

Frequency of Audit

Quarterly, to be increased to monthly if deemed necessary based on previous audit results. Over a period of time audits should cover a variety of meal and snack times.

HSC Trusts are responsible for completion of the Assurance Questionnaire and Audit Tool and collation of results. Comments provided will be used to inform actions plans for improvement but will not be collated. Results will be discussed regionally on a quarterly basis at the Mealtimes Matter group.

Methods of Data Collection

Assurance Questionnaire: the auditor should seek assurance from the **person in charge** of the setting regarding the seven items in the Assurance Questionnaire, and note the name and role of the person.

Audit Tool: the auditor should observe practice, review documentation and speak with relevant staff in order to assess whether each audit item is met.

The **Assurance Questionnaire** and **Audit Tool** form part of a single audit and assurance process for mealtimes, therefore must be completed together as far as is reasonably possible, within each care setting. Data collection may be carried out on separate occasions should service needs require this.

| ABBREVIATIONS USED: | |
|---------------------|---|
| EDS | Eating, Drinking and Swallowing |
| REDS | Recommendations for Eating, Drinking and Swallowing |
| SLT | Speech and Language Therapy |
| MDT | Multidisciplinary Team |
| NBM | Nil by Mouth |

Any additional information or evidence to support answers should be inserted into the ‘comments’ box following each question.

| ASSURANCE QUESTIONS | | METHOD | GUIDANCE |
|---------------------|--|------------------------------------|---|
| 1 | <p>Food / snack / drinks service areas are supervised at all times.</p> <p>This may be the food/drink/snack trolley, hatch, or other service means.</p> | Speak with person in charge | <p>YES – Staff member in charge states that food/snack/drinks service areas are supervised at all times</p> <p>NO – Staff member in charge states that food/snack/drinks service areas are NOT supervised at all times</p> <p>N/A – Environment is such that direct supervision is not necessary</p> |
| 2 | <p>All mealtimes are protected.</p> <p>Protected Mealtimes definition: Service users are not interrupted during mealtime, unless it is clinically necessary.</p> | Speak with person in charge | <p>YES – Staff member in charge states that mealtimes are protected. No interruptions occurred during the mealtime unless clinically necessary. Visitors to the setting are those who are providing assistance with eating or drinking, or in exceptional circumstances.</p> <p>NO – Staff member in charge states that mealtimes are NOT protected. Interruptions occur during mealtimes, and visiting is permitted on the ward outside of providing assistance or exceptional circumstances. Mealtimes are interrupted when not clinically necessary.</p> <p>N/A – Meals are not served in this area</p> |
| 3 | <p>All food, fluids and thickeners that pose a risk to individuals with EDS difficulties are stored securely.</p> <p>Food and fluids can pose an asphyxiation/choking risk to people with EDS difficulties and must be stored safely. They must not be accessible to these service users.</p> <p>Thickener poses an asphyxiation/choking risk if swallowed in its original form – once prescribed and dispensed for use it must be stored securely, out of the reach of vulnerable service users. Best practice in hospital wards is to store thickener in the individual’s bedside locker where available. A nurse will hold the key to this locker. Wards and settings should carry out a risk assessment to ascertain what secure storage means for their setting.</p> | Speak with person in charge | <p>YES – Staff member in charge states that all food and fluid thickeners are stored securely and not accessible to vulnerable service users</p> <p>NO – Staff member in charge states that all food and fluid thickener are NOT stored securely.</p> <p>N/A – For thickeners only - no thickening products used</p> |

| ASSURANCE QUESTIONS | | METHOD | GUIDANCE |
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| 4 | <p>Members of the MDT have access to up-to-date SLT Recommendations for Eating, Drinking and Swallowing.</p> | <p>Speak with person in charge</p> | <p>YES – Staff member in charge states that all members of the MDT have access to up-to-date SLT recommendations for Eating, Drinking and Swallowing</p> <p>NO – Staff member in charge states that all members of the MDT do NOT have access to up-to-date SLT recommendations for Eating, Drinking and Swallowing</p> <p>N/A – No service users in area with SLT recommendations for Eating, Drinking and Swallowing</p> |
| 5 | <p>A process is in place for sharing individuals’ EDS needs with families/ carers/visitors.</p> | <p>Speak with person in charge</p> | <p>YES – Staff member in charge states that a process is in place to share EDS needs with families/carers/visitors.</p> <p>NO – Staff member in charge states that no process is in place to share EDS needs with families/carers/visitors.</p> |
| 6 | <p>A process is in place for ensuring that the individual EDS needs are communicated at pivotal times, including if they move facilities, are discharged, attend a day centre, or go out in the care of others.</p> <p><i>*This question is required to provide assurances in line with the Safety and Quality Reminder of Best Practice Guidance letter SQR-SAI-2021-075 (All PoC)¹, dated October 2021.*</i></p> | <p>Speak with person in charge</p> | <p>YES – Staff member in charge states that a relevant process is in place</p> <p>NO – Staff member in charge states that there is NO process in place</p> |
| 7 | <p>Individual SLT recommendations for EDS are included as part of any standard transfer or discharge documentation.</p> <p>Seek assurance from person in charge that SLT Recommendations for EDS are included in the relevant documentation when it leaves the current setting.</p> <p><i>*This question is required to provide assurances in line with the RQIA ‘Review of the implementation of recommendations to prevent choking incidents across Northern Ireland’ (May 2022)², Recommendation 4*</i></p> | <p>Speak with person in charge</p> | <p>YES – Staff member in charge states that SLT Recommendations for EDS are included in the relevant standard transfer and discharge documentation</p> <p>NO – Staff member in charge states that SLT Recommendations for EDS are NOT included in the relevant standard transfer and discharge documentation</p> |

1 https://insight.hscni.net/download/safety_quality_and_learning/sqr_best_practice_reminder_letters/Revised-SQR-SAI-2021-075-all-PoC-Risk-of-serious-harm-or-death-from-choking-on-foods.pdf

2 [RQIA Review of the implementation of recommendations to prevent choking incidents across Northern Ireland \(May 2022\)](#)

| ASSURANCE QUESTIONS | | METHOD | GUIDANCE |
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| AUDIT ITEMS | | | |
| 8 | The Mealtimes Coordinator is clearly identifiable to all staff. | Observation of practice | <p>YES - Mealtimes Coordinator clearly identifiable via name/s on mealtimes board, staff allocation board, badge, tabard or other identifiable method</p> <p>NO - No clear identification of Mealtimes Coordinator for staff on the ward</p> |
| 9 | <p>The most recent safety brief/huddle/handover records clearly document the communication of all service users' individual eating, drinking and swallowing needs.</p> <p>This includes <u>all</u> eating, drinking and swallowing needs, including SLT Recommendations (REDS), allergies, assistance required, etc.</p> <p>The type of record, whether safety brief/huddle /handover, is determined by processes in place in the setting concerned.</p> | Review records | <p>YES – Relevant records clearly document the communication of service users' individual eating, drinking and swallowing needs</p> <p>NO – Relevant records do NOT communicate service users' individual eating, drinking and swallowing needs not clearly documented</p> <p>N/A – No service users with eating, drinking and swallowing needs</p> |
| 10 | A 'Food and Drink Safety Pause' is implemented by all relevant staff before the serving of any meals, drinks or snacks. | Observation of practice | <p>YES – Observed a Safety Pause with all relevant staff BEFORE any meal, drinks or snacks, were served</p> <p>NO – Safety pause NOT completed before meals, drinks or snacks were served, or all relevant staff were not involved</p> <p>N/A – no staff are involved in the serving and provision of food</p> |
| 11 | <p>The 'Food and Drink Safety Pause' included discussion of all four key elements:</p> <ul style="list-style-type: none"> ▶ Food allergies/intolerances ▶ Recommendations for Eating, Drinking and Swallowing ▶ Recommended level of supervision or assistance ▶ Risk of Malnutrition/Dehydration ▶ Each element of the Safety Pause will be audited separately. | Observation of practice | <p>YES – The individual element of the safety pause was discussed</p> <p>NO – The individual element of the safety pause was NOT discussed</p> <p>N/A – no staff are involved in the serving and provision of food in this scenario</p> |

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| 12 | <p>Care and catering staff are included in a 'Food and Drink Safety Pause'.</p> <p>Care and catering staff includes all staff members involved in the service of meals, drinks, and snacks.</p> <p>See Roles and Responsibilities guidance³ for further information on the role of 'care and catering staff'.</p> | Observation of practice | <p>YES – Care and catering staff were included in a 'Food and Drink Safety Pause'</p> <p>NO – Care and Catering staff were NOT included in a 'Food and Drink Safety Pause', or joined after it had started.</p> <p>N/A – Care and Catering staff not routinely involved in serving food and drinks / No Care or Catering working in area</p> |
| 13 | <p>Nil by Mouth (NBM) signs are completed fully and accurately.</p> <p>Review 5 NBM signs. If less than 5 in setting, audit those available and insert N/A for the remainder.</p> <p>Individual elements of the NBM sign are audited separately: Patient Name / H&C No. / NBM since / staff name / staff role.</p> | Review Nil by Mouth signs | <p>YES – NBM element completed</p> <p>NO – NBM element NOT completed or illegible</p> <p>N/A – NBM signage not applicable / no service users on ward requiring signage</p> |
| 14 | <p>Meals served are according to the person's choice.</p> <p>Review any 5 meals being served. If less than 5 people in the setting are provided meals, audit those available and insert N/A for the remainder.</p> | Ask service user / check menu order | <p>YES – Meals served matched person's choice</p> <p>NO – Meals served did NOT match person's choice</p> <p>N/A – Person was not on the ward at time of menu collection or ordering / did not make or did not recall menu choice / asked for a change of menu choice / setting does not use menus.</p> |
| 15 | <p>SLT Recommendations for Eating, Drinking and Swallowing are included in individual service users' care plans as appropriate to the care setting.</p> <p>Review 5 people who have SLT Recommendations in place. Access their care plans and assess whether SLT Recommendations for Eating, Drinking and Swallowing are included. Documentation in care plans includes any documentation of Recommendations for EDS by SLT. This may include PACE and medical notes.</p> <p>If less than 5 people in setting with REDS in place, audit those available and insert N/A for the remainder.</p> | Review records | <p>YES - SLT Recommendations for Eating, Drinking and Swallowing are included in individual service users' care plans as appropriate to the care setting.</p> <p>NO - SLT Recommendations for Eating, Drinking and Swallowing are NOT included in individual service users' care plans as appropriate to the care setting.</p> <p>N/A – No service user with SLT Recommendations for Eating, Drinking and Swallowing in place.</p> |

| ASSURANCE QUESTIONS | | METHOD | GUIDANCE |
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| 16 | <p>Individual service users' SLT Recommendations for Eating, Drinking and Swallowing are clearly displayed at the bedside, or other agreed place appropriate to the setting?</p> <p>Review 5 people who have SLT Recommendations in place, do they have REDS clearly displayed?</p> <p>If less than 5 people in setting with REDS in place, audit those available and insert N/A for the remainder.</p> | <p>Review REDS at bedside or other agreed place</p> | <p>YES - Individual service users' SLT Recommendations for Eating, Drinking and Swallowing are clearly displayed</p> <p>NO - Individual service users' SLT Recommendations for Eating, Drinking and Swallowing are NOT clearly displayed</p> <p>N/A – No service users in area with SLT Recommendations for Eating, Drinking and Swallowing</p> |
| 17 | <p>The correct supervision level is provided, as per SLT Recommendations for Eating, Drinking and Swallowing?</p> <p>Review 5 people who have SLT Recommendations in place, is supervision provided in line with the recommendation?</p> <p>If less than 5 people in setting with REDS in place, audit those available and insert N/A for the remainder.</p> | <p>Review of documentation and observation of practice</p> | <p>YES – Supervision level provided matches SLT Recommendations for Eating, Drinking and Swallowing</p> <p>NO – Wrong supervision level or NO supervision provided where recommended</p> <p>N/A – No supervision specifically recommended for service user</p> |
| 18 | <p>Food and drink served matches the recommended *IDDSI level?</p> <p>Review the meals of 5 people who have SLT Recommendations in place, do they match the recommended IDDSI level?</p> <p>If less than 5 people in setting with REDS in place, audit those available and insert N/A for the remainder.</p> <p><i>*International Dysphagia Diet Standardisations Initiative (IDDSI)</i></p> | <p>Observation of meals served and IDDSI levels (5 service users with REDS in place)</p> | <p>YES – Food and drinks served match the correct IDDSI level according to EDS recommendations</p> <p>NO – Food and drinks served DO NOT match the correct IDDSI level according to EDS recommendations</p> <p>N/A – no service users in area with SLT Recommendations for Eating, Drinking and Swallowing</p> |