

# Mealtime Observational Visits at Royal Free Hospital

## Summary Report



## Contents

Introduction .....	3
Methodology .....	3
Findings .....	4
Key Recommendations .....	6
Final Comments.....	7
Acknowledgements.....	7
Response from Royal Free Hospital.....	8
Enter and View Reports .....	11

## Introduction

Healthwatch Barnet is part of a national network set up by the Health and Social Care Act of 2012 and led by Healthwatch England that aims to help local people get the best out of their health and social care services. Healthwatch enables residents to contribute to the development of quality health and social care services.

Healthwatch undertake 'Enter and View' visits to Health and Social Care services that are used by local people, to talk to service users, patients, their relatives or carers to hear their feedback about the care and support received.

In February/ April 2017 trained Enter and View Volunteers from Healthwatch Barnet visited 7 wards at the Hampstead site of Royal Free London NHS Foundation Trust, to investigate the food and mealtime support that was offered to patients. The volunteers visited a number of wards, in pairs, to observe a mealtime and to talk to patients, staff, relatives and carers. A variety of meal times were observed, on weekdays and at weekends.

The findings of these visits and the resulting recommendations were shared with the Director of Facilities and the Head of Patient Environment.

## Methodology

The project was discussed with the Director of Facilities and Head of Patient Environment in advance. It was agreed that the small teams of volunteers would visit a number of different wards at different times of the day, to observe a variety of mealtimes, and to talk to patients, relatives and carers about their experiences. The team of Healthwatch Barnet Enter and View volunteers worked in pairs to visit wards. Some teams visited one ward on two occasions, at different times of the day and on different days of the week, and other teams visited a ward just once. At the specific request of the Hospital management, they were informed of the dates of the visits, and the names of the volunteers involved, but were not informed of the wards that they intended to visit or the visiting times. Therefore although the ward managers were aware of Healthwatch coming to the hospital they did not know where, and at what time, they would be visiting. Healthwatch would have preferred not to inform the hospital of the exact dates they were visiting but acceded to the specific request after consideration.

At this hospital site they operate a "cook chill" bulk meal service delivered to the wards and stored in regeneration trolleys which reheat the food to serving temperature. There are two main menu options and a vegetarian option. Patients are shown the menu early in the day and given the opportunity to order their choice (a number of portions of each menu option are available on each ward). If all portions of the patient's choice have been allocated, they will be offered the options that are remaining. Specialist diets are ordered individually. At mealtimes, the food is plated and served on the appropriate coloured trays which are then delivered to the patients by nurses or healthcare assistants. Serving is generally done by the housekeeper, At weekends the service is completed by the ward staff and overseen by the nurse in charge.

The first part of each visit involved the team observing the preparation, serving, and support for eating offered during a mealtime, from start to finish. The team observed the hospital's protocols on infection control and tried to minimise their impact on the operation of the ward by being unobtrusive during this phase.

The second part of the visit took place once the meals were finished and cleared away, the volunteers spoke to patients, relatives and carers and asked a set of standardised questions about their experience and opinions of the food and the support they received to eat during their stay in hospital.

This information was collated and presented in a report for each ward, and the information is summarised here in one overall report. The ward reports were sent to the Head of Patient Environment for her comments and to check for factual accuracy. Their comments are included in the final report.

As per our normal protocol the reports are sent to the Care Quality Commission, Health Overview and Scrutiny Committee, Barnet Clinical Commissioning Group, and will be available to the public on the Healthwatch Barnet website.

The team of volunteers undertook the following visits:

Ward Number	Description of Ward	Date of Visit	Comments
10 North	Elderly Care	22 February - lunch	
10 North	Elderly Care	4 March - lunch	
7 West	Surgical	28 February - evening meal	
9 West	Liver/HPB	1 March - lunch	
6 South	Stroke/ Neurology	19 March - breakfast	Entry to ward refused so visit was not able to go ahead.
11 South	Haematology/Oncology	20 March - evening meal	
10 East	Renal	14 April - evening meal	
10 South	Renal	23 April - lunch	

## Findings

**Cleanliness and Hygiene** The teams felt that the wards were clean. We were pleased to note that hand-wipes were provided for patients who were not mobile and therefore unable to wash their hands. However we observed that these were not always used, mainly as patients were unsure what they were for. We felt it would therefore be helpful to ensure that where possible they are opened and patients are encouraged to use them.

**Protected Mealtimes** Some of the wards that we visited had a barrier or sign in place and details explaining protected mealtimes. The protocols appeared to be being followed and working well. However, this was not happening consistently on all of the wards that we visited, and 4 (9W, 10E, 10S, 11S) did not have any obvious protected mealtime in place. On the Elderly care wards, we observed that although information was given about protected mealtimes, visiting was all day and many relatives were supporting patients to eat which appeared of value to all.

**Green Tick System** This appeared to be very inconsistent and was not seen to be operating fully on any of the wards that we visited, although we were told in advance that it was in operation. (This system is a way of care staff indicating that a patient has finished eating and their tray can be collected/removed). As we did not see it in operation it was difficult to assess if it seemed effective, but we appreciate the reasoning behind the system and feel that if carefully managed it could be beneficial to the smooth running of mealtimes.

**Menu System** There were again some differences in the opinions of patients about this across the wards we visited. Elderly care wards felt the process worked well for them. They were very positive about the help they are given and the staff who have gone the extra mile, to purchase sandwiches from elsewhere, for example, at the patients request. However in other wards the patients told us that they rarely saw a menu and that it was usually read out to them by a staff member, which made them feel rushed in making choices. The majority would prefer to see a menu to consider in advance. Some who had seen a menu found the format quite confusing.

We were informed that the menu system works on the basis that a predicted amount of each menu option is available to each ward, and although patients have been asked for their preferences, if their preferred option has run out, they will then be able to order the other options on the menu. Consequently several patients told us that they did not get their first preference meal as it had run out by the time they placed their order.

Several patients complained that portions were too large, while a few said they were not sufficient. We felt that it should be possible for staff to use more judgement in portion sizes once they had got to know patients' needs, ensuring that patients are not deterred by being served inappropriate portions and there is less waste. Some relatives also suggested that they could give more insight into what their relative would like to eat, and thus improve their nutritional intake, if they had the opportunity to do this.

**Quality of Food** A number of patients told us they felt the food was acceptable for hospital food but not appetizing. Some felt the vegetables were particularly unappetizing – such as hard cabbage and tough green beans. Several patients felt that they would appreciate fresh fruit more regularly, and the pots of tinned fruit offered were not a substitute and were often not available.

Some patients suggested that it would be good to have the option of a lighter sandwich/salad lunch, rather than main meal options twice a day.

One person commented that the Halal food was very good.

A vegetarian patient reported that there was very little choice for them, and they would have appreciated a larger selection of vegetarian food.

Some patients requested more detail about ingredients of meals should be available, e.g. meatballs contained pork which they were not aware of before they ordered the meal. We wondered if this was due to the patients not actually seeing the menu itself, and having had the options read to them.

Very few patients were aware that snacks were available between meals. Some commented that the time between lunch and dinner was very long and a snack would have been welcomed. A number of patients reported that friends or relatives brought food in to the hospital to supplement their diets. This was particularly fresh fruit, and where patients disliked the food on offer. Some said that they needed this additional food to supplement the food which was not to their taste.

**Serving of Food** We observed different systems of serving food. On one ward (10 North) the ward manager at the weekend served the food from the trolley. We felt that this made it difficult for them to have an effective overview of the whole mealtime on the ward.

On a couple of wards, the tea trolley went round before or during the mealtime, whereas patients would prefer tea/coffee after their meal.

We observed that main meals were covered when they were delivered to patients. However the puddings were not covered and if warm they had cooled significantly by the time the patient was ready to eat it. It would be helpful if the puddings could be covered as well to ensure they stay warm where appropriate.

**Specialist Diets** We spoke to three patients who had been told to follow specialist diets (high protein) as a result of their health conditions. They did not feel they had been supported in doing this whilst in the hospital and they felt they had not received sufficient information or menu options supporting it.

**Clearing Up After Meals** We observed in the majority of wards that finished plates were removed in a timely manner from the patient's tables. However on one ward (11S) they had not been removed an hour after being served although patients had finished well before then.

On two wards we observed notes being taken of how much patients had eaten, but this was not observed in all wards.

**Support for Eating** The teams were generally very positive about the support that patients were observed to be receiving at mealtimes. They generally saw patients being helped appropriately where it was needed. Where red trays were in use the patients were well supported in a timely manner.

**Refused Entry Visit** Our team of two volunteers were refused entry to 6 South stroke/neurology ward at 7am on Sunday 19 March. This was due to a misunderstanding within the hospital management and the ward staff had not been informed. This was very unfortunate and disappointing. The hospital has apologised for the inconvenience caused and are fully aware of Healthwatch's statutory right to undertake Enter and View visits within our protocol. We were not therefore able to observe a breakfast service at the hospital.

## Key Recommendations

As a result of our visits we have drawn together a list of key recommendations based on the feedback and observations:



1. Ensure that protected mealtime is operated effectively and adhered to on all wards.
2. Review if the green tick system is beneficial and if so, ensure that it is used and operated consistently on all wards.
3. Review the process of ordering/serving meals to ensure that all patients who wish to, have sight of a menu, and where possible preferred meals are available. This will ensure that all patients will be able to see details of ingredients in meals.
4. Explore if it is possible for relatives/carers who are closely involved in their relative's care, to support choices and portion sizes.
5. Vary portion sizes individually according to personal needs and preferences.
6. Ensure that hand wipes are available and opened for those who need that support.
7. Ensure that all patients are aware of the snack menu and its' availability.
8. Ensure that the tea trolley is in operation after meals have been finished.
9. Explore covering hot puddings when they are served to keep them hot until eaten.
10. To consider the needs of patients requiring specialist diets, for example protein rich or low sugar, to coordinate menus with a dietician, or specialist to ensure optimum nutrition is provided to aid recovery. Also to provide more variety for vegetarians.
11. To review the quality of meals to try and improve their appeal, particularly considering provision of fresh fruit and vegetables.
12. To ensure that staff are aware of Healthwatch and their statutory rights to undertake Enter and View visits to services.

## Final Comments

The volunteers who visited the wards were generally pleased with the care and support that they observed. The majority of patients and relatives that they spoke to were positive about care, though many felt that the food was just about adequate. With one exception, the volunteers were welcomed by the staff and their visits were facilitated positively by the ward teams.

We hope that the feedback will help the hospital improve the food service and can be taken into consideration when the services are developed/retendered in the future.

## Acknowledgements

We would like to thank all of the patients, their relatives and carers, staff and volunteers who helped facilitate these visits and gave us their feedback and suggestions.

A final thank you to the following volunteers who so generously gave their time and expertise in carrying out these visits and writing the reports. The volunteers who took part were: Derrick Edgerton, Ellen Collins, Tina Stanton, Monica Shackman, Margaret Peart, Alan Shackman, Janice Tausig and Jeremy Gold.

## Response from Royal Free Hospital

Following the submission of the ward reports and the summary report to the Royal Free, Healthwatch representatives met with the Director of Facilities and the Head of Patient Environment, a dietician, and the catering manager to discuss the findings and recommendations. This was a very constructive meeting and the Trust were very positive about the reports that had been produced.

We have received the following Action Plan from the Trust:

Findings	Actions	Action Owner
Protected meals times	<ul style="list-style-type: none"> <li>Reiterate to staff the use of the protected meal times stands</li> <li>Where necessary purchase new stands for wards that they are missing or damaged</li> </ul>	Matrons/Ward Manager/ HoPE
Green tick system	<ul style="list-style-type: none"> <li>Ensure consistent use of "Green ticks" across all sites</li> <li>Escalate to the Director of Nursing across all sites for to reinforce the importance for the use of green tick system</li> </ul>	DoN/Matrons/ Ward Manager/ HoPE/PEM
Menus	<ul style="list-style-type: none"> <li>Menus to be left at patient bed sides at all times</li> <li>OCS to provide menus for when menus go missing from wards etc.</li> <li>housekeeper and ward staff to request menus from OCS</li> <li>Staff assisting patients to read menus if required</li> </ul>	Housekeepers/ Clinical ward staff/ OCS patient feeding services  Ad-hoc audits HoPE/PEM/PEA
Food ordering and Quality of food	<ul style="list-style-type: none"> <li>Training to be provided for staff for food ordering</li> <li>OCS to provide training on the wards for staff members to understand portion control</li> <li>Staff to serve portions according to patients request</li> <li>Improve communication to all wards and staff as to what is available for patients and for Relatives of patients to be encouraged to view the menu and assist in meal choices for patient <ul style="list-style-type: none"> <li>➤ Menu choices</li> <li>➤ Lighter choice options</li> <li>➤ Snack menu</li> <li>➤ Fresh fruit</li> </ul> </li> </ul>	OCS patient feeding services/ PEM/HoPE  Clinical ward staff/Housekeepers  HoPE/PEM/OCS patient feeding services



Findings	Actions	Action Owner
	<ul style="list-style-type: none"> <li>➤ Menu fatigue options</li> <li>➤ Special dietary requirements</li> <li>➤ Salad choices</li> </ul>	
Specialist Diets	<ul style="list-style-type: none"> <li>• All specialist diets are requested via the dieticians, requests then sent to OCS caterers</li> <li>• OCS to provide training on the wards for staff members to understand portion control (including portioning equivalent amounts of carbohydrate and protein parts to a meal) Ensure milk is included on the snack menu and that patients are aware of what snacks are available/a snack menu available to patients</li> <li>• Dietitians to use nursing handover to highlight nutritional recommendations</li> <li>• If it is a patient's life choice of preferred food rather than a health condition the housekeeper or ward staff can organise with OCS catering department for the patient choices.</li> </ul>	<p>Dieticians/OCS patient feeding services</p> <p>OCS patient feeding services/ PEM/HoPE</p> <p>Dietitians</p> <p>Clinical ward staff/OCS patient feeding services</p>
Hand wipes for patients	<ul style="list-style-type: none"> <li>• Ensure that hand wipes are provided for patients,</li> <li>• Staff to assist with opening the wipes if required</li> <li>• Staff to highlight to patients wipes are available</li> </ul>	Matrons/ward managers
Serving patient Beverages	<ul style="list-style-type: none"> <li>• Beverages trolleys have set times for drinks to be served to patients, these times will be reiterated to all staff in the team meetings and also volunteers who may assist on occasions with beverage rounds</li> </ul>	DSM/PEM/HoPE Domestic/housekeeper/ Volunteers/clinical ward staff
Clearing up after meal service	<ul style="list-style-type: none"> <li>• Patient's trays should be cleared in a timely manner, reminders and training to be</li> </ul>	DSM/PEM/HoPE Domestic

Findings	Actions	Action Owner
	provided to Domestic staff about this issue.	
Hot desserts	<ul style="list-style-type: none"> <li>Review the meal service for two options <ul style="list-style-type: none"> <li>➤ Serve the main course and the dessert separately</li> <li>➤ To source a cover for the dessert to maintain the temperature while patient eating main course</li> </ul> </li> </ul>	PEM/HoPE/OCS patient feeding services

### Key People for Actions:

Director of Nursing on all 3 sites (DoN), Matrons, Ward Managers, Clinical ward staff, Head of Patient Environment (HoPE), Patient Environment Manager (PEM), Domestic Services Manager (DSM), Housekeepers, Domestic staff, OCS patient services, Dietitian teams and Volunteers.

## Enter and View Reports

### Report 1 – Ward 10 North – Elderly Care, 38 Beds

**Healthwatch Authorised Representatives:** Alan Shackman and Monica Shackman

**Dates of Visits:**

Wednesday 22 February 2017 – lunch

Saturday 4 March 2017 - lunch

**Patients/Visitors spoken to:** 9 visitors and 3 Patients

This report reflects the two visits that were made to this ward on a weekday and a weekend, both at lunchtime. As the ward offers care for older people it uses a menu that specifically supports older people and aids their recovery. (Known as HSEP Menu)

## Findings

**Phase 1: General Observations** The housekeeper explained to the team that the housekeepers are on duty from 7.30am to 3.30pm. They take orders from all of the patients in person in the morning. The food trolley and food is delivered to the ward at around 10am and is heated on the ward. The amount delivered is a 'best guess' of the actual requests based on previous experience, and if this is not correct the staff team have to manage the situation. When ready to serve, the housekeeper plates up the meals which are delivered to the patients by the nursing staff. A record of the amounts eaten by the patients is made on their records. The housekeeper does not work at weekends so the tasks have to be covered by the nursing staff. On our Saturday visit the nurse in charge took this task and plated all of the meals for the patients.

**Protected Meal Time** A sign was displayed explaining that 'protected mealtime' was in place and asking visitors to avoid this time. However 10 North has all day visiting and we observed visitors (some of whom were carers) assisting patients to eat, and this did not seem to be a problem. We did not observe any medical interventions during the mealtimes.

**Clearing Up after Meals** Most patients finished a good proportion of their meal. We observed staff recording how much had been eaten. We also observed a tray being taken back with nothing eaten but the nurse explained that the patient needed to eat little and they are given some liquid food and hydrated on a regular basis.

### Phase 2: Feedback from Patients

**Cleanliness/Hygiene** The ward appeared to be very clean. We only observed a couple of patients who were mobile and went to wash their hands before the meal. Patients were provided with wipes on the trays, but these were used inconsistently and they did not appear to be opened by staff if patients did not use them or understand what they were for.

**Support with Eating** We observed that patients who needed support into a comfortable position to eat, were supported by the staff member who brought their meal and not in advance. This meant that there was some delay in eating the meal so the food may have cooled by the time it was eaten. All food was placed within reach and where patients were clearly not able to open sachets etc. these were done for them.

Approximately 25% of meals were served on red trays and it was explained that patients were very much encouraged to be independent even if it meant it took a long time to eat the meal. Hence only those who really needed help were given red trays.

We observed one patient (not given a red tray) who was not able to feed himself and was not receiving support (this was identified to the nurse in charge).

**Quality and Choice of Food and Drink** Most patients were satisfied with the quality and quantity of food, and were generally positive about the nutrition and hydration.

We observed one patient asking for a sandwich from Marks and Spencers and a staff member went down to the M&S outlet to get one for them.

**Ordering System** As mentioned above the housekeeper talked the team through the process of taking orders and managing these against the food that is delivered.

Patients that we spoke to did not have any concerns about the ordering process and they told us that they saw the menu when the staff member took their orders in the morning.

**Dietary/Cultural Requirements** No particular issues were raised about these.

**Portion Size** People that we spoke to did not have any concerns about the portion size.

**Availability of Additional Snacks** We observed a fridge well stocked with snacks and supplements for patients.

Patients were aware that snacks were available.

**Friends and Family to Bring in Food** Some families/friends brought in food for patients but this did not appear to be as a replacement for meals.

## Recommendations

To ensure that meals are served in the most efficient way at weekends, particularly making sure that the ward manager is able to have a good overview of the whole situation.

## Conclusions

Most patients were satisfied with the food and service provided on this ward, and were very positive. The mealtimes appeared very well managed and the staff were very caring.

## Report 2 – Ward 9 West – HPB/Liver/Blood, 28 Beds

**Healthwatch Authorised Representatives:** Tina Stanton and Margaret Peart

**Date of Visit:** 1 March 2017 - lunch

**Patients spoken to:**

Number of patients observed: 10

Number of patients spoken to: 12

### Findings

#### Phase 1: General Observations

We noted that the menu for breakfast and a list of available snacks was pinned to the wall in the corridor. We were shown a list of food that patients had ordered for lunch; the food was heated on a trolley in the corridor which was timed to be ready at lunch time, and we observed individual servings being tested with a thermometer.

Initially when lunch was served each plate of prepared food was given to a waiting member of staff to take to patients, but once the first set of food was given out there were no staff ready to receive the second lot of plates which would not have then been at the same temperature as the earlier food. It seemed to be rather a laborious process. All of the plates appeared to contain the same amount of food, so that patients with smaller appetites were not catered for. When a meal was placed on a red tray, signifying that help would be needed by the patient, the person serving the food made a general request for someone to assist, rather than handing this to a designated member of staff.

**Protected Meal Time** We did not see a notice specifying a protected meal time, but there was a barrier in place around the food trolley. We noticed some medical staff on the wards during lunch time, but as many of the patients were not eating, they could have been seeing them.

**Clearing Up after Meals** The food we saw being cleared away on the whole, was collected in a timely way, we did not see any records being kept whether patients had eaten the food or not.

#### Phase 2: Feedback from Patients

**Length of Stay** This varied between one day to several months for some patients.

**Support with Eating** We observed two or three patients who needed assistance and they were made comfortable and helped to eat their lunch. We observed one patient struggling to remove the cellophane from their plate. On the day of our visit when a meal was prepared on a red tray, staff were heard to call for someone to assist the patient with their meal, rather than a designated member of staff being responsible for this task.

**Cleanliness/Hygiene** The ward appeared to be very clean, all patients were provided with wipes on a tray with their food. One patient told us that they could not use the wipes as it upset their eczema, and another patient told us that they preferred to use their own wipes.

**Quality and Choice of Food and Drink** One patient told us that the food was all ok and the staff were very nice, but on the whole people did not find the choice of food to their taste. Most of the patients were seriously ill, with poor appetites and often missed meals because they were not hungry, or 'nil by mouth'. One patient who had been in for several weeks said the menu was the same every week and there was little variety, another told us it was repetitive and bland. Another patient told us that on one day the choice was cottage pie for lunch and shepherd's pie for dinner, virtually the same meal.

One vegetarian told us there was very little choice for them. The choice at lunch time was for a cooked meal, with no sandwiches on the menu, patients told us that if they asked for a sandwich there was little choice, several patients told us that they did not know that they could order sandwiches at lunch time.

One patient told us the food was not to their taste as it was too spicy. A couple of patients told us that the vegetables were too watery. Patients told us there was no fresh fruit on the menu, if they asked, sometimes they would be offered a banana. Little pots of tinned fruit were available but one patient said it was either peaches or pineapple, they didn't eat pineapple but were often given that as the peaches had run out; another patient told us that they frequently asked for fruit juice, this was rarely available as it had run out.

We observed the tea trolley arriving at different stages of the meal to the bays; patients told us that the tea trolley often arrived before or with the main meal, rather than after the meal when they would like it.

Several patients told us that the water jugs were only changed once a day unless they asked for this to happen more frequently, and they were not filled up to the top.

**Ordering System** Most patients told us the ordering was quite straightforward, they were not all given a menu, some just had it read out to them. One person told us they felt rushed when ordering their food.

**Dietary/Cultural Requirements** One patient told us that he had to take medication with his food, and that breakfast was served at 8.30am and the evening meal at 6pm, so no food was served for the 14 hours in between, this patient had to ask for a sandwich before breakfast so that he could take his medication.

Three patients on the same ward told us that the dietician had told them they needed a protein rich diet, but this was not served to them. Lunch that day had been a pasta dish with tuna, which was mainly pasta with very little tuna. One had asked for additional cheese, which again had been a tiny portion. The dietician had told one patient they could ask for a glass of milk whenever they wanted, this patient only found this out weeks after they had been in hospital.

One patient with diabetes said that the food was not really suitable for his diet. We asked if he had seen a specialist doctor or dietician who could advise on a suitable diet to adjust his insulin to cope with additional food, as he wanted to put some of the weight back he had lost, but he said not.

**Portion Size** Many patients on this ward complained that the portions were too big, and we observed the same amounts of food being given to everyone. One patient told us that on the whole they ate one third of the meal. It would be beneficial for patients if their individual requirements could be taken into account when serving food.



**Availability of Additional Snacks** There was a list in the corridor showing additional snacks that were available, but only one patient of the 12 that we spoke to, who had been told this on the day we visited, knew about this. One patient told us they had been in for 19 days and had found out that day that they could ask for additional snacks – she had asked for cheese and biscuits, but they had run out and more would be obtained later that day. One patient told us that if they asked for an additional sandwich ‘some staff were not pleased’.

**Need for Friends and Family to Bring in Food** Several patients told us that they had food brought in for them, as they could not eat the meals provided. Some patients had fruit brought in for them.

**Any Occasions When Meals Have Been Missed** Patients who missed meals were generally offered a sandwich on returning to the ward.

### General Comments

Patients told us that the food did not look appetizing which would not tempt the palate of people with poor appetites. Several patients told us that food they had received in other hospitals, had been much better with much more choice. One patient complained that the cutlery was ineffective and the knives did not cut.

## Recommendations

- To allocate a member of staff to assist patients using red trays
- To consider the needs of the patients with poor appetites, and provide them with smaller portions, and see if food could be made to look more appetising.
- To consider the needs of patients requiring specialist diets, for example protein rich or low sugar, to coordinate menus with a dietician, or specialist to ensure optimum nutrition is provided to aid recovery. Also to provide more variety for vegetarians.
- To provide more choice including sandwiches at lunch time, and ensure that food (such as cottage pie and shepherd’s pie) is not served on the same day.
- To consider providing water based hand wipes suitable for all patients.
- To ensure that the tea trolley arrives after the main meal is served.
- To provide fresh fruit.
- To change water in jugs more than once a day and to ensure they are properly filled up.

## Conclusions

Generally speaking we found the staff helpful, and the system of heating the food on the ward good, as it ensured that food was hot, as long as it was served promptly.

The patients on this ward were quite poorly, often with poor appetites and many would miss meals because they were not hungry. Some patients said that the food was satisfactory, but the majority did not find the choice of food to their taste. This could be improved significantly by adding sandwiches and fresh fruit at lunchtime, and ensuring that people with poor appetites were given smaller portions. It would

also be beneficial to review the menus to include more variety between the lunch and evening meals. Also to coordinate menus for patients who require specialist diets to ensure they received optimum nutrition to aid their recoveries.

### Report 3 - Ward: 7 West – Surgical, 28 Beds

**Healthwatch Authorised Representatives:** Tina Stanton and Margaret Peart

**Date of Visit:** 28 February 2017 – evening meal

**Patients spoken to:**

Number of patients observed: 16

Number of patients spoken to: 10

## Findings

### Phase 1: General Observations

The food was heated on a trolley in the corridor which was timed to be ready at the specified time. Staff were lined up in aprons ready to distribute food to the patients in an orderly and efficient fashion.

**Protected Meal Time** There was a barrier in place and a notice stating the start and finish of the protected meal time which appeared to be strictly adhered to.

**Clearing Up after Meals** The food we saw being cleared away on the whole, was collected in a timely way, we did not see any records being kept whether patients had eaten the food or not.

### Phase 2: Feedback from Patients

**Length of Stay** This varied, some patients had only arrived that day, but one patient had been there for 50 days.

**Cleanliness/Hygiene** The ward appeared to be very clean, all patients were provided with wipes on a tray with their food.

**Support with Eating** We observed two or three patients who needed assistance and they were made comfortable and assisted to eat.

**Quality and Choice of Food and Drink** Most patients were satisfied with the food, saying it was acceptable for hospital food. One patient said 'beggars can't be choosers'; two commented that the vegetables were watery, and one said the butter was melted; one said that the soup was always cold.

Patients told us there was no fresh fruit on the menu, when one asked they were given an apple. Little pots of tinned fruit were available. We observed the tea trolley arriving at different stages of the meal to the bays; patients told us that the tea trolley often arrived before or with the main meal, rather than after the meal when they would like it.

**Ordering System** Most patients told us the ordering was quite straightforward, some were given a menu, while others had the menu read out to them.

**Dietary/Cultural Requirements** One patient told us that they had ordered the meatballs from the menu, but when they arrived this contained pork which she did not eat.

Two patients, both Greek Cypriots told me that the food was not to their taste at all and they found it difficult to eat anything so relatives brought food in for them

**Portion Size** Some patients told us that the portions were too big, but one patient told us they were always hungry and there was not enough. They had been given fish and chips on Sunday and counted 8 chips in their portion.

**Availability of Additional Snacks** Only about half of the patients that we spoke to were aware that they could ask for additional snacks.

**Need for Friends and Family to Bring in Food** Some patients told us that they had food brought in for them, as they could not eat the meals provided. Some patients had fruit brought in for them.

**Any Occasions When Meals Have Been Missed** Patients who missed meals were generally offered a sandwich on returning to the ward.

## Recommendations

- To specify on the menus and tell patients if food contains pork.
- To ensure that the tea trolley arrives after the main meal is served
- To consider the portion size in relation to each patient to reduce wastage and cater for those with bigger appetites.
- To provide fresh fruit

## Conclusions

Most patients were satisfied with the food and service provided on this ward, the few recommendations that we have made would improve things for all patients.

### Report 4 - 6 South (Stroke Ward)

This visit was planned to observe breakfast on Sunday 19 March 2017

The two Enter and View volunteers arrived at the ward at 7.15am and presented themselves to the ward manager at this time to introduce themselves and to start the visit. Unfortunately, the ward manager had not been briefed by the hospital management team that a visit by Healthwatch Barnet may have been taking place that day, and did not allow the volunteers to start the visit. The volunteers had photo identity badges with them and introductory letters as agreed with the Head of Facilities at Royal Free Trust, but were still not allowed to enter. They spoke with one of the nurses for some time while waiting for the ward to contact the site managers. They were again informed that they could not undertake the observations or talk to patients, but were asked to wait to speak to the site manager. By this point the breakfast service which they had come to observe was completed. They waited for 20

minutes further for this to happen but when the site manager had not arrived they left, only to be called back as they reached the lift that the Site Manager was on his way up to meet with them. They returned but when the Manager had not arrived after a further 15 minutes they insisted on leaving.

Healthwatch have a statutory right to undertake Enter and View visits and this visit and date had been pre-arranged with the Head of Facilities/ Director of Nursing/Director of Facilities at the Trust, so it was frustrating and disappointing that entry was refused.

We have received an apology from the Divisional Nurse Director- Urgent Care/ Deputy Director of Nursing, who explained that the information about the visits had not been communicated due to a misunderstanding.

### Report 5 - Ward 11 South - Haematology & Oncology, 19 single rooms

**Healthwatch Authorised Representatives:** Janice Tausig and Jeremy Gold

**Date of Visit:** Monday 20<sup>th</sup> March 2017 - Evening Meal 6 to 7pm

**Patients spoken to:**

The team specifically observed 8 rooms and talked to 8 patients and 5 relatives.

## Findings

### Phase 1: Our Observations

**General** This ward comprised 19 single rooms, each with a large lobby (thus two doors) between the corridor and the bed. This arrangement made it difficult to view what was happening without being intrusive. This limited our observations compared with what is possible when beds are arranged in bays, and we were as sensitive as possible to ensure that we did not disturb patients who did not wish to talk and waited until they had finished eating unless invited in by relatives.

The ward notice board showed that four nurses were rostered for this shift, but only three were on duty on this evening.

Most lobby and room doors were left partially open, and staff took no particular hygiene precautions before entering patients' rooms. The use of such rooms makes it more difficult for staff to observe and interact with patients, and more difficult for patients to attract attention if their call bell is not answered promptly.

**Protected Meal Time** We did not see any notice placed at the ward door explaining Protected Mealtime was in place. On further examination when leaving the ward the team did see a general notice on the wall inside a window casement in the ward explaining Protected Mealtimes but it was surrounded by other notices and was not prominent so the public would easily have missed it. Some relatives were sitting with patients.

During the mealtime two doctors visited a patient who had been admitted during the morning - on being asked about this the patient said they had finished eating when they visited and they had no complaint about it.

**Clearing Up after Meals** Although meals were finished, trays had not been cleared at 7pm – an hour after start of service.

The volunteers were told that the 'Green Tick' system was usually in use on the ward but was not being done that day as the cards had not been received. The green tick system is a process where when the meal is finished, the plastic card on which is a green tick, was placed on the tray to let the Nurse know the tray could be removed. We were unclear how these cards were cleaned and kept hygienic.

## **Phase 2: Feedback from Patients**

**Length of Stay** Patients had been in the ward for a variety of timescales from that day arrivals to someone who had been there for more than 2 weeks.

**Cleanliness/Hygiene** The team asked patients if they had the opportunity to clean their hands before eating. Two hand wipes were provided on each tray and all patients were aware of these and where necessary they were used.

**Support and Assistance with Eating and Drinking** Staff placed meals on the patients' mobile tables and ensured that both food and water were within reach, except for one observed case where the table was full so the meal tray was placed on the bed. We did not observe staff helping patients to sit up and most appeared to be eating their meal from a semi-prone position. However when we asked patients, all except one stated that they felt they had been helped into a suitable position. None of the patients spoken to complained about this. One patient commented that if meals or drinks were not left within reach and ready for eating they would call for a nurse who would come quickly.

In all but one case, water was at the bedside and easily within reach of the patient.

We observed that puddings were not covered when the trays were delivered, though the main course is. As patients often eat slowly the hot puddings were cold by the time the patients got to eat them.

Nursing staff were seen to assist two patients to eat. We also observed some relatives sitting with a patient, and they had stopped the Staff assisting the patient as they said the patient was able to eat by themselves.

Only one red tray was observed and this patient had relatives with them at the time, so Staff were not supporting them.

**Quality and Choice of Food and Drink** We received mixed feedback about this. One patient who had been in hospital for a week said they felt the choice was limited and repetitious. They felt the food was sometimes served up congealed. They had been asking for ice in drinks as they were dehydrated and trying to increase liquid intake, but it had taken a week for this to happen.

Another patient told us soups and puddings are OK, but main courses are not appetising. "This is a problem as I have loss of appetite and need to 'feed up' prior to chemotherapy. Have mentioned this to doctor, who replied that that's what hospital food is like."

Two/three people said that regularly the meal that is ordered is not what is received.

Another patient's relatives said that the patient did not eat or drink for the first one to two days. The family then intervened and pointed out what the patient did and did not

like. Food presented is now quite acceptable – despite the fact puddings are served lukewarm to cold.

Another patient said the food was not always acceptable as he found it too spicy.

**Ordering** Some patients told us that they did not always see the menu or that it was quite confusing and difficult to use. Some others told us that the menu was read out to them and they were helped to choose and they were happy with that. One felt that the ordering process put them under pressure and was too rushed.

**Portion Size** Three patients told us the portions were too large, and that they found this off-putting. “It’s too much for people after a major operation. Would much prefer smaller portions.”

**Availability of Snacks** One patient had read about snacks being available but the rest were not aware and had not been told, though some commented that biscuits were sometimes brought round with the tea trolley.

**Need for Friends and Family to Bring in Food** Several friends and family brought food in for patients – sometimes to try and boost the amount being eaten and sometimes as the patient was not keen on the food served.

**Any occasions when meals have been missed** One person told us they had missed a meal as they had to go for some treatment, but it was kept and warmed up for them on return to the ward. Another said when they had missed meals an alternative was found for them.

## Recommendations

1. Staffing levels should be maintained at the level specified. Staff appeared rushed in coping with the needs of patients.
2. It was not clear that the patients in this ward clinically needed single rooms and we wondered if a ward with single rooms is regularly used for patients who do not clinically require them, consideration should be given to re-allocation of bed space or re-configuration of the wards.
3. Explore improving the choice and quality of particularly the main courses.
4. Explore covering puddings when they are taken to patients to ensure they stay hot until they are eaten.
5. Staff to encourage patients to use hand wipes before eating – perhaps by opening them for patients.
6. To review the meal ordering process and ensure where appropriate menus are given to patients in font/print that is clear, and the information is easily understood. The use of pictures may also be beneficial, and some note about portion size be taken.
7. Ensure that all patients are advised that snacks are available, and how to access them.
8. Ensure that if the Trust feels that the ‘green tick’ system is effective, it is used consistently in all of the wards.



## Conclusions

The meal service on this ward was technically efficient, but we felt that the staff were under a lot of pressure and were therefore rushed in the care that they were giving. Some patients were very positive about the senior staff on the ward and most felt that the care and support was fine.

**Report 6 - 10 East (Renal Ward), 4 bays + 10 beds  
and 10 South (Renal Ward), 30 beds in bays and single rooms**

**Healthwatch Authorised Representatives:** Derrick Edgerton and Ellen Collins

**Dates of Visits:** 14<sup>th</sup> April Evening meal (10E) and 23<sup>rd</sup> April Lunch (10S)

Our views and observations were similar on both visits and hence are recorded together. As these wards care for patients with renal issues the food offered is from a specialised renal menu.

## Findings

### Phase 1: Our Observations

**General** The food is delivered from the central source and heated (regenerated) on the ward. The timing is automatically controlled. When ready a member of the nursing staff (assisted at lunchtime by ward orderly) takes the food out of the oven. Before opening those containers, the temperature is checked (no recording of temperatures is noted).

Available nursing staff came to assist (putting on plastic disposable aprons).

Trays of food were made up according to list of orders and taken to the patients.

On 10E the food serving trolley was located adjacent to the servery, on 10S the servery was in a different corridor. Hot food was served from the serving trolley and if a cold item (e.g. yoghurt) required, this was got from the fridge in the servery.

Each tray had on it cutlery, napkin and two wipes in foil. We did not observe many wipes being used but saw some staff members opening them for patients who were not able to open them.

**Protected Meal Time** On both occasions there was no signage at the entrances to the wards to indicate that a meal was being served. Whilst both wards did have a "Protected Mealtime" sign, this was used internally. Some clinical work (examinations, dialysis) was observed to be going on.

**Clearing Up after Meals** Once meals were finished, trays were cleared away by Healthcare Assistants in a suitable timeframe.

### Phase 2: Feedback from Patients

**Length of Stay** Length of stay varied from 2 days to several weeks. One individual had at one stage been an inpatient for 7 months.

**Support with Eating** Staff were seen to be assisting individuals to eat, but only one red tray was observed to be given out on either visit.

**Quality and Choice of Food and Drink** The majority of individuals we spoke to on each occasion stated that the food quality was adequate, although some comments were passed over the state of the vegetables (cabbage hard, green beans tough). The food we saw looked and smelt appetizing. A few individuals said that after a while the food got monotonous.

These wards were renal wards so the food was tailored somewhat to that.

**Ordering System** The ordering system was confusing. It appeared to work as follows: The kitchen sends up the relevant number of meals (say 24) comprising 3 choices (e.g. 8 x A, 8 x B, 8 x C). A nurse goes around asking each patient what they would like. So the first patient gets a choice of A, B or C, but when all of A has gone the choice is B or C. We were also told that occasionally, the list of contents in the ovens, is not the same as what actually it is. So instead of 8 x A, B & C one might find 10 A & B and only 4 C.

This ordering system has apparently been in use for many years.

We were told by patients that they did not necessarily see a menu, but that a member of staff came round and told them what meals were going to be available and they made a choice on this basis. On occasion they were not offered what they had ordered, due to the system used as described above.

**Dietary/Cultural Requirements** One individual stated that the Halal food was particularly good.

**Portion Size** General portion size appeared variable. There were some comments that the portion size was too small, other comments that they were too large. On both occasions, there appeared to be a lot of food left over although some components (particularly deserts) were insufficient. There appeared to be confusion about the supply of gravy and custard, whether it was supplied centrally or produced on the ward.

**Availability of Additional Snacks** There appeared to be little knowledge that snacks were available (one diabetic patient stating that the period between dinner (6pm) and breakfast (9am) was too long).

**Need for Friends and Family to Bring in Food** We did not hear of any relatives bringing in food (apart from snack items).

**Any Occasions When Meals Have Been Missed** A new arrival was offered a meal within 30mins of being on the ward, choice being limited to what was available.

**General Comments** The overall impression was that the ward staff knew their patients and their likes and dislikes (comments like “they need lots of gravy”, “likes a small piece of sponge but lots of custard”).

## Recommendations

1. Consider reviewing the ordering system to be able to more accurately reflect the patient's requests in more cases.
2. Consider reviewing portion control to reduce wastage, and encourage all patients to eat well.

## Conclusions

We were welcomed on both wards by staff who were happy to talk to us, and who knew and cared for their patients.

Overall, the patients appeared to be content with the food. The recommendations we are making are there to make things even better.

*These reports relate only to the service viewed on the dates of the visit, and are representative of the views of the staff, visitors and patients who met members of the Enter and View team on those dates.*