

**ADULTS AND HOUSING SCRUTINY COMMITTEE**  
**NUTRITION IN CARE HOMES TASK AND FINISH REVIEW**

**CARE HOME .....**

<b>QUESTION</b>	<b>RESIDENT(S) RESPONSE</b>
1. How would you describe your experience of food at this care home?  i.e is food hot/well-presented/does it look appetising?	
2. Can you have snacks and drinks during the day and night if requested?	
3. Is there evidence of drinks and snacks available – i.e. jug of water/juice in room and glass, Drinks available in community areas/glasses available?	
4. Are you offered a choice of meal?	
5. Are you able to choose the size of the portion you want?	
6. Do you need help with eating or drinking?  5 (a) If yes, do you always get the help you need?	
7. If required, are your cultural/religious needs met in relation to the foods available?	

8. If you are not in the home when a meal is served, are there arrangements in place to make sure you get a meal on your return (i.e. hospital appointment/out with family)	
9. Are you given a choice of when you get up and have breakfast?	

<b>QUESTION</b>	<b>FAMILY/FRIEND(S) RESPONSE</b>
1. Do you feel there is enough food and drink choice for your relative/friend?	
2. Are you happy that the nutritional needs of your relative/friend are being met within the Care Home?	
3. Do you feel that the staff have the time and are fully trained and knowledgeable to support your relative/friend with their nutritional needs?	
4. Are you involved in any reviews/concerns about your relative/friends nutritional needs?	

<b>QUESTION</b>	<b>STAFF RESPONSE ( include kitchen staff)</b>
1. What training have you had on supporting residents' nutritional needs?	
2. Do you know what signs to look for if you think residents are at risk of poor nutrition or dehydration?	
3. What system is in place to monitor that everyone is having enough to eat and drink each day?	
4. Are you allocated time to care plan with your named residents including nutritional planning?	
5. Are you involved in any reviews/concerns about residents' nutritional needs?	
6. Are individual Care Plan records completed regularly and accurately and are they accessible?	
7. Are you allocated time to spend with residents that need assistance with food and drink?  7(a) is this also offered on night shift?	

ANY FURTHER OBSERVATIONAL COMMENTS

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COMPLETED BY : COUNCILLOR .....

DATE: .....