Nutritional care audit development project

Care homes – Organisational Level Questionnaire

Care home site code: 

Date (dd/mm/yyyy):

This questionnaire looks at structures, policies and processes and key posts relevant to the delivery on nutritional care in care homes. Standards have been produced from national guidance and reports. A full bibliography for the standards in this audit can be found at: http://www.kcl.ac.uk/medicine/research/divisions/dns/projects/audit/index.aspx

The questionnaire should be completed by the care home manager.

Please complete all questions and provide supporting evidence where required. There is a comments column running along the right hand side of the questionnaire. Please leave any specific comments here regarding the ease of completing individual questions. There is a further comments box at the end of the questionnaire. Please also indicate the time it took to complete the questionnaire.

An envelope has been provided with this questionnaire. Please return both the questionnaire and the supporting documents in this envelope.

Registration Status: Nursing Residential Dual registered

Number of rooms: 

Total number of residents: 

( receiving residential and nursing care )

Confidentiality Statement

The information is strictly confidential and is available for review only to appropriate study personnel, appropriate regulatory authorities, and appropriate Ethics Committee(s).
Section 1 - Organisational policy:

1. Does your home have a written policies, guidelines or protocols which are intended to ensure the quality of nutritional care that residents receive? *(tick one box only)*
   - Yes [ ]
   - No [ ]
   
   *(please provide copies of the policies, guidelines or protocols)*

2. If yes: *(tick one box for each question)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Does the policy include standards for the quality of food service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Does the policy require that residents’ food preferences are assessed on admission?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Does the policy require that all residents are weighed on admission?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Does the policy require that all residents are formally screened for risk of malnutrition on admission?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Does the policy specify a standard approach to assessing risk of malnutrition (i.e. a formal risk assessment such as the Malnutrition Universal Screening Tool (MUST))?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please indicate what is used:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Does the policy require that all residents are regularly reassessed for risk of malnutrition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Does the policy specify when residents should be re-assessed for risk of malnutrition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Do these policies specify that all staff must be trained in nutritional care?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 2 – Staff training

3. Is there a policy on staff training?
   - Yes
   - No

*(please provide copies of the policies, guidelines or protocols)*

4. If yes, does the policy specify that training includes the following? *(tick one box for each item)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Malnutrition: Causes, consequences and treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Nutritional screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Use of oral nutritional support <em>(e.g. enriched meals, build up advice, oral nutritional supplements)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) How to enrich meals to increase the nutrient content of meals and drinks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Nutritional needs of specific client groups with health problems <em>(e.g. diabetes)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Nutritional needs of residents from diverse ethnic groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) How to assist residents with eating / drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Texture modification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Food service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Hydration and signs of dehydration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Does the policy for induction of new staff include familiarisation with the policies for nutritional care? *(tick one box)*
   - Yes
   - No
   - Not applicable *(No policy for the induction of new staff)*
How many of your current staff have received training on nutritional care in the last 2 years?

<table>
<thead>
<tr>
<th>Staff group</th>
<th>Number of staff in post</th>
<th>Number who have received training</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care assistants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catering staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managerial staff</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 3 - Availability of expertise:

6. Do you have access to the following healthcare professionals? (tick one box for each healthcare professional)

<table>
<thead>
<tr>
<th>Healthcare Professional</th>
<th>Attends the home regularly, without a specific referral</th>
<th>Attends the home on a specific referral only</th>
<th>Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietitian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech and Language Therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community / District Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. How many residents have been identified as being at risk of malnutrition?

8. Of these, how many have been referred to an external healthcare professional?

<table>
<thead>
<tr>
<th>Dietitian</th>
<th>GP</th>
<th>Other</th>
<th>Not referred to an external healthcare professional</th>
</tr>
</thead>
</table>

9. How many residents have been identified as having swallowing difficulties?

10. Of these, how many have been referred to an external healthcare professional?

<table>
<thead>
<tr>
<th>Speech and language therapist</th>
<th>GP</th>
<th>Other</th>
<th>Not referred to an external healthcare professional</th>
</tr>
</thead>
</table>

Section 4 - Identifying need

12. What types of scales are available for weighing residents? *(tick all that apply)*

- Stand-on bathroom scales (analogue) ☐
- Stand-on bathroom scales (digital) ☐
- Stand-on bathroom scales (digital – grade III or IV) ☐
- Sit-on scales ☐
- Hoist scales ☐
- No weighing scales ☐

13. How many sets of weighing scales are available in the care home?

14. Of these, how many have been recalibrated in the last year?

15. How is weight recorded? *(tick one box)*

- Stones and pounds ☐
- Kilograms ☐
16. How often are residents weighed?
   - Weekly  ☐
   - Monthly ☐
   - As and when possible ☐
   - Not routinely weighed ☐

17. How many residents have been weighed on admission?

18. How many residents have been weighed in the last month?

19. Do you record residents’ height? *(tick one box)*
   - Yes ☐
   - No ☐
   - Don’t know ☐

20. How do you measure residents’ heights? *(tick all that apply)*
   - Measured using a tape measure ☐
   - Measured using a stadiometer ☐
   - Recalled by resident ☐
   - Estimated by staff ☐
   - Not routinely measured ☐

21. How is height recorded? *(tick one box)*
   - Feet and inches ☐
   - Metres ☐

22. How many residents have had their height recorded?

23. Do you calculate residents' Body Mass Index? *(tick one box)*
   - Yes ☐
   - No ☐

24. (a) If so, how many residents have had their BMI calculated on admission?

24. (b) If so, how many residents have had their BMI calculated in the last month?
25. Which nutrition screening tool do you use? (tick one box)

- Malnutrition Universal Screening Tool (MUST)
- Mini Nutritional Assessment (MNA)
- Nutrition Risk Score (NRS)
- Home’s own tool
- Other (please specify)
- Not applicable

26. Who is responsible for completing the nutrition screening tool? (tick all that apply)

- Care home manager
- Head of care
- Registered nurse
- Senior care assistant
- Care assistant
- Other (please specify)

27. When are residents screened using a nutrition screening tool? (tick all that apply)

- On admission
- Weekly
- Monthly
- Other (please specify)
- Not screened

28. Is the nutrition screening tool linked to a care plan? (tick one box)

- Yes
- No

29. How often are nutrition care plans reviewed? (tick one box)

- Weekly
- Monthly
- Quarterly
- As and when necessary
- Other (please specify)
- Not applicable (nutrition care plans are not used)
30. Is a more detailed nutritional assessment carried out for residents at risk of malnutrition? *(tick one box)*

- Yes
- No
- Not applicable (nutrition screening tool is not used)

31. Are residents and/or families notified of 'at risk' nutrition screening results? *(tick one box)*

- Yes
- No
- Not applicable (nutrition screening tool is not used)

**Section 5. Use of nutritional interventions**

32. Please indicate how many residents are receiving:

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Number of residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enriched meals or drinks</td>
<td></td>
</tr>
<tr>
<td>Texture modified meals or drinks</td>
<td></td>
</tr>
<tr>
<td>Non-prescription oral nutritional supplements</td>
<td></td>
</tr>
<tr>
<td>(e.g. Build Up / Complan)</td>
<td></td>
</tr>
<tr>
<td>Prescription oral nutritional supplements (e.g.</td>
<td></td>
</tr>
<tr>
<td>Fortisip, Ensure, Fresubin)</td>
<td></td>
</tr>
<tr>
<td>Enteral nutrition</td>
<td></td>
</tr>
<tr>
<td>Parenteral nutrition</td>
<td></td>
</tr>
</tbody>
</table>

33. Do you monitor residents’ food intake? *(tick one box)*

- Yes
- No

**Section 6. Monitoring and review**

34. For which residents is food intake monitored? *(tick one box)*

- For all residents
- Those at risk of malnutrition
- Not applicable (food intake is not monitored)

35. Are residents asked about their food preferences? *(tick one box)*

- Yes
- No
36. Are their food preferences recorded in their care plans? *(tick one box)*
   - Yes 
   - No 
   - Not applicable (Residents are not asked their food preferences) 

37. Are residents’ needs related to eating and drinking assessed? *(tick one box)*
   - Yes 
   - No 

38. Are residents’ needs related to eating and drinking reviewed? *(tick one box)*
   - Yes 
   - No 
   - Not applicable 

39. If so, how are their needs related to food and drink reviewed?

40. How often are their needs related to food and drink reviewed? *(tick one box)*
   - Monthly 
   - Three monthly 
   - Annually 
   - As and when necessary 
   - Other *(please specify)*................................. 
   - Not applicable 

41. Are residents asked where they prefer to eat their meals? *(tick one box)*
   - Yes 
   - No 

42. Are staff made aware at each mealtime of those residents that require assistance with their meals? *(tick one box)*
   - Yes 
   - No 

43. Do you receive information about residents’ nutritional needs or preferences when they arrive from: *(tick all that apply)*
   - A hospital? 
   - Another care home? 
   - Their own home? 
   - None of the above? 

Nutritional Care Audit Development Project, King’s College London, Division of Diabetes and Nutritional Sciences, 4th Floor, Franklin Wilkins Building, 150 Stamford Street, London, SE1 9NH
44. Do you pass on information about residents’ nutritional needs or preferences when they move to: *(tick all that apply)*
   - A hospital? [ ]
   - Another home? [ ]
   - None of the above [ ]

45. In what form is this information passed on? *(tick one box)*
   - Written [ ]
   - Verbal [ ]
   - Both written and verbal [ ]
   - Information is not passed on [ ]

Section 7 – Menu planning and provision of support at mealtimes

46. What method of meal production do you use?

47. At the point of serving meals, do you document checks for: *(tick all that apply)*
   - Quality? [ ]
   - Taste? [ ]
   - Texture? [ ]
   - Appearance? [ ]
   - None of the above? [ ]

48. Do you review the nutritional content of meals? *(tick one box)*
   - Yes [ ]
   - No [ ]

49. If so, how often do you review the nutritional content of meals? *(tick one box)*
   - Three monthly [ ]
   - Annually [ ]
   - Other *(please specify)* [ ]

50. How do you review the nutritional content of meals?

51. Do you review the content of menus with residents? *(tick one box)*
   - Yes [ ]
   - No [ ]
52. If so, how often are menus reviewed with residents? *(tick one box)*
- Monthly  
- Three monthly  
- Annually  
- As and when necessary  
- Other *(please specify)*...

53. Are alternative menu options available at each mealtime? *(tick one box)*
- Yes  
- No  

54. Do you provide a copy of the menu to residents? *(tick one box)*
- Yes  
- No  

55. Are residents asked what they would like to eat at each mealtime? *(tick one box)*
- Yes  
- No  

56. How far in advance of a meal do residents make their meal selection? *(tick one box)*
- No choice is available  
- When the meal is served  
- 1-2 hours  
- Half a day  
- The day before  
- Two days before  
- Other *(please specify)*...

57. Do you code menus according to the type / nutritional content of meals? *(tick one box)*
- Yes  
- No  

58. Are menus provided in: *(tick all that apply)*
- Larger text?  
- Pictures?  
- Other languages?  
- No other formats are provided  
- Individual menus are not provided  
- Other *(please specify)*...
59. Are residents involved in the preparation of meals? \textit{(tick one box)}

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

60. How many staff are available to assist residents with eating at mealtimes?

61. If a resident misses a meal, do they have to wait until the next mealtime before receiving any food? \textit{(tick one box)}

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

62. Are there facilities (e.g. fridge/cupboard) for residents to store their own food / food brought in by friends or relatives? \textit{(tick one box)}

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

63. Are there any educational rehabilitation programmes to teach residents how to eat independently? \textit{(tick one box)}

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

64. Are care staff, family, friends encouraged to assist at mealtimes where appropriate? \textit{(tick one box)}

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

65. If so, who is encouraged to help? \textit{(tick all that apply)}

- Care staff
- Family
- Friends
- Other \textit{(please specify)....................................}

66. Is food intake documented for: \textit{(tick one box)}

<table>
<thead>
<tr>
<th>Everyone</th>
<th>Only those at nutritional risk</th>
<th>Nobody</th>
</tr>
</thead>
</table>

67. Is fluid intake documented for: \textit{(tick one box)}

<table>
<thead>
<tr>
<th>Everyone</th>
<th>Only those at risk of dehydration</th>
<th>Nobody</th>
</tr>
</thead>
</table>
Section 8 - Care home environment

68. Signs and displays *(tick either yes or no for each of the following questions)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Is there a sign displaying the serving times of meals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Is the kitchen clearly signposted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is the menu displayed in the care home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Is there any nutritional information e.g. healthy eating or malnutrition information on display to residents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Is the day room / dining room clearly signposted?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

69. Information available *(tick either yes or no for each of the following questions)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does the care home provide all residents with information about mealtimes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Does the care home provide all residents and their families with information about visiting hours?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

70. Assistance with personal hygiene *(tick either yes or no for each of the following questions)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do all residents have access to hand washing facilities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Are residents assisted with hand hygiene and going to the toilet prior to meals being served, to ensure a pleasant meal environment is provided?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

71. Promoting independence *(tick either yes or no for each of the following questions)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Can the care home provide adapted utensils to encourage residents to assist themselves with their meal and eat independently?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Are residents helped into a position that allows them to eat comfortably, minimising risk of swallowing problems?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 9 - Staffing (in whole time equivalents)

72. Please indicate the number of posts and the number of vacancies (in full time equivalents) for the following staff grades:

<table>
<thead>
<tr>
<th></th>
<th>Number of posts filled</th>
<th>Number of vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior carer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catering staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for taking the time to complete this form. We would welcome any feedback on this questionnaire:

- Do you have any further comments on the nutritional care provided by this care home?
- How easy was the questionnaire to complete?
- How long did it take you to complete this questionnaire?

Please contact Aidan Cassidy (Project Administrator) to arrange collection of completed forms.

Tel: 0207 8484345
Email: nutrition-audit@kcl.ac.uk