



6 Ward Reports
from
Enter & View Visits
in June 2015.



Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Ward title and description: Beech Ward orthopaedic

Number of beds and bays: 2 female bays, one male bay, several separate side wards

Healthwatch Authorised Representatives:

Names of Representatives: Tina Stanton

Viren Shah

Dates of Visits: Wednesday 17 June - lunchtime

Sunday 21 June – evening meal

Patients spoken to:

Number of patients observed:

Visit 1: 3 Bays observed - 2 female, 1 male - 6 beds in each - 2/3 side rooms

14 patients, 4 with visitors

Visit 2: 3 Bays observed - 2 female, 1 male - 6 beds in each - 2/3 side rooms

10 patients, 6 with visitors

Introduction

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The findings of these visits and some recommendations were shared with the Director of Nursing at the time. The acquisition of the hospital by the Royal Free London then took place and the report and its findings were discussed with the new Director of Nursing. A number of the recommendations have been taken on board and significant work has been done by the management team to prioritise the mealtime experience for patients and to promote the importance of food and nutrition in the recovery of patients. We therefore felt it would be useful to undertake some return visits to the hospital to investigate how mealtimes are currently being run and to gather some feedback from the patients and their relatives/carers on how they have found their experience.

Therefore Healthwatch Barnet have arranged for a team of Enter and View volunteers to visit 6 wards at Barnet Hospital, again on a variety of days and times to observe the mealtime, and to talk to patients and relatives/carers and staff.

Methodology

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days of the week including weekends. The Director of Nursing was informed of the dates of the visits, and the names of the volunteers involved, but was not informed of the wards that they intended to visit or the visit 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.

The first part of the 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, when the volunteers spoke to patients and any relatives and carers and asked a set of standardised questions about their experience and opinions of the food and support to eat that they received during their stay in hospital.

This information has been collated and reported in a ward summary report for each ward, and all of the information is summarised in one overall report. Where appropriate some recommendations have been made resulting from the visits. The ward reports were sent to the Director of Nursing for her comments and to check for factual accuracy. The summary report and the final versions of the ward 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.

All visits took place in June 2015.

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

When we visited at lunch time, in general patients were already sitting up and ready to eat. A couple of patients were asleep, but staff did wake them and help to get them ready to eat.

For Sunday evening we had been told that supper started at 6pm, but the notice on the door said the protected meal time was from 5.30 – 6.30, so when we arrived at 5.45 people were already eating.

On Wednesday we observed one patient having their hands wiped by a helper with a hand wipe. Hand wipe sachets were left on all of the trays, and we saw some patients using these after the meal to clean their hands, but none of them used them before eating.

On the Sunday visit, there were no sachets left on any of the trays, and we did not observe any patients being helped to clean their hands.

The majority of the patients that we spoke to said they were not asked if they wanted to clean their hands prior to eating and thought that the sachets on the trays were for cleaning their hands after the meal.

We observed some sachets and drinks being opened by staff, one relative commented that it would be helpful if straws were provided to pierce the foil lids of the orange drinks.

Another patient commented that she had observed a patient who was eating with difficulty 'chasing their plate around the tray' and that it would be helpful if a rubber mat could be provided to prevent bowls slipping when patients had difficulty eating.

We saw a couple of patients who were reluctant to eat being encouraged, but did not observe any alternatives being offered.

Protected Meal Time

On Wednesday lunch time the meal was due to start at 13.00, but when we arrived at 12.50 people were already eating. There was a sign that said it was a protected meal time so that people were aware of the restrictions. We saw one relative sitting with a patient who told us that they wanted to be there to ensure that their relative did eat.

One relative arrived on Wednesday lunchtime when a patient using a red tray was being helped to eat. He was asked by staff to wait outside until the meal had finished.

Sunday Evening - we had been told that supper started at 6 in the evenings, but the notice on the ward door said the protected meal time was from 5.30 – 6.30 and when we arrived at 5.45 patients were already eating. There were lots of relatives sitting with patients, so we were not sure if the protected meal time applied to relatives.

Clearing Up after Meals

On the Wednesday lunch time this was done in a timely way and not rushing. On Sunday evening we observed the hostess who asked for a plate from a patient who was eating very slowly, and his daughter asked them to leave the plate as he was still eating.

Phase 2: Feedback from Patients

Length of Stay

This was very varied on Beech ward, as it dealt with hip replacements and other major surgery; some patients had been there for up to 4 months, others were there for a couple of days.

Support with Eating

On Sunday evening, one patient had a red tray brought, but then waited for 20 minutes before someone came to assist with eating, by which time the food would have been cold. This patient kept the food in his mouth and the helper had to repeatedly tell the patient to swallow his food. He was a high risk patient who did not eat much of the food in his tray.

We did notice staff noting down on charts for two patients when food was not eaten (once on Wednesday and once on Sunday evening)

Quality and Choice of food and drink

This was very varied, some patients enjoyed the meal, others did not like the food

One relative commented that the only drink on offer was orange juice. Another commented that there was only white bread on offer at breakfast and this was often soggy.

Most patients found the ordering system for meals easy and straightforward. Two patients who had sight problems could not see the menus, even the picture ones; we did note that the pictures were quite small. The patient told us that the staff read out the menu to them.

One patient on Sunday evening received a cheese and tomato sandwich, but had ordered a chicken one, the staff had apologised. This patient said this was not the first time they had not received what they had ordered. They said that it depended on the staff; some made a huge effort to get an alternative, but others did not.

This patient also said they found there was often an 'after taste' on the mugs which they thought was from the dishwasher and also that there were often marks on the cutlery which again they blamed on the dishwasher. This patient had been given a very small ice-cream, and been given a dessert spoon to eat it with, apparently tea spoons were never provided with the desserts.

Dietary/cultural requirements

We spoke to two families where patients were strict vegetarians, who complained about the choice of vegetarian food on offer. One commented that the curries were very oily and too hot for patients who had a poor appetite. When fish and chips were being served this family tried to get just a portion of chips as their relative did not eat fish, and even offered to go downstairs to the kitchen to collect it, but were told this was not possible. This family brought most of the food in for the patient, and were told they could use the staff microwave. They complained that this microwave was never clean and contained remnants of other food, often meat which was then unsuitable for the vegetarian food they had brought to microwave.

Portion size

On the whole portion size seemed to be acceptable.

Need for Friends and family to bring in food/ food available elsewhere

No one that we spoke to was aware that food and drinks were available at times other than meal times.

As mentioned some family members brought in vegetarian food for relatives and others brought in fresh fruit.

Any Occasions when meals have been missed

We spoke to one patient who told us that they had come back to the ward from Intensive Care in the morning and waited for 2 and a half hours to get breakfast. Another patient had returned from a procedure and their lunch was waiting, but was cold so they did not eat it.

On the Wednesday lunch time one patient had a salad delivered, but could not eat it as she was waiting for a wound on her arm to be dressed, after half an hour this was still not attended to. I asked her later if she had finally managed to eat her salad, but she said by the time the arm had been dressed she had lost her appetite.

On the Sunday when we visited, it took a long time for everyone to be served as there only appeared to be 2/3 people serving, also as this time two patients asked with help to go to the toilet, which did not help the situation.

General comments

The patients that we spoke to seemed satisfied with the care being offered.

When we arrived on Wednesday lunchtime we were greeted by the Ward Sister and the Matron who had obviously been expecting us, and staff were very much in evidence when we were on the wards. At one time the Sister rushed to provide chairs for two helpers who were standing up assisting patients on the female ward so that they could sit, rather than stand next to them.

When we arrived on Sunday evening, a patient had fallen down in the corridor, and staff were assisting him. We generally felt that there were much fewer staff on duty on Sunday night, and this was not helped by staff attending to this patient.

The drug trolley came round and drugs were administered during the Sunday evening meal.

On Beech Ward the three microwaves are on a large trolley in the corridor, rather than in the kitchen area. One relative told us that they felt this was unhygienic as they had often passed it and found food uncovered waiting to be heated. The drinks dispenser was also in the corridor. This relative commented that the actual kitchen was small and very hot and crowded when they went there to get a drink for their relative. There is a microwave in this kitchen but it is used for the adjoining ITU ward.

Recommendations

To address the question of handwashing before meals are eaten, maybe two wipes need to be provided for each tray and patients be reminded that the wipes are there to be used before they eat, as well as afterwards.

To investigate the range of vegetarian choices available and to ensure that this meets requirements

To ensure that all patients are ready to eat when their food is served.

To consider the suggestions made by the relative about providing straws for orange juice and a non-slip mat for patients having difficulty eating.

Conclusions

On the whole people seemed happy with the health care they were receiving but less satisfied with the food than they were last year. Although we had flagged up the issue of handwashing this did not seem to have been addressed. Probably all hospitals have less staff on a Sunday evening, but there was a marked difference between the two visits.

Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Olive Ward- Acute Medical & Gastroenterology

22 beds in 3 bays: 1x 4 bedded bay, 2 x six bedded bays and 6 single rooms

Healthwatch Authorised Representatives:

Names of Representatives: Sheeba

Derrick Edgerton

Dates of Visits:

4th June 2015 (Lunch)

18th June 2015 (Evening Meal)

Patients spoken to

On 4th June, a number of beds were empty. All patients present (excepting those being barrier nursed) were approached for comment though some refused. A total of 10 patients were interviewed.

On 18th June the ward was full to capacity, and a total of 13 patients agreed to be interviewed.

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Findings

Phase 1: Our Observations

Preparation and Assistance with eating and drinking

All patients were in a suitable position for eating on both occasions. Those unable to get into position themselves, were assisted by nursing staff. Meal trays were placed within reach and food was uncovered; drinks were poured and placed within reach. At lunch time, each tray contained a sachet with a wet wipe for cleaning hands, though these were not used by the majority of patients. At dinner, the trays were distributed without the wipes which were then hastily provided but again, only seldom used.

A chart outside the kitchen indicated which beds required red trays (assistance with feeding required). However, the chart was not up to date and was corrected three times during the course of the dinner observation. During the lunch observation, all patients with red trays were assisted in eating in a timely manner but this was not the case for the dinner observation and 1 patient was not assisted at all.

Protected Meal Time

At lunch time, a bell was rung indicating the start of meal time, but this did not occur at the evening meal. On both occasions the ward doors remained open and there was no indication that meal times were protected as relatives and medical staff were present on the ward. On the second visit, one patient's dinner was interrupted by a consultation with a doctor.

Clearing Up after Meals

The notice board had details of a "Green Tick" card system to be used to indicate that the patient had finished eating and that the tray could be cleared. This was only seen to be used for a few patients. However, patients who had not finished their meal were asked if they wanted to eat something else.

Phase 2: Feedback from Patients

Length of Stay

The patients interviewed had been on the ward from between 2 days to seven weeks, the majority had been there about a week.

Support with Eating

Those interviewed felt that the support was good and had no complaints in this regard (even the patient with a red tray who was not assisted though we observed them to be struggling)

Quality and Choice of food and drink

All patients found the ordering system easy to use and were happy with the range of choice. One patient said that she thought there was too much pasta and rice on the menu. All patients except one, were very complimentary about the quality of the food. One patient saying "I don't know how they managed to produce such an excellent, fluffy omelet"

Dietary/cultural requirements

One patient was unhappy about the limitations of her diet because no one had explained that her medical condition would be exacerbated by certain foods. The patient felt that further guidance and explanation would have been helpful.

Portion size

The majority of patients felt the portion size was appropriate but a couple of the older patients felt they were too big. No mention was made of smaller portions being available.

Need for Friends and family to bring in food/ food available elsewhere

None of the patients interviewed were aware of the availability of snacks and hot drinks outside the scheduled rounds.

Any Occasions when meals have been missed

A few patients had had to miss meals because of tests or procedures but they were all given food when they returned to the ward.

General comments

- It was clear that we were expected on the ward and, during the dinner observation, it was apparent that staff were very conscious of our presence.
- The sorting, preparation and delivery of the food at lunch time was significantly more efficient: the hostess prepared the food and gave each tray to a nurse/healthcare assistant who then delivered it to the patient in bed number order. However, this did not work as well in the evening and the delivery was much slower.
- It was noted that the socket for the drinks trolley was faulty at lunch time on the 6th but had been repaired by the 18th
- Although every patient had their drinks placed within reach during the meal time, this was not always the case before the meal time commenced.
- The food served looked and smelt appetising and was evidently enjoyed by a large majority of the patients.

Recommendations

- Ensure that full training is in place for hostesses to ensure the quality and efficiency of service meets the required standard.
- Ensure the red tray chart is kept updated and patients with red trays are assisted appropriately.
- Ensure patients are aware of the availability of drinks and snacks outside meal times.
- Ensure that protected mealtime is clearly identified with notices and a bell, and that it is observed by all staff.

Conclusions

Our overall impression is that the food is of a high quality and is appreciated by patients but delivery could be more efficient. During the first observation, it was noted that the hostess and staff had a system of organising, heating and delivering the food which worked well and enabled staff to be available to provide support to patients where needed. However this was not evident in the evening visit and resulted in staff waiting for food to be ready for delivery and created knock on delays.

Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Name of Ward: Rowan Ward, Medical and Cardiology

Number of beds and bays: Men's ward 2 bays, 14 beds; Women's ward 2 bays, 9 beds, 1 isolation room, 24 beds in total.

Healthwatch Authorized Representatives:

Names of Representatives: Melvin Gamp

Alison Wright

Dates of Visits:

Thursday 11 June – Breakfast

Sunday 28 June - Evening meal

Patients spoken to

Number of patients observed: 12 patients (2 bays) were observed on each of the Visits.

6 patients were spoken to on the first visit and 7 on the second. Some of these had relatives visiting who also contributed.

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Findings

Phase 1: Our Observations

Preparation and Assistance with eating and drinking

Many patients were mobile and therefore able to get up and wash their own hands before meals. At the evening meal, it was observed that those less able in the men's bays were offered a bowl of water to wash their hands before eating, and they all had hand wipes on their trays. We did not see hand wipes on the trays in the women's bay.

At breakfast as much of the food is prepared straight from the trolley and given to the patient, it appeared that hand wipes were not available.

All patients were helped into suitable positions for eating well prior to their meals arriving.

We did not see any red trays in use on the ward at breakfast time. Although there were two for the evening meal.

Protected Meal Time

No bells were rung for the start of either mealtime. The times and some details about the protected meal time were clearly displayed on the ward notice board.

At breakfast time the meal seemed to overlap with the drugs round which was going on while people were still eating breakfast. We observed a cleaner washing an empty bed space whilst breakfast was going on.

Clearing Up after Meals:

Clearing up after meals was done efficiently on both visits.

Phase 2: Feedback from Patients

Length of Stay

Patients reported a variety of lengths of stay but we spoke to two people who had been in the ward for 3 and 7 weeks respectively, waiting to be transferred to Barts Hospital specialist for operations.

Support with Eating

Most patients were very happy with the level of support given. 'I was helped with opening the little packets'

Quality and Choice of food and drink

Many patients told us they were happy with the food, though we received a variety of comments:

'It is the same every morning ...porridge etc';

'the yoghurt is always the same – no variation in flavours';

'they gave me the wrong order – macaroni cheese which was much too cheesy'

'As my relative only speaks Swahili they show her pictures and she orders that way'

'Good food choices and easy to understand the menu'

'I asked for a small omelette, and it was excellent'

Dietary/cultural requirements

We did not see any patients who required specialist diets (other than restricted water intake).

Portion size

All patients seemed happy with the portion size and some felt if anything they were too large. All were offered extra portions and the staff checked if they had left anything, in which case would they like something different. Notes were also kept on nutrition intake.

Need for Friends and family to bring in food/ food available elsewhere

Two patients had relatives who were regularly bringing in food for them as they enjoy 'home cooking'. Very few patients were aware that food was available elsewhere in the hospital though one patient told us that he had gone to the restaurant to get a cooked breakfast as he preferred that to the one that was on offer on the ward.

Any Occasions when meals have been missed

No patients told us that they had missed meals at any point, though one person said they had been admitted at 5pm and had only been offered a sandwich and tea, not a hot meal.

General comments

We noted that some of the hand gel dispensers at the entrance to the ward and in the women's bay were empty or missing.

At breakfast time we observed that the process of serving all of the patients was quite lengthy. Although the hostess was very capable, all of the food had to be served individually from the trolley and this takes some time. She was partially assisted by a Health Care Assistant. The doctors round was starting before we had the opportunity to talk to many of the patients.

The menu for breakfast is very limited with only cereals, porridge, bread and drinks on offer. Some patients told us they would like toast or something hot. As mentioned one patient went to the restaurant to have a hot breakfast.

At the evening meal visit, several relatives assisted with feeding their relative. This meal ran very smoothly and efficiently.

Recommendations

- To ensure that an effective way of supporting patients to clean their hands before meals is in place.
- To ensure that all cleansing gel holders are kept filled and in place.
- To review the process of serving breakfast to try and speed it up. Consider if the breakfast hostess requires assistance.
- To look at the choice of options available at breakfast to see if it would be possible to widen this - perhaps considering the option of toast and hot breakfast options possibly some days of the week, if not all.

Conclusions

We were impressed by the standard of care that was seen on this ward and the staff were all observed to be caring and compassionate. It appeared a well-run ward and the patients were generally happy with the care that they were receiving.

Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Name of Ward: Larch Ward, Medical Elderly

Number of beds and bays: 2 x 6 bed bays, 1 x 4 beds, 6 single rooms, 22 beds

Healthwatch Authorised Representatives:

Names of Representatives: Alan Shackman

Monica Shackman

Dates of Visits:

Tuesday 9 June, lunch

Sunday 28 June, lunch

Patients spoken to:

Number of patients observed: Visit 1, all: Visit 2, all

Number of patients/visitors spoken to: 5 patients and 2 visitors on behalf of the patient

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We noted that the staff notice board in Larch Ward had an internal memo notifying the staff of the planned Healthwatch visits and the possible dates of these.

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Findings

Phase 1: Our Observations

Preparation and Assistance with eating and drinking

Most patients were sitting in chairs beside their beds when we arrived at approx 12.45. We were told they are given handwipes when being made ready for lunch, but we did not observe this.

On the Sunday visit only, a soup trolley went round prior to the main mealtime. Handwipes were offered at this point.

Handwipes were provided on the trays, and were mostly unwrapped for the patients by the ward staff. The actual use of handwipes was hit and miss - some patients appeared not to know what to do with them and were not always helped. However we saw one nurse give positive encouragement to use them and one nurse actually took out the wipe and washed the patients' hands for them (taking care to wash her own hands before going on to next patient)

Patients with red trays and other patients needing assistance to eat, did receive help, but not always immediately. On the other hand, on more than one occasion we observed patients who were not eating and were not being helped, finally beginning to feed themselves. Delay in help was more apparent on the Sunday visit for patients in single rooms – one patient finally received help to get into better position to eat some time after tray had arrived, when the food would have cooled significantly. A number of patients had relatives helping with feeding

Care and staff attitude was good. There were a few lapses such as when we observed one lady who could have been helped into a better position for eating, and one left struggling to open dessert.

The majority of patients had varying degrees of dementia. Some needed and received encouragement to eat. We twice heard alternatives being offered and subsequently provided.

Protected Meal Time

No announcement was made but the medical staff 'melted away' around 1pm when protected mealtime appeared to start.

On the Sunday visit a doctor appeared around 1.30 and was seen to speak to a patient, causing a minor disruption to their meal.

Some visitors were allowed in before the patient had finished their meal.

Clearing Up after Meals:

This was done efficiently without hurrying the patients.

We did not observe any occasion of a tray being returned with food largely uneaten and without an alternative being offered and accepted.

Phase 2: Feedback from Patients

Most patients had some degree of dementia, and therefore it was difficult in many cases to gather feedback. However some of the points raised were:

- Choosing from the menu required "too much concentration"
- Praise from one totally lucid patient who had been in hospital a few days. Commented that on one occasion, chose chicken, only to be told it was not available.
- We spoke to one angry patient who felt everything about the hospital was poor.

General comments

- Mealtime went smoothly with staff clearly knowing what they had to do.
- However, there was no feeling of anyone in charge of the mealtime process. On neither visit did the senior nursing staff involve themselves, they simply got on with other duties.
- The vexed issue of noting if patients are not eating and taking appropriate action, perhaps of particular concern with elderly folk suffering from dementia. Whilst we did not observe any problems with the actual patients on the ward, we did ask the general question of senior nurses "what do you do if ..." and got a variety of different replies. There appears to be no consistent approach. Relying on individuals taking the initiative, e.g. the hostess quoted below, risks problems being overlooked.
 - someone will notice, either the hostess, the HCA helping in that bay, the nurse responsible for that patient

- we add a diet chart into nursing notes if a patient is seen consistently not to be eating
- dieticians are brought in if a patient is not eating and very often supplements are given
- we have snacks available for dementia patients refusing to eat normally
- A hostess: “I personally always tell a nurse if a tray comes back with food largely uneaten”

Recommendations

- The nurse in charge should be actively supervising and managing the mealtime process to ensure that errors do not creep in.
- To ensure that staff are available to support patients who need assistance with eating, when their food is delivered.
- To ensure that there are trust-wide consistent procedures for dealing with patients who are not eating.

Conclusions

Our overriding impression was of patients receiving excellent care delivered with compassion. We felt that a more direct supervision of the mealtime would be beneficial, however the staff clearly knew their roles.

Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Name of Ward: Palm Ward, Care of the Elderly

Number of beds and bays: 22 beds in 3 bays

Healthwatch Authorised Representatives:

Names of Representatives: Linda Jackson

Surla Shah

Dates of Visits:

Wednesday, 17th June (lunch)

Thursday, 18th June (evening meal)

Patients spoken to:

Visit 1: 6 patients spoken to.

Visit 2: 3 patients and 4 relatives spoken to.

Introduction

In the Spring of 2014 Healthwatch Barnet visited 6 wards at Barnet General Hospital to investigate the food and mealtime support that was offered to patients. This investigation was undertaken by a group of Healthwatch Enter and View volunteers who visited each of the wards, in pairs, to observe a mealtime and to talk to patients, staff, relatives and carers. A variety of mealtimes were observed, and also meals at weekends.

The findings of these visits and some recommendations were shared with the Director of Nursing at the time. The acquisition of the hospital by the Royal Free London then took place and the report and its' findings were discussed with the new Director of Nursing. A number of the recommendations have been taken on board and significant work has been done by the management team to prioritise the mealtime experience for patients and to promote the importance of food and nutrition in the recovery of patients. We therefore felt it would be useful to undertake some return visits to the hospital to investigate how mealtimes are currently being run and to gather some feedback from the patients and their relatives/carers on how they have found their experience.

Therefore Healthwatch Barnet have arranged for a team of Enter and View volunteers to visit 6 wards at Barnet Hospital, again on a variety of days and times to observe the mealtime, and to talk to patients and relatives/carers and staff.

Methodology

The team of Healthwatch Barnet Enter and View volunteers worked in pairs to visit a ward at the hospital. Each team visited one ward on two occasions, at different times of the day and on different

days of the week including weekends. The Director of Nursing was informed of the dates of the visits, and the names of the volunteers involved, but was not informed of the wards that they intended to visit or the visit 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.

The first part of the 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, when the volunteers spoke to patients and any relatives and carers and asked a set of standardised questions about their experience and opinions of the food and support to eat that they received during their stay in hospital.

This information has been collated and reported in a ward summary report for each ward, and all of the information is summarised in one overall report. Where appropriate some recommendations have been made resulting from the visits. The ward reports were sent to the Director of Nursing for her comments and to check for factual accuracy. The summary report and the final versions of the ward 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.

All visits took place in June 2015.

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

Patients were assisted into chairs or sitting well before the meals was served. Medication was delivered at this time to take with or after the meal. Staff wearing green plastic aprons and gloves, handed out sachets for wiping hands, and where necessary opened sachets for patients. More mobile patients tended to use them after the meal. Patients' tables were moved into place and most drinks were within reach. However, we noticed one meal was left in front of a patient until they woke, which was about 15 minutes after the start of the meal. One patient had to wait for their evening meal because they had not been catered for. Another meal was eventually sent up.

Patients order their meals for lunch after breakfast, from a menu showing the food types and dietary alternatives. Vision impaired patients are given a large print menu with illustrations. We understood that although patients mostly received meals they had ordered, there could be omissions with popular items. In that case the patient ordered again. If a patient was unable to choose or was high dependency, staff would choose what they felt was an appropriate meal.

All available staff were in the Ward at mealtimes, including the staff nurse. Patients with red trays were assisted to feed if necessary. The staff showed a great deal of patience talking to the patients, encouraging them to eat and offering alternatives. Uneaten food was recorded in the patients'

notes. The meals in this Ward were served in courses to prevent food getting cold, which meant there was a delay in serving the second course and dessert. The evening meal, in particular, seemed to take a long time to get to bay 3. Staff responded to patients' requests for help. We noticed one patient asked for Ribena to be added to their water, and this was done.

Protected Meal Time

There was a permanent notice on the Ward door and Notice Board stating that Protected Mealtime took place for lunch between 1.00p.m. and 2.00p.m. and for the evening meal 6.00p.m. and 7.00p.m. Whilst we were there at lunch time a bell was sounded at 12.45p.m., the Wards doors were closed, and the staff got the patients ready for their meal. Another bell sounded at 1.00p.m. and the first course of lunch was served. In the evening one bell was rung, and the ward doors were left open. No doctors spoke to patients during mealtime, although they were consulting in the corridor. However a physiotherapist rushed in to ask a patient something "just one question!"

Clearing Up after Meals

The meals were not rushed. Everybody was given plenty of time to eat, and time was spent encouraging reluctant patients to eat. Tables were cleared and wiped down about three quarters of an hour after the meals had been delivered.

Phase 2: Feedback from Patients

Length of Stay

The patients we spoke to had been in the Ward, ranging from a few days to a fortnight.

Support with Eating

Patients felt they had plenty of support getting ready for a meal, and staff helped where necessary, and responded to requests. They said that their drinks containers were filled when empty. Sachets and food containers were opened for them

Relatives felt that staff were available to help.

Quality and Choice of food and drink

Patients felt that there was plenty of choice. They understood the menus and ordering system. We were told they enjoyed the meals "on the whole" "not what you get at home". The patients' perception was they received the meals they ordered. However one relative of a vision impaired and slightly confused patient said that the patient could not see the enlarged menu. The relative accordingly made a list of her relative's requirements for the week, but this had been largely ignored.

A patient said that she particularly enjoyed breakfast because a member of staff made her porridge with milk, just as she liked it. A staff member told us that there had been a number of requests for toast.

Relatives said the food was attractively arranged on the plate, and well presented.

Dietary/cultural requirements

The relative of one patient said they were aware that halal meat was served, although they added their relative was not eating at present due to their condition. Some patients understood their dietary requirements and ordered accordingly.

Portion size

Portion sizes came as standard. Some patients said that the portions were too large, although we noticed some patients had managed to finish all their meal. One patient said that she would prefer the bread for the sandwiches to be thinner with the crusts cut off.

Need for Friends and family to bring in food/ food available elsewhere

The relatives of a patient said that the patient preferred home cooking (although she did eat some of the meals). Relatives brought in snacks for her. Relatives brought in fruit drinks, but one patient said there was absolutely no need for her relatives to bring in food, as there was always plenty.

Any Occasions when meals have been missed

Patients were not aware that snacks and hot drinks were available at all times of the day, but said they did not need them.

A patient came back from X-ray after meal-time said their meal had been saved. It was heated up and served.

General comment

The patients, on the whole, seemed happy with their meal experiences, and relatives were also positive.

“100% good. The staff are lovely”

“No fault. Pretty good considering”

“Happy with the food and drink”

“Nurses are wonderful”

A member of staff said that all the patients liked the food at tea-time “scones with cream and jam are a particular favourite”. She suggested that a “grazing menu” would be more suitable for Care of the Elderly, with more frequent but smaller meals.

Recommendations

1. Ensure that relatives’ lists of menus for their relatives are followed.

2. Close Ward doors at all protected mealtimes and display a notice that protected mealtimes are currently taking place.
3. Ensure that food is only served when all patients are awake and ready to eat.

For Steamplicity

- (a) Look into the possibility of introducing “grazing menus”(including crustless sandwiches) for Care of the Elderly wards
- (b) Look into the possibility of installing suitable toasters in the Ward.

Conclusions

On both visits there was calm and friendly atmosphere with the staff engaging with the patients.

Lunch was more organised and purposeful than the evening meal, but there was no sense of the patients being rushed.

Patients and relatives appeared positive about their mealtime experiences.

Compared with last year’s visits, Protected Mealtimes appeared to be adhered to more rigorously. Staff now encourage and assist patients to use hand cleaning wipes. They now assist patients to eat their meals whilst they are still hot (mostly).

Healthwatch Barnet Enter and View Meal-Time Review

Details of Ward:

Quince Ward: Medical Short Stay Acute

Number of Beds and Bays: 2 x 5 bed bays, 2 x 4 bed bays, 6 single rooms, 24 beds

Healthwatch Authorised Representatives:

Names of Reps: Alan Shackman

Jeremy Gold

Dates of Visits:

Wednesday 10 June 2015, lunch

Tuesday 16 June, evening (aborted)

Tuesday 30 June, evening

Thursday 19 November, afternoon

Patients spoken to:

Number of patients observed: Visit 1, all: visit 3, all

Number of patients/visitors spoken to: 8 patients on each visit

Introduction

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The findings of these visits and some recommendations were shared with the Director of Nursing at the time. The acquisition of the hospital by the Royal Free London then took place and the report and its' findings were discussed with the new Director of Nursing. A number of the recommendations have been taken on board and significant work has been done by the management team to prioritise the mealtime experience for patients and to promote the importance of food and nutrition in the recovery of patients. We therefore felt it would be useful to undertake some return visits to the hospital to investigate how mealtimes are currently being run and to gather some feedback from the patients and their relatives/carers on how they have found their experience.

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All visits took place in June 2015.

We noted that the staff notice board in Quince Ward had an internal memo notifying the staff of the planned Healthwatch visits and the possible dates of these.

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 nature of Quince Ward is that many patients are younger and there were no elderly patients, and acute condition permitting – it usually was – they were capable of doing everything for themselves. Little help from ward staff was needed. We did, however, observe one drowsy patient being encouraged to eat

Being a short stay ward there was some coming and going of patients. We observed one patient having just been admitted to the ward during mealtime very quickly being approached with a menu and being served with a meal of choice some 20 minutes later. Similarly a patient recently come on to the ward who had to receive some medical treatment during mealtime was immediately offered the menu when treatment was over.

We observed one patient unhappy with the meal they had ordered, being offered an alternative. The alternative, a sandwich, arrived promptly.

The ward were using hand wipes extensively. The Sister said that non-ambulatory patients were offered wipes when they were being prepared for mealtime, and we observed wipes being offered with the soup at our evening visit but not at lunchtime. We saw two wipes being supplied on trays. Usage before the meal was sporadic but we did observe nurses encouraging their use.

Protected Meal Time

Lunchtime protected mealtime was between 1pm and 2pm. This was plainly advertised on notices. This was observed and we saw some visitors arriving before 2pm who were asked by nurses if they would kindly wait outside.

The ward manager said that the moving lunch back to 1pm (a change made partly as a result of the 2014 Healthwatch investigations) was “a win-win”. Staff had time to complete clinical business, patients had their meals undisturbed.

Evening mealtime was more relaxed. Ordinary nursing duties, e.g. giving medication, carried on, but not to the extent that patients’ were disturbed from eating. Visitors are permitted in accordance with general visiting hours 1400 to 2000. We observed visitors helping reliant patients to eat.

Clearing Up after Meals

This was done in a timely way but not rushing patients.

Phase 2: Feedback from Patients

Typically the length of stay was between 1 and 3 days. The majority of comments on all our questions were positive. The minor exceptions were as follows:

- Not all patients were aware that snacks were available at any time and that all you had to do was ask
- Breakfast portions too small.
- Soup is like water
- Got wrong pudding but they offered to change it
- Only two choices of pureed food on menu (this from patient who was restricted to pureed food)

Aborted visit on 16 June

The volunteers visited Quince Ward on 16 June to observe the evening meal. They arrived at the ward at 5.45pm and soup and bread was served starting at 6pm as normal. Although the ward staff were ready and waiting to serve the main meal by 6.15 there were no meals ready. The team were informed that meals had simply not arrived from the central kitchen, even though the hostess had taken patients’ orders down to the kitchen at 5pm as usual, but that nobody from Medirest (the catering contractor) was there to take the orders. We were told this had happened before. It was not until 6.45 that trays began to be ready but even then sporadically. We decided to abandon our observation at this point due to time pressures. We noted that there was little communication between ward staff and hostess, perhaps not helped by some language issues. The ward staff went

round apologising to patients. When we approached the staff nurse in charge at around 6.35 for an explanation she seemed unaware and asked the hostess for information. When we investigated further the following day we were informed there was no particular issue causing the problem. This delay meant that no patients ate their main meal until 6.45pm at the earliest.

Additional Visit on 19 November

We were informed that toast was now available on a trial basis on Quince Ward and a catering toaster had been purchased to make this possible. Two volunteers returned to the ward to observe this in operation on 19 November. The team spoke to the hostess for the ward who informed them that she is not permitted to use the toaster as her employer is concerned it will set off the smoke alarms. Therefore toast can only be prepared by hospital staff themselves, which they do when they have the capacity to do so.

General comments

Most ward staff were involved with mealtime, including the nurse in charge. Lunchtime was more positively managed than evening.

There was a supply of bread and butter 'on tap' and kept in the fridge.

We observed patients eating their meals with enthusiasm.

Quotes from patients

- "Nurses are a credit to the NHS, even when abused"
- "Staff very welcoming and hardworking"
- "They're smashing"
- "I didn't expect so much attention"

Recommendations

To ensure that the delays witnessed on 16 June are investigated and that processes put in place to ensure that all meals are delivered to the ward on time, enabling the ward staff to support patients to eat at the scheduled time.

To ensure that all staff and contract staff are able to communicate clearly in English, enabling easy communication with hostesses, ward staff and patients.

If soup is to be served as a precursor to the main meal there needs to be enough to provide everyone who wants with a suitably sized portion. We were told that too little soup was supplied so portions were too small.

Conclusions

Our overriding impression was of patients receiving excellent care delivered with compassion. We were pleased to observe many patients clearly enjoying their meals.

Serving soup and bread as a precursor to the main meal is an innovation to be welcomed since 2014 visits.

Providing hand wipes is another innovation to be welcomed.

We feel it would be appreciated if the provision of toast was possible in all of the wards but we appreciate the issues associated with this.