

# Mealtimes Matter Assurance Questionnaire and Audit Tool

**BEFORE COMPLETING THE QUESTIONS BELOW, YOU MUST READ THE ACCOMPANYING GUIDANCE NOTES**

## MEALTIMES MATTER ASSURANCE QUESTIONNAIRE

<b>Auditor Name</b>		<b>Audit Date</b>	
<b>Area/Ward</b>		<b>Meal Audited</b>	Breakfast / Lunch / Dinner / Snack
<b>Name of person in setting providing assurances:</b>		<b>Role of person in setting providing assurances:</b>	

1. Food / snack / drinks service areas are supervised at all times.	YES / NO / NOT APPLICABLE
<b>Comments</b>	

2. All mealtimes are protected.	YES / NO / NOT APPLICABLE
<b>Comments</b>	

3. All food, fluids and thickeners that pose a risk to individuals with EDS difficulties are stored securely.	<b>Food</b>	YES / NO
	<b>Fluids</b>	YES / NO
	<b>Thickeners</b>	YES / NO / NOT APPLICABLE
<b>Comments</b>		

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4. Members of the MDT have access to up-to-date SLT Recommendations for Eating, Drinking and Swallowing (REDS).	YES / NO / NOT APPLICABLE
<b>Comments</b>	

  

5. A process is in place for sharing individuals' EDS needs with families/carers/visitors.	YES / NO
<b>Comments</b>	

  

6. A process is in place for ensuring that the needs of individuals with EDS difficulties are communicated at pivotal times, including if they move facilities, are discharged, attend a day centre, or go out in the care of others.	YES / NO
<b>Comments</b>	

  

7. Individual SLT Recommendations for EDS are included as part of any standard transfer or discharge documentation.	YES / NO / NOT APPLICABLE
<b>Comments</b>	

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## MEALTIMES MATTER AUDIT TOOL

<b>Auditor Name</b>		<b>Audit Date</b>	
<b>Area / Ward</b>		<b>Meal Audited</b>	Breakfast / Lunch / Dinner / Snack

8. The Mealtime Coordinator is clearly identifiable to all staff.

YES / NO

**Comments**

9. The most recent safety brief/huddle/handover records clearly document the communication of all service users' individual eating, drinking and swallowing needs.

YES / NO / NOT APPLICABLE

**Comments**

10. A 'Food and Drink Safety Pause' is implemented by all relevant staff before the serving of any meals, drinks or snacks.

YES / NO / NOT APPLICABLE

**Comments**

11. The 'Food and Drink Safety Pause' included discussion of all four key elements.

11a REDS	Y / N / NA	Y / N / NA
11b Allergens	Y / N / NA	Y / N / NA
11c Supervision	Y / N / NA	Y / N / NA
11d Nutrition/Hydration	Y / N / NA	Y / N / NA

**Comments**

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12. Care and catering staff are included in a 'Food and Drink Safety Pause'.	YES / NO / NOT APPLICABLE
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Comments

	1	2	3	4	5	
13a Name	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	YES / NO / NOT APPLICABLE
13b H&C No	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	YES / NO / NOT APPLICABLE
13c NBM since	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	YES / NO / NOT APPLICABLE
13d Staff Name	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	YES / NO / NOT APPLICABLE
13e Staff Role	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	YES / NO / NOT APPLICABLE

Comments

14. Meals served are according to the person's choice.	1	Y / N / NA	YES / NO / NOT APPLICABLE
	2	Y / N / NA	
	3	Y / N / NA	
	4	Y / N / NA	
	5	Y / N / NA	

Comments

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## People with SLT Recommendations for Eating, Drinking and Swallowing in place:

15. SLT Recommendations for Eating, Drinking and Swallowing are included in individual service users' care plans as appropriate to the care setting.

1 Y / N / NA

2 Y / N / NA

3 Y / N / NA

4 Y / N / NA

5 Y / N / NA

YES / NO / NOT APPLICABLE

Comments

16. Individual service users' SLT Recommendations for Eating, Drinking and Swallowing are clearly displayed at the bedside, or other agreed place appropriate to the setting.

1 Y / N / NA

2 Y / N / NA

3 Y / N / NA

4 Y / N / NA

5 Y / N / NA

YES / NO / NOT APPLICABLE

Comments

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17. The correct supervision level is provided, as per SLT Recommendations for Eating, Drinking and Swallowing.	1	Y / N / NA	YES / NO / NOT APPLICABLE
	2	Y / N / NA	
	3	Y / N / NA	
	4	Y / N / NA	
	5	Y / N / NA	
Comments			

	Meal IDDSI Level = REDS	Drinks IDDSI Level = REDS	
18. Food and drink served matches the recommended *IDDSI level.	1	Y / N / NA	YES / NO / NOT APPLICABLE
	2	Y / N / NA	
	3	Y / N / NA	
	4	Y / N / NA	
	5	Y / N / NA	
Comments			