GUIDELINE SUMMARY

Protected Mealtimes procedural guideline sets the standard for practice to ensure that patients have the opportunity to enjoy mealtimes and good quality food. The guideline is to protect mealtimes from unnecessary and avoidable interruptions, providing an environment conducive to eating and allowing relevant staff to provide patients with support and assistance with meals. It also provides a framework for mealtimes and places the patient at the centre of the mealtime experience. This guideline applies to all clinical staff who are involved in the preparation and delivery of food to patients in the care of Essex Partnership University NHS Trust (EPUT).

Patient’ will be the terminology used throughout this document and will refer to a patient, resident or service user.

The Trust monitors the implementation of and compliance with this policy in the following ways:

Managers will take reasonable steps to ensure that adequate arrangements are in place to enable this guideline to be fully implemented at ward, department and clinic level, ensuring that all staff, patients and visitors comply with it.

All employees have a duty to comply with the requirements of this guideline.

Protected mealtimes guidelines will be reviewed every 3 years.

The Director responsible for monitoring and reviewing this guideline is the Executive Nurse
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**APPENDICES**

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APPENDIX 2 – MONTHLY FOOD WASTE SHEET

APPENDIX 3 – PROTECTED MEALTIMES OBSERVATIONAL AUDIT TOOL
1.0 INTRODUCTION

Food and the service of food are regarded as an essential part of treatment. The ward environment, presentation of food and the timing and content of meals are important elements in encouraging patients to eat well.

Protected Mealtimes are periods when patients are allowed to eat their meals without unnecessary interruptions and when nursing staff and the ward team are able to provide greater levels of assistance and support to meet patient’s nutritional and hydration requirements.

This is a period of time over breakfast, lunch and supper, when all activities, on the wards will stop. The nurses, housekeepers and volunteers will be available to help serve the food and give assistance to patients who may need help. This will prevent unnecessary interruptions to mealtimes.

Throughout this document the term patient will be used throughout and relates to people who use Mental Health, Learning Disability and Community Health services, often referred to as either ‘patients’, ‘service users’, ‘customers’ or ‘clients’.

2.0 PURPOSE

- The Trust accepts its responsibility to provide Protected Mealtimes for all patients across all inpatient areas placing the patient at the centre of the mealtime experience.

- The guideline places food and its delivery first at mealtimes.

3.0 AIMS OF PROTECTED MEALTIMES

To improve the ‘meal time experience’ for patients by allowing them to eat meals without disruption and in a suitable environment.

To improve the nutritional care of patients by supporting the consumption of food.

To prevent malnutrition and aid recovery.

To support ward based teams in the delivery of food at meal times.

To ensure that meal times are a key social activity for patients.

To ensure that meal times are viewed as part of the patient’s treatment and therapy, and that due regard and significance is given to these times.
4.0 GENERAL PRINCIPLES RELATING TO PROTECTED MEALTIMES

The following principles should be adopted in all clinical areas where patients receive food.

4.1 The Ward Environment:
- Nursing/housekeeping staff should ensure that the environment is conducive to eating a meal prior to the service of food.
- Each table must be clean and suitably prepared prior to the service of food and beverages, with appropriate cutlery, serviettes, crockery, condiments, etc., and eating area cleared of items not conducive to mealtimes.
- Consideration must be given to where patients sit to eat their meals supporting the social aspects of mealtimes whilst respecting the preferences of individual.
- Patients should be able to eat their food in a relaxed environment, at their own pace, and rest afterwards should they chose.

4.2 Avoiding Unnecessary Interruptions:
- Mealtimes should be free from avoidable and unnecessary interruptions wherever possible.
- Where appropriate nursing staff will provide patients with assistance to use the toilet and wash their hands prior to the service of food.
- To limit unit-based activities, both clinical i.e. ward rounds and non-clinical tasks i.e. cleaning tasks to those that are relevant to mealtimes or ‘essential’ to undertake at that time.
- The ward may consider restricting routine visiting during mealtimes. Patients and their relatives must be made aware, in a sensitive manner, of the mealtime arrangements as soon after admission as possible.
- Notices must be displayed at the entrance to the ward informing patients, relatives and staff about protected meal times. (See Appendix 1 of this Clinical Guideline)
- The assistance of relatives or visitors with meals should be welcomed and incorporated into the ward routine as a positive support for the patient. This must be care planned.

4.3 Meal Time Arrangements:
- All staff (qualified and unqualified) should participate in the meal time activities and should avoid answering the telephone during this time. Clinical areas may consider diverting telephones at meal times.
- Staff must wash their hands and wear appropriate aprons prior to handling or serving food and drink.

- All patients will be given the opportunity to wash their hands prior to meals being served and after they have eaten their meal.

- All staff will ensure patients are made comfortable prior to meal service i.e. food brought to the table is within easy reach.

- Patients will be given the opportunity to choose what they want to eat or drink.

- Patients requiring assistance will be identified as a requirement of their individual care plan before food or drink is served.

- Nursing staff will provide assistance, engagement and encourage patients to eat and drink, be aware of how much has been eaten and identify patients nutritionally at risk.

- If a patient refuses to eat or drink, this must be documented in the patient's notes, the reasons that were given why they did not want to eat or drink and what action was taken by the ward staff.

- Nursing staff must be mindful of patients who are at risk with a swallowing difficulty and adhere to altered textures menus as documented in patient's care plan.

- All patients' dietary requirements must be considered on an individual basis, but must also encompass the individuals’ choice and also cultural, religious and ethnic beliefs, needs and wishes.

- Food must be served at its correct temperature and within reach of the patient.

- Staff should work together and must ensure that the meal served to each patient is presented in a manner that is pleasing to the eye.

- Nursing staff must record food waste on the food waste sheet. (See Appendix 2)

- During infection outbreak, may be necessary for patients to eat in their bedrooms

5.0 TRAINING AND STAFF AWARENESS

- All staff involved in food handing should complete Food Hygiene training every three years.

- Staff are made aware of the 'Essence of Care, Food & Nutrition' benchmark, the importance of patient nutrition and environmental impact in food consumption in Food Hygiene training.
Staff induction training includes principles of protected Mealtimes and should be part of the ward routine.

All staff should also receive workplace instruction on the importance of promoting nutrition and should know to inform the nurse in charge if they identify a patient who does not appear to be eating enough food.

NICE Nutritional Support in Adults (2006) state that “All healthcare professionals who are directly involved in patient care should receive education and training relevant to their post on the importance of providing nutritional support.” Staff working within the clinical area should be aware of the principals of the protected meal time guideline and be able to demonstrate their understanding of its purpose.

Staff should be made aware by the nurse in charge of individual patients’ nutritional needs as well as the patients’ functional abilities. Aids and equipment should be made available to patients in order that they can remain as independent as possible when eating.

Communicating the principles of protected mealtimes to visitors and carers so they can support patients.

6.0 MONITORING COMPLIANCE

This guideline applies to all staff and managers working within the Trust who visit wards as part of their work.

It is accepted that there may be exceptional circumstances where compliance with this guideline would not be appropriate, for example the clinical deterioration of a patient or significant operational pressures.

The importance of teamwork and co-operation between ward staff and catering/facilities staff is essential.

All staff must work together to ensure the success of the Protected Mealtime initiative so that patients have a calm and where possible uninterrupted meal experience.

Monitoring of this policy will be undertaken by recording and analysing any compliments or complaints from patients regarding meal times, examining information from the Patient Led Assessment of the Care Environment (PLACE) inspections and reports, and a simple annual ‘snap shot’ audit will be undertaken by the hospital matron or their delegated officer. The same audit tool and method will be used for all hospital sites over an agreed time period. (see Appendix 3 of this guideline)
7.0 READ IN CONJUNCTION WITH THE FOLLOWING TRUST DOCUMENTS:

Ward Catering Manual

8.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

- ICP1 Infection Prevention and Control Policy
- RM12 Catering Policy

9.0 REFERENCE TO ASSOCIATED DOCUMENTATION

- NHS Estates Housekeeping Project (England) ‘get the basics right’ so that food is enjoyable and enjoyed.
- Council of Europe Resolution Food and Nutritional Care in Hospitals (www.bapen.org.uk).
- Department of Health (2001) the Essence of Care (www.dh.gov.uk)
- Hungry to be Heard (2006) Age Concern (www.ageconcern.org.uk)
- NHS Plan 2000
- Department of Health Essence of Care, Food and Nutrition benchmark.
- 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.
- National Patient Safety Agency – Protected Mealtimes Review

10.0 PROTECTED MEALTIMES ARE SUPPORTED BY:

- The British Dietetic Association (BDA)
- The Patients Association
- Royal College of Physicians
- Royal College of Nursing
- British Association for Parenteral and Enteral Nutrition 2009 Combating Malnutrition
- Age Concern – Hungry to be Heard Campaign 2007

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