

PATIENT PROTECTED MEAL TIMES POLICY

To be read in conjunction with the Nutrition and Hydration Policy
 and the Dysphagia and Nutritional Support Policy

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DOCUMENT CONTROL

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Intended recipients: All staff, students and volunteers who are involved in patient mealtimes.			
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1. INTRODUCTION

- 1.1 Meal times are not only a vehicle to provide patients with adequate nutrition, but also provide an opportunity to support social interaction amongst patients. The therapeutic role of food within the healing process cannot be underestimated. However, food – even if it is of the highest quality – is only of any value if the patient actually eats it.
- 1.2 Clinical areas where meals are served often adopt different approaches to meal times. These can vary both between wards and from day to day. In addition, there are a number of environmental factors which may influence whether a patient eats or not.
- 1.3 The Patient Protected Meal Times Policy will seek to provide a framework for meal times without stifling new ways of working, placing the patient at the centre of the meal time experience.
- 1.4 The cultural, gender, religious and other differences of patients will be taken into account at all times when staff are actively involved in the monitoring, supporting and assessing those patients for which feeding issues have been identified.

2 PURPOSE AND SCOPE

- 2.1 The understanding of the importance of the patient meal experience and of nutritional requirements is increasing within the wider healthcare team. Food and the service of food are now regarded by many as an essential part of treatment.
- 2.2 It is estimated that up to 40% of patients are malnourished on admission and often their stay exacerbates the condition. Certain groups of patients such as the older person, the long terms condition patient and the patients suffering from dementia have particular dietary and eating requirements that need to be met to prevent malnutrition and to aid recovery.
- 2.3 The ward environment, presentation of food and the timing and content of meals are important elements in encouraging patients to eat well. The importance of structured meal times needs to be re-emphasised and ward-based staff given the opportunity to focus on the nutritional requirements of patients at meal times.
- 2.4 The aims of this policy are:
 - to improve the “meal experience” for patients by allowing them to eat meals without disruption
 - to improve the nutritional care of patients by supporting the consumption of food
 - to support ward-based teams in the delivery of food at meal times
 - to ensure that meal times are a key priority and social activity for patients
 - to maintain privacy and dignity with Essence of Care guidelines and benchmarking tools at Community Hospitals

3 DUTIES AND RESPONSIBILITIES

- 3.1 **The Trust Board, via the Chief Executive** is responsible for ensuring the Trust has a policy to promote protected mealtimes as well as arrangements for the fulfilment these policy requirements.
- 3.2 **The Director of Nursing and Patient Safety** is responsible for overseeing the local control of and the implementation of this policy.
- 3.3 **Ward Managers and Team Leaders** are responsible for ensuring that this policy is implemented in their clinical areas, and that the importance of nutrition for patients is discussed at induction for all new staff.
- 3.4 **Registered Nurses** are responsible for monitoring, supporting and assessing those patients for which feeding issues have been identified.
- 3.5 **All Trust staff, students and volunterers involved in patient meal times** should:
- provide meal times free from avoidable and unnecessary interruptions
 - create a quiet and relaxed atmosphere in which patients/clients are afforded time to enjoy meals, limiting unwanted traffic through the ward during meal times – for example estates work and linen deliveries.
 - Recognise and support the social aspects of eating
 - provide an environment conducive to eating – that is welcoming, clean and tidy
 - limit ward-based activities, both clinical, for example drug rounds, and non-clinical (for cleaning tasks) to those that are relevant to meal times or 'essential' to undertake at that time.
 - focus ward activities into the service of food providing patients with support at meal times
 - emphasise to all staff, patients and visitors the importance of meal times as part of care and treatment for patients
- 3.6 **Rehabilitation, Speech and Language teams and dieticians** will support nursing teams in assessment, rehabilitation and treatment plans required to enable an adequate nutritional intake. Including mobilising patients who are for rehabilitation to the quiet areas for meals and to assess any equipment or aids that are needed for this activity, completing swallow assessments and offering advice on diet options.

4 PATIENT PROTECTED MEAL TIMES

- 4.1 In order to maximise the benefits to patients from the meal time experience, clinical staff are required to prepare themselves, the environment and their patients prior to the service of food and provide appropriate hand washing/cleansing facilities
- 4.2 The following principles must be adopted in all clinical areas where patients receive food. However, it is acknowledged that in a number of clinical settings patients manage their own meal time preparations.

- 4.3 Patient protected meal times are periods when all ward-based activities, where appropriate, stop to enable nurses, ward-based teams, housekeeping staff and volunteers to serve food and give assistance and support to patients.
- 4.4 Rehabilitation teams and nursing teams will assist with meal time activities to support the patients in mobilising to dining areas and quiet areas for meals and to carry out an assessment of this activity and their needs on discharge.
- 4.5 Patients should be able to eat their food in a relaxed environment, at their own pace, and be supported back to their beds to rest afterwards.
- 4.6 All staff will make food a priority during meal times, providing assistance and encouraging patients to eat; being aware of how much food is eaten and identifying patients nutritionally at risk.
- 4.7 Ward-based teams will organise their own meal times to maximise the number of staff available to deliver and assist patients with food.
- 4.8 Where appropriate, ward-based teams will provide patients with assistance to use the toilet prior to the service of food.
- 4.9 To actively encourage support from families, carers and volunteers during mealtimes where appropriate
- 4.10 Patients requiring assistance with food will be identified to the ward/unit team prior to the service of meals. Patients under the care of the Community Directorate who require assistance are considered high priority and will be allocated a red tray to alert staff to this need. Patients under the care of the Mental Health Directorate will have their nutritional needs identified within their care plans.
- 4.11 Where a patient has been assessed by the Speech and Language team as requiring a special diet e.g. type C, D, E, the senior nursing staff on duty will ensure the appropriate meal is served to the patient with supervision throughout consumption and follow the guidance within the Dysphagia in Adults Guidelines.
- 4.12 The ward will be closed to visitors during meal times, unless they are supporting the patient with their eating. The patient and their relatives should be made aware of the Protected Meal Time Policy as soon after admission as is reasonably possible.
- 4.13 Staff directly involved with patients at meal times will avoid answering the telephones. Clinical areas may consider ensuring ward receptionists take telephones messages at meal times and do not regularly interrupt staff unless urgent.

- 4.14 Consideration will be given to where patients sit to eat their meals, providing, where possible, separate dining areas, supporting the social aspects of meal times whilst respecting the preferences of the individual.
- 4.15 Each table will be clean and suitably prepared prior to the service of food and beverages, with appropriate cutlery, crockery and condiments.
- 4.16 Bed tables and eating areas will be cleared, prior to the service of food of items not conducive to meal times.
- 4.17 Any patient who has declined a meal to be asked one hour later whether they would consider a light snack.

5 DOCUMENTATION

- 5.1 All patients admitted to a Somerset Partnership in-patient ward must have a nutritional assessment completed using the Malnutrition Universal Screening Tool (MUST) on admission. This must be recorded in the patient record. Please see the Nutrition and Hydration Policy for details.
- 5.2 Where the patient has been assessed as malnourished, food and fluid charts must be utilised to document nutritional intake.
- 5.3 Where the patient has been assessed as needing assistance with their nutrition the appropriate care plan must be used to document any progress or changes.
- 5.4 If a patient misses an entire meal, this must be reported by completing an incident report using DATIX, and documented in the patient record.

6 TRAINING REQUIREMENTS

- 6.1 The principle of a patient protected meal time needs to be established within the ward routine and structured day. Ward Managers must ensure that protected meals are maintained for patients and this should be monitored locally to ensure best practise continues.
- 6.2 Appropriate signage should be developed and displayed outside the ward to inform staff and visitors of the patient protected meal time period.
- 6.3 Medical staff and other healthcare professionals should be consulted in changes to ward routines to ensure patient care is enhanced.
- 6.4 Nursing and housekeeping staff must be aware of the Essence of Care, Food and Nutrition benchmark, the importance of patient nutrition and the environmental impact in food consumption.
- 6.5 The principles of patient protected meal times will be included within the induction training for all staff.

- 6.6 Communicating the principles of patient protected meal times to visitors and carers should not be overlooked. Carers and visitors can support patients with food and should be enabled to fulfil this role.
- 6.7 Emphasise will be given to the importance of teamwork and co-operation between support staff and ward-based teams.
- 6.8 Ward-based teams will be supported in the policing of the Protected Meal Times Policy by the Matron and/or the management team.

7 EQUALITY IMPACT ASSESSMENT

- 7.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

8 MONITORING COMPLIANCE AND EFFECTIVENESS

Monitoring arrangements for compliance and effectiveness

- 8.1 Audit of NICE Quality Standard 24 (Nutrition Support in Adults) is incorporated into the Trust's Three Year Clinical Audit Plan, and may cover certain elements of this policy. This audit will be appropriately prioritised according to an agreed system for determining the frequency of audit.
- 8.2 The responsibility for undertaking any audit and signing off key recommendations is held by the appropriate Best Practice Group. Progress with any recommendations is included within the Best Practice Group six-monthly report to Clinical Governance Group".
- 8.3 Ward Managers are responsible for local monitoring of compliance with this policy. All audits, incidents, complaints and feedback related to this policy will be monitored through the Nutrition Best Practice Group, and learning points will be disseminated via 'Whats On' and through the relevant Best Practice Groups and Sisters Meetings.

9 COUNTER FRAUD

- 9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

10 RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

10.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

10.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 16:	Notification of death of service user
Regulation 17:	Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
Regulation 18:	Notification of other incidents

10.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

11 REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

11.1 References

The Patients Association – Malnutrition in the community and hospital setting - August 2011
National Institute for Health and Care Excellence – Nutrition support in adults QS24 November 2012

National Institute for Health and Care Excellence – Service user experience in adult mental health QS14 – December 2011

National Institute for Health and Care Excellence – Patient experience in adult NHS services QS15 – February 2012

AGE UK - Still hungry to be heard – The scandal of people in later life becoming malnourished in hospital 2010
Nutrition Policy 2012

South West Dementia Partnership Standards for Dementia Care in General Hospitals 2011

NHS Estates, Housekeeping Project (England) – ‘get the basics right’ so that food is enjoyable and enjoyed

NHS Plan (England) – things the public wanted to see – better facilities, higher standards of cleanliness and better food

The British Dietetic Association (BDA)

The Royal College of Physicians – A Doctor’s Responsibility 2002

11.2 **Cross reference to other procedural documents**

Privacy, Dignity and Respect Policy

Dysphagia in Adults Guidelines

Enteral Feeding Policy

Inpatient Visiting Policy

Nutrition and Hydration Policy

Record Keeping and Records Management Policy

Safeguarding Children Policy and Procedure

Safeguarding Adults at Risk Policy

Untoward Event Reporting Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet.