

**This audit tool is referenced against NICE quality standards. To complete this audit a review of the** **individual’s nutritional assessments, care plans and observation at meal/snack times will need to be undertaken. This should be completed every 6 months, ideally in the months of January and June for reporting purposes.**

Name of Auditor:

Date of Audit:

Total Number of individuals in Setting:

**Quality Standard 1:** **People in care settings are screened for the risk of malnutrition using a validated screening tool**

* *Staff are trained to use the tool*
* *Staff have the correct equipment to be able to screen using the tool*

1. Number of individual’s screened using MUST within the last month:
2. Compare with the total number of individuals and document how many are missing:
3. How many staff complete the MUST scores for individuals:
4. How many staff that have accessed the training website:
5. Does the setting have equipment for weighing individuals who are:

Mobile (able to stand) Less mobile (able to sit) Immobile (hoisted)

Yes/No Yes/No Yes/No

1. When was the last calibration of the weighing scales:

**Actions to be taken from audit: Time scale:**



Quality Standard 2: **People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their complete nutritional requirements**

* *This audit does not include enterally fed individuals*

1. Number of individual’s with MUST score 1 or above:

For those with a MUST score 1 and above:

1. How many individuals require support and assistance at meal or snack times
2. How many individuals receive this support and assistance at meal or snack times:
3. Are meals being fortified by the kitchen staff: Yes / No
4. Is this evidenced by reference to an enriched menu: Yes / No
5. How many individuals are offered a minimum of two snacks per day:
6. How many individuals are offered a minimum of two to three high calorie homemade drinks per day:
7. How many individuals are on a food and fluid chart:
8. How many food and fluid charts are appropriately in place (if individual has a stable MUST score food and fluid charts are not required):
9. How many individuals have diabetes:
10. How many require further discussion with diabetes specialist nurse or GP regarding diabetes medication/management:
11. How many have pressure ulcers:
12. How many have been reported to the District Nursing/Tissue Viability Service:
13. How many have a late stage nutrition in palliative care, care plan in place:
14. How many of these have been reviewed within the last month and are still appropriate:
15. How many individuals are receiving oral nutritional supplements on prescription:

**Actions to be taken from audit: Time scale:**



Quality Standard 3: **All people who are screened for the risk of malnutrition have their screening results and nutritional action plan documented and communicating in writing across the home**

1. Number of individual’s with a written nutritional care plan in place:
2. How many individuals and/or their families with a MUST score 1 or above been consulted with about the development of their nutritional care plan:
3. Are all staff aware of the individual’s care plan: Yes/No
4. How are all relevant staff information of the individuals care plan?

**Actions to be taken from audit: Time scale:**



Quality Standard 5: **People on nutritional action plan are offered review of the indications route risk benefits and goals of their nutritional action plan at planned intervals**

1. How many individuals have been screened on a monthly basis:
2. How many have had their nutritional care plan, e.g. likes, habits, assistance required reviewed for accuracy and relevance in the last month:
3. How many have had a change in circumstance or presentation in the last month which may impact on their nutritional intake:
4. How many of those who have had a change in circumstance or presentation in the last month which may impact on their nutritional intake had their care plan reviewed:
5. How many individuals have warranted a referral for to the dietetic service:
6. How many individuals have been referred to the dietetic service:

**Actions to be taken from audit: Time scale:**