Appendix Bi

healthwatch Barnet

Healthwatch Barnet Enter and View Meal-Time Review

Summary Report

Healthwatch Barnet 2014

Part 2

Appendix 1

Appendix 1

Individual Ward Enter and View Meal-Time Observation Reports

The following wards were visited and the individual reports are shown below as follows:

1. Juniper Ward
2. Larch Ward
3. Olive Ward
4. Walnut Ward
5. Spruce Ward
6. Willow Ward

Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Barnet Hospital, Juniper Ward: Medical and Respiratory

1 bays of 5 beds, and 1 bay of 6 beds (1 male, 1 female), 2 bays of 4 beds (1 male, 1 female), 5 single rooms (24 in total)

Healthwatch Authorised Representatives:

Melvin Gamp, Jill Smith, Tina Stanton, Alan Shackman

Dates of Visits: Thursday 10 April and Saturday 17 May

Patients spoken to: Number of patients/visitors spoken to: 4 patients on the first visit and 2 patients on the second visit.

Introduction

Healthwatch Barnet decided to investigate the care, support and food offered to patients at mealtimes in Barnet Hospital. Food and hydration is 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 and to comment on good practice and to make suggestions and recommendations on ways to improve the whole experience for patients. Healthwatch Barnet has also been alerted to concerns raised by patients and residents about the care and support to patients at mealtimes.

The project was developed by a small team of volunteers and staff from Healthwatch Barnet. To fully understand the process, the Team undertook the following 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. We 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 Terina Riches, 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.

The team of volunteers, who are all fully trained Enter and View Authorised Representatives, were then briefed on the protocols and background information.

Methodology

Appendix Bi

There are 18 wards at Barnet Hospital. The team agreed to visit 6 wards during the period mid-March to mid-May. The reasons for this are 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 public.
- 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 for each ward. Each of these teams aimed to visit the ward on more than one occasion and 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 and not to interact with staff and patients. In Phase 2, when mealtime was over, as many as possible patients and their carers/visitors were approached with a standardised questionnaire. Some discussions with staff and volunteers also took place Thus, observations could be compared for consistency with patient feedback.

This information was then summarised into a short report for each ward, and a full report will be produced for the whole hospital on conclusion of the visits. The draft ward reports were sent to the ward managers via the Director of Nursing, for their comments and to check for factual accuracy. The overall summary report and the final versions of the ward reports are available to the public via the Healthwatch website. They are also sent to the Care Quality Commission, Barnet Clinical Commissioning Group and the Council's Health Overview and Scrutiny Committee.

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

Findings

Phase 1: Our Observations

Preparation and Assistance with eating and drinking

The team sought advice on the first visit about any areas we should not visit and were advised so long as the curtains were back, it was fine to approach all patients. However we discovered some of those in single rooms were clearly very ill and some were on the end of life pathway. We felt we should have been advised not to disturb these patients.
Several patients were severely ill and some were being fed via PEG Feed (Percutaneous Endoscopic Gastrostomy) and several had nasal cannulas and required pureed food.

Cleanliness and Hygiene: There was no hand-washing prior to meals, nor any "wipes" provided on the trays. All beds had gel, but there was no encouragement to use this before meals. Mobile patients were able to get to the sink themselves.

Support: We noted that patients were assisted to move to a suitable position to eat according to their condition, but some patients were only put into a suitable position to eat once the meal actually arrived.
One of the patients receiving a red tray meal was only got ready to eat 5 minutes after the meal arrived.
Food trays were placed within reach of those able to feed themselves.
One patient received the wrong meal and then had to wait for 20 minutes until the correct meal arrived.
We observed several situations where nurses were encouraging patients to eat and offering alternatives.
Although all staff appeared to be involved in the lunch service there did not appear to be enough staff to help everyone.
We observed notes being made on patients' records for those with red trays, about how much had been eaten etc and were told that matters of concern are passed on to a nutritionist/dietician.

Protected Meal Time
On the first visit the bell for lunch rang at 12 o'clock and at 12.15 on the second visit. The doors to the female bay were shut at 12.40 on the second visit.
There was a notice board which indicated that there were 5 red trays on the ward.

There were no facilities to sit around a table e.g. a day room, only at the bedside.

One patient had medical staff around the bed when the meal arrived who continued speaking to her for at least 10 minutes before she started eating (this patient ate very little but said she was not hungry).
Another patient had observations taken whilst eating, but the nurse commented that this was because she was receiving a blood transfusion.

We were told that patients receiving red trays have the amounts of food consumed noted on a nutritional chart. We were also told that hostesses alert staff if significant amounts of food are left by all patients, but we did not observe this.

Clearing Up after Meals: All meals were cleared up efficiently after the patients had finished.

Phase 2: Feedback from Patients

Due to the severity of their illnesses it was only possible to talk to 4 patients at the first visit and 2 patients at the second visit. Two others gave a couple of comments during the first visit, but were not able to answer all our questions.

Length of Stay
All patients we spoke to had been in hospital for between 2 and 7 days.

Support with Eating: All patients said they were helped to get ready for their meals (if needed) but two felt the drinks and meals were not always left where they could easily eat/drink them. However four of the people we spoke to said they did not get the help they needed with eating.

Quality and Choice of Food and Drink: All of the patients felt they had sufficient choice of food and drinks and that the food was good and tasty. All said the food was hot when they received it.
Two said they would like to have more access to hot drinks during the day between meals.

Complaints: None of the patients we spoke to had complained.

Ordering System: All found the ordering system good, and easy to use. One patient had received the wrong meal but after a wait it had been rectified.

Dietary and Cultural requirements: All patients we spoke to, said the food met their dietary/cultural requirements.

Portion Size: All found the portion size sufficient – some found the portions too big.

Availability of additional snacks: Three of the patients said they had been made aware of snacks being available and also where else in the hospital food is available.

Need for Friends and family to bring in food: Several patients had friends and relatives who brought in food but that was not because it was needed – there is plenty of food.

Any occasions when meals have been missed: No-one reported having missed any meals.

General Comments

'All pretty good'

'Don't always fancy the food because I am feeling down '

'I miss out on my tea if the nurse is seeing to me in the morning – the tea goes cold'

'Two types of crumble desert would be good as it is very popular.'

'The soups are delicious'

One patient who was very tired and couldn't answer all the questions wanted to say: 'service is excellent – I don't have to wait. No complaints – the salmon was lovely but too much to eat. Water available for me'

Recommendations:

- To reduce the potential for things going wrong, mealtimes would benefit from being more tightly managed and with greater leadership and supervision of staff, thus ensuring that staff are available to support all patients who need help to eat and drink sufficiently.
- A procedure should be in place to ensure that all patients are prepared to eat before the meal arrives and be given the opportunity to clean their hands before eating.
- Evidence of a protocol to ensure that the amount of food being consumed, or left, is being monitored for all patients, not just those receiving a red tray.
- To ensure that patients are aware that they can access hot drinks at any point during the day.

- To ensure that clear, sensitive information about which patients are able to be approached, is passed on to visitors such as ourselves.

Conclusions:

We were able to observe the mealtime experience on this ward, however there were very few patients who were well enough for the volunteers to talk to. The feedback that we did gather, indicated that patients felt that they did not receive sufficient help with eating or drinking. Whilst the volunteers were in the ward they observed good care, but the staff were at times very aware of their presence and the feedback from the patients suggested that there was a lack of sufficient support to enable patients to eat.

Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Barnet Hospital, Larch Ward – Older People/General Medicine and Care of the Elderly

22 Beds, (3 bays and 6 single rooms)

Healthwatch Authorised Representatives:

Melvin Gamp, Alan Shackman, Lisa Robbins

Dates of Visits: 12 March 2014 and 3 April 2014

Patients spoken to: Number of patients observed: Visit 1, 3 Bays observed (16 beds) Visit 2, 2 bays observed (12 beds)

Number of patients/visitors spoken to: 7 patients and 2 visitors on behalf of the patient

Introduction

Healthwatch Barnet decided to investigate the care, support and food offered to patients at mealtimes in Barnet Hospital. Food and hydration is 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 and to comment on good practice and to make suggestions and recommendations on ways to improve the whole experience for patients. Healthwatch Barnet has also been alerted to concerns raised by patients and residents about the care and support to patients at mealtimes.

The project was developed by a small team of volunteers and staff from Healthwatch Barnet. To fully understand the process, the Team undertook the following 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. 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 Terina Riches 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.

The team of volunteers, who are all fully trained Enter and View Authorised Representatives, were then briefed on the protocols and background information.

Methodology

There are 18 wards at Barnet Hospital. The team agreed to visit 6 wards during the period mid-March to mid-May. The reasons for this are 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 public.
- 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 for each ward. Each of these teams aimed to visit the ward on more than one occasion and at different times of the day, e.g. 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 with a standardised questionnaire. Some discussions with staff and volunteers also took place. Thus observations could be compared for consistency with patient feedback.

This information was then summarised into a short report for each ward, and a full report will be produced for the whole hospital on conclusion of the visits. . The draft ward reports were sent to the ward managers via the Director of Nursing, for their comments and to check for factual accuracy. The overall summary report and the final versions of the ward reports are available to the public via the Healthwatch website. They are also sent to the Care Quality Commission, Barnet Clinical Commissioning Group and the Council's Health Overview and Scrutiny Committee.

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

Findings

Appendix Bi

This was the first ward visited by Healthwatch Barnet's Enter and View Authorised Representatives at Barnet Hospital.

Phase 1: Our Observations

Preparation and Assistance with eating and drinking

Cleanliness/hygiene: None of the patients we observed who were immobile were given the opportunity to clean their hands in any way before they ate. Those who were able to get up themselves did this at their own instigation.

Support: All patients observed were either able to get themselves into a suitable position or were assisted to get into a suitable position to eat, before their meal was served. All were able to reach their food and any containers that needed opening were done so for the patients. All patients had filled water jugs within reach beside their beds.

Those patients with red trays were offered assistance though not all needed it, and some just needed help getting started and were then left to continue themselves which is what they wished.

Where patients were not interested in eating, the staff were very supportive in looking at alternatives that could be offered and tried hard to encourage the patients to eat. At the lunchtime visit we saw two particular examples where the staff were very encouraging and thoughtful in trying to support patients, even though they did not succeed in the end.

When we visited in the evening we felt that although the care was still good, the mealtime was less focused and stretched for a much longer period of time. Most staff helped with supporting patients to eat but some went on to other duties before everyone had eaten. No patient requiring assistance failed to receive it eventually but some certainly had to wait. The nurse in charge had finished work before the meal was finished so perhaps there was a loss of focus due to this. We observed one staff member openly making a personal telephone call of some length during mealtime.

Protected Meal Time

When we visited the ward at lunchtime a hand bell was rung at 11.50am to indicate the start of protected mealtime. We did not see any notice at the entrance indicating that it was starting but the bell was rung throughout the ward. The team of doctors on the ward were seen to withdraw from the ward when meals started arriving, leaving patients the opportunity to eat uninterrupted.

In the evening the bell was rung at 6.05pm and the first meals were served shortly after this. We did not see any sign indicating protected meal time. No medical staff were working with patients on the wards at this time. The last meals were not served until 6.45pm

Clearing Up after Meals:

When we visited at lunchtime we felt that the mealtime hostess coped very well with a busy session and was very efficient in delivering meals as quickly as possible and following up where late orders needed extra attention. The plates were cleared away in a timely manner.

In the evening the process was a lot slower, which may not have been the fault of the hostess, but it took a long time for all patients to receive their meals. (protected meal time started at 6.05 and the last meal was served at 6.45pm). The trays were cleared away after that but were therefore left for some time for some patients.

Phase 2: Feedback from Patients

Appendix Bi

Length of Stay

We spoke to a total of 9 patients and visitors.

4 had been in hospital between 2 to 7 days

4 for between 8 and 14 days

1 for more than 30 days

Support with Eating: All patients that we spoke to felt that they received sufficient support with eating, and getting into position to eat, and that all food and drinks were left in suitable positions where they could easily reach them when they wished to.

Quality and Choice of food and drink: The majority of people felt the choice of food options was very good and they enjoyed the variety. Most said they had consistently received the meal that they ordered though two had experienced some issues with this, one in respect of main courses and one with deserts.

Complaints: No one we spoke to had made a complaint about the food. Some had relatively minor complaints which they told us about but did not feel it merited making a complaint. Eg. One patient felt that the porridge was more like 'Ready Brek' than porridge and it was not pleasant.

The kosher food was reported as being very poor but the patients concerned had not actually complained about it.

Ordering system: All of the patients we spoke to found the ordering system very straightforward and easy to use, though one relative of a patient with sight problems felt that he was ordering the same thing every day as he was not able to see the menu and didn't want to make a fuss.

Dietary/cultural requirements: Most people felt that the food met with their dietary/religious requirements. The exception to this was kosher food which we discussed with two patients/visitors. They both felt the quality was very poor and the choice was very limited with some of the options quoted on the menu not being available regularly. One person had only eaten vegetarian as the kosher food was so poor.

Portion size: All felt the portion size was good – though some felt it was slightly too large at times! All also said that the food reached them hot and was appealing. Some mentioned that they particularly liked the puddings.

Availability of additional snacks: There did not appear to be much take-up of snacks in between meals on this ward. Only one of the 9 people we spoke to was aware that they could ask for something to eat in between meals and the others, although they were not aware, felt they would not need anything in between meals. Several were not aware of other places in the hospital where they could get food such as the café and restaurant.

Comparison with previous visits: 4 patients had been in Barnet Hospital before. 2 felt that the food was about the same as their last stay and 2 felt it was better.

Need for friends and family to bring in food: Of the 9 people that we spoke to only 1 person had visitors who brought food into the hospital for them, and that was due to the kosher food. 4 others had what they described as extras brought in but not food to replace meals.

Any Occasions when meals have been missed: The only occasions when patients had missed meals was when they had been needing medical procedures. On most occasions when this had happened the patient's meal was kept in the fridge and heated when they returned to the ward, so it was fresh for them when they were ready. Everyone we spoke to felt that this was very flexible and worked very well.

General comments

The general atmosphere in the ward was very calm and cheerful – more so at lunchtime than in the evening. The staff were without fail caring and appeared competent. All were concerned for the welfare of their patients.

Comments from patients and relatives:

- Very pleased with the food
- Help is available if you need it
- Kosher food is not good – only the chicken option is ever available.
- Feel Barnet is a very good hospital and when need to go to hospital, always ask to come to Barnet
- Quite happy with treatment here
- Feel if you ask for something it takes quite a long time for it to come – not enough staff (assistance relating to care)
- Not enough staff to care for very dependent patients. Students need to spend more time on wards as although they are very nice, they are in awe of the patients and not confident at all.
- Like to record strongly that the nursing is great

Recommendations

- To ensure that time is taken to read through the menu with patients who may have problems in reading it so that they are able to access the same range of choices.
- To explore the quality and availability of kosher food which was reported as being poor.
- To ensure that all patients are given the opportunity to clean their hands before eating.
- To maintain the focus of staff on supporting all patients with eating in the evening to avoid some having to wait for assistance and mealtime becoming so lengthy.
- To ensure that all patients (and staff) are aware that snacks are available in between meals if needed and these should be kept on the wards. Also ensure that patients are aware of where else in the hospital food is available.

Conclusions

We felt that this was a well organised and calm ward. The observation at lunchtime was more favorable than in the evening but both were positive generally. The staff were very positive and cheerful at lunchtime and there was a stronger sense of the senior staff having a clear overview of what was going on across the ward.

Appendix Bi

Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Barnet Hospital, Olive Ward – Medical / Care of the Elderly and Gastroenterology

22 Beds (2 x 6 Bays; 1 x 4 Bay & 6 single rooms)

Healthwatch Authorised Representatives:

Melvin Gamp and Jill Smith

Dates of Visits: 13 April 2014 and 8th May 2014 -

Patients spoken to: Number of patients observed: 12 patients in two bays for dinner; 16 patients in three bays for breakfast

Appendix Bi

Number of patients/visitors spoken to: On the first visit we spoke to 6 patients and one staff member helped respond for a patient. On the second (morning) visit we spoke to 4 patients and one relative. Due to lateness of breakfast service and drugs round, our interviews were limited.

Introduction

Healthwatch Barnet decided to investigate the care, support and food offered to patients at mealtimes in Barnet Hospital. Food and hydration is obviously a key element in the recovery and wellbeing of patients and it was felt that this would be an interesting area to investigate and to establish if there were suggestions that could be made to help improve the whole experience for patients. Healthwatch was also aware of some feedback from patients and residents about concerns relating to the care and support to patients at mealtimes.

The project was developed by a small team of volunteers from Healthwatch and some staff members. To find out the background information some members of the team met with the Contract manager from Steamplicity, the Company who hold the catering contract at Barnet Hospital, and the contract services manager at the hospital, to fully understand the contract and responsibilities of the Steamplicity staff and the hospital staff. They also had the opportunity to see the kitchen area, and to sample some of the food served to patients.

We also met with Terina Riches the Director of Nursing at Barnet and Chase Farm Hopsital to discuss the visits and to agree the timescales and protocols to be followed during the visits.

The team of volunteers, who are all fully trained Enter and View Authorised Representatives, were then briefed on the protocols and background information.

Methodology

The Healthwatch team selected the wards they wished to visit at the hospital. This was to have a cross section of wards to get a good understanding of the situation, and also to take into account feedback from the public, as well as avoiding children's wards and acute/ assessment wards. They then allocated a small team of two trained volunteers to each ward. Each of these teams aimed to visit the ward on more than one occasion and at different times of the day. eg 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, thus hopefully making the observations consistent too.

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 were not expecting the teams. The visits took place over an 8 week period from mid March to mid May.

The aim of each visit is to observe a mealtime, and to talk to as many patients and their visitors as feasible. The observations were recorded along with the feedback from the patients and their visitors that we spoke to and these have then been put into a short report for each ward, and will be summarised for the whole hospital on conclusion of the investigations. A set of standard observation charts were developed to try and ensure the teams were all looking for the same initial information, and standard questions were developed to be asked of all of the patients and visitors.

The ward reports will be sent to the ward managers via the Director of Nursing, in draft for them to comment on and check for factual accuracy. The overall summary report and the final versions of the ward reports will be available to the public via the Healthwatch website. They will also be sent to the CQC, and the Council's Health Overview and Scrutiny Committee.

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

Findings

Phase 1: Our Observations

Preparation and Assistance with eating and drinking

Cleanliness/hygiene: None of the observed immobile patients were given the opportunity to wash their hands before eating, and no wipes were provided. The more able ones could approach the sink themselves.

Support: All patients observed had managed, or were assisted, to get into a suitable eating position in time for their meal.They were also all able to reach both food and drinks. Staff also helped with any containers that required opening. Filled jugs of water were noticed at each bed site and some patients sat in a bedside chair to eat their meal.

Being a gastro ward, the staff obviously had greater difficulties in feeding some patients. In the evening 3 patients were served using red trays, and staff also assisted patients with special diets. It was noticed that although red trays were not used for breakfast, staff were assisting many of the patients and offering alternatives from the limited range of food. They were also seen to be coaxing those with no appetite. Some of the patients who were asleep were gently awakened and offered their breakfast.

Protected Meal Time: On neither of our visits was a bell rung to indicate the start of protected mealtime, neither was there a visible notice on the ward board.

On the first visit in the evening the patients were prepared for eating from 6pm and the first meals were served at 6.15pm, and the mealtime finished about 7pm. There were 4 nurses and 2 healthcare assistants on duty and one catering hostess served all of the meals. Staff members were observed trying to get patients to eat and supplied alternatives where possible, but they obviously didn't have time to chat.

On our second visit at Breakfast time, although the Healthwatch members arrived at 07.00, breakfast did not commence until 08.10 and ran late, until 09.15. Four nurses were on duty, plus 2 Healthcare assistants and the catering hostess. There were some signs of medical activity in Bay 2 during the protected period, and whilst we were at the ward, an ambulance crew arrived to take a patient to another hospital.

We felt there was a lot of work for one hostess. All of the food and drink was on her trolley which she had to push around the various bays, and included the assortment of cereal dispensers. It obviously took a lot of time to distribute to each patient.

We observed one patient was cutting-up an apple which he had saved from the previous day to supplement his breakfast.

Clearing Up after Meals: Breakfast was easier to clear up than the main meal, but both were adequately dealt with.

Appendix Bi

Phase 2: Feedback from Patients

Length of Stay:

7 of the patients spoken to had been in hospital between 2-7 days, and one more than 3 months. The other 3 were between 8 and 30 days.

Support with Eating: At breakfast, patient's comments mirrored the support observations already mentioned above. At dinner, only two patients received help for eating/drinking. Two patients reported to us that they felt they needed help but did not receive it.

Quality and Choice of food and drink: It should be emphasized that as the range of breakfast content was quite minimal, most comments regarding the quality of food and drink refer to lunch and dinner meals. 8 patients felt that there was enough choice of food (although at breakfast, some toast would have been appreciated), and two felt there was not. Only two stated that there was an insufficient choice of drink. Regarding the quality of the food at dinner, eight said the smell was O.K. whilst two disagreed. Most found the temperatures alright, but six liked the tastes.

The Healthwatch representatives felt that the breakfast on offer was a little sparse.

Complaints: On our first visit two patients told us they had complained about the food, and one felt it had improved since they complained, but the other person disagreed. At the morning visit no major complaints were reported as having been made about the food, although one patient confided some disatisfaction, and another compared it unfavorably with their experience in another hospital.

Ordering system: At the dinner time visit all but one of the patients felt the system was easy to use. Three patients had had situations where the food they received was not what they had ordered – one of these was around a different variety of soup, one a different fruit, and one a different juice. One person mentioned that the menu does not state what is sugar-free for diabetics. This may be a difficulty in understanding the coding on the menus for the different types of dishes.

As there was no breakfast menu, the patients had to select their choice from the trolley, or were assisted to do so by members of the staff. One patient found nothing met with her requirements and was only having a nutritional supplement drink.

Dietary/cultural requirements: Most of the patients agreed that the food met with their dietary/cultural needs.

Portion size: All agreed that the main meals were large enough or "too big".

Availability of additional snacks: Unfortunately, none of the patients we spoke to knew that snacks and hot drinks are available between meals. Similarly, only one knew that food was available elsewhere within the hospital (shop or café).

Comparison with previous visits: Four patients had previously stayed at this hospital, and all agreed that food and drink was "about the same" as when they were last here.

Need for Friends and family to bring in food: Four patients in the evening told us that family had brought them in additional food which they had not requested, but relatives had wished to do so.

Any Occasions when meals have been missed: At the first visit three patients told us they had missed meals due to feeling ill and being unable to eat. In the morning only one patient complained of missing a meal, when they were initially taken to A & E. They didn't know that they could then request something to eat.

General comments: There was a very "busy" feel about the ward and bays.

For the breakfast visit the day shift had just come on duty, and the staff were going around in clusters, sorting out the patients requirements. Accordingly, when asked, we were advised which side rooms NOT to visit. Staff appeared to be very competent and assisted their patients when they saw help was required, and obviously knew by their past experiences, which ones were in need. Unfortunately, because the breakfast took so long and was followed by the drugs round, we were unable to speak to as many patients as we would have liked.

Comments from patients and one relative:

- Toast would be nice – Poor selection at breakfast – Nothing hot
- Didn't know restaurant existed
- Better food at UCH!
- Meal was too big; all food comes at regular times.
- Didn't have anything, but they watch me. Have "Ensure" (nutrient drink)
- Can't be bothered to complain
- They are set meals on the plate, and it's a waste as they include some items that are not liked
- I've never been unhappy with a whole meal.
- Everything is OK
- From one patient, with poor opinions: Food is disgusting; warm, never hot; inedible; settled for tuna salad & sandwich; the sausage & mash had congealed gravy; can't drink the tea or coffee and the chocolate drink was all powder.
- There was a relative carrying out 24 hour care for their child with a learning disability. They had slept on the floor to be near. However they were not offered any sustenance throughout.
- We spoke to one relative who stated that they were happy with the care for her relative and the food that she was being offered. The nurse had explained to her how nutrition is recorded and referral made to the dietitian if necessary using a scoring system.

Comments from the Healthwatch Representatives:

- At dinner we observed a patient who had been transferred from the CDU where they had been given kosher puree meals. Accordingly, above their bed was the notice: Special Instructions, KOSHER PUREE. However, only solid meals were available so the relative, who was present, ordered some soup and tried to mash up some fish, but they couldn't eat it. No other suitable alternatives appeared to be available.
- We noticed that one patient had been given an early breakfast, and was well prepared to be transferred to the Royal Free.
- Although a light breakfast, it seemed too much for just one hostess to cope with, and this explained the lengthy procedure.
- We thought that the breakfast was very minimal, and the cereal bowls small and shallow, although nobody actually complained about this.

- The “All day Breakfast” from Steamplicity, can be ordered at any time of day EXCEPT breakfast!

Recommendations:

- We felt that while the observers were present the level of care offered at those specific meals was good. However, this was not entirely reflected in the feedback from the patients, who raised some concerns about the lack of help to eat their meals. This needs to be addressed.
- To consider a wider breakfast menu, with additional hot items added, including if possible toast.
- Because of the time factor, a different method of delivery should be considered for breakfast, or one additional hostess provided. There is a lot of work for one person and some mistakes were made with wrong food delivered, probably due to time pressures and trying to complete the job quickly.
- Ensure that all patients are given the opportunity to clean their hands prior to the meal.
- Ensure that all patients understand the meals recommended for their conditions on the menu eg dishes most suitable for diabetics
- Advise all patients that snacks and drinks are available between meals, and also that there is a shop, coffee bar and restaurant at Ground Level, if required by them and relatives/friends who visit.

Conclusions

As this ward provides care for patients with gastro problems and many are also elderly, it is a difficult ward in regards to feeding. Nevertheless, the *Protected Mealtimes Protocol* should be strictly adhered to, and this was not the case when we visited. However, we did notice that members of staff were gentle and dedicated, with the best interests of their patients as a paramount feature. This would indicate good leadership from senior staff. However when questioned, at dinner, two patients mentioned that they did not receive help (when needed) with their food and drink, which needs to be addressed. We felt that the staff were very aware of our presence and may have been more diligent as a result.

Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Barnet Hospital, Walnut Ward: Medical and Respiratory

22 Beds: - 2 bays of 5 beds (1 male, 1 female), 2 bays of 4 beds (1 male, 1 female), 4 single rooms

Healthwatch Authorised Representatives:

Tina Stanton, Alan Shackman

Dates of Visits: 22 April 2014, 14 May 2014

Patients spoken to: Number of patients observed: all bays and rooms were observed on both visits (virtually all beds occupied)

Number of patients/visitors spoken to: 6 patients and 2 visitors on behalf of the patient

Introduction

Healthwatch Barnet decided to investigate the care, support and food offered to patients at mealtimes in Barnet Hospital. Food and hydration is 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 and to comment on good practice and to make suggestions and recommendations on ways to improve the whole experience for patients. Healthwatch Barnet has also been alerted to concerns raised by patients and residents about the care and support to patients at mealtimes.

The project was developed by a small team of volunteers and staff from Healthwatch Barnet. To fully understand the process, the Team undertook the following 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. 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 Terina Riches 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.

The team of volunteers, who are all fully trained Enter and View Authorised Representatives, were then briefed on the protocols and background information.

Methodology

There are 18 wards at Barnet Hospital. The team agreed to visit 6 wards during the period mid-March to mid-May. The reasons for this are 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 public.
- 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 for each ward. Each of these teams aimed to visit the ward on more than one occasion and at different times of the day. e.g. 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 and not to interact with staff and patients. In Phase 2, when mealtime was over, as many as possible patients and their carers/visitors were approached with a standardised questionnaire. Some discussions with staff and volunteers also took place Thus observations could be compared for consistency with patient feedback.

This information was then summarised into a short report for each ward, and a full report will be produced for the whole hospital on conclusion of the visits. . The draft ward reports were sent to the ward managers via the Director of Nursing, for their comments and to check for factual accuracy. The overall summary report and the final versions of the ward reports are available to the public via the Healthwatch website. They are also sent to the Care Quality Commission, Barnet Clinical Commissioning Group and the Council's Health Overview and Scrutiny Committee.

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

Findings

Phase 1: Our Observations

Preparation and Assistance with eating and drinking

Cleanliness/hygiene: Around half the patients who were immobile, were given the opportunity to clean their hands prior to eating, predominantly those who were to receive red trays

Support: A jug of water or other drink was always on the bedside trolley although, of course, many patients needed help in pouring and drinking. Even semi-mobile patients would have had no problem reaching a drink.

All those unable to get into a suitable position to eat were helped to do so, whether sitting up in bed or in a chair. All patients received appropriate help to eat and drink, although not always as immediately as we would have liked to see. By the time help arrived food must have been getting cold in some cases.

At lunchtime many ward staff helped deliver meals. In the evening all meals were delivered by the hostess alone.

Protected Meal Time: Whilst the protected mealtime protocol was largely followed, there was no formal announcement of the beginning of protected mealtime. One doctor continued with the patient after a tray had been delivered.

Clearing Up after Meals: The evening meal was cleared away (and delivered) exclusively by the hostess. Lunchtime was more of a joint effort. The visiting husband of one elderly lady commented on what he called 'a disconnect' between patients and ward staff, particularly at the evening meal. His wife had eaten very little of her meal, which had then been cleared by the hostess. Surely, he said, this means that ward staff will not be aware that my wife is not eating.

Phase 2: Feedback from Patients

Length of Stay

Two of the patients we spoke to had been in hospital for more than 2 weeks, two more than 1 week, and two less than 1 week.

Support with Eating: Everyone we spoke to was satisfied with the support they were getting. Meals we observed were always left in reach and uncovered ready to eat.

Quality and Choice of food and drink: Those we spoke to were satisfied with menu choice and the food itself. Occasionally the meal ordered was not received but not regularly.

Complaints: One patient complained to us about receiving the wrong meal, but acknowledged that the mistake was put right. No formal complaints had been made to the hospital staff.

Ordering system: All patients found the ordering system straightforward and easy to use.

Dietary/cultural requirements: All patients we spoke to felt the food met their needs.

Portion size: Some patients felt that, if anything, the portion sizes were too large.

Availability of additional snacks: A selection of snacks should always be held on the ward. Patients were not aware of this, and the staff did not seem to be aware of it either.

Need for Friends and family to bring in food: Some Patients had food brought in by friends and family but these were extra items and were not necessary.

Any Occasions when meals have been missed: No patients we spoke to had missed any meals. Sister emphasised that when patients were away from the ward for treatment over mealtime, she was always careful to offer the patient a snack on return to the ward

General comments

Positives

- All patients received whatever help was necessary to enable them to eat as much of the meal as they wanted/were able. Mostly this help was immediate, and whilst delays for a minority certainly need to be pointed out we take no serious issue (but see specifics below). Patients undoubtedly received good care.
- Alternatives are readily offered to those patients who, for whatever reason, do not want or are unable to eat what is on their trays. Staff make it clear that it is no trouble.
- Staff appeared totally competent and friendly.

- Patients and relatives alike were without exception complimentary.

Areas for possible improvement

On neither visit was the ward fully focused during the mealtime period on delivering food and assisting patients. Not all ward staff were involved. Whilst at lunchtime the ward sister was observed to take charge, in the evening she was preoccupied. This is not to say that the evening mealtime did not run smoothly. It was, however, largely unsupervised. To an observer there felt to be an element of the ad hoc in providing help to patients who did not have red trays but who nonetheless clearly need some assistance. We inevitably asked ourselves whether all individual members of staff were clear on their responsibilities at the evening meal.

We did not explore in detail how information is recorded on the amount of food eaten or not by patients. This is obviously recorded for those with red trays but we did not observe that it was being monitored in other situations. We felt that this needed to be picked up in some situations where the hostess would clear away the tray and the nursing staff may not be aware of what was left. However we did not explore this any further so it may be picked up by the hostess reporting back.

Specific matters that need to be mentioned

- A patient with dementia and unable to feed himself, nonetheless did not have a red tray. On our visit this did not matter since his family were present and provided all necessary help, including adjusting the bed to an upright position i.e. ward staff did not take responsibility for getting the patient into a suitable position to eat.
- One staff member feeding an elderly patient did so on 'automatic pilot', just putting spoonfuls of food into her mouth without speaking at all or making any attempt to communicate. This was difficult for the patient, as she often closed her eyes so did not know when the food was coming.
- A patient able to walk with assistance was taken to the lavatory only as the meal was being delivered. On their return, 5 minutes later, it took some time for it to be noticed they were just sitting there not eating. A healthcare assistant finally came over to get them started. The patient then cleared their plate by themselves.
- It was noticeable that at lunchtime no patient had a hot dessert

Recommendations

- To explore mealtimes being more tightly managed and with greater supervision of staff.
- To ensure that all patients are given the opportunity to clean their hands before eating.
- To ensure guidance is given to staff on the need to communicate with patients whilst they are eating and to provide prompt support.
- To ensure that all patients (and staff) are aware that snacks and hot drinks are available in between meals if needed
- To ensure that all aspects of protected mealtime protocol are observed at each meal.

Conclusions

Appendix Bi

The two mealtimes – lunch and evening – which we observed went smoothly. Patients needing help received it. Staff, in the main, interacted well with patients. The few adverse incidents could, perhaps, have been avoided with a stronger leadership presence and input.

Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Barnet Hospital, Spruce Ward - Medical/Stroke

Ward consisted of 24 beds (2 x 4 bed bays, 2 x 5 bed bays and 6 single rooms.)

Healthwatch Authorised Representatives:

Derrick Edgerton and Linda Jackson

Dates of Visits: Monday 14th April and Tuesday 22nd April

Patients spoken to: Number of patients/relatives spoken to: 12 patients and 8 relatives

Introduction

Healthwatch Barnet decided to investigate the care, support and food offered to patients at mealtimes in Barnet Hospital. Food and hydration is 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 and to comment on good practice and to make suggestions and recommendations on ways to improve the whole experience for patients. Healthwatch Barnet has also been alerted to concerns raised by patients and residents about the care and support to patients at mealtimes.

The project was developed by a small team of volunteers and staff from Healthwatch Barnet. To fully understand the process, the Team undertook the following 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. 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 Terina Riches 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.

The team of volunteers, who are all fully trained Enter and View Authorised Representatives, were then briefed on the protocols and background information.

Methodology

There are 18 wards at Barnet Hospital. The team agreed to visit 6 wards during the period mid-March to mid-May. The reasons for this are 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 public.
- 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 for each ward. Each of these teams aimed to visit the ward on more than one occasion and at different times of the day. eg 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 and not to interact with staff and patients. In Phase 2, when mealtime was over, as many as possible patients and their carers/visitors were approached with a standardised questionnaire. Some discussions with staff and volunteers also took place Thus, observations could be compared for consistency with patient feedback.

This information was then summarised into a short report for each ward, and a full report will be produced for the whole hospital on conclusion of the visits. . The draft ward reports were sent to the ward managers via the Director of Nursing, for their comments and to check for factual accuracy. The overall summary report and the final versions of the ward reports are available to the public via the Healthwatch website. They are also sent to the Care Quality Commission, Barnet Clinical Commissioning Group and the Council's Health Overview and Scrutiny Committee.

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

Findings

Appendix Bi

Phase 1: Our Observations

Preparation and Assistance with eating and drinking

Cleanliness/hygiene: At neither meal did the observers see any of the patients clean their hands prior to eating. When questioned patients responded that they were not given the opportunity to do so.

Support: Our observation was that meals were put within reach of patients, with individual tables being moved and space made as necessary. Patients in bed were moved to an upright position (if required). It was observed that some individuals who had only ordered a sandwich or desert were questioned by staff as to whether that was adequate. In 2 cases additional food was obtained. It was observed that some patients were given spoons to assist eating.

The "red tray" system was in use and staff did assist those individuals, although at times it appeared to be a long time (45mins) coming.

On both visits, relatives (and in one instance a paid carer) were observed assisting and at lunchtime a hospital volunteer came in to help. It was stated that advice had been given to relatives as to how to assist in eating (e.g. make sure person is sitting up etc).

All patients had a drink with their meal, jugs of water were provided for each patient. According to the hostess hot drinks were always available, although patients said they had to ask for hot drinks and they were not offered away from meal times.

Protected Meal Time: The start of lunchtime was indicated by a bell being rung at 12noon. This did not happen at the evening meal. No indication was given as to the end of protected meal time.
Staff not directly involved in serving food appeared to be observant.
(It was pointed out to the ward manager that the notice board gave different timings for mealtimes to what actually occurred.)

On our evening visit the hostess was off sick and no replacement was sent. This resulted in a staff nurse having to spend more than 10 minutes on the phone seeking assistance from the catering staff. The ward sister had not been made aware. The catering supervisor eventually came to serve the meals which then started later than normal.

It appeared that meals were served in no particular order so red and normal trays were sent out simultaneously. As the majority of staff were involved in taking food round, this meant that those who needed staff to assist them had to wait until all food had been served. A relative mentioned that she had observed patients that needed assistance having to wait a long time. Inevitably their meals became cold.

Clearing Up after Meals:

This was done more efficiently at lunchtime than in the evening. It was noted that the water jugs were replenished at this time.

Phase 2: Feedback from Patients

Length of Stay: The longest stay was noted as 7 weeks, majority greater than 2 weeks.

Appendix Bi

Support with Eating: Patients felt that staff did give assistance to those that needed it.

Quality and Choice of food and drink: Of the patients we spoke to some praised the food and none actually said they disliked it. The relatives interviewed seemed generally satisfied. There was the odd situation where an individual did not get what they ordered, but this appeared to be swiftly resolved.
There were comments by a patient and another patient's relative that the "soft" and "pureed" options were not particularly palatable.

Complaints: No patients we spoke to had made any complaints about the food.

Ordering system: This was the area where most unfavourable comments were made. Patients who cannot see well, cannot hear well, on special diets or do not speak English well, all appear to miss out here. Senior staff had previously told us that that large menus with pictorial representations of the dishes were available. The supervisor told us that meals could be pre-ordered for several days (by a relative etc) but this was not known. As most patients on the ward were there for several weeks, having variety in the diet is important.

Dietary/cultural requirements: We spoke to the relatives of an individual eating Halal meals. They appeared satisfied but were unaware that they could also order food on behalf of the patient (who spoke little English so had had a lot of pasta!).

Portion size: Some patients stated that portion size was too large! None felt they were insufficient.

Availability of additional snacks: There appeared to be some confusion between the hostess and ward staff as to what snacks (if any) were available to be given out between meals or at night. Hostess said snacks were available, staff appeared uncertain. Several patients mentioned the time period between lunchtime and the evening meal meant they got hungry.

Need for Friends and family to bring in food: 2 patients were having food regularly bought in, one because it was the patient's preference to, the other because the relative wanted to. The latter patient was going to start on ward food shortly.

Any Occasions when meals have been missed: If due to an ordering error this was resolved as speedily as possible (getting meal from storage to ward). On a few occasions meals had been missed due to medical reasons was recorded and monitored by staff.

General comments:

The volunteer said "I like to assist with feeding patients. We chat, they relax and eat more. Many are quite anxious but feel they cannot approach busy staff. I can reassure them. It's good for me as well"

A patient said "The food is adequate but bland. Nothing to look forward to."

A patient said "I sometimes wish I could have a cup of tea".

A relative said "I come in most days to see my mother. The amount of assistance given seems to depend on the team at the time."

A relative commented that the same type of food served at UCLH was better. However she also said that she would be writing to the hospital to thank them for the standard of care given to her relative.

Recommendations

1. To check the availability of large pictorial menus and to review the ordering system to ensure that all patients and relatives are clear that they can pre-order meals when it suits them (eg in advance when a relative is visiting)

2. To ensure that communication between the catering staff and ward staff is improved to enable staff absences can be covered where necessary without delaying the delivery of meals to patients.

3. To enable all patients the opportunity to clean their hands prior to eating, to help maintain good hygiene and to also enhance their feeling of dignity.

4. To identify patients that need assistance to eat, and serve their meals when there is a member of staff available to help them so that meals stay hot.

5. To explore the quality of pureed/soft food options.

6. To clarify the availability of snacks and drinks between meals and at night.

Conclusions

- The observers felt that the staff worked together well as a team to get the food served and to give assistance where required (although on occasions patients had to wait to be assisted)

- Overall it was apparent that there were no major issues with the quality and taste of the food, both from the patients and relatives point of view.

- Patients and relatives were nearly all complimentary about the standard of care.

Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Barnet Hospital, Willow Ward - Female Surgical Ward

Ward consisted of 17 beds (3 x 5 bed bays, and 2 single rooms.)

Healthwatch Authorised Representatives:

Lisa Robbins and Nahida Syed

Dates of Visits: Meals observed: Monday 14th April and Tuesday 13th May

Appendix Bi

Patients spoken to: Number of patients/relatives spoken to: 11 different patients (and 1 relative)

Introduction

Healthwatch Barnet decided to investigate the care, support and food offered to patients at mealtimes in Barnet Hospital. Food and hydration is 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 and to comment on good practice and to make suggestions and recommendations on ways to improve the whole experience for patients. Healthwatch Barnet has also been alerted to concerns raised by patients and residents about the care and support to patients at mealtimes.

The project was developed by a small team of volunteers and staff from Healthwatch Barnet. To fully understand the process, the Team undertook the following 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. 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 Terina Riches 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.

The team of volunteers, who are all fully trained Enter and View Authorised Representatives, were then briefed on the protocols and background information.

Methodology

There are 18 wards at Barnet Hospital. The team agreed to visit 6 wards during the period mid-March to mid-May. The reasons for this are 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 public.
- 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 for each ward. Each of these teams aimed to visit the ward on more than one occasion and at different times of the day. eg 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 and not to interact with staff and patients. In Phase 2, when

mealtime was over, as many as possible patients and their carers/visitors were approached with a standardised questionnaire. Some discussions with staff and volunteers also took place Thus, observations could be compared for consistency with patient feedback.

This information was then summarised into a short report for each ward, and a full report will be produced for the whole hospital on conclusion of the visits. . The draft ward reports were sent to the ward managers via the Director of Nursing, for their comments and to check for factual accuracy. The overall summary report and the final versions of the ward reports are available to the public via the Healthwatch website. They are also sent to the Care Quality Commission, Barnet Clinical Commissioning Group and the Council's Health Overview and Scrutiny Committee.

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

Findings

Phase 1: Our Observations

Preparation and Assistance with eating and drinking

Cleanliness/hygiene: At neither meal did the observers see any of the non- mobile patients clean their hands prior to eating, and no wipes were provided. Those patients who were mobile were able to go to wash their hands.

Support: All meals were placed close to patients where they could easily reach them. Most patients were eating in bed and had tables brought across their beds for them to eat off. Some were sitting in chairs beside their beds.
All patients had water jugs which were replenished at meal times and were within reach.
Many patients were helped into a good position for eating, though most were able to get themselves comfortable.
The red tray system was in use and we observed one red tray being delivered to a patient who needed assistance with eating and to be encouraged. The patient
had dementia and was not interested in eating, but the staff were very skillful in persuading her to eat and several different staff tried many approaches to encourage her.
Patients were encouraged to eat and given plenty of time. Alternatives were offered where the patients were reluctant in some cases.
Due to the nature of the ward several patients were not eating (nil-by-mouth) whilst waiting for surgery.

Protected Meal Time: Protected meal time is not observed on this ward. The ward sister explained that as they are very dependent on the operating list for each day, it is not practical to follow the protected meal time protocol. Therefore there was no indication centrally of when meals were being served.

During the evening meal we observed a very helpful and caring staff member supporting her patients and ensuring their food was all accessible for them. However she then interrupted the meals of two of them to administer injections and medication.

We observed a surgeon having a detailed discussion with a patient about her operation during lunchtime, but the patient was not able to eat so was presumably not disturbed by the timing of the discussion.

The meals were distributed over a long period of time. At lunchtime only 7 of the patients were able to eat, so this was done quite quickly, but in the evening 14 were eating. The first meals were served at 6.10pm and the meal finished at 7.30pm. The ward is equipped with 2 microwaves which can take a long time for when many patients are eating hot meals.

Staff involved in serving food appeared to be observant, and especially in the evening were very supportive and chatty with the patients which seemed to help cheer up particularly the older patients.

Clearing Up after Meals: This was done quite efficiently and pleasantly when the hostess was sure all had finished eating.

Phase 2: Feedback from Patients

Length of Stay:

We talked to two patients who had been on the ward for more than 30 days. 8 of the patients we spoke to had been in hospital for between 2 and 7 days, and one for 15 days.

Support with Eating: All of the patients we spoke to felt that staff did give assistance to those that needed it. We observed several situations where staff supported those who needed help with eating.

Quality and Choice of food and drink: The feedback on the quality of food was very mixed. 6 people felt the food was very good and had no issues with it at all.
We spoke to two patients who ate Halal food and both found it poor.
One patient felt the food was very poor quality and tasted very bland.
One patient (who was present for both visits) required kosher food and is diabetic and had experienced significant issues with the food. They felt that the main course kosher food was very poor and some items were regularly not available. The patient felt that their diabetes had suffered as a result of not having appropriate food available and was very dependent on friends and family bringing in food.

Complaints: The patient above had raised their issues with the ward staff and the catering staff who had been working to try and resolve these but the patient felt the food was still unsatisfactory. The patients' relative had investigated if Passover food was available and had been assured that it was, but it had not been made available to the patient.

Ordering system: All patients found the ordering system easy to follow and use. Two patients had medical issues which meant they needed to be careful what they ate – it appeared that they may not have had much dietitian support to choose appropriate meals, and had ended up having further problems as a result of their food choice.

Dietary/cultural requirements: We spoke to two patients who were eating Halal food and both found them unpalatable and lacking in taste. The above comments on kosher food were also received.

Portion size: Some patients stated that portion size was too large. None felt they were insufficient.

Availability of additional snacks: No patients and none of the staff were aware that snacks were available between meals. The ward staff felt it would be useful to have some snacks available during the day.

Need for Friends and family to bring in food: As already mentioned, 1 patient was having food brought in to accommodate her dietary requirements. All other patients we spoke to only had food brought in as an extra/treat and because family members wished to bring it in, but not to supplement their diet.

Any Occasions when meals have been missed: Due to the nature of the ward several patients had missed meals whilst waiting for surgery. In one case surgery had been postponed on two occasions so meals had been missed. Two patients also told us they had missed meals when they were first admitted to A&E and were not aware of how to obtain food whilst going through this process.

General comments:

- 'The staff are very, very good'
- Generally happy with care
- Would like to have more fresh fruit.
- Not aware that can get a cup of tea or coffee from the machine at any time.
- Would like to have more cups of tea during the day – don't really drink water so feel don't get enough hydration.
- Food excellent.
- Feel the ward is not clean at all times.

One patient raised an incident of concern about their care and we passed the details on to the Nursing Matron.

Recommendations

7. To consider if the protected mealtime protocol, or part of it, such as avoiding administering of medication during mealtimes, should apply to this ward.
8. To enable all patients the opportunity to clean their hands prior to eating, to help maintain good hygiene and to also enhance their feeling of dignity.
9. To explore the quality of Halal and kosher food served.
10. To ensure that diabetic patients requiring kosher food can be adequately accommodated.
11. To ensure that, where needed, dietary advice is available to patients.
12. To ensure that all patients are aware of the tea and coffee facilities that they can use, and that all are aware of where else in the hospital food and drinks can be purchased.
13. To clarify the availability of snacks and drinks between meals and at night.
14. Ensure that where patients have been admitted through A&E they are made aware of how to obtain food and drink at all times.

Appendix Bi

Conclusions

- The observers felt that the staff worked together well as a team to support the patients with eating and to give assistance where required and there was a cheerful atmosphere on the ward. However mealtimes were long and drawn out and were quite disjointed.

- The ward manager had a strong presence on the ward and was very visible and known to the patients, who expressed their confidence in her.