NDIS Quality and Safeguards Commission

Campaign Snapshot: Mealtime Management

August 2026

The NDIS Quality and Safeguards Commission (NDIS Commission) completed a 16-week targeted campaign (May–August 2025) assessing provider compliance with the NDIS Code of Conduct and relevant Practice Standards for the delivery of quality and safe mealtime support.

- This campaign aligns with the NDIS Commission's 2025–26 Regulatory Priority to ensure providers proactively identify and manage high-risk health concerns.

Providers in scope for the targeted campaign had been confirmed as providing mealtime management (MTM) supports or related high intensity supports in the home or in group settings, aligning with research that indicates most mealtime management incidents occur in these settings. Providers with compliance matters underway with the NDIS Commission were excluded, along with providers and allied health professionals that prepare mealtime management plans.

Why this matters

- People with disability are disproportionately at risk of choking and aspiration pneumonia—conditions that are preventable with the right supports.
- Mealtime safety and dysphagia management are regulatory priorities, and the NDIS Commission will continue to take strong action where standards are not met.
- The NDIS Commission addresses known incidents of non-compliance with MTM standards as part of its core regulatory functions.

Who was involved

- 98 providers visited (83 registered, 15 unregistered) across the country, including Southeast Queensland, Cairns, Metro Sydney, Broken Hill, Bathurst, Canberra, Metro Melbourne, Bendigo, Ballarat, Darwin, Hobart, Launceston, Perth, and Adelaide.

- 184 site visits: head offices and service delivery locations, enabling direct engagement with participants and staff including support workers.

What we assessed

Compliance was assessed across three key focus areas:

- Quality and safety of mealtime supports – meals prepared and provided in line with MTM plans, worker training, staffing and supervision, risk, and incident management.
- Safety of supports during transitions – provider-to-provider and day-to-day transitions.
- Participant independence and informed choice – balancing safety with autonomy.

Key findings

The campaign yielded valuable insights into MTM practices across both registered and unregistered providers across each of the three focus areas.

- **Quality and safety of NDIS MTM supports**
  - The majority of participants visited had up to date MTM plans which had been prepared by a qualified speech pathologist. Plans were easily accessible by support staff and staff were familiar with their content.
  - Out of date MTM plans were identified in a small number of service delivery sites. The NDIS Commission is following up with these providers.
  - All providers reported they had a staff supervision system in place. The majority of providers reported having systems in place to monitor the quality of meals prepared and provided by support workers and to ensure the requirements of MTM plans were being adhered to. Observations and discussion with staff at site visits confirmed staff were familiar with, and used, the systems that were in place.
  - The majority of providers reported a continuous learning approach and had a variety of systems in place to ensure staff qualifications and training were up to date. Staff supporting participants with MTM plans reported having received general MTM training as well as training specific to the MTM plans and requirements of the participants they worked with.
  - The majority of providers reported the requirement that staff supporting participants with MTM plans hold a minimum qualification of certificate III in individual supports (disability) and noted that recruitment focussed on ensuring prospective employees' values aligned with those of the organisation.
  - Providers sought to roster staff in cohorts ensuring that the complement of staff working with each participant knew the participant, their preferences and were trained in their MTM requirements including

how to recognise changes or signs that a MTM plan reassessment may be required. Most providers reported little to no use of agency staff in efforts to maintain both consistency and quality of MTM supports.

- Policies and procedures to manage risks and emergencies were evidenced across all providers. Staff present during site visits were able to talk about the procedures they would follow in case of an emergency, however none reported having to enact them.
- A number of providers raised the challenge of relying on a third party to facilitate the development and review of MTM plans. While providers have obligations to ensure participants' MTM needs are assessed, and MTM plans are regularly reviewed, the means to secure these are not always within the provider's control.

- **Continuity of NDIS services and supports during transitions**
  - Providers all reported having requirements for provider-to-provider transitions. In the case of a significant change, such as a participant changing supported independent living (SIL) provider, they noted different approaches to sharing information and MTM plans, with all noting that this depended on privacy requirements and participant consent.
  - Providers also noted different approaches for day-to-day transitions; some used written handover notes, others verbal. It was noted that information sharing at transition points was a potential weak point and presented an area of potential risk.
  - Providers reported having a system in place which ensured that participants' up to date health information was easily accessible and in a format that could be provided to a hospital or doctor. Site visits confirmed that health material was readily accessible to support workers.
  - The majority of providers used a system for maintaining health records and storing them in a single location in the accommodation, ensuring they were "grab and go" in case of medical emergency. Information and key documents typically included an "about me" document with preferred method of communication, contacts, medical guardians/supported decision making requirements, key medical conditions, MTM plans, and medications.

- **Participant independence and informed choice and person-centred supports**
  - All providers visited reported that participants were involved in menu planning if they chose to be, including participants with MTM plans. Visits to service delivery sites confirmed this.
  - The majority of providers visited were able to speak in detail about their procedures for managing situations where a participant did not want to follow their MTM plan, and ways to mitigate the risks this presented.

- Providers spoke about balancing dignity of risk with participant independence and choice and reported a number of strategies for supporting participants to understand the risks associated with not following all or part of a MTM plan.

- **Positive practices included:**
  - Applying a participant-centred approach to MTM planning and service delivery, ensuring a core team of support staff, strong rapport with allied health providers, and supporting participants to make informed choices.
  - Undertaking quality human resource management through best practice recruitment, training, supervision and ongoing support, ensuring staff have the necessary skills and attitudes to support participants with MTM plans.
  - Investing in quality service provision by ensuring organisational time and effort into appropriate quality systems, reviews of policies and procedures and staff development and support.

Next steps

The NDIS Commission will now target providers with known or alleged non-compliance associated with the provision of support for dysphagia. Strong regulatory action will be taken where providers are found to have breached their obligations.

The insights gathered through the targeted mealtime management campaign will inform updates to the NDIS Commission's practice guidance, including in relation to dignity of risk and duty of care, and participant-focussed resources on mealtime management.

Providers are encouraged to revisit their practices to ensure compliance with the NDIS Code of Conduct and relevant Practice Standards and to support consistent, safe approaches to mealtime management across the NDIS sector.