

Enter & View

inBrent

A Summary Report on Meal Times at Northwick Park Hospital



April 2017

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MEAL TIME ENTER & VIEW WARD REPORT

INTRODUCTION

In November 2016 Healthwatch Brent decided to investigate the care, support and food offered to patients at mealtimes at Northwick Park Hospital. Food and hydration are well documented as being a key element in recovery and wellbeing of patients and a key area in which Healthwatch should review the care and support of patients, to comment on good practice and to make suggestions and recommendations on ways to improve the whole experience for patients.

Healthwatch Brent have the legal right to 'Enter and View' Health and Social Care services in the Borough which are publically funded, to observe the care and support offered and to report on their observations.

The project was led by Healthwatch Brent's Volunteer & Projects Support Officer, Meena Thakur. The team of volunteers are all fully trained Enter and View Authorised Representatives, and were briefed on the protocols and background information. The Enter and view visits were undertaken predominantly by the volunteers, as named in the individual reports, and Meena Thakur.

To fully understand the process, preliminary research was undertaken.

- Meeting with the Catering Manager from G4S, the company which has the contract at Northwick Park Hospital. This was to understand the responsibilities and to understand the menus and the types of food being served.
- Meeting with the Facilities Manager at Northwick Park Hospital, London North West Healthcare NHS Trust to discuss the project.
- Meeting with the Operational Head of Nursing, Midwifery & AHP Standards at Northwick Park Hospital, London North West Healthcare NHS Trust to discuss the visits and protocols to be followed during the visits.

BACKGROUND INFORMATION

The catering at Northwick Park Hospital is currently provided by G4S who operate a system of frozen prepared meals from Apetito. The hospital offer a hot meal only in the evening, with lunch being a soup, sandwich and yoghurt.

The food is cooked from frozen in ovens in each ward. Meals are prepared off-site by Apetito and are delivered frozen to the hospital 3 times a week. A large variety of meals are offered which are culturally and diet appropriate. The meals are seen as being able to offer consistency in quality, availability, taste and temperature. Orders for lunch and dinner are taken in the morning after

breakfast by ward hosts. For the evening meal there are 28 choices and it can be ordered on the same day. The menu also allows for English as a second language.

There are 7 hot drinks provided throughout the day at; 6am, 8am, 10am, 12pm, 2.30pm, 5pm and 9pm.

Snack boxes are also available to patients 24/7.

The ward hosts also clear up after the meals have been finished. They work from both a small kitchen on each ward where the ovens are based and a then with a large mobile serving trolley to distribute the meals.

Breakfast is served from a trolley and is choice of cereals and bread. Warm food options are both porridge and toast.

METHODOLOGY

There are over 500 beds at Northwick Park Hospital. The team agreed to observe a number of wards and given a choice of 4 wards to choose from on set dates and times. On the 4 visits undertaken during November 2016 it was decided to visit 2 wards at 2 different meal times. The reasons for this was:

- To visit different wards to get a good understanding of the situation, to obtain feedback from patients, their relatives, friends and carers.
- To compare the differences between both wards at 2 different meal times.
- To avoid visiting children's wards and A&E.

The Enter and view teams consisted of 2 or 3 trained volunteers/staff for each ward. Each of these teams aimed to visit the ward on more than occasion and at different times of day e.g.: lunch and evening meal.

The dates of the visit were confirmed with the Operational Head of Nursing, but we were limited to choose from 4 wards. We didn't decide until we arrived on the day which wards we would visit. However, it is probable for 1 of 4 Ward Managers to anticipate an Enter & View Visit as our dates and times had been specified.

The team did not approach any wards / rooms that had notification of infections.

Each visit had two parts. Phase 1 was to observe activity from start to finish of the mealtime. Our observers ensured to remain discreet so not to affect the everyday running of the ward.

In Phase 2, when mealtime was over the activity was to approach as many patients and their visitor/carers and to ask questions using a standardised questionnaire. Therefore the team's observations could be compared for

consistency for patient feedback. Some discussions also included speaking to different members of staff.

In total we observed 140 patients at mealtimes and spoke to 52 patients, relatives and carers.

This information has been organised into a structured report for each ward. The reports for each ward are in Part 2.

This final report has been collated summarising the findings of all visits and the overall recommendations of the team.

FINDINGS

Cleanliness and Hygiene

Across all of the wards it seemed most patients who were observed did not have the opportunity to clean their hands before they ate. There were wet wipe sachets in all trays but they were not used by many, and some patients commented that they were difficult to open. Some more mobile patients were able to wash hands at the sink if they wished but this was very rare.

Support & Red Tray

Many patients who needed assistance were helped into a comfortable position to eat. All patients had access to jugs of water on tray tables. However it was observed that 2 patients in the Hardy Ward who were sitting up and could eat by themselves were still struggling to access the tray table as they were still placed further away. The HCA was in the room and a nurse was dispensing medication but there was a lack of awareness regarding this issue.

All those who were able to eat by themselves had adequate access to all containers and sachets. However, some mostly in the Hardy Ward struggled to open cling film wrap, salt/pepper sachets, sandwiches and wet wipes. In some cases assistance was given but it was observed that some HCA's also found opening pepper sachets difficult.

The Red tray system (a red tray is used to identify a patient needing additional support with eating) was being used. All patients in the Hardy Ward had a Red tray, but of approximately 35 beds we observed only 2 members of staff being available to assist with feeding. It was mentioned that food is given out in stages so staff would be available to help.

However, we saw all food being served at the same time, but unfortunately staff not always available to help which would mean food would go cold. Which some patients did mention. We did note that all patients had lunch served at the same time so are unsure about the staggering of meal time so staff could help.

In the Jenner Ward only 1 patient had a red tray and we were told by the nurse it was because the patient was on a special diet and didn't require any other assistance.

We observed instances where very good care was given to patients who needed support eating, the staff being supportive and caring.

We did observe one situation where a patient was fed by a member of staff without any interaction, without making any attempt to talk and engage with the patient but this was an exception. The patient's bed was also in a more lying down position for feeding so not conducive for eating.

One comment was it would be better to have the ward nurse supervising mealtime activities to ensure the smooth running of service and to reduce any errors in support needed.

Protected Meal Time

We found no evidence of protected mealtime at all. There was no signage or indication. Medical procedures such as blood pressure check and medication dispensing was occurring throughout all of the mealtimes we observed.

Clearing up after Meals

All trays were cleared up by the host within reasonable time scales in the Jenner Ward. In the Hardy Ward clearing up could take longer as some patients took their time or didn't eat that much.

Concerns were raised by relatives and Healthwatch Volunteers about whether nursing staff were aware of the amount of food that patients had eaten. We noticed many instances where some patients were leaving their meals or eating very little.

All patients were given plenty of time to eat and we didn't see anyone being rushed.

Quality of food

The feedback about smell, taste and temperature of the food was mixed. It seems most thought the food was satisfactory, but some didn't like the taste of the food and asked relatives to bring food in. This was particularly with the Halal, Asian & Vegetarian food options that were described as too greasy and spicy.

The heat of food was variable also. One patient had ordered a roast dinner which was stone cold, whilst another had ordered a shepherd's pie that was blistering hot.

All patients felt that the portion size was good. No-one said it was insufficient.

Complaints

We only spoke to one patient who had complained about the food/her dietary needs in relation to receiving the wrong meal for lunch and dinner. The nurse resolved the lunch time situation but the evening meal was unresolved and a relative had to bring food in for them.

Ordering

Many patients mentioned that they had not seen a menu and the meal choices would be read out by the Ward Host.

Toast is available as an option for breakfast but the toaster in the Jenner Ward wasn't working on both visits which we undertook two weeks apart.

Availability of Additional Food

We were informed by the Catering department that all wards had snack boxes available 24 hours a day for whenever a patient felt hungry, which comprised of a sandwich, juice and a piece of fruit. However none of the patients we spoke were aware of this being available. Two patients had mentioned there was a long gap between the evening meals and breakfast the next morning and had felt unwell as they were both diabetic. In this case a snack box may have been appropriate.

We were informed by Catering that there are 7 hot drinks served every day at different intervals, the first one being at 6am. However none of the patients we spoke to had been served a 6am drink saying the first hot drink was between 8-9am with breakfast.

Many patients mentioned that their friends and family brought in additional food for them like snacks, fruit and juice.

Three or four patients we spoke to only ate food that was prepared by their relatives at home, as they didn't like anything on the menu or wanted to eat preferred dietary/cultural food.

Any Occasions where Meals have been missed

There were three patients that had missed meals due to medical procedures. They mentioned they all received something to eat when they returned to the ward. If it was during standard mealtimes it would be the appropriate meal, otherwise it would be a sandwich

KEY RECOMMENDATIONS

As the result of our visits we have drawn together a list of key recommendations based on the feedback we have received and our observations. Some of these are in response to situations detailed in the 2 ward reports:

- To ensure that all food is accurately temperature checked before it is served. As many had complained that the food was either blistering hot or stone cold.
- To examine food contamination when the hosts use the food probe to check temperature especially whilst observing mixing vegetarian /kosher /Halal with other food.
- Reinforce the protected mealtime policy, with signs etc. to ensure meals are not interrupted for treatment.
- To review and enforce the Red tray policy in terms of when and what is offered for individual patients. There is a need for a consistent approach across wards.
- The ward nurse in charge should be actively supervising and managing the mealtime process to ensure errors do not occur with general service and support given to patients.
- To ensure that staff are available to support patients who need assistance in sitting and eating when the food is delivered.
- To ensure that all patients are ready to eat when their food is served and aided into the appropriate position. (It was noted that the patients who were being helped to eat by HCA's were almost lying down)
- To ensure trolley tables are properly accessible for all patients when needing to reach for water or eating.
- Ensure patients are given the opportunity to clean their hands before meals are eaten, maybe two wipes need to be provided for each tray and patients to be reminded by staff that the wipes are there to be used before they eat, as well as afterwards.
- A procedure of documenting and monitoring food that has been consumed to an adequate level for each patient and to flag up any patients who are not eating and drinking enough.
- To encourage Hosts/Servers to be continually more engaging with patients.
- To ensure that all staff and contract staff are able to communicate clearly in English, enabling easy communication with hosts, ward staff and patients.
- A method of knowing that mealtime is over in each bay – so the host knows when to clear up. Occasionally represented as a 'Green tick' card system on the notice board – which indicates a patient has finished eating and that the trays can now be cleared.
- Improve the quality and the range of Asian vegetarian and Halal food choices available to ensure that this meets requirements.
- To look at the choice of options for breakfast particularly if toast should be offered and isn't being due to a faulty toaster and to clarify which department (catering, HCA or nursing) should carry out the function. It was explained to us that there was an issue in regards to which

department makes the toast on the ward. It was unresolved if it was the Ward Hosts or Nursing staff.

- To ensure that the 6am morning drink is served to patients as stated within the menu.
- To consider the use of trained volunteers to assist at mealtimes.
- For Menu's to be accessible to all patients and easy to read.
- To consider half portion sizes for those who consume less or state a preference.

FINAL COMMENTS

Most care and support observed was of a good standard and most patients and relatives we spoke to were happy and complimentary about the attention given. The atmosphere on both wards was pleasant and well run. Most patient's felt the food was satisfactory, however there were a number of areas where we felt improvements could be made. We look forward to seeing any changes implemented and to continue working with the staff therefore improving the experience of patient's at the hospital.

We would like to thank the hospital management and their staff for their support in carrying out this investigation and for welcoming Healthwatch in supporting their work. Thank you also to those patients and relatives who participated and gave us their feedback.

A final thank you to the following Healthwatch Volunteers who generously gave their time and expertise in carrying out these visits with the associated write-ups. The volunteers who took part were: Derrick Edgerton, Helga Gladbaum & Colin Hurst.

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

RESPONSE RECEIVED FROM CHIEF NURSE

Response received from Chief Nurse, London North West Hospitals NHS Trusts
on 21st March 2017:

Amanda Pye

Chief Nurse

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Date: 21/03/2017

Meena Thakur

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Re: Brent Healthwatch Enter & View Mealtimes Report.

Dear Meena

Thank you for sending the summary and full report of the Enter & View Mealtimes visits of Hardy and Jenner Ward which I received on the 14th of February 2017. I have reviewed your report findings and had time to consider the content. I have also had the opportunity to share the report with relevant staff members.

As an organisation we welcome feedback from our service users and local partners, we have looked closely at your observations and we have worked to ensure that they are embedded into the work that we have commenced on nutrition and hydration across the Trust. As the Chief Nurse I have pulled together a task and finish group to specifically look at improvements for nutrition and hydration for all of our patients. The task and finish group consists of nurses, therapists and corporate staff.

A number of work streams will be overseen by the group:

- **Protected Meal times**

We will focus on ensuring that protected mealtimes are better embedded across the organisation. In particular we will investigate different ways to assist patients with their meals. We are considering support from a wider variety of staff including corporate staff, therapists, volunteers and of course relatives and carers. New Protected Mealtime Posters have been ordered for each ward in order to raise awareness and ensure that the standard is maintained.

- **MUST Pilot with ward based training by the Dieticians**

The Trust uses the Malnutrition Universal Screening Tool (MUST) a five-step screening tool used to identify adults who are at risk of malnutrition. Our dieticians are currently running a pilot to re-launch MUST and ensure that it is being used correctly. The pilot will be completed by the end of March and if the results show a significant improvement we will look to roll out the new tool and training across the Trust.

- **New Catering Provider**

As of Saturday the 25th of March 2017, Medirest will provide the patient catering service across the Trust. The new contract includes a number of improvements, firstly the introduction of a full hot meal choice at lunchtime, this replaces the current provision of a soup and a sandwich. Additionally the meal service will be staggered, this will better enable ward staff to assist patients with the food service as starter, main course and desert will be delivered to the patient separately.

- **Back to the floors – monitoring our quality standards**

I have launched a new quality assessment on a Friday called back to the floor. The senior nurses will spend protected time in wards and clinical areas, each week looking at a different quality theme. In week one, we conducted a nutrition assessment, this involved creating an audit tool predominantly based on the findings of your report. Although we plan to alternate the aspects of quality that we audit on the back to floor sessions, nutrition and hydration will remain a key focus.

I hope that this letter addresses the issues that you highlighted following your visit. I would welcome a future visit from your team in order to look again at this important aspect of care. This would be an opportunity for you to seek assurance that we have addressed the issues raised as part of our patient experience improvements.

Yours sincerely



Amanda Pye

Chief Nurse

London North West Hospitals NHS Trust