

## Guideline for Good Practice at Mealtimes

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer.

### INTRODUCTION

This Trust guideline will set out the expected procedure for ensuring good practice occurs at mealtimes.

### THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

This guideline applies to any member of staff involved in a meal service. For the purposes of this guideline, the term 'staff' includes volunteers.

### PATIENTS COVERED

All patients able to take food orally.

Owner	Jonathon Howard Professional Development
Responsible manager	Director of Nursing
Replacing document	Guideline for Good Practice at Mealtimes v7
Ratifying body	Nutrition and Hydration Steering Group
Date ratified	12 <sup>th</sup> December 2019
Review Date: This is the most current document and should be used until a revised version is in place	12 <sup>th</sup> December 2022
Relevant standards	

Nutrition is an integral part of a patient's treatment and therefore mealtimes should be seen as a priority. Activities that may interfere with mealtimes should **CEASE** in order to allow staff to focus on the **NUTRITIONAL NEEDS** of the patient.

All nursing staff (registered and unregistered) are to be involved in the preparation of patients and service of meals unless engaged in the administration of time critical medication or attending to hygiene needs.

Volunteers highlighted to assist with meals should also be allocated mealtime roles and those trained to assist with feeding should be allocated patients.

The purpose of this document is to describe best practice at mealtimes with a view of optimising the nutrition and hydration of all Worcestershire Acute Hospitals NHS Trust patients

### Key amendments to this guideline

Date	Amendment	By:
24/10/03	Approved by Nursing, Midwifery and AHP Strategy Group	
March 2006	Reviewed and minor amendments made	Food and Nutrition Comparison Group
December 2009	Reviewed and minor amendments made	Anne-Marie Lewis

08.09.10	Reviewed and extended without amendment	Anne-Marie Lewis
29/03/11	Added in meal time coordinator role, professional standards for mealtimes & the red tray guidelines	Anne Marie Lewis Rani Virk
March 2011	Reviewed by Feeling Nourished group amendments made and Senior Nursing & Midwifery group	
31/03/12	Reviewed and MUST tool added to the Red Tray Guideline	Anne Marie Lewis Rani Virk
March 2013	Reviewed by Feeling Nourished group amendments made and Senior Nursing & Midwifery group	
April 2015	Document extended for 6 months	Rani Virk
21/10/2015	Document extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
Oct 2016	Further extension as per TMC paper approved 22 <sup>nd</sup> July 2015	TMC
December 2019	Document Approved for three years at Nutrition and Hydration Committee	Nutrition and Hydration Committee

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## 1. Responsibilities and Duties

### 1.1 Line Manager responsibility

Line managers are responsible for ensuring:

- This document is available to all staff within their department
- This document is adhered to by all staff within their department
- The implementation and compliance of this document
- A mealtime coordinator is allocated at handover and given the green meal coordinator badge.
- The mealtime coordinator is aware of their role and responsibilities
- All staff are allocated a role during the meal service
- If space allows, to ensure that communal dining areas are available for use
- Equipment is in place for staff to be able to complete their role appropriately
- Appropriate documentation training has been provided
- A nutrition and hydration link nurse is appointed, attends all link nurse study days and is supported in disseminating the information to the rest of the staff
- Mealtime audits are carried out regularly to provide assurance that the mealtime process is being followed
- Areas identified as being below standard are acted on in a timely manner to ensure improvement and compliance with these guidelines.
- Corrective actions are taken following audits and feedback is given to the relevant auditor on identified action plans

### 1.2 Nursing responsibility (registered, non-registered and Allied Health Professionals)

It is the responsibility of all staff to:

- Know where to find current guidance
- Keep updated with latest policies and practice
- Cease all non-urgent tasks to maintain the nutrition and hydration of patients
- Ensure that nutrition and hydration is seen as a priority
- Be aware of which patients require a red tray (Appendix A)
- To ensure that patients are dressed appropriately for the time of day (if applicable)
- Offer patients the opportunity to dine in a communal area if one is available
- Complete documentation accurately
- Escalate concerns to the nurse in charge
- Offer out of hours snacks to patient
- Ensure menu selection is completed in a timely manner
- To support volunteers and carers assisting patients at mealtimes
- Adhere to the guidance as set out in this document

### 1.3 Mealtime Coordinator Responsibility

*Prior to mealtime the mealtime coordinator will:*

- Check menus for new arrivals/discharges and order extra meals as appropriate
- Check menus against the number of trays/red trays and prepare equipment
- Wear a green mealtime coordinator badge to denote role
- Ensure staff are preparing their patients for mealtimes. This includes hand hygiene and positioning
- Ensure staff are cleaning and preparing the dining area/patient table

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- Remind staff of their mealtime roles and allocate named staff to patients that require assistance

*During mealtime service the coordinator will:*

- Ensure that staff are ready to receive and deliver meals as they are served
- Where safe and appropriate encourage independent patients to collect and clear their own meals to reduce Hospital Acquired Functional Decline.
- Ensure independent patients are served first
- Ensure that the red tray guidelines are being followed
- Ask patients if their meal is satisfactory and seek alternatives if necessary.
- Document that alternatives have been offered

*Post mealtime the coordinator will:*

- Ensure staff have documented intake if required
- Ensure patients have the opportunity to clean their hands if required

*In addition, the mealtime coordinator will ensure that a minimum of six drink rounds are performed during the day and provide patients with ample opportunity to complete menus for the next day. All staff and carers can assist patients to fill these in where necessary. These menus will then be collected by the catering department.*

### 1.4 Medical staff responsibility

Medical staff are responsible for:

- Supporting this guidance by reviewing routine patients/ward rounds outside of mealtimes where possible
- Effectively communicating NBM status to the nurse in charge and reviewing this every six hours

### 1.5 Catering staff responsibility

The catering staff will:

- Ensure prompt delivery of meals
- Ensure delivery of meals at an appropriate temperature
- Assist nursing staff to source alternative meals if required
- Complete food service within 35 minutes of arrival to the ward
- Serve the main course and dessert as separate courses or in insulated bowls

### 1.6 Allied Health Professionals

Allied health professionals on ward areas at mealtimes are expected to assist with the delivery of meals to patients as directed by the mealtime co-ordinator. This will help to ensure the nutritional needs of the patients are met.

## 2. Guidance

2.1 Mealtime Service. Details of the mealtime service can be seen in the following guidance

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#### Start of shift:

- Nurse in charge to allocate a shift mealtime coordinator to provide and facilitate refreshment rounds throughout the day.
- Allocate roles for mealtimes (i.e. assisted feeding/delivery of food)
- Identify patients that need a red tray, i.e. patients with dementia, delirium, additional nutritional needs, swallowing difficulties
- Identify patients that would benefit from a dining companion

#### Pre-meal preparation:

- De-clutter and clean patient tables
- Support patients with access to the toilet if required
- Provide patients with the opportunity to clean their hands prior to meals and assist if necessary
- Check menus for new additions/discharges
- Identify patients off the ward that may require an alternative meal – contact catering
- Prepare patients appropriately ensuring correct positioning and patient has dentures/glasses if required
- Prepare trays, red equipment, adaptive cutlery (if required), condiments and hand wipes
- Non-essential personnel are to leave the patient area until meal time is complete

#### Mealtime

- All nursing staff are to assist in their allocated mealtime role unless providing urgent care or time critical medications
- Non-essential activities are to cease and resume once meals are completed. Non-essential activities are those that can be stopped and re-commenced at a later time with no detrimental effect to the patient
- All staff delivering meals are to wash their hands and don a green apron
- Patients are to be supported to open packets if required
- Patients must be offered a drink with their meal
- Independent patients are to receive their meals first and have their meals placed within easy reach
- Patients requiring assistance or have been identified by speech and language as having swallowing difficulties are to receive their meals on a red tray and be assisted at the point of delivery by those suitably trained to undertake assisted feeding
- Those patients who have eaten very little or declined are to be offered an alternative/supplement

#### Post mealtime

- Collect trays, checking how much each patient has eaten
- Record on the food chart/fluid balance as required. Monitor and escalate as appropriate
- Once trays have been cleared away perform a drinks round.

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### 2.2 Visitors and carers at mealtimes

Visitors/carers should be encouraged to support patients during mealtimes either through assisted feeding or through being dining companions. This is to promote social dining. Visiting at mealtimes is restricted to one visitor/carer per patient.

Exceptions to the rule can be made by the nurse in charge

### 2.3 Supported mealtimes

The aim of supported mealtimes is to remove unnecessary interruption and avoidable distractions in order to promote a peaceful environment in which staff can deliver meals and assist those who need encouragement and help to eat and drink.

A supported mealtime poster should be displayed at the entrance to the ward (Appendix B)

### 2.4 Nutritional Monitoring

Those patients requiring a red tray or with a MUST score of 1 or 2 should have a food chart and a nutritional care plan completed. Identify other patients that may need a red tray

## Monitoring

A list of monitoring tools is available in appendix C

Audits on effective mealtimes will be audited by:

- The catering department (WRH)
- Unannounced observation audits (Appendix D )
- The Trust Monitoring Team
- Annual Patient Led Assessments of the Care Environment (PLACE)

Results of mealtime audits are available from and maintained by the Trust monitoring team and are disseminated to the Patient Environment Organisational Group (PEOG), Nutrition and Hydration Group and to all ward matrons.

**This policy should be read in conjunction with WAHT-NUR-076 Guideline for the Nutritional Risk Assessment of Adult In-patients and the Subsequent Management of Malnutrition**

## APPENDIX A

### Red tray guidelines

**Red equipment is a signal that a patient requires assistance to eat and drink**

A **registered practitioner** will identify the patient need for RED EQUIPMENT when eating and drinking because the patient:

- Requires physical assistance to eat and drink
- Requires support and encouragement to eat and drink
- Requires adapted cutlery or crockery
- May not be able to monitor their own intake due to a cognitive disorder

The reason for the Red Equipment must be documented in the patient care plan.

Consideration of MUST/weight loss/appetite and wound healing must be considered. family are to be informed if a patient requires red equipment.

Staff must ensure that the RED TRAY box is ticked on the patient menu card. This informs the catering staff how many red trays are required.

Mealtime coordinators are to ensure that all patients with a red tray receive assistance/supervision/observation as documented in the care plan.

#### **Housekeeping**

Ensure that all identified patients receive a red jug for their table.

**Registered and non-registered staff** must document food intake and escalate as appropriate.

Red trays and beakers can be supplied through catering. Please refer to appendix E of the mealtime guidelines for details of other specialist mealtime equipment

On discharge, if risk is still identified, clearly document and communicate this to the discharge and community team.

APPENDIX B



# Visiting times

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During mealtimes visiting is restricted to one visitor per patient. This allows patients to enjoy their meal in a peaceful environment.



# Mealtimes

Breakfast	
Lunch	
Supper	

## Supported mealtimes

We are promoting nutrition and hydration through supported mealtimes.

If you would like to help your relative at mealtimes, please see the nurse in charge for more details.

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**APPENDIX C**

**Monitoring tools**

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	<i>These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.</i>	<i>What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)</i>	<i>Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.</i>	<i>Who is responsible for the check? Is it listed in the 'duties' section of the policy? Is it in the job description?</i>	<i>Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.</i>	<i>Use terms such as '10 times a year' instead of 'monthly'.</i>
2.4	Mealtime service	Catering Audit	One ward every week	Catering and monitoring team	Results are discussed at PEOG, Nutrition and hydration group and are sent to matrons.	Once every four to six weeks.
2.4	Observational	Spot check Audit	Minimum of 12 wards a year	Catering and monitoring team/Nutrition and Hydration Link Nurses	Results are sent to ward matrons.	As the audit is completed
2.4	Patient Led Assessment of the Care Environment	National Audit	Annually	Catering team/ Monitoring and members of patient forum	Results are sent to the monitoring team and are disseminated to the PEOG group, Nutrition and Hydration team, ward matrons and Trust board.	Once results are made available to the Trust

**APPENDIX D**

**Mealtime Observation audit**

**Mealtime Observation**

Completed by :

Date:

	Evidence in Practice	Yes (tick)	No (tick)	Outstanding Action
	People being screened to identify the risk of malnutrition using formal screening tools. <ul style="list-style-type: none"> <li>• Are Screening and Nutritional scores recorded on patient records?</li> <li>• Accurate weights recorded?</li> </ul>			
	People identified as 'at risk' or needing support are being monitored. <ul style="list-style-type: none"> <li>• Red tray system in use?</li> <li>• Accurate weight being recorded weekly (if applicable)?</li> <li>• Repeated screening in evidence?</li> <li>• Food chart completed daily (if applicable)?</li> </ul>			
	Food preparation. <ul style="list-style-type: none"> <li>• Patients sat out/sat up prior to mealtime?</li> <li>• Patients requiring assistance with hygiene needs offered the opportunity to clean their hands?</li> <li>• Observed dining areas and tables de-cluttered and cleaned prior to use?</li> <li>• Staff washed their hands and donned aprons prior to giving out meals?</li> <li>• Food temperature checked and appropriate?</li> </ul>			
	The environment in which food and drink is served. <ul style="list-style-type: none"> <li>• Sufficient staff available to provide support and assistance to those who need it?</li> <li>• Is the environment clean and tidy?</li> <li>• Do patients have water jugs available?</li> <li>• Patients able to reach food and drinks?</li> </ul>			

	Evidence in Practice	Yes (tick)	No (tick)	Outstanding Action
	<ul style="list-style-type: none"> <li>• Drinks offered throughout the day?</li> </ul>			
	<p>Mealtimes</p> <ul style="list-style-type: none"> <li>• Signs displaying supported mealtime on entry to ward?</li> <li>• Patients given enough time to eat?</li> <li>• Mealtime co-ordinator indicated on duty board?</li> <li>• Patients assisted where necessary</li> <li>• Non-essential activities ceased</li> </ul>			
	<p>Food delivery, handling, and storage.</p> <ul style="list-style-type: none"> <li>• All staff on duty involved in mealtime activity unless attending to hygiene needs or time critical medications?</li> </ul>			
	<p>People are offered choice.</p> <ul style="list-style-type: none"> <li>• Patients given a choice through a menu?</li> <li>• Snacks promoted on Ward.</li> <li>• Patients aware of availability?</li> </ul>			

**Feedback to Ward Manager / Matron:**

APPENDIX E**SIX STEP CHECK FOR MEALTIMES**

- 1. Is your patient correctly positioned?**
- 2. Has your patient been offered the opportunity to clean their hands**
- 3. Is the patient's mouth clean or are dentures appropriately placed?**
- 4. Is the patient area clean and clear of clutter with a table at an appropriate height?**
- 5. Does the patient require assistance with any aspect of their meal? Is a member of staff available to support?**
- 6. If a meal has been declined, has an alternative been sourced or a snack offered? Has it been documented?**

**APPENDIX F**

**Ward Stock of Specialised Mealtime Equipment**

*Roundup plate – V.W. Howe, Large plate AF 6284, Small plate AF6282.*

*Plate Guards – Community Equipment Stores, Crown Lane, Wychbold, Nr Droitwich, Worcs.*

*Non- slip mats – Community Equipment Stores, Crown Lane, Wychbold, Nr Droitwich, Worcs.*

*Spout cup/disposable spout lid top - – Community Equipment Stores, Crown Lane, Wychbold, Nr Droitwich, Worcs.*

*Plastazote tube – (cutlery handle enlarger), Keep Able Catalogue,. OT department emergency supplies available on MAU.*

*Coloured beaker for visually impaired – Ref no: D5131 – Lockhart Catering Equipment, Lockhart House, Brunel Road, Theale, Reading, Berkshire, RG7 4XE, 0118 930 3900*

**If your patient has a problem with upper limb function causing difficulty with feeding, please refer to Occupational Therapy Department for feeding assessment and provision of suitable adapted cutlery for use on the ward.**

**NB: Please do not send adapted cutlery at WRH site to the kitchen. Cutlery to be washed in ward kitchens.**

**At Alex site, If cutlery is returned to kitchen and identified from which ward they have come from they will be returned at the next mealtime, otherwise they would be stored in the catering department.**

## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the Policy/guidance affect one group less or more favourably than another on the basis of:</b>	N	
	Race		
	Ethnic origins (including gypsies and travellers)		
	Nationality		
	Gender		
	Culture		
	Religion or belief		
	Sexual orientation including lesbian, gay and bisexual people		
	Age		
2.	<b>Is there any evidence that some groups are affected differently?</b>	N	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	N	
4.	<b>Is the impact of the Policy/guidance likely to be negative?</b>	N	
5.	<b>If so can the impact be avoided?</b>		
6.	<b>What alternatives are there to achieving the Policy/guidance without the impact?</b>		
7.	<b>Can we reduce the impact by taking different action?</b>		

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	N
2.	Does the implementation of this document require additional revenue	N
3.	Does the implementation of this document require additional manpower	N
4.	Does the implementation of this document release any manpower costs through a change in practice	N
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	N
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval