

**Enter & View**

**Queen's Hospital, Romford**

**In-patient meals**

**Second visit**

**4 & 5 October 2017**

## Findings of visit, 6 October 2016:

“The conduct of the mealtime at both the Bluebell and Harvest wards was satisfactory: food was served in adequate portions, seemingly in accordance with patients’ orders and assistance with eating was available to those needing it. In Sunrise B ward, however, the story was very different: the food on offer was limited to “meatballs and potato”, there were insufficient staff available to assist all patients with feeding, some patients’ ability to move had been restricted for their own safety (but, by doing so, their ability to take food had been likewise restricted), and the food was indifferently served because the nursing and HCA staff were too stretched to attend properly to every patient.”

# NHS England Nutritional Standards (1)

1. Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored.
2. Together with each patient or service user, create a personal care/support plan enabling them to have choice and control over their own nutritional care and fluid needs.
3. Care providers should include specific guidance on food and beverage services and other nutritional & hydration care in their service delivery and accountability arrangements.
4. People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.
5. Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).

## NHS England Nutritional Standards (2)

6. All health care professionals and volunteers receive regular training to ensure they have the skills, qualifications and competencies needed to meet the nutritional and fluid requirements of people using their services.
7. Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24 hours a day, every day.
8. All care providers to have a nutrition and hydration policy centred on the needs of users, and is performance-managed in line with local governance, national standards and regulatory frameworks.
9. Food, drinks and other nutritional care are delivered safely.
10. Care providers should take a multi-disciplinary approach to nutrition and hydrational care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.

## Visit on 4 and 5 October 2017:

- To follow up 2016 visit
- To observe current meal service arrangements in wards
- To observe collection of food from storage and its distribution to wards
- We visited **Harvest A, Sahara A and B, and Sunrise B** on **4 October**
- A team accompanied food distribution on 5 October

## Findings of visit, October 2017:

### Mealtime arrangements greatly improved - but:

- Drinks containers and cutlery inadequate for some patients
- No encouragement for some patients to take regular drinks
- Confusion about range of menu choices
- “Hostesses” seemingly unaware of key issues such as infection control
- Lack of teamwork between Sodexo and BHRUT staff
- Lack of flexibility over food available - no small portions, special dietary requirements (catered for but in an unimaginative way)
- Confusion over ordering deadlines
- Failure to enable patients to make informed choice of food

## Recommendations:

- Improve training for hostesses - especially infection control and general approach to tasks
- Improve co-operation between Sodexo staff and BHRUT staff
- Review food ordering procedure, clarify deadlines and enable capable patients to make their own choices
- Review food on offer to address special dietary requirements flexibly and avoid overwhelming food choice
- Accord greater priority to maintaining hydration

## BHRUT response and actions:

Recommendation: *Improve training for hostesses - especially infection control and general approach to tasks*

- Additional training programmed for Sodexo staff, with Ward Manager tasked to supervise and report failings
- Training programme for new hostesses being introduced, with particular attention to hygienic food handling and standardised approach
- Sodexo introducing “infection control passports”: all hostesses to be trained by end of May



## BHRUT response and actions:

Recommendation: *Improve co-operation between Sodexo staff and BHRUT staff*

- To be discussed at liaison meetings
- Hostesses to be invited to ward huddles and team meetings
- Patient Experience team attending meal tasting sessions and feeding back to Sodexo and ward

## BHRUT response and actions:

Recommendation: *Review food ordering procedure, clarify deadlines and enable capable patients to make their own choices*

- Clarified that deadline for ordering is **10:15am**
- Menus on every bedside locker, with additional options in holders in central ward area
- Supervisors to check daily availability of menus
- Mealtime testing by Sodexo and Patient Experience team to check patients have menus in advance

## BHRUT response and actions:

Recommendation: *Review food on offer to address special dietary requirements flexibly and avoid overwhelming food choice*

- Menu options are reviewed monthly
- 17 menu ranges available

## BHRUT response and actions:

Recommendation: *Accord greater priority to maintaining hydration*

- Water jugs are topped up regularly
- Ward staff to monitor and refill if needed
- Reminders to be added and documented as part of morning huddle
- Management to check regularly

## BHRUT response and actions:

Other issues identified in report (1):

- Catering Department corridor has been cleaned: scrubbed at weekends and mopped daily
- Additional scrubbing arranged as required
- Sodexo to check monthly

## BHRUT response and actions:

Other issues identified in report (2):

- Faulty dishwasher repaired
- Reminder given of correct procedure for reporting defects via host huddles