

# **Managed Meal Time Policy**

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**Author: Nutritional Link Nurse Group** 

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## NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET\*

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Author	Nutritional Link Nurse Group		
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Proposed groups to present document to:		
Senior Charge Nurses/Team Leaders	Health & Safety Committee (H&SC)	
Clinical Services Management Team (CSMT)	Nutritional link Nurse Group	
Nutritional care steering group	Strategic nurse meeting	
Patient Focus Public Involvement (PFPI)	ANMAC	
Area Partnership Forum (APF)	Equality & Diversity Steering Group (E&DSG)	
Clinical Governance Committee		

DATE	VERSION	GROUP	REASON	OUTCOME
10 Dec 2013	1a	Nutritional link nurse steering group	C/approval	No comment/PRO
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Examples of reasons for presenting to the group	Examples of outcomes following meeting
Professional input required re: content (PI)	<ul> <li>Significant changes to content required – refer to Executive Lead for guidance (SC)</li> </ul>
Professional opinion on content (PO)	To amend content & re-submit to group (AC&R)
General comments/suggestions (C/S)	<ul> <li>For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)</li> </ul>
For information only (FIO)	Recommend proceeding to next stage (PRO)
For proofing/formatting (PF)	For upload to Intranet (INT)

DATE	CHANGES MADE TO DOCUMENT
3 March 2014	From PFPI group to add in equality assessment

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### 1. Policy Statement

The purpose of protected meal times are periods where eating and drinking are the focus. During these times, people are able to eat and drink in a clean, quiet and safe environment. Non-essential interruptions are limited, to allow staff to provide assistance and encouragement (NHS Scotland, 2011). By placing the patient/client at the centre of the mealtime experience a Protected Mealtimes Policy will seek to provide a framework for mealtimes without stifling new ways of working,

## 2. Aim of the Policy:

- To improve the "meal experience" for patients by allowing them to eat meals without interruption.
- To enhance the quality of the mealtime experience and maximise nutrient intake in hospitalised patients.
- To enable the provision of safe and effective care to all patients.
- To improve the nutritional care of patients by supporting the consumption of food.
- To support ward based teams in the delivery of food at mealtimes.
- To ensure that mealtimes are a key social activity for patients.

#### 3. Standards

- A quiet and relaxed atmosphere must be created in which patients are afforded time to enjoy meals, limiting unwanted traffic through the ward during mealtimes, e.g. estates work and linen deliveries.
- The social aspects of eating must be recognised and supported.
- An environment conducive to eating, that is, welcoming, clean and tidy must be provided.
- Ward based activities, both clinical (i.e. drug rounds) and non-clinical (i.e. cleaning tasks) must be limited to those that are relevant to mealtimes or 'essential' to undertake at that time.
- Ward activities must be focussed into the service of food, providing patients/clients with support at mealtimes.
- The importance of mealtimes as part of care and treatment for patients must be emphasised to all staff, patients and visitors.

## 4. Managed Meal Times

In order to maximise the benefits to patients from the mealtime experience, clinical staff are required to prepare themselves, the environment and their patients/clients prior to the service of food. The following must be adopted in all clinical areas where patients/clients receive food. However, it is acknowledged that, in a number of clinical settings, patients/clients manage their own mealtime preparations. Protected mealtimes are periods when all ward based activities (where appropriate) stop to enable nurses, ward based teams, catering staff and carers to serve food and give assistance and support to patients .Patients must be able to eat their food in a relaxed environment, at their own pace and rest afterwards.

### 5. Roles and responsibilities

### **Senior Charge Nurse Responsibilities**

Ward based teams in conjunction with Senior Charge Nurses will:

- 1) Organise their own mealtimes to maximise the number of staff available to deliver and assist patients/clients with food.
- 2) Consider closing to visitors during mealtimes and as appropriate will:
  - Determine for how long the ward will close.
  - Communicate with the patients/client and their relatives to make them aware of the Managed Mealtime Policy as soon after admission as is reasonably possible.
  - Ensure inclusion of this information into patient information booklets.
  - Enable and actively encourage patients to have relatives or carers present during mealtimes for assistance in eating and drinking if it will promote nutritional intake.
  - Enable patients to feed themselves and request that relatives/friends avoid visiting at mealtimes if it will promote the rehabilitation process.
- 3) Ensure interruptions e.g. ward rounds, drug rounds, GP or other medical staff visits, cleaning and therapy will only occur (during mealtimes) when this is in the patient's best interest, as determined by the multi-disciplinary team.
- 4) Ensure staff directly involved with patients/clients at meal times avoid answering the telephones and identify a key person at meal times who is not involved in food service, to answer telephones.

## **Nursing Staff Responsibilities**

Nursing staff will:

- 1) Make food a priority during mealtimes, monitoring the amount of food and drink that is consumed by patients especially those who have been identified at risk of malnutrition.
- 2) Provide patients/clients with assistance to use the toilet prior to the service of food.
- 3) Prior to the service of food, give all patients/clients the opportunity to wash their hands. Where a patient/client is unable to do, they will be given the opportunity to wash their hands with soap and water at the bedside, or will be provided with a moist hand wipe.
- 4) Ensure patients/clients are made comfortable prior to the service of meals, with food served within a comfortable reach and patients/clients supported by an appropriate eating position.
- 5) Ensure patients requiring assistance with food are identified to the ward/department team prior to the service of meals. Any recommendations regarding a texture modified diet or feeding strategies must be checked prior to and implemented during all meals and snacks.
- 6) Ensure consideration is given to where patients/clients sit to eat their meals, supporting the social aspects of mealtimes whilst respecting the preferences of the individual.
- 7) Ensure tables are cleared of all clinical supplies, cleaned and suitably prepared prior to the service of food and beverages. Tablecloths may be

used in appropriate ward areas and/or the tables set with place mats, cutlery, crockery and condiments. Bed tables and eating areas will be cleared (prior to the service of food) of items not conducive to mealtimes.

## 6. Training and communication of the policy

## **Senior Charge Nurse Responsibilities**

The Senior Charge nurse must:

- 1) Take responsibility for the implementation of the Managed Mealtimes Policy. Some tasks will be delegated to other members of ward staff.
- 2) Ensure that all staff are aware of the QIS Food Fluid and Nutritional Care Standards (2003) with respect to the planning and delivery of food and fluid.
- Develop an effective communication relationship with catering services that permits early identification and resolution of any problems with the supply of food and fluid to the ward.
- 4) Monitor practice during mealtimes and support staff to ensure that their practice remains consistent with the policy.
- 5) Display appropriate signage to inform staff and visitors of the Managed Mealtimes period.

## **Managers Responsibilities**

Managers have a responsibility to monitor and support implementation of the Managed Mealtimes Policy within their area(s) of responsibility.

## NHS Shetland responsibilities

- 1) To ensure appropriate signage is maintained in conjunction with nursing, support services and infection control staff and displayed at the entrance to the ward, to inform staff and visitors of the Managed Mealtimes period.
- 2) Staff Development staff will ensure that the principles of Managed Mealtimes are included in induction training for **all** staff. The principles of managed mealtimes should be included in the induction training for all staff and staff handbook.
- 3) Promotion of managed mealtimes will also be supported through the local media with a clear message given that Visitors are requested not to visit patients on wards during mealtimes unless they intend to give assistance to a friend or relative who needs help to eat or drink.

#### 7. Patient Focus Public Involvement

NHS Shetland is working with patients and members of the public to improve the quality of health service provided. A patient-focused NHS will:

- Maintain good communications, including listening and talking to patients, public and communities.
- Know about those using the service and understand their needs
- Keep users of the service informed and involved.

## 8. Equality and Diversity

Fair care is ensured to all without any discrimination between persons on grounds of sex, marital status, race, disability, age, sexual orientation, language, social origin, other personal attributes, including beliefs or opinions, such as religious beliefs or political opinions.

## 9. Monitoring and Reviewing

The implementation of protected mealtimes needs to be evaluated to ensure improvements in mealtime experience are made such that measurable improvements in nutritional and clinical outcomes ensue.

- Patients will be informed of how to make a comment, compliment or complaint about their mealtime experience.
- Patient satisfaction surveys will be carried out on an annual basis and the analysed results will be presented to the Nutritional Care Steering Group
- Patient satisfaction surveys for Health Protection Scotland (HPS) will be carried out annually.
- Patient feedback is collected daily through patient menus; this allows the catering department to deal with any arising issues daily. Feedback is given to the nutritional link nurse meetings.
- This policy will be monitored and reviewed annually by the Nutritional Care Steering Group.

#### 10. References

- 1. NHS Quality Improvement Scotland 'Food, Fluid and Nutritional Care in Hospitals' 2003
- 2. National Nursing, Midwifery and Health Visiting Advisory Committee 'Promoting Nutrition for Older Adult In-Patients in NHS Hospitals in Scotland' February 2002
- 3. CRAG 'National Nutritional Audit of Elderly Individuals in Long-term Care' August 2000
- 4. The Nursing and Midwifery practice development Unit 'Nutrition for physically frail older people
- 5. National Institute for Health and Clinical Excellence 'Nutrition Support in Adults'
- 6.Impact of protected mealtimes on ward mealtime environment, patient experience and nutrient intake in hospitalised patients M. Hickson, A. Connolly & K. Whelan 2011
- 7. Improving Nutritional Care Programme, Healthcare Improvement Scotland (2011). Copies can be downloaded from <a href="https://www.nutritioncare.scot.nhs.uk">www.nutritioncare.scot.nhs.uk</a> and <a href="https://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a>

## 11. Hyper links

Making Meal time matters poster

http://www.nutritioncare.scot.nhs.uk/improving-nutritional-care-programme/making-meals-matter.aspx

www.nutritioncare.scot.nhs.uk

www.healthcareimprovementscotland.org