healthwatch Barnet

Healthwatch Barnet Enter and View Meal-Time Review

Summary Report

Healthwatch Barnet 2014

Part 1

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Summary Report

Introduction

In January 2014 Healthwatch Barnet decided to investigate the care, support and food offered to patients at mealtimes in Barnet Hospital. Food and hydration are well documented as being a key element in the recovery and wellbeing of patients and a key area in which Healthwatch should review the care and support to patients, to comment on good practice and to make suggestions and recommendations on ways to improve the whole experience for patients. Healthwatch Barnet had received some feedback from members of the public about concerns around the quality of support given at mealtimes at Barnet Hospital.

The project was led by Healthwatch Barnet Volunteer and Projects Officer, Lisa Robbins. A small team of Healthwatch Barnet volunteers, provided a significant amount of expertise, and led on the research for and the design of the project. A wider team of volunteers, who are all fully trained Enter and View Authorised Representatives, were then briefed on the protocols and background information. The Enter and View visits were undertaken predominantly by Enter and View volunteers, as named in the individual reports, and Lisa Robbins.

To fully understand the process, the Team undertook the following background research.

- Meeting with the Contract Director from Medirest, the Company which holds the catering contract at Barnet Hospital, and the Facilities Manager at Barnet Hospital, to fully understand the contract and responsibilities of the Medirest/Steamplicity staff and the hospital staff. The team also had the opportunity to see the kitchen area, and to sample some of the food served to patients.
- Meeting with Head of Patient Experience at Barnet and Chase Farm Hospital to discuss the project.
- Meeting with the Director of Nursing at Barnet and Chase Farm Hospital to discuss the visits and to agree the timescales and protocols to be followed during the visits.

Background Information

The catering at Barnet Hospital is currently provided by Medirest who operate a system of prepared meals called Steamplicity. This system cooks food under steam pressure aiming to retain the taste and nutritional value of the food. Meals are prepared off-site by Steamplicity and are delivered chilled to the hospital where 2/3 days supply is stored in a chilled environment. A range of different types of meals catering for a range of specialist diets are available (for example, kosher, vegetarian, gluten–free meals). An extensive menu (available in a variety of formats) is available for patients to choose from for both the midday and evening meals. Orders are taken a few hours before the mealtime by a hostess. Supplies of meal options are kept chilled on-site, and are delivered to the ward where they are heated using specifically programmed microwaves, and served to the patients. The system is very flexible and allows for food to be heated/served only when the patient is ready, and also offers a wide range of choices (there are 32 main meal choices).

Hostesses also clear up after the meals have been finished. They work from either a small kitchenette on the ward, or a large mobile serving unit.

Breakfast is served from a trolley which is taken around the ward, with a choice of breakfast cereals and bread. No hot options other than porridge are available at this time.

Methodology

There are 18 wards at Barnet Hospital. The team agreed to visit 6 wards during the period mid-March to June. The reasons for this were as follows:

- To visit a cross section of wards to get a good understanding of the situation, and also to take into account feedback from the patients, their relatives, friends and carers.
- To avoid visiting critical hospital services, such as children's wards and acute/ assessment wards.

The Enter and View teams consisted of two trained volunteers/staff for each ward. Each of these teams aimed to visit the ward on more than one occasion and where possible at different times of the day, for example, lunch and evening meal, and also on different days of the week including weekends. This method was chosen so that the teams would be familiar with the ward and could observe the differences seen at different times of the day/week. The dates of the visits were notified to the Director of Nursing, but not the wards

that were due to be visited. Therefore although the ward managers had been briefed to expect visits, they could not anticipate the actual date a visit was to take place.

The Teams did not approach any wards that had notification of infections.

Each visit comprised two distinct parts. Phase 1 was to observe activity from start to finish of mealtime. To minimise the risk of our presence affecting behaviour, our observers took care to be as unobtrusive as possible.

In Phase 2, when mealtime was over, as many as possible patients and their carers/visitors were approached, again using a standardised questionnaire. Thus, the team's observations could be compared, for consistency, with patient feedback. Some discussions with staff and volunteers also took place.

In total we observed 206 patients at mealtimes, and spoke to 67 patients /friends/relatives.

This information was then summarised into a structured report for each ward, which was sent to the Director of Nursing to check for factual accuracy and any responses to the recommendations. Unfortunately due to the acquisition of Barnet and Chase Farm Hospitals by the Royal Free, there was a change in personnel in this post which resulted in a delay in concluding the hospital's response to the reports. However meetings took place with the outgoing Director of Nursing and the new incumbent, and the Matron at Barnet Hospital with responsibility for this area, to discuss the findings of the reports and these have all been very constructive. These reports for each ward are contained in Appendices 1 to 6. This final report has been collated summarising the findings of all of the visits and the overall recommendations of the team.

<u>Findings:</u>

Cleanliness and hygiene:

Across all of the wards visited, none of the patients who were immobile were observed having the opportunity to clean their hands in any way before they ate. Mobile patients were able to wash their hands if they wished but those unable to do this of their own accord were not encouraged or enabled to do so.

Support:

The majority of patients were assisted into a comfortable position to eat. All had jugs of water and a glass of water available when we visited. All those who were able to eat by themselves were supported to ensure that they could open all containers and sachets, and the food was left within reach. This support was either provided by the nursing staff or the hosts who delivered the meals to the patients.

The red tray system (a red tray is used to identify a patient needing additional support with eating) was being used and most of the time this appeared to work well with patients getting assistance in a timely way. There were a small number of cases observed where the meals were delivered to the patient's bedside before there was a member of staff was available to assist with feeding, so the meals were left to go cold. We observed this happening on 7 occasions (out of 206) during our visits with one patient having to wait for 45 minutes to be assisted.

We observed several cases where very impressive care was given to patients who needed support with eating, with staff being very supportive and caring in trying to encourage patients to eat and to find food that would be appetizing for them.

We observed one situation where the patient was fed by a member of staff 'on automatic pilot' without any interaction with the patient, and without making any attempt to talk to or encourage the patient, but this was the exception.

Protected Meal Time

We found that protected meal time was very erratic in its use. It was used effectively in the Larch, Spruce, Walnut and Juniper wards at lunchtime, but was not used at all in Willow ward. However in general in the wards that we visited, it operated much less effectively at evening meals which were much less focused and took a much longer period of time.

There were four situations where medical treatments were continued, or even started, while patients were eating. In a number of cases we felt that the mealtimes could really have benefitted from a more managed and focused approach, to ensure that sufficient emphasis was placed on the importance of

nutrition. In several cases particularly in the evening we observed several staff involved in other tasks while patients were needing support with eating.

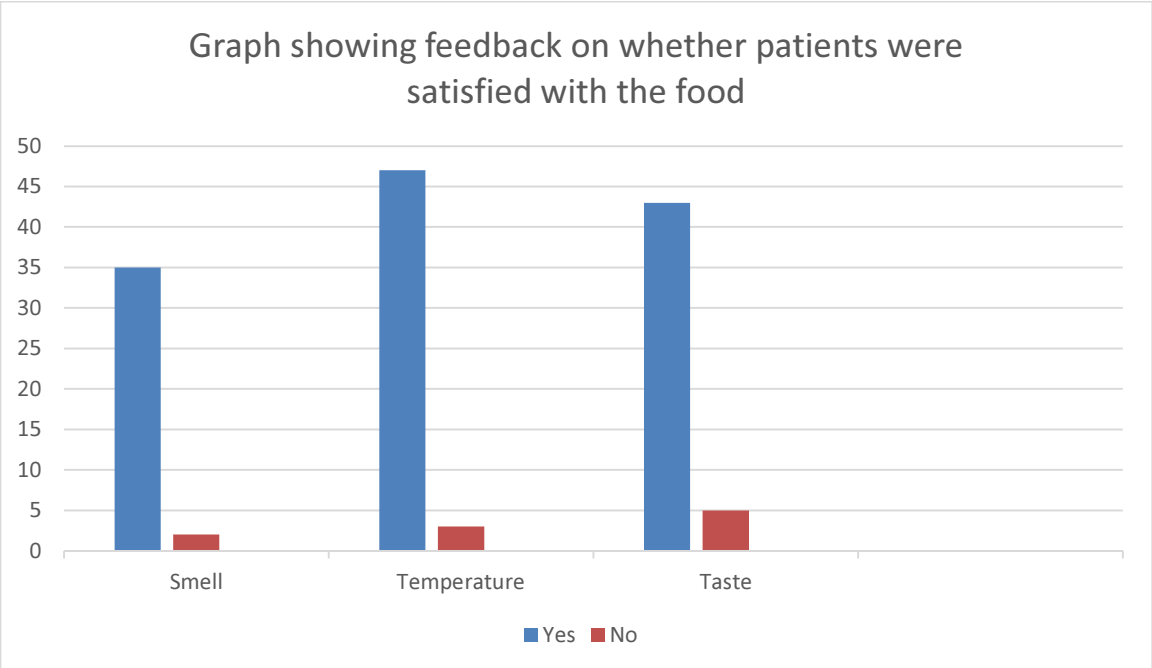
Clearing up after Meals

All trays were cleared efficiently by the hosts within reasonable timescales. Concerns were raised by relatives and the Healthwatch volunteers about whether the nursing staff were aware of the amount of food that the patients were eating, when the trays were cleared by the hosts.

All patients were given plenty of time to eat and we did not see anyone being rushed. Water jugs in some wards were replenished at this point.

Quality of Food

The feedback about the smell, taste and temperature of the food was generally good and are shown below:



All patients felt that the portion size was generous and some felt it was too large.

The exception to the general satisfaction with the food was around the Kosher and Halal options. We spoke to 3 patients who ate Kosher food which they felt was very poor and that all of the advertised options were not always available. We also spoke to 2 patients eating halal food who both found it very bland and unappetising.

Complaints

We only spoke to two patients who had made complaints about the food and the circumstances of one of these were quite specific to their situation. Although some others told us of some relatively minor issues they had not felt that they merited making a complaint.

Ordering

The vast majority of patients found the ordering system to be effective and easy to use. However we spoke to two sets of relatives who told us the patient was not able to read the menu due to visual impairments and had therefore continued to order the same things for some time. The hosts told us that relatives were welcome to order food on behalf of the patient by leaving a note with the menu, but this was not generally known by relatives.

Availability of Additional Food.

There was some confusion about this. Medirest had informed us that snack boxes are kept on the wards at all times containing snacks such as cereal bars, biscuits and dried fruit, and that these could be accessed as needed for patients. However none of the patients were aware of this, and most of the staff were also unaware. The staff felt that this could be very useful. The vast majority of patients said that they did not feel the need for any additional food but one or two commented that the time gap between lunch and dinner was quite long and that they may appreciate something in between.

On some wards tea and coffee was available from a machine at all times. Not all patients knew about this and several people told us that they would like to have more hot drinks during the day. The acknowledged that they always had fresh water to drink, but were accustomed to having more tea, and missed that.

Only those patients who were already familiar with the hospital layout knew about the coffee shop and restaurant and that they could buy food there if they choose to.

Many patients said that their friends and family brought in food for them However only three said that they needed this as a main source of food, as in all the other cases they felt the hospital food was sufficient. One of these cases was where the patient had specific dietary preferences, and the other two were due to poor quality of Kosher food.

Any Occasions where Meals have been Missed.

There were three patients who told us that they had missed meals when they were admitted through A&E. They had not known how to request food whilst going through the process of being admitted and had therefore not ended up eating, though they were hungry. This was resolved once they had reached the ward.

Several other patients and staff told us that meals were missed due to medical procedures but due to the flexibility of the Steamplicity system they were kept in the ward kitchen and heated up when the patient was ready for them.

Key Recommendations

As the result of our visits we have drawn together a list of key recommendations based on the feedback we have received and our observations. Some of these are in response to individual situations/circumstances detailed in the 6 ward reports.

We alerted the Director of Nursing where we noticed individual situations, with specific staff, which we felt were inappropriate or where we felt care was not given adequately. The Director of Nursing gave us assurance that these would be followed up with the staff and their managers. These points have not been included in the reports, as they relate to individual staff.

- More closely manage mealtimes to ensure that support with eating is available when the food arrives and that patients don't have to wait while food goes cold.
- Ensure that all patients who are not mobile have the opportunity to wash/clean their hands prior to eating.
- Reinforce the principles of 'Protected mealtime' to ensure meals are not interrupted for treatment.
- Explore the range of options and the method of delivery of breakfast to offer a wider range of food and faster delivery of food.
- Ensure those who are admitted through A&E are offered food/drinks as appropriate.
- Improve the quality of Halal and Kosher food options, including diabetic options for each of these.
- Ensure that uneaten food is monitored appropriately in all cases.
- Ensure that where needed advice on appropriate food, following operations, is available to patients.
- Ensure there is a mechanism in place to support patients who are not able to read the menu, for example for staff or relatives/friends/carers to order food for the patient.
- Ensure there is sufficient communication between the catering staff and ward staff to arrange timely cover for absent catering staff.
- Clarify the position on availability of snacks between meals for patients, ensuring staff as well as patients are aware of what is available.
- Make information available to all about where else on the premises food/drinks can be purchased.

Final Comments

Overall the Healthwatch Volunteers observed well run wards with a pleasant atmosphere. Most care and support that was observed was of a high standard and most patients and relatives that we spoke to were happy and complimentary about the care. Most felt that the food was good and met their needs. However there were a number of areas where we felt improvements could be made. We have already fed these back to the hospital and look

forward to seeing these changes implemented and to continue working together with the staff, thus improving the experience of patients at the hospital.

We would like to thank the hospital management and their staff for their support in designing and carrying out this investigation, and for welcoming the Healthwatch volunteers and supporting their work. Thank you also to those patients and their relatives who participated and gave us their feedback.

This report relates only to the services viewed on the dates of the visits, and is representative of the views of the staff, visitors and patients who met members of the Enter and View team on that date.

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14 November 2014

Dear Lisa

I would like to extend, on behalf of the trust, my thanks to Healthwatch Barnet for the time, effort and insight given into the enter and view mealtime visits at Barnet hospital. The reports have been extremely helpful to us in our determination to improve the experience of our patients at mealtimes.

I thought it might be useful to outline the work that has been undertaken under the leadership of Kay Gilsenan, senior matron. Kay set up a working group comprising of the ward sisters and charge nurses and matrons who have developed a 'Mealtimes Matter' action plan. The key elements of the plan are:

- Relaunch protected mealtimes at Barnet hospital. This includes, amongst other things, moving the lunchtime meal to 13.00 instead of 12.00 to allow clinical teams more time to complete their morning clinical work thereby not having to encroach on patients' meal time. There will also be clearer signage on the wards indicating that protected mealtime is in progress.
- Each meal time will be led by a senior nurse with a registered nurse being allocated each day to lead the mealtime and ensuring that staff are available to support patients with their nutritional needs.
- Setting out roles and responsibilities of all staff at mealtimes.
- Reintroducing nutrition link nurses on each ward.
- Introduction of hygienic hand wipes on each meal tray

You may be interested to know that the CQC recently carried out an unannounced inspection at Barnet hospital and in the **draft** report (we have not yet received the final report) the following was said about food and meal times which I hope demonstrates that we have made improvements since the Healthwatch visit:

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We observed that there was a good variety of food which was well cooked and presented. We spoke to one patient who said that he was very happy with the kosher food that had been prepared for him. This patient told us, "I had the option of going private but what's the point?"

We observed that patients were regularly offered hot drinks such as tea, coffee and hot chocolate.

We observed a lunch period and found that patients who needed it were given support in eating and drinking. The hospital uses a 'Red Tray' to identify patients who need additional support at mealtimes

Once again thank you very much for your reports and I look forward to a return visit from Healthwatch to see our progress.

Yours sincerely

Deborah Sanders
Director of Nursing