

ENTER AND VIEW VISIT MEALTIMES – 6TH OCTOBER 2016

1 INTRODUCTION

Healthwatch Havering is the local consumer champion for both health and social care. Their aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally. Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

2 HEALTHWATCH HAVERING REPORT 6TH OCTOBER 2016

Healthwatch authorised representatives undertook a visit to several wards at Queen's Hospital to enable Healthwatch members to observe the delivery and presentation of the midday meal, the help available to those patients who need assistance with feeding and how patients with varying needs copied with their meals.

Following on from that visit, Healthwatch Havering met with senior staff from the hospital and its catering contractor to discuss various issues, emerging from both the enter and view visit and earlier patient reports.

3 BACKGROUND

The following wards were visited:

Harvest A & Sunrise B are both 31 bedded acute medicine wards specialising in care of the elderly. There are 4 Consultants responsible for these wards, with nursing staff including a Matron and a Senior Charge Nurse/Senior Sister.

Bluebell A & Bluebell B – are both 28 bedded specialist medicines wards specialising in respiratory. There are four Consultants responsible for these wards, with nursing staff including a Matron and a Senior Sister.

The catering services at Queen's Hospital are provided by Sodexo Limited, on average 2,200 meals are prepared and served each day.

4 BHRUT RESPONSE TO HEALTHWATCH HAVERING REPORT

Although there were no specific recommendations contain within the report we would like to take the opportunity to address any areas of concern where improvements can be made to enhance patient experience during meal service.

4.1 GENERAL FEEDBACK

The 'Feeding buddy' scheme was relaunched and re-branded to 'Mealtime Assistants' in February 2017 to date we have 27 Mealtime Assistants, which consist of 15 volunteers and 13 staff members who volunteer their time during the lunch period. They have attended the awareness program and are now supporting wards during meal times. Further training is scheduled for June 2017 and future dates planned throughout the year.

There are five required standards for NHS hospital food in England as set out in the NHS standard contracts for hospitals. These 5 standards are:

1. The 10 Key Characteristics of good nutrition and hydration care, NHS England
2. Nutrition and Hydration Digest, the British Dietetic Association
3. Malnutrition and Universal Screening Tool, BAPEN
4. Healthier and More Sustainable Catering – Nutrition Principles, Public Health England
5. Government Buying Standards for Food and Catering Services (GBS), the Department for Environment, Food and Rural Affairs.

Dietitians are not involved in weighing patients: Ward staff weigh the patient and calculate the patients MUST score and if necessary, refer the patient to the dietitians.

New meal ordering system is not working - The new meal ordering system has been reviewed on a regular basis and any recommendations/ issues raised by the Trust have been picked up. We believe that the initial issues are resolved, however we are currently working with the patient dining group to explore different ways to order for the care of the elderly wards.

4.2 BLUEBELL A & BLUEBELL B FEEDBACK

Dietary needs and ethnic menus on the wards: There are a large number of menu's available to meets the cultural and medical needs of our patients. Further promotion of the menus was conducted during Nutrition and Hydration week in March 2017. We are also including a list of the various menu options on the main menu that is currently accessible on the wards so that patients and relatives are made aware of what is available.

No fresh vegetables available - The food service at Queen's is cook chill and the majority of the vegetables are cooked from fresh at our suppliers factory and chilled before delivery, however some vegetables such as peas and mixed vegetables are a frozen product. Fresh fruit is available to choose at every meal service.

A patient comment that food was appalling with little nutritional value and juice cartons were coloured sugar water - All menu items are agreed with the Trust dietician for nutritional content during the menu planning and reviews.

4.3 HARVEST A FEEDBACK

The meals were arriving late on the ward - the staff explained that on the day of the visit there was a problem in the kitchen and this caused the delay. When this happens patients are offered fruit and snacks. The time of delivering meals are now very closely monitored by the Matron and any delays are reported to Sodexo Management.

There was only one person dishing the meals onto the plates from the trolley - this has now changed. The ward ensures that at least two members of nursing staff are involved in dishing out the meals alongside Sodexo Hostess. The other members of staff are required to help patients with eating and drinking during Protected Meal Times, the ward has protected meal times between 12:00-13:00 and 17:00-18:00. Staff members are not allowed to have breaks during these times and they are required to assist patients with feeding. The Ward Manager ensures that band 6 nurse takes a lead on serving food to the patients every day.

Both main and desert were served at the same time and this took some time to reach the patients - the ward



has now introduced “meal by meal” serving for the patients. The main meal is always served first and the desert follows as soon as patients finish with the main one.

Patients in the side rooms were last to receive their meals and they seemed to have a long wait before being served - patients in the side rooms are now being served at the same time as patients in the main ward areas

4.4 SUNRISE B FEEDBACK

The only food available was meatballs and mashed potato (classed as a soft food) - the ward is now offering more choice for the patents and this includes soft food. There are currently 3 soft main course choices on the normal menus daily and 2 hot options for dessert and one cold. In addition to this we offer a dysphasic menu which consists of soft choices

It was concluded during the visit that there were not enough staff available to feed every patient their food - the ward follows Protected Meal times and all members of staff are required to be present and assist patients with feeding during these times. Staff members are not allowed to have their breaks during these times and patients do not go for CT scans and others investigations. This is a designated time for the elderly patients to have their meals. Food serving is always lead by the senior nurse (band 6 and above).

There is only one kitchen assistant trying to order food for the patients electronically using tablet - the food ordering is now being done not just one member of Sodexo staff, but nursing staff also assist with this activity. This allowed facilitating food ordering for all patients on the ward. Patient who are able to perform this task themselves are encouraged to do so. When the system was introduced the host was responsible for ordering of 60 patient meals on review this was changed in January 2017 to each host taking 30 orders

One patient was served chicken which she did not like for the entire stay on the ward - food is now ordered in the mornings and if the food does not meet patients’ expectations, it is being changed. The Ward Manager was not made aware that patient was served wrong food for the duration of her stay as this had not been escalated to her. The Ward Matron also ensures and randomly checks if the right patient is served the right food he/she ordered.

Gluten-free cake was given to the patient who did not require special diet - issues regarding wrong food being served to the wrong patients were addressed by the Ward Manager Karuna with immediate effect. If this happens as a result of the human error, the wrong food is disposed of and the right food is given to the right patient.

Condiments were available on the trolley but not used - all patients are now being asked if they would like any condiments and they are available to all patients upon request.

There was no evidence that dietary requirements were within easy view of the staff, such as discreet notices above the beds - the Ward Manager and unit Matron now ensure that patients’ white boards are being updated at least twice daily with regards to patients’ dietary requirements. Night staff also ensures that extra checks are performed in the early hours of the morning to ensure that the patients receive the right diet throughout the course of the day.

Water jugs suggested that not all patients were drinking sufficient water to remain properly hydrated - not all patients require their fluid intake to be closely monitored, however, patients admitted with dehydration and kidney injuries require their fluid intake to be closely monitored. These patients are put on fluid charts and their input and output is closely monitored. The Ward Manager ensures that fluid charts and comfort rounding charts



are filled out properly and accurately.

It was felt that patients were not offered choice of food they had - the ward now ensures that all patients are getting the right food of their choice (whether of religious nature such as halal or kosher or of the personal nature such as vegetarian or vegan). The Ward also offers food of a medically - necessary or non-allergenic nature such as gluten free or nut free diet.

5 CONCLUSION

We would like to take the opportunity to thank Healthwatch Havering for undertaking this Enter and View visit and for the feedback provided in the report. We are aware of some of the issues identified and are managing these as part of the on-going aim to improve patient experience in relation to meal times.

