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| * This audit should be completed monthly by the Manager/Deputy * In the event of non-compliance actions identified should be placed on service development plans and shared with appropriate staff * Compliance should be graded using: Inadequate, Requires improvement, Good, Outstanding |

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| **Audit Question** | **Compliance Achieved** | **Comments** |
| Menus are published and shared with residents in advance to allow selection of preferred choice. |  |  |
| There are pictures available of each choice on the menu and then in the dining room on the day (where required) |  |  |
| Residents are involved in the lead up to meal time where possible - (ie wiping tables, laying of table). |  |  |
| Are tables appropriately set for the meal? e.g. are there place mats, cutlery, condiments, napkins available? |  |  |
| The noise level and lighting in ***dining room*** is conducive to a pleasant dining experience (ie TV, load music and other distractions are kept to minimum) |  |  |
| Meals are served at the posted times |  |  |
| Are residents served table by table so they can eat at the same time and there is regular rotation of table service so no one table waits to be served every time? |  |  |
| Food presented looks and smells appetizing (check 3 different meals). |  |  |
| Texture modified diets are served in an appropriate and appealing manner (using moulds where possible and not mixed together) |  |  |
| Dignified assistance given is to Resident’s with eating e.g. do staff sit down when assisting to eat, do staff converse with Resident, does staff discuss food with Resident, etc? |  |  |
| Do all staff wash hands before serving meals/assisting Resident’s? |  |  |
| Do all staff offer Resident’s hand washing assistance before mealtime? |  |  |
| Are Resident’s offered a choice of drink with their meal? |  |  |
| Do staff avoid giving medications out at mealtimes unless medication states "to be taken with food"? |  |  |
| Are Resident’s offered a choice of where they would like to sit? |  |  |
| Are any Resident’s sitting in wheelchairs? If so is the reason for this recorded in their Care Plan? |  |  |
| **Audit Question** | **Compliance Achieved** | **Comments** |
| Safe assisted eating practices (i.e. position and technique) are demonstrated? |  |  |
| Is cutlery and crockery in good condition, matching and applicable to the resident group e.g. dementia crockery, or adapted |  |  |
| Special occasions, holidays and birthdays are celebrated. |  |  |
| Temperature of food is kept consistent for residents who take longer to eat (e.g. served in two helpings or in a heated plate / bowl .) |  |  |
| Clothes protection is appropriate and dignified, not shabby and childlike and as requested by Resident / in care plan. |  |  |
| Drink refills are encouraged and offered, unless reduced food intake an assessed issue |  |  |
| Are foods high in water content offered if a resident is not drinking plenty |  |  |
| Alternative eating areas are offered. |  |  |
| Alternatives offered if little or none of meal eaten. |  |  |
| Food choice is available for those requiring texture modification or finger food. |  |  |
| Fortification of food is undertaken for all Residents who are underweight or at risk of malnutrition. The home is following food first methodology |  |  |
| Food temperature is checked immediately before service. |  |  |
| Are meal times suitable spaced out (i.e. meals not served within 3-3.5 hours of each other) |  |  |
| Suppers and day time snacks are available for all residents including those residents who need a soft/textured diet. |  |  |
| Dining area provides sufficient space for people with reduced mobility to manoeuvre safely |  |  |
| The kitchen team is aware of each Residents favourite meal. Where is this recorded? |  |  |
| Kitchen team are aware of appetite size of all residents. Where is this recorded? |  |  |
| Kitchen team are aware of any common issues related to nutrition in people with dementia? |  |  |
| Resident feedback is sought about the menu and quality of the food, with evidence of changes made following feedback |  |  |

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| Name of Auditor: | Date: |

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| **ACTION PLAN FOLLOWING AUDIT:** | | | |
| ACTION | | BY WHEN | BY WHOM |
|  | |  |  |
| Managers Signature: |  | | |

Notes to support completion of the audit:

* Pictures of meals can be representations from internet resources if unable to photograph each menu item
* Complete the audit as fully as possible every month
* The Care Home Collaborative would be grateful if you could share your audit with the team. Email completed audit to

nhsh.carehometeam@nhs.scot