

Leamington Mennonite Home  
Long Term Care

**QUALITY & RISK MANAGEMENT  
POLICY AND PROCEDURE**

<b>CATEGORY:</b> Quality & Risk Management - Dietary & Nutrition	<b>SUBJECT:</b> Dining Audit	<b>SECTION:</b> H <b>POLICY:</b> 8
<b>DATE:</b> July 12, 2022	<b>Administrator's Signature:</b> _____	

**DINING AUDIT**

**POLICY:**

Dining audits are completed on a regularly scheduled basis to ensure that dining services are in place for residents to enjoy a pleasurable dining experience.

**PROCEDURE:**

The QRM Lead will:

- 1) Develop a schedule in consultation with the interprofessional Leadership Team, ensuring the dining audits are completed in each home area/neighbourhood at least monthly.
- 2) Assign all four (4) Dining Audits and Snack Audit to the most appropriate leaders, ensuring all participate to facilitate optimal accuracy and efficacy.
- 3) Work closely with the leadership team of the various program areas to address and resolve any unmet standards.
- 4) Report audit findings and unmet standard trends on a monthly basis at the Quality & Leadership meeting.

The Leadership Team/designate will:

- 1) Complete audits as per assigned schedule. If the manager is unable to complete the audit, it will be their responsibility to delegate to another Management Staff.
- 2) Wear a hair net while auditing behind the servery area.
- 3) Review each focus and guideline on the Dining Audit. Place an "M" or "U" in the column for each guideline met or unmet.
- 4) Take corrective action immediately while auditing. If unsure of what corrective action should be taken, communicate with the Director of Dietary Services or Director of Care.
- 5) Review audit findings with frontline team after the meal through a team huddle/shift report.
- 6) Return completed audits to the QRM Lead.
- 7) Incorporate into the monthly education plan education for areas at risk or not meeting minimum standards.