

## Meal time experience audit tool for Care Homes

Standard: The meal time experience audit tool should be implemented in all Care Homes.

Action	<ul style="list-style-type: none"> <li>This audit tool should be completed monthly by the manager, chef or lead person for nutrition.</li> <li>In the event of non-compliance, action plans should be produced and reviewed regularly.</li> <li>Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections.</li> <li>Document compliance achieved using <b>Inadequate</b>; <b>requires improvement</b>; <b>good</b>; <b>outstanding</b>.</li> </ul>
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Name of person completing the audit tool: ..... Date: .....

Standard and Evidence		Compliance achieved	comments
1.	<b>The lead up</b> Demonstrate how you set the scene so residents know a mealtime is going to happen		
2.	<b>Communication</b> Is there engaging conversations during mealtime from staff and residents.		
3.	<b>Environment</b> How are your dining room tables set? How are your trays set for those wishing to eat in their own space/room? Do you have condiments on the table? Is the menu displayed on the individual tables or in the dining room? Is the background noise/music appropriate? Are staff sitting down with residents/mirroring? Is the mealtime experience non-rushed/leisurely?		
4.	<b>Senses</b> Does the food smell nice? Do residents have the right cutlery to suit their		

	<p>needs? Do residents have the right cups/glasses to suit their needs? What is the crockery like?</p>		
5.	<p><b>Serving</b> Does the food look appetising? Are residents offered visual plated up choices of the food on offer? Do you serve table by table? Is the portion control right for the individual's appetite/appeal? Is there an offer of extra food or another choice if food offered was not eaten.</p>		
6.	<p><b>Dignity</b> What do the aprons/clothes protectors look like for residents? What do the aprons/clothes protectors look like for staff? Are staff wearing gloves unnecessarily? Are staff talking and engaging with residents? Are residents being treated with dignity and respect? Is permission gained from residents to put on aprons/protectors? Do staff sit down with those who require assistance with their food? Residents are not interrupted to take medication during meal times.</p>		
7.	<p><b>Chef/Cook</b> Is the chef/cook aware of residents weights/MUST score? Is the chef/cook fully aware of individual dietary requirements? Is there a plan between chef/cook if residents are sending back full plates of food? Does the chef/cook involve the residents putting the menu together?</p>		

	<p>Does the chef/cook seek feedback from residents about the food/mealtime?  Is there a communication book between residents/staff/chef/cook?  Does the chef/cook support writing in the food/fluid chart</p>		
8.	<p><b>Hydration</b>  Do you offer drinks at the same time as mealtimes?  Do you offer foods high in water content if resident is not drinking orally?  Do you offer a selection of drinks at mealtime?</p>		
9.	<p><b>General Home Environment</b>  Is there an odour in the home or on the unit?  Is the décor in the home appropriate for your residents?  Are there appropriate age related activities/recreation?  Is there real meaning and purpose for the residents?  Are staff available particularly in the communal areas?  Is there good dementia friendly signage?  Personalised room recognition?  What is the presentation of residents like i.e.: nails/hair/teeth?  Are toilets visible and easy to access?  Residents are not entering other resident's rooms.  Residents are not interrupted at mealtimes to take Medication.</p>		
10.	<p><b>Audit tool</b>  Each care home should audit their care home monthly to assess the quality and extent of meal time experience within their Care home.</p>		

**How to complete audit and achieve compliance target**

Standards	Evidence/ exception
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1.	The lead up	Wiping the tables over, laying the tables together, and folding the napkins.
2.	Communication	Staff are treating residents as people and engaging in conversations. Staff create a pleasant dining experience which supports the social aspects of mealtimes Is there is a 'Mealtime Communication Book' available for residents to document any issues related to food, nutrition, preferences etc. Conversation between staff and residents was not just limited to the task of serving the meal or giving instructions, it was interactive and engaging .
3.	Environment	Table Cloths, Napkins, Place Mats, Cutlery, Table Centres, Table/Place Names Tray Cloth, Napkin, Cutlery, Tray Name, Condiments, Food/Plate Cover And these were all easy for residents to use and on all the tables? The right day is displayed on wall, the print is easy to read The music/radio is it to residents choice/wishes, and not too loud The staff were happily and casually talking through a list of choices, in a calm environment Staff are eating with the residents, sitting down with them, and mirror eating for those who need more support. Staff are serving in a relaxed manner.
4.	Senses	Is the smell appealing to you. Adapted cutlery, coloured cutlery. Adapted cups/glasses, coloured cups/glasses The crockery is in good condition, is it coloured - what does the food look like on the plate? I.e. white mash potato on a red plate. .
5.	Serving	Does the food look appetising and would you like to eat it - is presentation of pureed/soft diets good. Staff are not mixing it all up together (unless requested by resident). Menus are published and shared with residents. Lovely picture choices of the 'actual' food or visual choices at point of serving Are pictures on your menus Residents served table by table enabling them to eat at the same time Plates not overloaded (unless requested by resident) - sometimes this can put residents off Second helpings offered.
6.	Dignity	The protective aprons are appropriate and not childlike or shabby? Are they required or has it become habit. Do staff need to wear aprons and what do they look like? Are gloves being worn appropriately - do you need to wear gloves to assist someone with their food. he' 'she' 'her' 'him' 'them' terms were not used as staff were talking to residents and including them and not over them. Residents are supported to 'order' their choice of food from the menu or select an alternative. Addressing residents with dignity and respect and in a respectful voice and tone. Permission was asked/gained, even when a resident could not communicate All staff were sitting down and relaxed when assisting residents with food. Staff were only assisting one resident at a time. Medication rounds are not interrupting the mealtime experience.
7.	Chef/cook	Important for the Chef to know targeted weights (MUST score) to support individual care plans.

		<p>Chef/Cook should had a comprehensive understanding of individual dietary requirements.</p> <p>Residents were fully involved with menus and meal planning.</p> <p>Chef/cook actively making adjustments accordingly in response to positive and negative feedback.</p> <p>Chef/cook/care workers/residents have good communication</p>
8.	Hydration	<p>Is it better for some residents to have food only and not offered drinks at mealtimes if nutrition is of high importance due to small appetite- as it may be is too much? Some residents may not be able to concentrate on food and drink at the same time. Again not one size fits all but if residents are well hydrated throughout the day there is no reason why drinks cannot wait until after meal enjoyed especially if certain residents are overloaded by both. Residents that are not drinking enough orally offer foods high in water content, offer a choice of drinks. Remember to offer drinks in between routine drink rounds i.e.: offer drink on waking and make 3 o clock drink o clock.</p>
9.	General home Environment	<p>Care home has appropriate décor that suits the environment. People living with dementia or learning disabilities are adults. The residents have chosen the activities and really seem engaged and happy to be involved, they enjoy attending activities? All residents are treated as individuals, staff are engaging, interacting, good verbal and non-verbal communication, not talking over or about residents in front of them.</p> <p>What is life like in the service? Someone being washed/dressed and having nutrition and hydration at the same time is NOT dignified.</p> <p>If lots of residents are all in one area there should be sufficient staff supervision.</p> <p>Are your signs dementia friendly? Are rooms clearly signed? Have rooms got a single purpose i.e.: dining room, library, Music room.</p> <p>One size does not fit all - different approaches for everyone.</p> <p>How do you assess staff on delivering basic standards during meal times?</p> <p>All toilets in a care home should be available for visitors and residents. .</p>
10.	Audit tool	Evidence of monthly audits.
	Improvement plans:	

Information on nutrition and hydration can be found on knowledge Anglia:

<https://www.knowledgeanglia.nhs.uk/KMS/SouthNorfolk/Home/ProvidersServices/CareProviders.aspx>