can physically manage in the kitchen all shape what is realistic, and none of it is visible from a consulting room.

Supplements, and when they are the answer

Oral nutrition supplements come up early in most conversations about weight loss, and they are sometimes right. They are also frequently used in place of an assessment rather than after one, which is how people end up drinking something expensive that replaces a meal rather than adding to it.

A dietitian will usually look first at whether ordinary food can be made more energy-dense, more appealing or easier to prepare, because that is cheaper, more enjoyable and more sustainable. Where a supplement is indicated, it should come with a reason, a timeframe and a plan for reviewing whether it is doing anything.

If someone is already taking one, bring the actual product to the appointment. What is in it, how much is being taken, when, and whether it is being tolerated are all part of the picture.

Involving family, carers and providers

With consent, family members, carers and other providers can be part of the work. Where someone else does the shopping or the cooking, including them is not optional — a recommendation that never reaches the person who buys the food will not change anything.

Where a residential or home care provider is involved, recommendations can be shared through the agreed pathway with consent.

What to expect from the first appointment

An assessment rather than a prescription. Expect questions about a typical day of eating, what has changed and when, what the person used to enjoy, what is now avoided and why, and who else is involved in meals.

What comes out of it should be specific, small enough to actually do, and reviewed. Ask how progress will be measured — weight is one measure, but energy, strength, appetite, and whether meals have become less stressful often matter more day to day.

How to start

Call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referrals page . Anyone can refer: the person themselves, a parent or carer, a GP or paediatrician, a support coordinator, a plan manager, a school, a SIL provider, another health professional, or a nominee or guardian.

Useful information to include is the person's age, the main concerns, any existing reports or assessments, relevant history, the goals that matter to the family, and the best contact details.

A member of the team will be in contact within 24 hours of receiving a referral. The referral is then triaged and matched to a clinician on capacity, location, skill set and the specific need. A welcome pack and intake form follow, and nothing is scheduled until the intake form is completed and returned. Bloom aims to schedule the initial meeting within 5 business days where possible. Rates, hours, travel and reporting are set out in a service agreement that is discussed and signed before service delivery and billing begin.

If something is not working once services start, the feedback page explains how to raise it, the advocacy policy covers your right to an advocate, and the incident management policy sets out how incidents are handled and reported.

Working with the rest of the care team

Nutrition is rarely managed by one person alone. A GP may be monitoring a condition that interacts with diet, a nurse may be managing wounds where protein intake matters, a support worker may be doing the shopping, and a family member may be preparing meals.

With consent, recommendations are shared through the agreed pathway so they reach the people who can act on them. That is the difference between advice that changes something and advice that stays in a report.

Where a person has been given dietary advice elsewhere — at a hospital discharge, from a specialist, or from a previous provider — bring it. Contradictory advice from two sources is common, confusing, and usually resolvable once it is on the table.

Reviewing, and knowing when to stop

A dietetics plan should have a point at which it is reviewed, and a view about how long it is likely to be needed. Some needs are short — recovering intake after an illness or a hospital stay — and some are ongoing, such as managing a long-term condition or a modified texture.

Ask what success would look like and roughly when you would know. If nothing is changing after a reasonable period, that is information: it may mean the barrier is not nutritional at all, and that a different discipline, or a medical review, is the right next step.

What does an aged care dietitian do?

An aged care dietitian assesses nutrition needs, health conditions, food intake and barriers to eating well, then develops practical recommendations together with the older person and their supporters.

What are possible signs that an older person may be malnourished?

Possible signs include unplanned weight loss, reduced appetite, loose clothing, weakness, fatigue, slow wound healing, or regularly leaving meals unfinished. A formal assessment is needed to understand the cause and level of risk.

Can a dietitian help if an older person has difficulty swallowing?

Yes, usually in collaboration with a speech pathologist. The speech pathologist assesses swallowing safety and recommends food textures, while the dietitian helps ensure the resulting intake meets nutrition and hydration needs.

Will someone receiving dietitian support have to give up foods they enjoy?

Not necessarily. Advice is meant to balance clinical needs with the person's preferences, culture, dignity and quality of life, and restriction is only recommended when justified and discussed with the person.

Can dietitian appointments happen at home?

Yes. Home-based assessment can help the dietitian understand food access, routines, equipment and support available, and telehealth may also be suitable in some circumstances.

Can Support at Home fund dietitian services?

Dietitian support may be arranged as an approved clinical support when it is included in the person's support plan. The registered provider must confirm the service and funding arrangement before appointments begin.

What areas do aged care dietitians typically assess?

Accredited practising dietitians assess weight, strength and energy; appetite changes including effects of medication, mood, pain and fatigue; swallowing and chewing (to determine if speech pathology is needed); practical mealtime barriers like shopping or cooking difficulties; medical conditions interacting with diet; and what the person actually eats and enjoys.

How do dietitians typically address unintentional weight loss in older adults?

Dietitians identify practical interventions such as changing meal timing, increasing the energy density of foods already being eaten, or making favorite meals easier to prepare, rather than implementing wholesale diet changes, since unintentional weight loss combined with reduced appetite and strength can create a compounding cycle of reduced activity and appetite.

Does dietetics work with other allied health services in aged care?

Yes. Dietetics often works collaboratively with speech pathology, particularly when issues like coughing during meals, a wet-sounding voice afterwards, food sticking, or texture aversions occur.

Who is the provider offering these aged care dietitian services?

Bloom Healthcare, a boutique disability and aged care allied health provider in Australia, offers these dietitian services, which are available to older people and their families across Australia via online enquiry.

Is this NDIS funded?

No. Aged care dietetics is funded through aged care programs, principally Support at Home since 1 November 2025. The NDIS is a separate scheme, primarily for people under 65 with a permanent and significant disability, and its support categories do not apply to aged care services.

How do I start?

If you do not yet have an aged care assessment, register with My Aged Care on 1800 200 422. If you already have a support plan and funding, call Bloom on 1300 771 465, email hello@bloom-healthcare.com.au, or use the referral form.