**Appendix 5**

**FOOD AND HYDRATION SERVICE STANDARDS AND AUDIT TOOL**

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| **ITEM** | **STANDARD** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  | Adult in-patients (except exclusions as per this policy) will be screened for nutritional risk; * + within six hours of admission
	+ repeated weekly.
 |  |  |  |  |
|  | Nutritionally ‘at risk’ patients with a ‘high risk’ score, will be referred to a Dietitian within eight hours of assessment. |  |  |  |  |
|  | * + - Any patient with an identified swallowing or eating difficulty who requires a swallowing assessment will be seen by a Speech and Language Therapist within 2 working days of receipt of referral (RCSLT)
		- All stroke patients will be screened to identify any swallowing or eating difficulties by nursing or medical staff using Swallow Screening Test within 24 hours of admission (RCP).
 |  |  |  |  |
|  | Menu choices (including beverages) will be available in a number of formats including; * pictorial,
* Braille and
* written.
 |  |  |  |  |
|  | Patients will be asked to order meals, **no more than 12 hours in advance** of the mealtime. |  |  |  |  |
|  | An explanation is given on how to;* access food,
* complete menus and
* provide feedback.
 |  |  |  |  |
|  | Patients are supported; * in selecting appropriate menu choices for their diet and
* helped to fill out menus if they are unable to do so independently.
 |  |  |  |  |

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| **ITEM** | **STANDARD** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  | Prior to serving meals and feeding patients, staff will have successfully completed training and a competency based assessment to ensure appropriate nutritional management. For patients with swallowing difficulties staff will have successfully completed training on safe feeding before feeding these patients.  |  |  |  |  |
|  | Protected Mealtimes will be in place on every Ward to support patients with food. |  |  |  |  |
|  | Gold Trays will be used to support nutritionally ‘at risk’ patients at mealtimes. |  |  |  |  |
|  | Patients receive their meals in a physical environment that is conducive to enjoying their food.  |  |  |  |  |
|  | Patients will be supported to ‘Get ready to eat’, (where appropriate), supported to; * use the washroom and
* with hand washing prior to meals.
 |  |  |  |  |
|  | Patients will be offered the opportunity to; * eat at a table or
* in a bedside chair, with table.
 |  |  |  |  |
|  | Patients eating in bed, will be appropriately supported to ensure a safe and comfortable eating position is maintained. |  |  |  |  |
|  | Patients requiring assistance with meals will be; * identified **prior** to the meal service and
* assistance given without delay.
 |  |  |  |  |
|  | Food trolleys will be delivered within four minutes of the published delivery time. |  |  |  |  |
|  | The meal service will commence within ten minutes of delivery. |  |  |  |  |
|  | From when the food trolley is opened (for the first time), until the last patient is served, a maximum of 35 minutes will elapse. |  |  |  |  |
|  | Meal orders will be checked to ensure they are suitable for the patients diet, including texture modification (puree, soft) and known allergies |  |  |  |  |
|  | Patients who require a Neutropenic diet will be served first, followed by patients on an ‘allergy aware’ diet |  |  |  |  |
|  | Gluten free and ‘allergy aware’ meals will be served using ‘Green’ meal trays |  |  |  |  |
|  | Patients receive food presented in a way that is appealing and appetising |  |  |  |  |
|  | Patients are offered a replacement meal, if they miss their meal.  |  |  |  |  |
|  | Patients are able to access snacks at Ward level (and of appropriate consistencies for those with swallowing difficulties). |  |  |  |  |
| **ITEM** | **STANDARD** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  | All published beverages (hot and cold, including fresh water), will be offered a minimum of seven times each day, to include with breakfast and following lunch and supper meals. |  |  |  |  |
|  | Spouted beakers;* are not used routinely, unless clinically appropriate.
* are not used when patients have swallowing difficulties unless recommended by SLT.
 |  |  |  |  |
|  | Patients who require food and/or fluid intake to be monitored, will have that activity carried out in a way that is;* informative,
* accurate and
* up-to-date.
 |  |  |  |  |
|  | Meal trays will be cleared away within 15 minutes, after the last patient has finished eating |  |  |  |  |
|  | Water jugs and drinking glasses will be **changed three times** within each 24 hours;* Early morning but NOT During the night
* After Lunch
* Early Evening
 |  |  |  |  |
|  | Patients on a fluid balance chart will be issued with a water jug with a white lid. |  |  |  |  |
|  | Nil By Mouth’ (NBM) procedures will be; * routinely reviewed,
* checked at least daily

to ensure patients are NBM for the shortest period possible, or receive alternative intake for adequate nutrition and hydration. |  |  |  |  |

##### FOOD AND HYDRATION SERVICE EXCELLENCE STANDARDS

**LEARNING OUTCOMES**

**LINKED TO THE KNOWLEDGE AND SKILLS FRAMEWORK (KSF)**

Depending on your job role and levels of responsibility, the following KSF dimensions may apply to you.

# Core Dimension 1: Communication

 *Level 3 - develop and maintain communication with people about*

 *difficult matters and/or in difficult situations.*

# Core Dimension 2: Personal and People Management

 *Level 4 - develop oneself and others in areas of practice.*

# Core Dimension 4: Service Improvement

 *Level 4 - work in partnership with others to develop, take forward and evaluate direction, policies and strategies*.

# Core Dimension 5: Quality

 *Level 4 - develop a culture that improves quality*

# Core Dimension 6: Equality and Diversity

 *Level 2 - support equality and value diversity.*

# Dimension HWB 1: Promotion of Health and Well-being and Prevention of Adverse Effects on Health and Well-being

 *Level 4 - promote health and well-being and prevent adverse effects on health and well-being through contributing to the development, implementation and evaluation of related policies.*

# Dimension HWB 2: Assessment and Care Planning to meet Health and Well-being Needs

*Level 4 - assess complex health and well-being needs and develop, monitor and review care plans to meet those needs*.

# Dimension HWB 4: Enablement to Address Health and Well-being Needs

# Level 4 - empower people to realise and maintain their full potential in relation to health and well-being.

# Dimension HWB 5: Provision of Care to meet Health and Well-being Needs

*Level 2 - undertake care activities to meet the health and well-being needs of individuals with a greater degree of dependency.*

# Dimension HWB 10: Products to meet Health and Well-being Needs

 *Level 4 - support, monitor and control the supply of products.*

# Dimension IK 1: Information Processing

 *Level 1 - input, store and provide data and information.*

# Dimension IK 3: Knowledge and Information Resources

 *Level 1 - access, appraise and apply knowledge and information*

# Dimension G1: Learning and Development

 *Level 2 - enable people to learn and develop*

# Dimension G2: Development and Innovation

*Level 3 - test and review new concepts, models, methods, practices, products, and equipment.*

# Dimension G5: Services and Project Management

*Level 4 - plan, co-ordinate and monitor the delivery of services and/or projects*

# Dimension G6: People Management

 *Level 3 - co-ordinate and delegate work and review people*

 *performance.*

# Dimension G7: Capacity and Capability

*Level 4 - work in partnership with others to develop and sustain capability and capacity.*