

PROTECTING PATIENTS' MEALTIMES	Policy Register Number 07041 Status: Public
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1.0 Purpose

- 1.1 This policy provides a framework for best practice at mealtimes, and aims to ensure the needs and best interests of patients are met in enabling patients to eat and drink sufficient amounts for their needs whilst in hospital.
- 1.2 For the purpose of this policy, mealtimes constitutes the lunchtime or evening periods, as these are the busiest periods of time when most interruptions to the patients' mealtime occur.
- 1.3 Mealtimes should not only provide patients with adequate nutrition but also give an opportunity to support social interaction, staff/patient interaction and the opportunity for family and carers to be involved in mealtimes if part of the patient's plan of care.

2.0 Introduction

- 2.1 The ward environment, the presentation of food and the timing and content of meals are important elements in encouraging patients to eat well. The importance of protecting mealtimes needs to be re-emphasised and ward based staff given the opportunity to focus on the nutritional and eating requirements of patients at mealtimes. The background to protecting mealtimes is given in Appendix 1.
- 2.3 The Mid Essex Mealtime Mission was launched in September 2012; an adult in-patient project with multiple initiatives to ensure consistency of care in response to the recommendations of CQC Dignity and Nutrition Inspection (2011). This project is now fully implemented and its principals are specified in section 6 of this policy.

3.0 Aims and Objectives

- 3.1 The aim of this policy is to improve the "meal experience" for patients by:
 - To improve patient safety and experience by providing harm free care.
 - To ensure patients are treated with dignity throughout their care
 - Allowing them mealtimes which are protected from unnecessary and avoidable interruptions
 - Providing an environment conducive to eating
 - Facilitating staff to provide patients with help with meals
 - Ensuring that Nutrition and Hydration are priorities of care at mealtimes
- 3.2 This can be achieved by:
 - Limiting ward based activities, both clinical (e.g. ward rounds) and non-clinical (e.g. cleaning tasks) to those that are relevant to mealtimes or 'essential' to undertake at that time.
 - Limiting unwanted traffic through the ward such as supplies deliveries and staff visits.
 - Creating a quiet and relaxed atmosphere in which patients are afforded time to enjoy meals.
 - Providing an environment conducive to eating that is welcoming, clean and tidy.
 - Ensuring that mealtimes are a social activity for patients whenever possible.
 - Focusing ward activities into the service of food, providing patients with support at mealtimes.
 - Emphasising to all staff, patients and visitors the importance of mealtimes as part of care and treatment for patients.
 - Restricting visiting so that only visitors who are actively involved in promoting nutritional intake are encouraged to be on the wards during mealtimes.

4.0 Equality and Diversity

4.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

5.0 Responsibilities

5.1 The Managing Director is accountable for ensuring that an appropriate process that ensures optimum nutrition and hydration for patients. Responsibility delegated to Director of Nursing on a day-to-day basis

5.2 The Director of Nursing is responsible for defining Trust Policy to ensure appropriate patient nutrition and hydration.

6.0 Mealtime Procedures

6.1 In order to provide patients with a positive and beneficial mealtime experience, following the guidance of the Mid Essex Mealtime Mission, staff are required to take responsibility for preparing themselves, the environment and their patients before, during and following the meal service.

6.2 An element of the Mid Essex Mealtime Mission is the mealtime preparation bell; this is rung at least 15 minutes prior to meal service. This serves to firstly alert the nursing team to prepare their patients for meals, also to organise and coordinate the nursing team to provide support to patients, inform patients that mealtimes are about to commence as well as alert healthcare colleagues that any non-urgent, routine activities should stop and recommence following the mealtime period.

6.3

Ward Environment: Actions Required	Staff Responsible
Ensure patients are offered a choice of meal, utilising the various styles of menus as required	Catering & Nursing teams
Nominate a member of the ward team- as the Nutrition champion for all mealtime shifts. The Nutrition champion will : <ul style="list-style-type: none">• Coordinate & communicate with colleagues, including mealtime companions & colleague students.• Identify all patient s that will require support at mealtime. Meal time service should be considered to ensure that each patient receives their meal with the support they need• Contact Patient Experience before 10.00am if additional support is required, requesting additional meal time companions, if available.• Ensuring Nursing & catering staff are kept informed of patient's specific requirements e.g. – special dietary requirements which can include food allergies, menu, adapted cutlery/crockery	Nursing team. Housekeeper

<p>etc. Changes to patient dietary needs or changes in bed occupancy.</p>	
<p>Ensuring bedside board information is accurate and up to date to provide clear direction to all ward teams.</p> <p>No abbreviations should be used; this is to avoid any confusion to staff or visitors. Write all dietary requirements in full</p> <ul style="list-style-type: none"> • Nil By Mouth • Clear fluids • Free fluids • Low residue • Fluid restriction <p>Yellow laminated detail sheet x – Texture modification</p> <p>Red tray- assistance required</p> <p>Red lid- fluid encouragement required</p>	<p>Nursing, Dietetic, Speech & Language therapy (SLT) and Catering teams.</p>
<p>Assisting patients at meal time can be a labour & time intensive activity. Part of the role of the Nutrition champion will be ward team organisation; including maximising staff involvement</p> <ul style="list-style-type: none"> • Ward staff to remain on the ward prior and during the protected mealtime period, inclusion of mealtime companions, family, friends or carers when available • Ensuring staff breaks are taken outside of the patients' mealtimes. This is to maximise the number of staff available to assist patients with their meals. 	<p>Ward team, Clinical Operations management team</p>
<p>Tables should be cleaned and suitably prepared prior to the service of food and beverages, with appropriate serviettes or place mats, cutlery, crockery and condiments. Remove all non-essential items from bed tables.</p>	<p>Catering staff, nursing staff.</p>
<p>If appropriate, offer patients the chance to use the toilet prior to mealtimes and offer any necessary assistance.</p>	<p>Nursing staff.</p>
<p>Give all patients the opportunity to clean their hands before meals and or inform them of the hand cleansing wipes on meal tray.</p>	<p>Nursing staff</p>
<p>Make patients comfortable in an appropriate position, whenever possible sat in a chair or seated position in profiling beds. All food should be served within a</p>	<p>Nursing staff</p>

comfortable reach.	
Make food a priority during mealtimes. Provide assistance and encourage patients to eat, use red trays for patients identified as requiring assistance. Promote patient independence, maintaining dignity & respect at all times. Mealtime is also the opportunity for social interaction between patients & staff	Nursing staff, catering staff
<p>Use of food and fluid charts should be identified in the patient's individualised nutrition and hydration care plans. Ensure accurate completion.</p> <p>Trained meal time companions, friends & family can update food & fluid charts, when they have been shown how to complete the task.</p> <p>It is the qualified nurse's responsible for the patient at the time of the meal to check and ensure that all documentation is accurate and completed.</p> <p>If intake is insufficient then escalation and a review of care is required.</p>	Nursing, dietetic, SLT and medical teams
Patient transfers to wards should where possible be coordinated prior to meal time service. However, facilitating patient transfers to the ward should not be delayed during mealtime. This is to maintain patient flow and allow new patients the opportunity to have food and drink on arrival to a ward.	Nursing, Clinical operations team, portering teams
Ensure staff development programmes include the importance and process of achieving protected mealtimes.	Corporate nursing, ward and catering teams

6.4

Patient Investigations and Consultations : Actions Required	Staff Responsible
All non-urgent radiological investigations for in-patients should – where possible- take place outside of the 1200-1300hrs lunchtime period (or times stipulated by ward if outside lunchtime is different to this). However, if clinically urgent or essential in order not to delay treatment/diagnostic decisions, nursing staff should protect the individual's meal by ensuring that their meal is provided on return to the ward	Radiography managers, Ward and Catering teams
Stop non-urgent ward based activities (where clinically appropriate) during mealtimes to enable the nursing and catering teams to work together in providing food, assistance and support to patients at mealtimes.	Ward and catering teams
Interruptions such as ward rounds, investigations and therapy should only occur (during mealtimes) when clinically essential and no other time is available.	Ward sister/Charge nurse, consultants, therapists, chaplaincy, phlebotomy, Allied Health Professionals Managers

6.5

Relatives and Visitors Actions Required	Staff Responsible
Ensure patients, relatives and carers are involved in care planning and are given relevant information regarding nutrition and hydration	Ward team
Restrict the ward to general visiting during mealtimes, unless ward has open visiting policy. However, promote and encourage relatives/carers who want to be involved in nutritional care and agree with patient and part of their care planning process.	Ward team.
Display notices outside the ward, to inform staff and visitors of the ward's protected mealtime period.	Ward sister, patient experience team.

7.0 Breaches of this Policy

7.1 It will be necessary to complete a risk event form (Datix) in the event of:

- Non-urgent clinical activity preventing patients from eating their meal.
- Physical transfer of patient to other localities during mealtimes that results in the patient missing a meal.
- Patient not receiving the required assistance to eat their meal and therefore nutrition not received

8.0 Monitoring and Audit

- 8.1 Audit of compliance with this Policy is included as part of the Mid Essex Mealtime Mission observational audit (Appendix 2). This audit is carried out by members of the Patient Council on a monthly basis to obtain a “through patient eyes” viewpoint, Preceptorship nurses bimonthly as part of their Nutritional study session and Catering supervisors as on an annual basis to capture weekend and evening observation. There is immediate feedback to ward sisters and quarterly trend analysis is tabled at the Nutrition steering group and then circulated to ward sisters in order action and maintain high quality care.
- 8.2 Auditing the Datix reported risk events and complaints – report quarterly to the Nutrition Steering Group for thematic analysis.

9.0 Infection Control Procedures

- 9.1 Trust guidelines on Infection Control will be adhered to by all staff.
- 9.2 Hands must be decontaminated according to the Trust’s Hand washing Policy before and after assisting patients with meals.

10.0 Implementation and Communication

- 10.1 Policies and Guideline Team will ensure that the ratified policy will be uploaded to the intranet and website and notified in Focus.
- 10.2 It is the responsibility of the author to provide individual email copies to those involved in patient mealtimes.

11.0 References

BDA (2003) British Dietetic Association

HCA (2004) Hospital Caterers Campaign for Protected Mealtimes.

RCP (2002) A Doctor’s Responsibility, Royal College of Physicians: London.

British Association for Parenteral and Enteral Nutrition BAPEN (1999) Hospital food as treatment.

BAPEN (2010) Malnutrition Matters. Meeting Quality Standards in Nutritional Care.

BAPEN (2012) The Malnutrition Carousel

DoH (2010) Essence of Care. Patient-focused benchmarks for clinical governance. Department of Health: London.

National Institute for Clinical Excellence NICE (2006) CG 56- Nutrition Support in Adults

Council of Europe (2009) 10 Key Characteristics of good nutritional care in hospitals

National Patient Safety Agency NPSA (2008) Key aspects of protected mealtimes. Section 8

CQC (2010) Essential Standards of Quality and Safety -Outcome 5.

CQC (2011-12) Dignity and Nutrition Inspection reports

CQC (2014) National Standards 2. You should expect care, treatment and support that meet your needs

Background to Protected Mealtimes

The Protected Mealtimes philosophy is a well-established initiative of the Better Hospital Food Programme. It has the support of many national organisations such as the British Dietetic Association (BDA 2003), with supporting reports from the Hospital Caterers Association (HCA 2004), British Association of Parenteral and Enteral Nutrition (BAPEN 1999-date), Royal College of Physicians (RCP 2002) and the Department of Health (DoH 2010).

The Care Quality Commission (CQC) have published two Dignity And Nutrition Inspection (DANI) reports in 2011 and 2012 which highlight the need for well-coordinated and protected mealtime provision in order for patients' to get the food and drink they need to meet their dietary needs. (CQC 2014)

It has been estimated that malnutrition ("under-nutrition") affects over 3 million people in the UK. Of these about 1.3 million are over the age of 65, whilst most of those affected are living in the community (about 93% or 2.8 million people). BAPEN's Nutrition Screening Week surveys (2007-2011) have shown that 25-34% of patients admitted to hospital are at risk of malnutrition, 30-42% of patients admitted to care homes are at risk of malnutrition and 18-20% of patients admitted to mental health units are at risk of malnutrition. Surveys of the 700,000 people living in sheltered housing using 'MUST' criteria have shown that 10-14% is at risk of malnutrition. Dr Mike Stroud, a previous Chair of BAPEN coined the term "Malnutrition Carousel" which describes this downward vicious spiral which includes the statistical evidence of 70% patients weigh less on discharge from Hospital. (BAPEN 2012)

The therapeutic role of food within the healing process cannot be underestimated and food and the service of food have an essential part of treatment within hospital. Good nutrition facilitates healing; malnutrition delays, inhibits and complicates the process (Williams and Leaper 2000). Nutritional support is fundamental to patient care and needs vary on an individual patient basis.

SSKIN (NHS Midlands and East 2012) the algorithm for the prevention of pressure damage, recognises that Nutrition/hydration as essential, by helping patients have the correct diet and plenty of fluids can reduce the risk of harm through pressure damage. However, food, even if it is of the highest quality, is only of value if the patient actually has the opportunity to eat it.

Appendix 2 - Audit Tool



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