



# ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

THURSDAY, 19TH NOVEMBER, 2015

At 7.00 pm

in the

COUNCIL CHAMBER - TOWN HALL,

## SUPPLEMENTARY AGENDA

### PART I

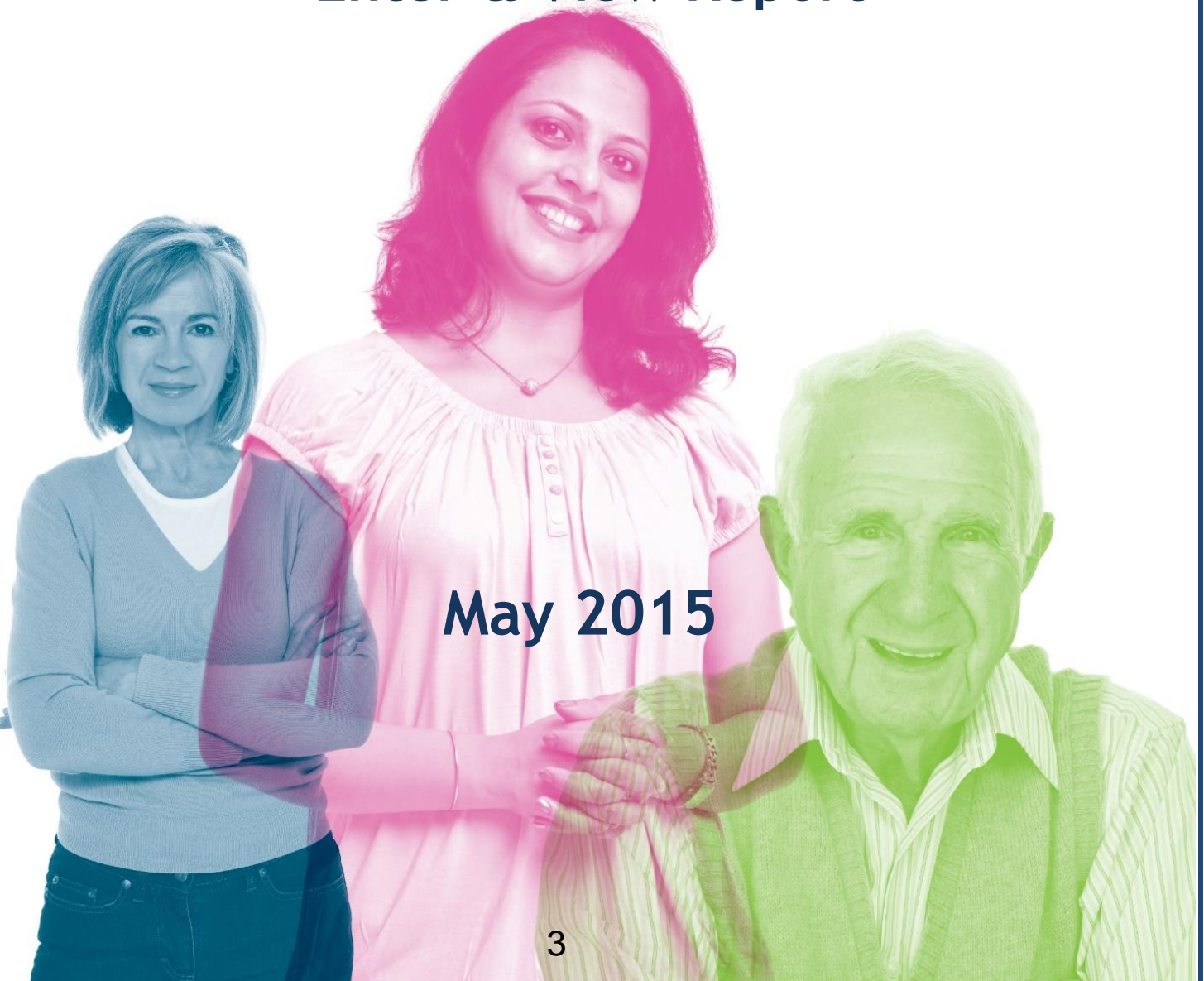
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Wexham Park Hospital

# Patient Mealtime Experience

Enter & View Report



May 2015

## Wexham Park Hospital

### Patient Mealtime Experience Enter & View Report

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### Details of Visit

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<b>Address:</b>	<b>Wexham Park Hospital</b>
<b>Date and Time:</b>	Six visits between the 8 <sup>th</sup> April to 22 <sup>nd</sup> April 2015
<b>Reason for visit:</b>	<b>To look at the overall experience for patients of meals and mealtimes, including the assistance offered, and how this impacts on their stay in hospital.</b>

### Acknowledgements

Healthwatch Windsor, Ascot and Maidenhead would like to thank everyone who assisted us. Throughout our visits, we found patients and families happy to discuss their experiences with us. We found the hospital staff and the catering company's staff very willing to answer our questions and we would like to thank everyone for their time and for their patience in helping us to carry out this survey.

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### What is Healthwatch?

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Healthwatch WAM is the independent consumer champion for health and social care in the Royal Borough of Windsor and Maidenhead, created to gather and represent the views of the public and to effect positive change to services.

### What is Enter and View?

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Part of the Healthwatch WAM programme is to carry out Enter and View visits. Healthwatch WAM's Authorised Representatives may carry out visits to health and social care services to see how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows representatives of Local Healthwatch organisations to enter and view premises and carry out observations for the purpose of carrying on of Local Healthwatch activities at premises including hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can take place if people tell us there is a problem with a service, but they can also happen when services have a good reputation - so we can learn about and share examples of what they do well.

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**Disclaimer:** This report relates only to the service viewed during the visits and is representative of the views of the service users, visitors and staff who contributed to the report on those dates.

## Purpose of the visits

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Following an inspection in February 2014 Wexham Park Hospital was placed in Special Measures by the Care Quality Commission. Concerns were raised with Healthwatch WAM about the lack of assistance with meals when patients were in the hospital. As an outcome of its representation at the Wexham Park Hospital 'Improving Patient Experience Group', Healthwatch WAM was invited by the Hospital to undertake an Enter and View study of the assistance its patients receive to eat and drink. In addition, as part of its function to support the improvement of health and social care services for their users, we decided to discuss with patients their experience of meals and mealtimes. Part of the Care Quality Commission's Regulations and Guidance *Meeting nutritional and hydration needs* (Regulation 14), has been used as the basis for some of our questions (See Appendix 1).

In October 2014, Heatherwood and Wexham Park became part of the Frimley NHS Foundation Trust. Wexham Park Hospital began having open visiting during 2014. Patients, relatives and staff on most wards gave us their views on the effect of the changes, particularly for mealtimes.

Our aim for this series of visits was to look at the overall experience for patients of meals and mealtimes, including the assistance offered, and the impact of this on their stay in hospital. It is a 'snapshot' during two weeks in April 2015 of both the positive and negative experiences of the patients. We have made some recommendations, both from our own observations and also from the suggestions that came from patients and relatives.

## Methodology

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The team of eight volunteers and one staff member, all trained Enter and View Authorised Representatives (ARs) interviewed patients, relatives and staff over a period of six days, from 8<sup>th</sup> -22<sup>nd</sup> April 2015. Six visits, four at lunchtime and two at the evening mealtimes, took place. Healthwatch WAM agreed a timescale with senior hospital staff for the survey, but hospital staff were not informed in advance of the actual dates, times or the wards we would be visiting.

We visited fifteen of the hospital's twenty three wards, but excluded maternity, children's and wards for more critical care. Mealtimes take place between 12:00-12:30pm and 5:00-5.30pm in most wards, so it was not always possible to observe the service from beginning to end, but we were present at various stages of the process.

In addition to speaking to patients and relatives, we spoke to the senior person in charge on each ward or a senior member of the team, asking specific questions about the

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management of mealtimes and assistance to patients. We asked staff which patients we should not approach, due to their frailty or capacity. On each ward we had a discussion with Sodexo staff (Sodexo is the catering contractor) about their role at mealtimes.

Our ARs used a series of survey questions, which included questions about assessment, assistance, meals and menus, hydration and hygiene. Where statistics are used, they are based on the responses from questionnaires where the majority of patients or relatives were able to answer most of the questions, and these totalled one hundred and fifteen in all. In addition, we have used our own observations and short conversations with patients where these are relevant. Patients were provided with written information about Healthwatch WAM, an explanation of the confidentiality of the survey and how to contact us if they wished to.

## Findings

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*To meet Regulation 14, Providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.*

## Protected Mealtimes

In twelve of the fifteen Wards the staff told us that there is a Protected Mealtimes policy in place, usually for the thirty minutes during the serving of the meals e.g. 12:00 - 12.30pm. 68% of those patients responding said that they had uninterrupted mealtimes. Patients were not always concerned if the interruptions were for their benefit and staff said it was sometimes dieticians and speech therapists who would visit at mealtimes to carry out assessments.

In most wards we did not see posters or leaflets about mealtimes, although a useful laminated information leaflet about patients hospital stay was seen on most bed tables in one ward. In two wards, staff told us new notices were awaited.

In one ward, a bell rang ten minutes before meals were served and patients said this was useful, both for patients getting ready for the meal and to alert visitors if they were not there to assist. Staff told us they would encourage visitors during mealtimes if they were supporting patients to eat and drink, but one senior nurse said '*visitors are sent out if they are seen to be distracting patients from their meals*' and another encouraged visiting only before and after mealtimes if visitors were not assisting. Relatives were particularly pleased to have the opportunity to support patients.

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## Assessments

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*Nutrition and hydration assessments must be carried out by people with the required skills and knowledge. Where a person is assessed as needing a specific diet, this must be provided in line with that assessment. Nutritional and hydration intake should be monitored and recorded to prevent unnecessary dehydration, weight loss or weight gain. Action must be taken without delay to address any concerns. Guidance for Regulation 14(4)(a)*

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Senior staff told us that a MUST (Malnutrition Universal Screen Tool) assessment process should be undertaken for every patient as part of their admission process. We asked patients if enquiries had been made about their dietary needs or preferences; difficulties with eating or swallowing; whether they had been measured for height and weight; and if

they were aware of any assessment or specialist input from a dietician, for instance. More than 90% of the patients told us they had been weighed and some who had been in the hospital for longer periods said they had been weighed on a regular basis.

Some patients (22%) said they thought they had been assessed by a specialist dietician or speech therapist, but not all were sure. A small number said they had thickened drinks after an assessment, to assist swallowing, others having soft or pureed diet. We saw a nice example of a pureed meal, with each element of the meal separated and shaped on the plate.

More than 60% said they did not need a special diet or it could be met by the choices on the menu, such as vegetarian, diabetic or Halal meals. A small number of comments were made regarding more limited diets such as gluten-free or lacto-free: one patient, for instance, told us they had waited five days for gluten-free toast to be provided.

## Choosing Meals

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*People should be able to make choices about their diet.*

*Guidance for Regulation 14(4)(c)*

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On each of the fifteen wards, we asked the Sodexo staff member, known as the Food Hostess, how patients choose their meals and their role in providing the meals to them. All said that they visit patients with a menu, usually two to three hours before service. The hostesses said the nursing staff have the responsibility to ensure that patients have the right type of food, any special diet, and know who needs assistance. Information is recorded in a book or on a white board in the kitchen, which we observed. In two wards however, we were told that the information is not always kept up-to-date.

In some wards information about special diets, such as soft, fork mash, Halal and gluten free is available in addition to the small print Sodexo menus (see Appendix II). A series of symbols denote special diets, such as ED - Energy dense; BC - Balanced choice; LF - Lower fibre, by each dish. However, it was not clear how much patients understood these or could easily see them as patients told us they were unsure of what the codes actually meant.





We asked patients how they chose their meals. Some patients told us that they had a copy of the menu, while others had the menu read to them by the hostess. A small number said they probably had only a selection or their preferences read out. We asked about visual aids to help with the choosing of meals, and in some wards were shown photographs, although we were informed that these are seldom used. Only one hostess told us that she takes them around to the patients. Others said they were not used at all, with staff member saying '*the patients don't ask for them*'. However, two Sodexo staff told us photos would be included when the new menu is produced. Menus were not produced in other languages at the time of our visit.

Two hostesses told us that patients could change their choices up until the time they went to the main kitchen to collect the meals, but from conversations with some of the patients, it was not clear that this was known.

A small number said they did not always get the meal they thought they had requested.

When meals are brought to the ward kitchens, they are cooked for just over an hour. The oven/s, have sufficient capacity for all of the meals to be available at the same time.

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## Choice of Meals and Quality

*A variety of nutritious, appetising food should be available to meet people's needs and be served at an appropriate temperature. When the person lacks capacity, they must have prompts, encouragement and help to eat as appropriate. Guidance for Regulation 14(4)(a)*

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96% of the patients we spoke to said they were aware of the menu choices. Nearly 80% of the patients told us that the food was served at the right temperatures and was of sufficient quantity. In a very small number of cases, patients found the meals too small and said they were occasionally hungry, but several found the meals too large and suggested they would have liked the option to request a 'children's portion'. Although staff reassured patients that they could leave what they did not want, some patients were offended by this waste of food.

In the largest and busiest of the wards, the Acute Medical Unit, we did find more complaints about the meals not being hot, although it has two kitchens for its seventy six patients. Several patients, in this ward, told us that being served near the end of service meant the food was only ever warm.

Some patients said the lack of salt in their meals made them quite flavourless. Conversely, some patients found some meals too spicy, preferring plainer, more traditional food. Two meals, fish and chips, and a roast dinner, are only each available once a week, on Friday and Sunday respectively. We were informed that the roast dinner has been reintroduced '*by popular demand*'.

Although we did not visit at breakfast time, we did ask patients about their experience of breakfast and we saw the breakfast trollies. Apart from porridge, no hot food is served and those trying porridge said it was often cold. Breakfast is mainly cereals and toast, which patients said was satisfactory.

We spoke to patients who found they only liked limited items from the menu, so chose them daily. These included sandwiches, salads or jacket potatoes and beans. One person ordering the same sandwich and cold dessert for seven days said staff had not questioned their unvaried diet. Other patients said they relied on food and drinks brought in by their visitors, sometimes because of preference but also because of special dietary needs. Staff in two wards told us food could be ordered from the hospital's Restaurant for patients staying longer than three weeks, or on the advice of a dietician. This did not seem to be a general policy throughout the hospital however, as other staff we asked were not aware of this.

Positive Comments	Negative Comments
<ul style="list-style-type: none"> <li>• <i>Lovely food always</i></li> <li>• <i>Service and quality are good</i></li> <li>• <i>Enjoyed it all</i></li> <li>• <i>Food is fine, very good</i></li> <li>• <i>Temperature, presentation and sufficiency is good</i></li> <li>• <i>The Halal meals are superb</i></li> <li>• <i>Food is edible, though name doesn't always tell you what it is</i></li> <li>• <i>It's really quite good. They do very well</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>It's the same thing every week, doesn't help my motivation to eat</i></li> <li>• <i>The food is terrible because it is the same time and time again. It has been the same for the past two years and the soup is like water.</i></li> <li>• <i>Repetition of the menu needs addressing</i></li> <li>• <i>Lots of choice, but not what I want</i></li> <li>• <i>Potatoes are sometimes rock hard</i></li> <li>• <i>Far too big and off-putting</i></li> <li>• <i>We should be offered large or small portions</i></li> <li>• <i>Too much waste</i></li> </ul>

### **Assistance to eat and drink**

*People must have appropriate equipment or tools to help them eat and drink independently. Each person who requires support should have enough time to enable them to take adequate nutrition and hydration to sustain life and good health.*

#### **Guidance for Regulation 14(4)(d)**

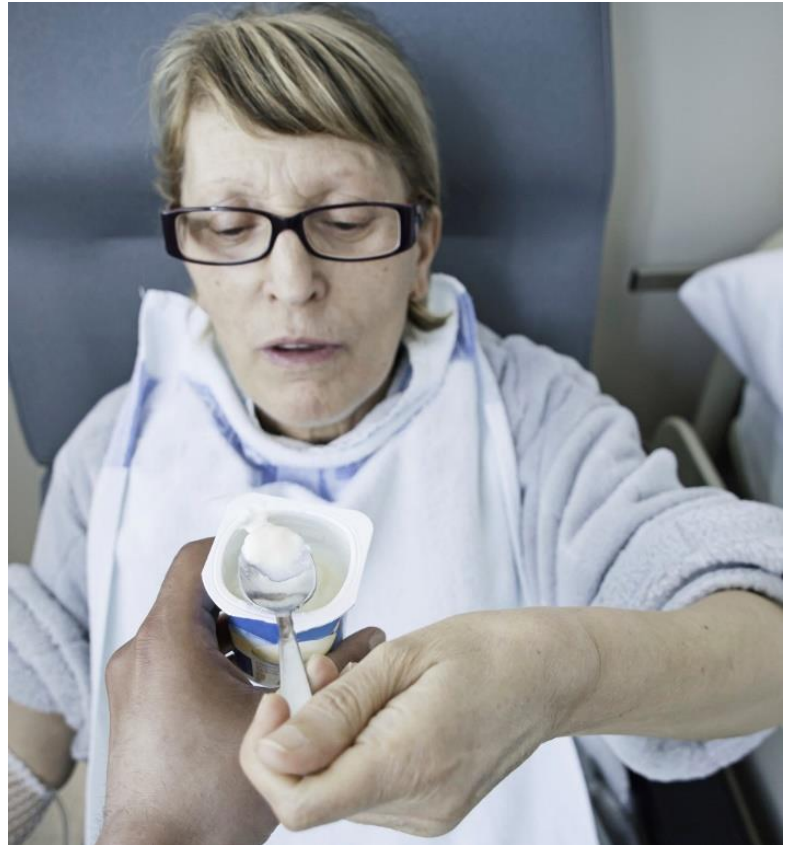
The proportion of patients requiring assistance on each ward varied considerably, from two patients to nearly all patients in the wards for older patients requiring help or encouragement. We were told that staffing levels were of a higher ratio in these wards to We asked patients to tell us about any assistance they needed. Just over half of the patients told us they had been asked if they required help, of which half again said that they did need some assistance, although mainly with the packaging, particularly for the sandwiches, desserts, juice cartons and condiment sachets. We found some contradictions and confusion among staff about the opening of food packaging and removing lids from the food.

In one ward, the Sodexo hostesses were opening packaging and removing lids from the meals for the patients, which they said was a recent policy change, but in others this was carried out by the staff who supported the patients with their meal. In another ward, we were informed the Sodexo staff *'do not have time to remove lids or open packaging'*.

Patients told us that staff would sometimes take off all of the lids at once, and so the food did not stay hot if, for example, they had a soup first. The policy on opening meals or packaging seemed to vary from ward to ward. There were mixed views from staff and patients about how this could best be carried out to ensure the meal was eaten freshly and at the right temperature.

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Due to the frailty, illness or disability of patients who required full assistance, we could not always get their views but did observe patients being assisted appropriately in most cases. Occasionally we saw a staff member standing by, rather than sitting by a patient, but generally patients were being assisted in a dignified and unhurried manner. In one ward for older patients, our Authorised Representative observed, *“Throughout the mealtime staff were engaged in assisting patients in a caring and dignified manner. Gently encouraging whilst interacting on a personal level. A pleasure to see such dedicated care”*.



The majority of patients and relatives with an opinion about whether there seemed to be enough help for patients, said they thought there was. Those who told us they needed some assistance said that they had not had to wait too long for help, that the support has been satisfactory, and the food was still at the right temperature. Patients said that the wait to have packaging opened was usually between five and ten minutes, but occasionally longer. We heard of one formal complaint about the lack of assistance being made on the busiest ward, the Acute Medical Unit.

We asked the Sodexo hostesses if any special cutlery or other equipment was available for patients. We were told that it was not routinely available but it could be obtained if required. We did see some patients using lidded beakers for their drinks. Food was usually placed within reach of patients on their over-bed tables although, in one busy ward, a patient was seen to be left lying down. Only two wards we visited had dining areas, which nursing staff told us could be beneficial to patients and one said, *‘the experience of being in bed and eating is not always enjoyable’*. Space is available in four other wards and we were informed tables and chairs were being obtained.

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## Hydration, Food and Drink Monitoring

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*Water must be available and accessible to people at all times. Other drinks should be made available periodically throughout the day and night and people should be encouraged and supported to drink. Guidance for Regulation 14(4)(a)*

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We asked patients whether they considered they had enough to drink throughout the day and 93% said that they did. Patients said their water topped up as needed and comments included ‘jugs are replenished quickly’, ‘refilled regularly’ and ‘you are constantly encouraged to drink’. Some patients preferred to supply their own bottled water. We did not observe any empty water jugs. The majority of patients said they had sufficient hot drinks.

Several patients mentioned the lack of an early morning drink, with the first one usually served with their breakfast. We asked staff about this and were told this was not always possible to provide, due to being so busy in the mornings. Patients told us they were usually offered hot drinks with their three meals, plus mid-morning, mid-afternoon and evening. Some patients told us they could request additional drinks but said ‘it depends which staff are on duty’ and ‘if they had time’.

The system of having red trays and red lidded water jugs for patients needing assistance with meals and encouragement to drink is in use in some wards. In one ward, which had predominately patients with dementia, staff said they were not use as ‘everyone needed assistance or encouragement to eat and drink’. It was variable in other wards and we did not see that the system was used with any consistency. One person with a red tray was self-sufficient, for instance, and one patient told us the red-lid was to do with monitoring their intake and output of fluid and not because of the need to be encouraged to drink.

Nursing staff are responsible for recording the food and drink intake for patients who required monitoring.



We did see food being returned to the kitchen with little eaten and were told nursing staff complete the charts detailing the amount of food consumed at the end of the shift. We

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were shown examples of the charts. Some Sodexo staff said that they would inform the nursing staff if they cleared away uneaten food. It was not clear to our Authorised Representatives how the monitoring of patients' food intake, particularly for the most vulnerable, was undertaken and where the responsibilities lie, as this seemed to vary from ward to ward.

## Hygiene

About three quarters of our respondents said they were given the opportunity to clean their hands prior to the meals, but usually by using the wipes provided. We saw these on most over-bed tables, although in one ward they had not been available for a while, which staff confirmed. Patients on each ward told us staff usually wore the appropriate protective clothing when serving food.

## Open visiting

The introduction of open visiting was popular with patients and relatives. Some staff told us they had been apprehensive about it but were now appreciative of the help that relatives were able to give, in particular, in supporting patients with their meals, in the wards with more frail patients, of providing company for the patients and helping to keeping safe those at risk of falls. Staff told us they tried to ensure that patients were not disturbed by other patients' visitors.

## General comments

Those patients who had had an operation or procedure and required food when they returned to the ward, said they were not kept waiting for too long, although not everyone could recall how long this had been. For patients who might come on to the ward, or require food after an operation, we were told that there are usually spare sandwiches, or sometimes a meal, available. We had been informed that meals should be available from the Accident and Emergency Department up to 11:00pm if required, but did not speak to anyone who had made use of this facility. Staff told us that food would be saved for anyone known to be having an x-ray, scan or other procedure during the day. We were told on all wards that bread, cakes, biscuits and drinks were always available, but noted many patients had their own supply.

Although the majority of patients were appreciative of the service and the staff, they were able to tell us of improvements which could make a stay in Wexham Park a better experience. For many patients, who have a short stay in one ward, their experience is satisfactory. Those who in for a longer period, or who have to return have different concerns. In particular, a good and varied choice of food is important to them in encouraging them to eat and keep well.

The inconsistencies in the management of wards were not necessarily apparent to the patients, particularly the use of red trays and red lidded jugs. However, other differences in policy, such as the how meals were unpackaged or uncovered, did cause some problems when they led to cold and unappetising meals.

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Although we asked patients if they knew the times that meals were meant to be served, and the majority said that they did, written information would be useful for visitors who are not there to assist, for instance, so that they can avoid these times. Information about visiting times we saw in the foyer of the hospital was unclear and was also out of date.

We noticed in several wards boards with symbols, behind patients' beds. We were informed some symbols may denote a risk of falling; the use of a red tray; whether they needed assistance to turn in bed; or a patient's confusion or dementia. We were told these were a recent introduction. However, not all of the staff we asked could tell us what the symbols meant, or whether they were relevant to the patient. One relative told us the patient they were assisting was wrongly identified as being confused, or needing assistance to turn; that she would need help with meals and drinks if her relatives were not present, was not indicated.

In the conversations with patients and relatives, our Authorised Representatives asked about any improvements that could be made. These included:

#### Observations from patients and relatives

- *A choice of meal size should be available*
- *More varied menus to ensure that long-term patients have a better choice to aid their recovery*
- *More fresh food, fruit and vegetables*
- *Packaging should be made easier to open*
- *More roughage to aid digestion, e.g. in cereals*
- *Larger napkins to avoid spills*
- *The availability of items such as fresh lemon, mayonnaise, Bovril and Ovaltine would be much appreciated*
- *The availability of an early morning hot drink would be a welcome addition for many patients*
- *That patients and visitors are informed, in advance, of meals being served e.g. by the use of a 10 minute warning bell*

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## Conclusions

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Overall, from our conversations from patients and relatives, we found that much works well, particularly for those patients who are in the hospital for a short stay. For patients staying more than one week however, there was some dissatisfaction with the limited range of menu choices. The majority of patients told us they were aware of the choices of meals available and that hot food was mostly served at the right temperature, and was of sufficient quality and quantity. Patients told us that they usually got the assistance they required.

However, in some areas, there is room for improvement and we found overall that currently there is a lack of consistency in working practices. Policies and procedures are implemented differently ward by ward, indicating a need for staff training in correct procedures.

There is also a need for clear information to be given to patients and relatives which would support patients to understand how the systems work. We were aware of the many changes underway because of the changes in management and hope that some of the differences we found will be addressed as these progress.

In addition to answering our questions, patients gave us their opinions about the hospital. Among the comments were *'staff are much more content and happy'* and *'there is improved morale in the hospital'*. Whilst the majority of the wards were full and very busy, we found staff pleasant and helpful to both the patients and to us.

However, as recorded at the beginning of this report, our visits were a 'snapshot' of mealtimes in the hospital. We have made recommendations based on what patients told us and our observations at the time. To continue this work, we hope to go back to the hospital in a few months to see how changes to the menu and to hospital procedures in general have impacted on the experience of the patients. We have an ongoing questionnaire on our website where patients can record their views of the areas examined in this survey and on any other aspects of the hospitals used by Windsor, Ascot and Maidenhead residents.



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## Recommendations

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- That systems and policies used in the management meals and mealtimes are consistent to ensure that patients and relatives know the services they can expect, and the hospital and catering staff are fully aware of their roles and responsibilities.
- That the systems for monitoring patients' food intake are consistent and staff are aware of their roles and responsibilities within the hospital's policy.
- That information leaflets and posters are readily available and visible to ensure that patients, visitors and staff have the information regarding the times of meals, visiting and protected mealtimes
- That the menu system is easy to read and understand for all patients and in any format which would support patients to be independent e.g. large print, illustrated, or in other languages
- That the opening of packaging and uncovering of meals is consistent and ensures that meals are served at the correct temperature, assisting patients to enjoy and benefit from their meals\*.
- That the use of red trays and red lids on water jugs is applied consistently to ensure that patients and relatives can be assured that staff are meeting the needs of patients who require support
- That the use of any system, such as symbol boards, is clear to everyone involved and the symbols are used accurately to support the best possible care for the patient
- That a new menu offering patients a wider choice of meals to provide greater variety is introduced as soon as is practically possible
- That patients' suggestions of more fresh fruit and vegetables, variable portion sizes and early morning drinks are given consideration
- That Sodexo staff are trained to optimise the quality of the food they serve

\*Healthwatch WAM would like to offer to assist through providing a patient focus group to work with the Trust and Sodexo to make recommendations to improve the procedures relating to presentation of packaged food.

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## Service Provider Response

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Frimley Health NHS Foundation Trust  
**Wexham Park Hospital**  
Wexham Street  
Slough  
Berkshire  
SL2 4HL

5<sup>th</sup> August 2015

Dear Healthwatch WAM,

I am pleased to read that overall you found much that works well and that most of the patients and relatives reported a positive experience. I have included a table below to address some of your points and recommendations from the report and I hope you find this useful. This report and our response has also been shared with Mr Mark Turnbull, Sodexo catering manager. Sodexo has also appointed a Facilities Matron who understands both the clinical needs and the Sodexo needs and has a good track record in aligning the two services and their goals.

<b>You Said</b>	<b>Our Response</b>
Ensure consistency of the use of policies for mealtimes to ensure the patient and relatives know what to expect and the hospital and catering staff are fully aware of their roles and responsibilities.	The policies relating to nutrition and protected mealtimes are due for alignment across Frimley Health. As soon as this has taken place we will share them with Healthwatch via our regular meetings.
Systems for monitoring patients' food intake are consistent and staff are aware of their roles and responsibilities	This will be included as part of the review above, however the ward sisters will be reminded of the current policy in relation to this point.
That the use of red trays and red lids on water jugs is applied consistently	This will be included as part of the review above, however the ward sisters will be reminded of the current policy in relation to this point.
Information leaflets and poster are readily available and visible	Mealtime information is now printed on the new menus (from 1 <sup>st</sup> May) and is easily accessible in the new bedside folders which were implemented at the end of April 2015.
Ensure the menu system is easy to read and understand for all patients and in any format which would support people to be independent	New menus have introduced some pictures to assist with understanding. Each ward has a photo folder which was updated in May and all ward sisters were reminded of the resource available to them. There are no plans to print

	the menus in different languages.
That the opening of packaging and uncovering of meals is consistent and ensures that meals are served at the correct temperature.	Ward sisters will be asked to remind staff serving meals to ask if the patient requires assistance to open any packaging. Sodexo staff will be reminded that the standard for serving is to remove the film lid in the kitchen and cover with a cloche ready for the ward staff to serve.
The use of any system, such as symbol boards, is clear to everyone involved and the symbols are used accurately to support the best possible care for the patient	Ward sisters will be reminded of their responsibility to reflect the correct symbols for each individual patient.
That a new menu offering patients wider choice of meals to provide greater variety is introduced as soon as is practically possible	New menu was introduced on 1 <sup>st</sup> May following a review and feedback from patient representatives and also feedback from Healthwatch Bracknell Forest. Patients who stay more than 3 weeks are already able to select one meal per day from the restaurant. As a result of your feedback the ward sisters will be reminded of this service.
Patients' suggestions of more fresh fruit and vegetables, variable portion sizes and early morning drinks are given consideration	Fresh fruit is available as part of the current meal service with the morning and afternoon tea rounds. It is unfortunately not currently possible to vary portion sizes. Early morning drinks are the responsibility of the ward staff and the ward sisters will be reminded of this.
Sodexo staff are trained to optimise the quality of the food they serve	Sodexo staff already complete a comprehensive training package prior to starting on a ward. The new Facilities Matron will address any further issues identified.

Your report will be shared with the wider team and across Frimley Health for the learning points and I look forward to continuing to work with you to improve patient experience.

Yours sincerely

Sally Brittain  
**Deputy Director of Nursing - HWP**

## APPENDIX I

### Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

#### Regulation 14: *Meeting nutritional and hydration needs*

14.—The nutritional and hydration needs of service users must be met.

1. Paragraph (1) applies where—
  - a. care or treatment involves—  
the provision of accommodation by the service provider, or  
an overnight stay for the service user on premises used by the service for the purposes of carrying on a regulated activity, or
  - b. the meeting of the nutritional or hydration needs of service users is part of the arrangements made for the provision of care or treatment by the service provider.
2. But paragraph (1) does not apply to the extent that the meeting of such nutritional or hydration needs would—
  - a. result in a breach of regulation 11, or
  - b. not be in the service user's best interests.
3. For the purposes of paragraph (1), "nutritional and hydration needs" means—
  - a. receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health,
  - b. receipt by a service user of parenteral nutrition and dietary supplements when prescribed by a health care professional,
  - c. the meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious or cultural background, and
  - d. if necessary, support for a service user to eat or drink.
4. Section 4 of the 2005 Act (best interests) applies for the purposes of determining the best interests of a service user who is 16 or over under this regulation as it applies for the purposes of that Act.

#### Component of the regulation

**14(1)** The nutritional and hydration needs of service users must be met.

#### Providers must have regard to the following guidance

- Providers must include people's nutrition and hydration needs when they make an initial assessment of their care, treatment and support needs and in the ongoing review of these. The assessment and review should include risks related to people's nutritional and hydration needs.
- Providers should have a food and drink strategy that addresses the nutritional needs of people using the service.

**14(2)** Paragraph 1 applies where—

(a) care or treatment involves—

the provision of accommodation by the service provider, or

an overnight stay for the service user on premises used by the service for the purposes of carrying on a regulated activity, or

(b) the meeting of the nutritional or hydration needs of service users is part of the arrangements made for the provision of care or treatment by the service provider.

**14(3)** But paragraph (1) does not apply to the extent that the meeting of such nutritional or hydration needs would—

(a) result in a breach of regulation 11, or

(b) not be in the service user's best interests

**14(4)** For the purposes of paragraph (1), "nutritional and hydration needs" means—

- Providers must meet people's nutrition or hydration needs wherever an overnight stay is provided as part of the regulated activity or where nutrition or hydration are provided as part of the arrangements made for the person using the service.

- Providers must follow people's consent wishes if they refuse nutrition and hydration unless a best interests decision has been made under the Mental Capacity Act 2005. Other forms of authority such as advance decisions should also be taken into account.
- CQC recognises that some services may vary the way they apply this regulation to take account of people's assessed needs and wishes. This includes specialist eating disorder services and some palliative care or end of life situations.

**14(4)(a)** receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health,

- Nutrition and hydration assessments must be carried out by people with the required skills and knowledge. The assessments should follow nationally recognised guidance and identify, as a minimum:
  - requirements to sustain life, support the agreed care and treatment, and support ongoing good health
  - dietary intolerances, allergies, medication contraindications
  - how to support people's good health including the level of support needed, timing of meals, and the provision of appropriate and sufficient quantities of food and drink.
- Nutrition and hydration needs should be regularly reviewed during the course of care and treatment and any changes in people's needs should be responded to in good time.
- A variety of nutritious, appetising food should be available to meet people's needs and be served at an appropriate temperature. When the person lacks capacity, they must have prompts, encouragement and help to eat as appropriate.
- Where a person is assessed as needing a specific diet, this must be provided in line with that assessment. Nutritional and hydration intake should be monitored and recorded to prevent unnecessary dehydration, weight loss or weight gain. Action must be taken without delay to address any concerns.
- Staff must follow the most up-to-date nutrition and hydration assessment for each person and take appropriate action if people are not eating and drinking in line with their assessed needs.
- Staff should know how to determine whether specialist nutritional advice is required and how to access and follow it.
- Water must be available and accessible to people at all times. Other drinks should be made available periodically throughout the day and night and people should be encouraged and supported to drink.
- Arrangements should be made for people to receive their meals at a different time if they are absent or asleep when their meals are served.
- Snacks or other food should be available between meals for those who prefer to eat 'little and often'.

**14(4)(b)** receipt by a service user of parenteral nutrition and dietary supplements when prescribed by a health care professional,

- Providers must have systems to make sure that people using the service receive their prescribed parenteral nutrition and dietary supplements at the specified times.
- Parenteral nutrition and dietary supplements must only be administered by appropriately qualified, skilled, competent and experienced staff.

**14(4)(c)** the meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious or cultural background, and

- People should be able to make choices about their diet.
- People's religious and cultural needs must be identified in their nutrition and hydration assessment, and these needs must be met. If there are any clinical contraindications or risks posed because of any of these requirements, these should be discussed with the person, to allow them to make informed choices about their requirements.
- When a person has specific dietary requirements relating to moral or ethical beliefs, such as vegetarianism, these requirements must be fully considered and met. Every effort should be made to meet people's preferences, including preference about what time meals are served, where they are served and the quantity.

**14(4)(d)** if necessary, support for a service user to eat or drink

- People's food must be placed within their reach and presented in a way that is easy to eat, such as liquidised or finger foods where appropriate.
- Food must be served and maintained at the right temperature for the whole mealtime.
- People should be encouraged to eat and drink independently. They should receive appropriate support, which may include encouragement as well as physical support, when they need it.
- People must have appropriate equipment or tools to help them eat and drink independently.
- Each person who requires support should have enough time to enable them to take adequate nutrition and hydration to sustain life and good health.

### 2 How to use this guide

Choose a starter, a main course from the Main Course and a Dessert. Separate menus for cultural traditions are available on request. If you have any other special dietary requirements please inform a member of our staff.

### 1 Starters

- Orange, apple or pineapple juice
- Soup
- Waffle or Windermere Bread roll

### 2 Main Courses

- Sandwiches**  
Available to order with (W) or without (B) bread
- Cheese & Pickle Sandwich (W & B)
  - Cheddar Cheese Sandwich (W & B)
  - Cheese & Tomato Sandwich (W)
  - Egg Mayonaisse Sandwich (W & B)
  - Plain Tuna Sandwich (W & B)
  - Salmon & Cucumber Sandwich (W & B)
  - Chicken & Stuffing Sandwich (W)
  - Vegetarian Sausage & Pickle Sandwich (W & B)
  - Beef Sandwich (W & B)
  - Ham Salad Sandwich (W)
- Salads**  
Available to order with (W) or without (B) bread
- Cheddar Cheese Salad
  - Egg Salad
  - Plain Tuna Salad
  - Cheese & Tomato Quiche Salad

### Hot Selection

- Chicken with Rice** - Chicken & beef/pork/steak served with white rice, peas and carrots, potatoes, gravy and onion sauce.
- Beef with Cheese & Beans** - Beef served with beans & cheese.
- Macaroni Cheese with Broccoli & Cauliflower** - Macaroni & cheese sauce served with grilled broccoli, cauliflower and mushroom. To go.
- Vegetarian Chili** - Beef chili with rice, kidney beans and jalapeno cheese.
- Chicken Chasseur** - Chicken in a wine, onion, tomato, garlic and herb sauce served with sauté potatoes and peas.
- Savory Mince Pie** - Mince pie, mince and cranberry in a beef mince, with cranberry sauce, served with custard and sauce and a hot drink.
- Beef Casserole** - Beef casserole with onion, potato & herb stuffing.
- Chicken Tikka Masala** - Chicken tikka in a fragrant sauce & mixed vegetables served with rice & naan.
- Chunky Fish Pie** - Cold and hot fish pie, with potatoes and green beans, served with potato, carrots, cauliflower and peas.
- Fish, Cheese & Muenster Peas - FRIDAY ONLY** - Fried fish, cheese and muenster peas.

### 3 Desserts

- Rosol Chicken and Stuffing - SUNDAY ONLY**  
Sliced chicken served with rice, potatoes, peas, carrots, green beans, onion & stuffing. To go.
- Desserts - Hot Selection**
- Sticky Toffee Pudding
  - Steamed Raspberry Sponge
  - Rice Pudding
  - Apple and Blackberry Flapjack Crunch
  - Custard
  - Desserts - Cold Selection
  - Fruit Jelly
  - Vanilla Ice Cream
  - Peach Slices in Juice
  - Thick & Creamy Yoghurt
  - Crème Caramel
  - Banana
  - Chocolate & Biscuits with Butter
  - Banana
  - Orange
  - Ramona & Quince available on request

### Sausage, Mash with Peas & Carrots

- Sausage, mash with peas & carrots
- 2. Sausage, mash with potatoes, gravy, peas and baby carrots
- All Day Breakfast
- Tomato, onion, sausage & beef burger
- Steakhouse Pile of Vegetables
- Stepped side with chips, carrots, potatoes, onions and peas.

- Energy drink
- Espresso coffee
- Soft
- Submarine
- Vegetarian
- Tea
- Hot Tea

By virtue of paragraph(s) 1, 4 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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