

Kingston Hospital Adult In-Patient Nutrition

An Enter & View Report

Katie Rogers
Healthwatch Richmond
September 2024



Kingston Hospital Adult In-Patient Nutrition

Introduction	2
Background	2
Aims	2
Methodology	3
Limitations	3
Key findings	5
Food and drink Overall	5
Food presentation	8
Portion sizes	8
Hydration and hot drinks	9
Food choices	10
Supplementing food	10
Food outside of mealtimes	10
Fruit options	11
Special diets	12
Personal and cultural dietary requirements	12
Clinical dietary requirements	12
Mealtime	13
Meal service	13
Protected mealtimes	14
Supporting patients during mealtimes	15
Negative observations during mealtimes	15
The environment	16
Ward environment	16
Ward kitchens	17
Communication	18
Ordering meals	18
The menu	19
Information displays	19
Other Comments	20
Overall Care	20
A&E	21
The ward at night	21
Conclusion	22
Acknowledgements	23
Recommendations	23
Appendix 1- Patient questions	25
Appendix 2- Observation checklist	28
Appendix 3- Staff questions	30
Appendix 4- Patient menu	32

Introduction

Kingston Hospital is the main provider for a large percentage of the population of Richmond upon Thames. We were contacted by Kingston Hospital who were interested in looking into the patient experience of nutrition, hydration and food provision in inpatient wards. Food provision at Kingston Hospital is provided by ISS, a facility management company. The aim is for this report to broadly inform improvement plans and future commissioning around food provision.

In addition to this, we were interested in returning to Kingston Hospital to follow up on our last visit in 2019. In the subsequent report we made some key observations and recommendations around food provision. This included noting a lack of food provision in the Discharge Lounge and challenges around food choice on Derwent ward. We were interested in observing these areas to identify the impact of the measures taken by Kingston Hospital in response to our recommendations.

Background

From review of 3 key pieces of literature; the 2019 Healthwatch Richmond '*Kingston Hospital Adult inpatient wards Enter & View report*', the 2023 Kingston Hospital Nutrition and Hydration Audit, and the patient experience feedback collected by Healthwatch Richmond since 2019, we are able to identify some key themes surrounding food provision and nutrition.

Healthwatch Richmond Patient feedback:

- 70% of recorded experiences of food were positive.
- Some patients experienced challenges around catering for dietary requirements, such as adherence to a low-fibre diet.

Healthwatch Richmond 2019 Inpatient Report:

- Patients on Derwent ward were not offered the full choice of food.
- There was a lack of food provision in the Discharge Lounge.

2023 Kingston Hospital Nutrition and Hydration Audit:

- Across all wards 69% of standards were compliant with the target set out by the Essence of Care Department's Health Nutrition Benchmark.
- There was a decrease in compliance from the previous audit in 28% of questions and standards, with particularly poor observations of food storage, problem-free meal services, and support with hand washing.

Aims

This report aimed to gather a 'snapshot' of food and drink provision for inpatients at Kingston Hospital. We focused on collecting data from the following themes:

1. Food and drink overall
2. Food choices
3. Catering to special diets
4. Mealtime conduction
5. The ward environment
6. Communication

Whilst speaking to patients we also collected feedback about care overall, which is included at the end of this report.

Methodology

This report is written in parallel to a report from our colleagues at Healthwatch Kingston. The decision was made to cover different wards. The wards we visited were:

- **Alexandra (Alex):** Elective surgical ward
- **Astor:** Emergency surgical ward
- **Cambridge:** General ward
- **Kennet:** Care of the Elderly Ward (Dementia Friendly)
- **Bronte:** Cardiology and haematology ward
- **Acute Assessment Unit (AAU):** Medical assessment ward
- **Blyth:** Care of the Elderly Ward (Dementia Friendly)
- **Derwent:** Care of the Elderly Ward (Dementia Friendly)

We undertook Enter & View visits to observe nutrition and food provision on these inpatient wards on the following dates;

- Alex and Astor on Tuesday 14th of May (8am-12pm)
- Cambridge and Kennet on Wednesday 15th of May (9:30am-1:30pm)
- Bronte and AAU on Monday 20th of May (12pm-5pm)
- Blyth and Derwent on Tuesday 21st of May (2pm-6:30pm)

We engaged with patients, carers and staff to understand their experiences of inpatient food and drink provision, as well as observe wards during mealtimes. Prior to the visits we prepared a series of data collection tools including semi-structured interviews for patients and carers and structured observation tools. See: *Appendix 1, Appendix 2 and Appendix 3.*

We recorded conversations from 70 individual patients and collected 15 separate observations across the wards. Staff were engaged with but due to the timing of the visits we collected insufficient data.

There were a total of 70 volunteer and staff hours used over the four visits.

Limitations

Infection control measures were in place during our visits. Rightly, this meant that there were some individuals on some wards that we did not interview, and that as a result, we collected less data from wards with infection control measures. We recorded no patient conversations on Bronte, however, we would be interested to ascertain patients' opinions of the 'healthy eating' options on the menus due to the additional medical and dietary needs of cardiology patients.

Similarly, the overflow ward (Canbury) was not open, and the Discharge Lounge was vacant when we visited. No data was therefore collected from these areas. It is possible that experiences of the provision of food in these settings may differ from the wards that we visited.

When we visited the AAU there was a volunteer conducting the Friends and Family Test. As a result, several patients did not want to answer another set of questions so we were not able to talk to as many patients. One patient told us *“The hospital should be making us better, not asking questions”*.

As the data was collected over a short period of time, and with wards visited 1-2 times, the findings may not be reflective of views at other times. This limitation however is mitigated to some extent by comparison to a sister report produced by our colleagues at Healthwatch Kingston who conducted a review earlier in the year.

Limited numbers of carers and staff engaged with our data collection exercise. It is possible that the findings of this work may not reflect their views as a result.

Key findings

In total we spoke to 70 patients, the majority of which had been an inpatient for less than a week (38).

Food and drink Overall

Days in Hospital

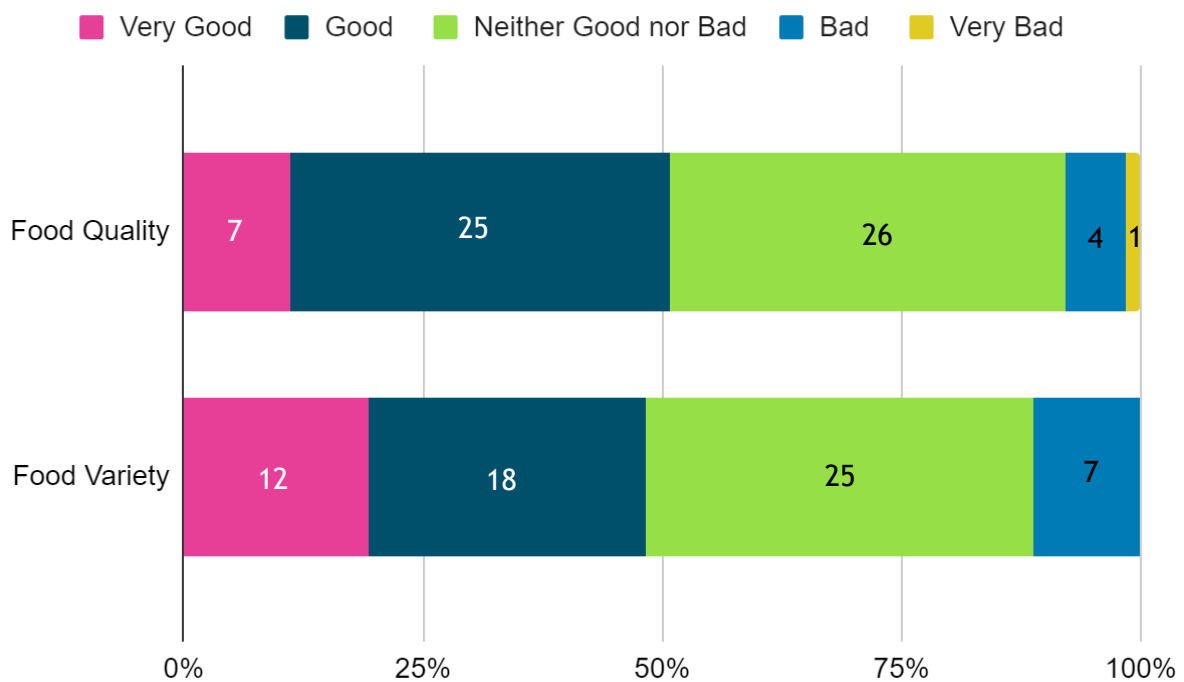
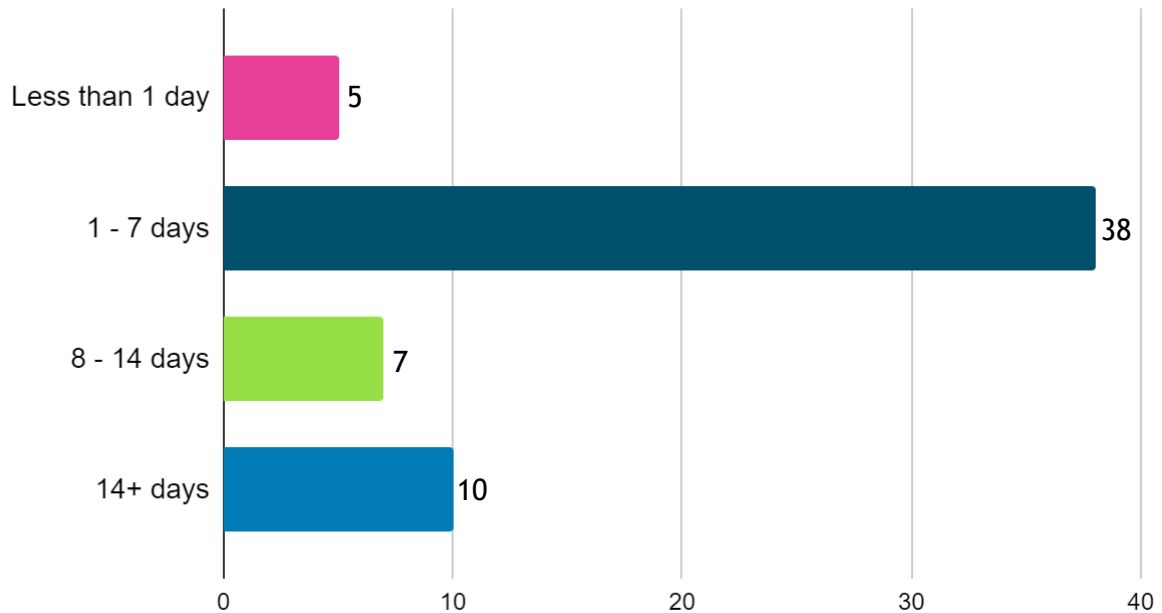


Figure 1.1. How would you describe the food quality and food variety?

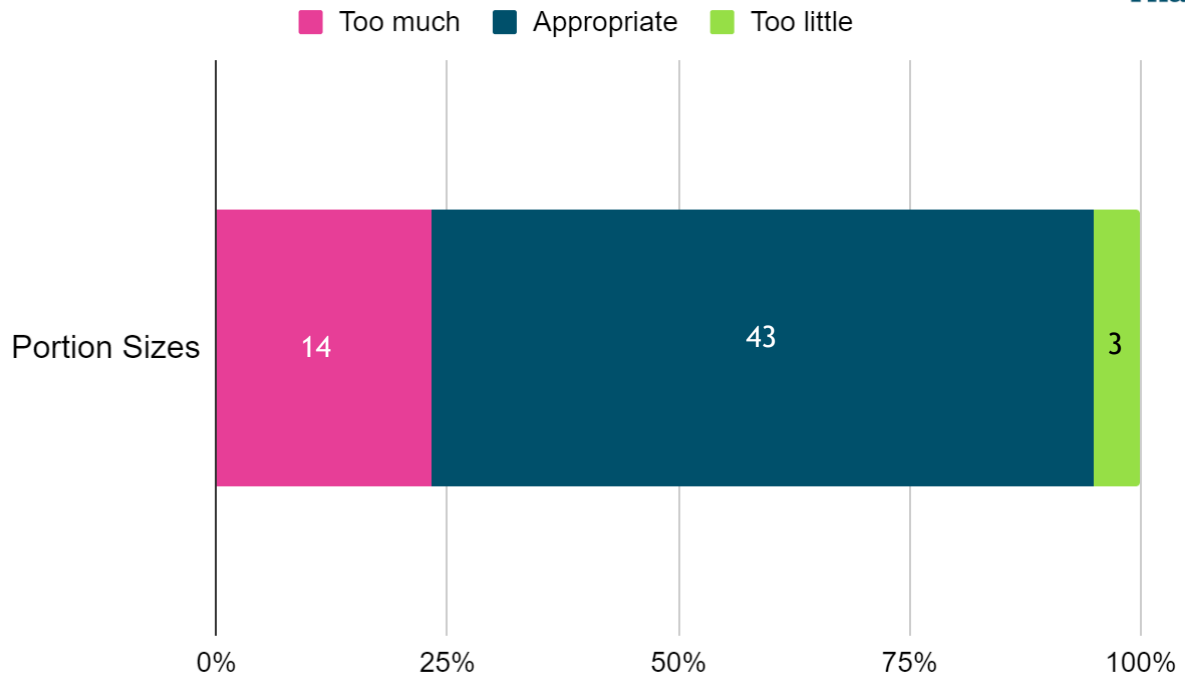


Figure 1.2. How would you describe the portion sizes you are served?

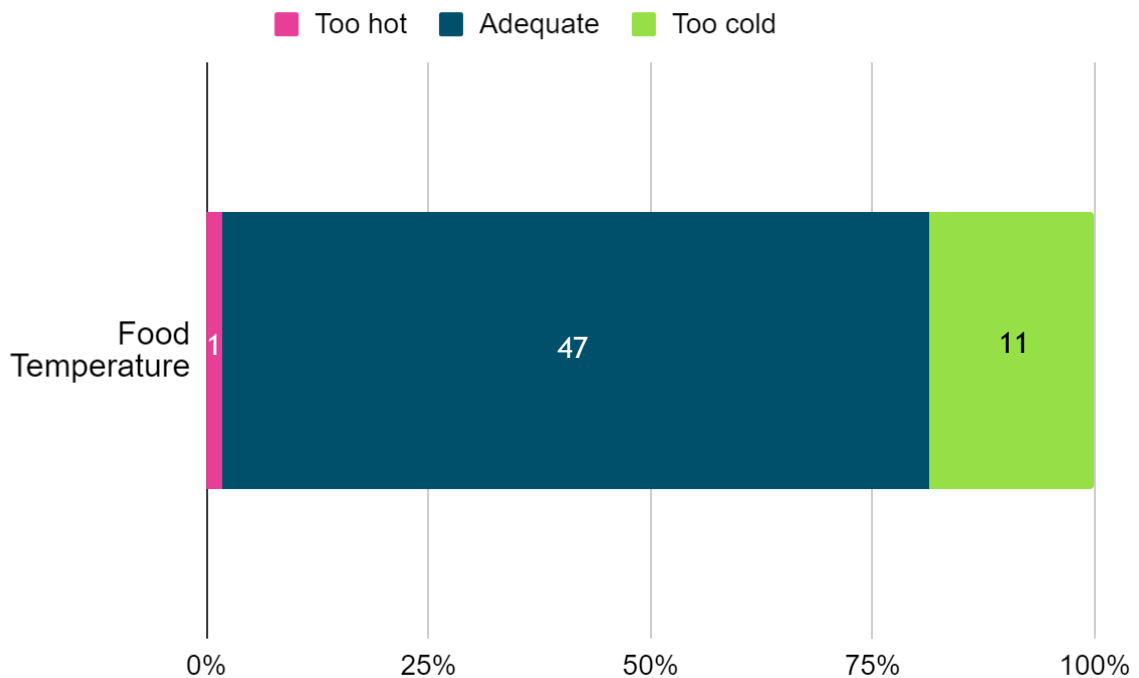


Figure 1.3. How would you describe the temperature of the food you are served?

These figures summarise the responses from the patients we spoke to. On the whole, these figures show that patients are happy with the food that they are offered and the offerings are generally appropriate in both size and temperature. Opinions on the food quality are quite mixed but generally positive.

We received some positive comments about the food.

“Very nutritious and appetising” (Astor)

However, most comments were mixed in sentiment.

“It’s OK” (Kennet)

“Food is lovely, though sometimes too much” (Astor)

“Edible but not exciting” (Cambridge)

21 of the comments we received said something negative about the food.

“Vegetables are overcooked and offer no nourishment” (Cambridge)

“Bland and unexciting” (Cambridge)

“Inedible” (AAU)

“Boring, stodgy, uninspiring, no imagination, very few vegetables, lots of supplements given because the diet given does not cover enough” (Cambridge)

“Shocking. Like bad school dinners. I dread mealtimes” (Astor)

There were some negative comments about the specific food offerings;

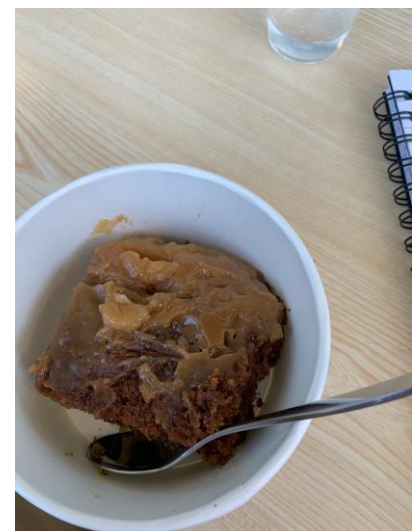
“The fishcake was grim- the outside should be crispy but it wasn’t, it was soggy. Inside it was all potato and didn’t taste of fish. They served potato with it as well” (Kennet)

“New potatoes shrivelled and too dry. Very overcooked” (Derwent)

Referring to the salad;

“Two dark green tough lettuce leaves and one slice of tomato- it didn’t look tasty”

During one of our Enter & View visits we were also given the opportunity to sample some of the food. We were served vegetable soup, fish in parsley sauce, macaroni and cheese, gammon and pineapple, potato wedges and carrots. The food was served warm, although we were served straight off of the trolley. Generally, everything felt overcooked; the fish was quite hard, the gammon was ‘leathery’ and the carrots very soft. The macaroni and cheese was also not made with macaroni. We felt the food was acceptable but not particularly appetising, and nothing felt particularly fresh. We were also served sticky toffee pudding for dessert which was dry but enjoyable.



Food presentation

During our observations we were able to see the food presented during the breakfast, lunch and dinner services. When we observed the breakfast service we felt that although the porridge and eggs appeared to be warm, they did not appear to be particularly appetising. The porridge had formed a skin and the scrambled eggs appeared wet. We did however observe toast being kept warm on the trolley.

We were given copies of the diagram guidance for a standard plate which is given to serving staff. Copies of these were present on all wards. The plates we observed all followed this presentation guidance, however this did not mean the plates appeared appetising. The food was presented in ‘dollops’ and appeared thick and heavy. Salad was poorly presented, with leaves that did not appear to be fresh and single slices of tomato and cucumber.

The presence of salt and pepper sachets on the trays was consistent in all wards except in Bronte, a cardiac ward, where the salt was substituted for a second pepper sachet. We were pleased to see patients’ dietary needs supported in this way. A patient on Derwent told us *“the food is rather dry; gravy or sauce should be offered”*. We did not observe any sauces or condiments offered.



Figure 2. The breakfast trolley on Alex ward.

Portion sizes

Portion size was a key theme which we identified in conversations with patients. Some patients felt they would like larger portions. For example, a patient on Alex, who had been transferred from the ICU, was disappointed with the amount of food offered at breakfast. Whilst on the ICU they were served a full English but on Alex they were only offered scrambled eggs. They were used to a full English at home, so were still hungry as

the portion sizes were not enough. However, the hospital told us that bacon and sausages are offered on Saturday and Sunday on all wards, which likely explains this patient's confusion. Another patient on Astor had recently come off nil by mouth (NBM) and would have liked a larger portion but was unaware they could ask for more.

Though some patients felt they did not receive enough food, most patients felt that meals were too large, especially as many describe having small appetites and feeling unwell.

"It's OK- but there is too much of it" (AAU)

*"I am not hungry so the portions should be much smaller. I don't like to see the waste"
(Kennet)*

There were some comments about inconsistencies in portion sizes.

"The portion sizes are not consistent" (Alex)

"Food portion sizes vary" (Astor)

When we spoke to staff we were told that the food offered is to maximise calorie intake and there is a clinical reason to provide large portions. However, patient feedback was clear that patients were not aware of the clinical reasons behind the large portions or that they should eat more. This was evidenced by comments from patients who were concerned with the food waste as a result of their smaller appetites.

"There is far too much and I have a very small appetite so lots of food is wasted" (Blyth)

The menu and patient handbook briefly mention that eating is important for recovery and there are displays on corridors. We did not observe this information, which explained the importance of eating larger portions, to be accessible to patients.

We also observed that some patient's trays were cleared away with a lot of uneaten food. Although this did vary across the wards.

Hydration and hot drinks

Every patient is required to have water jugs on their side tables and this is observed to be consistent across all wards and was confirmed through conversations with patients.

"Yes they are always topping up the water, it's never empty" (Astor)

"They change the water jugs twice a day, I think" (Kennet)

"Staff are very good at topping up my water jug" (Cambridge)

We did observe patients with limited mobility having water jugs on their trays however patients were not regularly encouraged or supported to drink.

"I have water but can't always reach it. It's a big jug to pour" (Kennet)

Many also told us that there was continuous access to tea and coffee.

"Tea is regular and strong" (Cambridge)

"Lovely lady comes with tea and coffee" (Astor)

*"Staff will come over and bring tea whenever I want even at night if I can't sleep"
(Cambridge)*

“Offered tea and coffee at meal times and between. Will also bring tea and coffee if you ask for it” (AAU)

However not all comments about the hot drinks were positive.

“The tea is too cold” (Blyth)

“Coffee is undrinkable” (Alex)

“Coffee is like tar” (Derwent)

There were some comments about the quality of the service of hot drinks. A patient on Astor told us sometimes they ask for a drink but the staff forget to bring it. A patient on Cambridge told us that *“sometimes bringing hot drinks is slow. Sometimes they don’t come around to offer drinks”*.

We also heard a patient’s experience on Astor who was NBM and hydrated through a drip, but they were allowed a small amount of water for comfort. At one point their water was removed and it was difficult to get it back and they were confused as to why.

Food choices

We were keen to find out from patients if the food variety offered was appropriate for patient needs.

Supplementing food

We did not find evidence of patients supplementing hospital food with externally sourced meals.

A third (32%) of the people we spoke to told us they had external food brought in. This was not as a substitute for meals so much as snacks and treats.

“I have a small appetite so these are more for treats than having to rely on them” (Astor)

“Friends have brought in snacks but I don’t really need them” (Blyth)

Most of the people we spoke to expressed they did not need to supplement their meals as either they did not have much of an appetite or the food provided by the hospital was sufficient.

“I have found the food sufficient” (Cambridge)

“No additional food needed” (Astor)

“There’s plenty of food and there is a big menu” (Alex)

There was, however, a patient on Derwent that was initially not aware of the halal menu so had food brought in by family. Eventually the family did become aware of the halal menu so the patient no longer relied on their family to bring them meals.

Food outside of mealtimes

Beyond the three meal services the hospital also supplies an all-day menu with food items that patients can order outside of mealtimes. Several patients told us about the sandwiches on offer throughout the day. A patient on Alex was particularly happy with this

option as one evening they were not hungry but they did want something to eat at 11pm, so a nurse was able to bring them a sandwich. Another patient on Cambridge told us that the 5:30pm mealtime was often too early for them, but they could order a sandwich later in the evening if they became hungry.

Most patients we spoke to appeared happy with the options and process of ordering food outside of meal times. This provision meant that a patient arrived on AAU late at night and was able to have something to eat. Another patient on Cambridge expressed that this helps accommodate patients who miss meals due to operations. Other patients expressed that this was important for clinical reasons. A patient on Blyth told us they were happy that there was other food available to them if they did not like the main meal, as they needed to eat due to their medications. However, a patient on the AAU told us it can sometimes be difficult to get a staff member's attention to order food.

There were some negative comments about the all-day menu. A patient on Alex did not feel the sandwiches were enough to satisfy their hunger, although they told this to an ISS staff member who left them extra sandwiches in the fridge. There were other issues around patients who were not aware that they could order food outside of mealtimes.

"I am not sure what the choice is" (Kennet)

The all-day menu and snacks are alluded to in the menu and the patient handbook but it is not clear what is available. The handbook states *"you will be offered a snacks or sandwiches if you miss mealtimes"* [sic] and the menu mentions that *"snacks will be offered throughout the day"*.

We also spoke to 18 patients who did not order any food outside of mealtimes as they were not hungry or did not feel they needed more food.

"I have been offered extra food but I haven't had any" (AAU)

During our observations we did notice signage on the wards reminding staff that patients must be offered an evening snack of cheese and biscuits, a banana or a custard pot. This was alongside another poster for patients which encourages them to have an evening snack to aid in their recovery.

Fruit options

Another recurrent theme when speaking to patients was the lack of fruit variety. There were 7 comments from patients who had different fruits brought in for them. When we visited the only fruit available was bananas. Staff told us that there should be more options, however we did not observe this and this did not appear to be the experience of patients. We also observed a poster about evening snacks which only included bananas as an option.

"The only fruit they give you here is bananas" (Kennet)

"Would like more suitable options for breakfast like croissants, fruit salad, and more varieties of fruit- it is largely just bananas and the occasional apple" (Astor)

"There might be bananas but apples, grapes and other fruits would be great!" (Astor)

This was an issue for a patient on Astor who was placed on a low potassium diet so cannot eat bananas but do not have alternatives offered to them.

Special diets

Personal and cultural dietary requirements

There were a number of patients who needed a special diet, for both personal and clinical reasons. One patient on Blyth is served the halal option, which comes separately packaged, which they described as “*good taste and good rice*”.

However not every patient that required a halal diet was actually receiving it. Two patients on AAU required a halal diet, but were not aware of the halal menu. They therefore were ordering food from the main menu that was not required to be halal.

There were other patients who were not aware of alternative menus. A patient on Alex, who was on the ward for day surgery, was offered a meal at lunchtime. They were vegan but only given the main menu. They then had to choose the fish option as they could not eat the macaroni and cheese vegetarian option.

When we asked a staff member about alternative menus they were able to provide us with copies from a folder at the nurse’s station. It appeared that it was the responsibility of the patients to ask for an alternative menu, however patients were not always aware that this was something they could ask for. Staff also told us that patients would also need to meet specific requirements to order from alternative menus.

Clinical dietary requirements

We also spoke to patients who required specific diets to meet clinical needs. Again, we heard from patients who were confused about the food options available to them. A patient on Alex was placed on a low-fat diet but was unsure what the low-fat options were. The menu lists some items as ‘*Healthier Eating*’ but it was not clear to the patient that these were low-fat options. As a result, they had eaten plain toast for breakfast and a “dry” chicken salad for lunch. There was another patient on Astor who was also placed on a low-fat diet and found there are very few options, often only one a day, and they were unaware they could order off the ‘*Lighter Options*’ menu. Another patient on Astor was placed on a low-fat diet and when they asked their ISS Host, the staff member appeared to not be aware of the ‘*Lighter Options*’.

It appears that the responsibility is placed on the patient to communicate their dietary needs and manage their diets. A relative of a patient on Cambridge felt that this was inappropriate. The patient was diabetic but was always offered dessert. Another diabetic patient on Derwent was not provided with an alternative menu and it was instead up to the patient to ‘choose sensibly’.

Mealtimes

Meal service

The meal services are conducted by:

- An ISS Host/ Hostess
- A nutrition coordinator
- Health Care Assistants (HCAs)
- Volunteers (on some wards)

However, the advertised meal timings are inconsistent. The menu lists the meal times as breakfast: 7:30am-8:30am, lunch: 12:30pm-1:30pm and dinner: 5:00pm-6:00pm. The patient handbook lists the meal times as breakfast: 8:30am-9:30am, lunch: 12:30pm-1:30pm and dinner: 5:30pm-6:30pm. Then the hospital website lists the mealtimes as breakfast: 8:00am-8:30am, lunch: 12:30pm-1:00pm and dinner: 5:30pm-6:00pm. This could prove to be confusing for both patients and visitors.

All meals were served within 30 minutes as per the hospital guidelines. One meal service on Kennet was observed to only take 13 minutes. This therefore meant food was served to patients whilst it was still hot. We did observe the meal service on Kennet starting at 5:00pm. We also spoke to a patient on Kennet who told us the dinner service was too early for them. Another patient on Astor told us that the meal times can be very irregular; *“the food comes when it is ready in the kitchen rather than when the patients are ready”*

On some of the dementia friendly wards we observed staff ringing a bell to signify the start of the meal service. The process of serving meals was the same on all wards. The trolley would arrive with an ISS Host/Hostess at the start of the mealtime. The trays and cutlery were all already present on the wards. A nutrition coordinator would then have tickets with the patient orders and would instruct the ISS Host/Hostess what to serve on the plate. There were then normally 4 or 5 HCAs who would then take the trays to the patients. It was a fast and well organised system which is why all wards were consistent in serving the meals within 20-30 minutes. On some wards meals were served a bay at a time and on others it was more random. We found that serving a bay at a time helped to create a better atmosphere for patients who were all eating together. A patient on Astor who was in a side room told us they were either served first or last, so sometimes their food was cold.

We also noted on all wards that the food trolley returned to the kitchen almost immediately after all meals were served. However, there was often food left in the trays that had not been served and patients were not offered seconds. Though we were told by staff that patients could ask for more, there did not appear to be an opportunity to do so before the trolley was removed. The breakfast trolleys, however, appeared to remain on the wards for the full hour of breakfast.

There were some comments from patients who were not given the meal they ordered.

“One day it all went wrong and no one got what they wanted” (AAU)

“I ordered a salad and got a sandwich with the same filling” (Astor)

“I ordered a coffee but was given tea” (Astor)



Figure 3. An ISS Food Trolley

Protected mealtimes

The hospital advertises protected mealtimes, where all non-essential ward activities should be stopped, however we had 7 comments from patients who were interrupted during their meals. There were two comments from patients, one on Cambridge and one on Alex, who found it “*annoying*” when doctors interrupt their meals or if their food arrives while they are still with staff, as their food then goes cold. We observed several examples of patients having their mealtimes disrupted. A patient on AAU was receiving IV medication when their meal was served, so their tray was left on their side table before they could eat it. There was another patient on Kennet who appeared to be having blood taken whilst their meal was served, so again it was left on their side table. A further two patients on Kennet were receiving personal care during the meal service so they were not served food.

*“Doctors still come around sometimes though, I am not sure if they are supposed to”
(Alex)*

When we visited Kennet during the dinner service an ISS Healthcare Cleaner was emptying bins on the ward. This meant there was a trolley of rubbish in the corridor when HCAs were serving meals.

However, more patients told us that their mealtimes were not interrupted by staff. We also observed staff making an effort to promote protected mealtimes. On Cambridge, nursing staff and doctors moved out from the bays to the corridor or workstations before the mealtime began. On Blyth, during the lunch service, staff were having a briefing in the nurses’ station, though this meant patients were left to eat their meals, this briefing was rather loud and could have been disturbing for the nearby bays.

Supporting patients during mealtimes

During our visits we observed an encouraging level of staff support on all wards. We were told that patients who required support from staff were given red trays, and that this was communicated through magnets above the patient's beds. It is policy that patients with red trays are served last and do not wait for assistance for longer than 15 minutes. This was adhered to across all wards.

We spoke to patients who required specific assistance during mealtimes. A patient on Blyth, who used a red tray, felt well supported by staff who needed to monitor how much food they were eating. Several patients on Cambridge told us about the positive support they received, including a patient requiring support from staff to feed themselves. They found the staff helpful and did not need to wait long for assistance. A second patient on Cambridge required assistance to be seated upright for meals and another who always received the help they needed, including staff putting marmalade on their toast.

“There is enough staff and I feel well supported” (Blyth)

“Staff encourage me to taste things” (Kennet)

We also observed some positive interactions between staff and patients. On Astor HCAs were feeding patients at their pace and on Bronte a HCA woke a patient to assist them with eating.

However, we did hear some negative comments. A patient on Cambridge felt that more time should be allocated to settle patients before the meal. Another patient on AAU felt that staff were a little impersonal *“food is just put down on the table and the server goes. No chat. No ‘I hope you enjoy that’”*. A second patient on AAU felt that although the support was good, there were not enough staff present and suggested more volunteers could assist. This is similar to another AAU patient's comments who felt that the patients around them needed more support during mealtimes than they currently receive. Whilst we were observing the meal service on the AAU we noted that there were two food trolleys on the ward, compared to one on the other wards, due to the AAU being the largest inpatient ward. However, the same group of HCAs were supporting the food service from both trolleys, perhaps then giving the impression that staff during mealtimes were spread thinly.

We observed some patients being supported with eating and drinking at mealtimes by relatives and visitors as well as posters encouraging this.

Negative observations during mealtimes

During our visits, there were some examples of poor care and a lack of support during the meal services.

On Kennet, a patient in one bay was being assisted to eat before all meals had been served but another had to wait for all the other meals to be served before they were assisted. Their meal then appeared to have gone cold. On Kennet and Astor ward, we observed examples of patients being served meals whilst they were sleeping with no attempt to wake them.

A patient on Derwent was served their tray out of reach. They subsequently dropped their spoon on the floor and almost fell out of their bed trying to retrieve it. Our Enter & View representative alerted a nurse who did come and assist promptly. Another patient on AAU was served their food on a red tray but was not positioned appropriately to be able to eat. On Bronte our Enter & view representatives noticed that a patient in a side room had fallen asleep and was not eating their meal. Staff were unaware of this until Healthwatch representatives pointed this out.

On Kennet, a patient who was on end of life care was served a meal. The information on their bed showed that they were nil by mouth and should not have been served a meal. When we pointed this out to a staff member the tray was removed. This appeared to be a miscommunication with the HCAs.

We also had some concerns with HCAs not following infection control measures during mealtimes. When we visited Bronte a number of the bays were under isolation and staff were required to follow infection control measures which were clearly displayed on the bay doors. We observed a HCA enter one of these rooms to deliver a food tray but did not wear gloves or a FFP3 mask as they should have done. They also did not immediately bin their apron, until later reminded by a colleague. However, on Blyth, which was also under a number of infection control measures, HCAs would not enter isolation bays but instead would pass the trays through the door. The HCAs were also consistent in sanitising their hands.

We did not observe any examples of patients being able to wash their hands before or after they have eaten. There were some hand wipes observed on food trolleys but we did not see these being given to patients or patients being supported to use them. Low compliance with supporting patients with handwashing was also noted in the 2023 Kingston Hospital Nutrition and Hydration Audit.

The environment

Ward environment

We received generally positive comments about the ward environment. This includes comments about the ward being quiet (13 comments) and calm (5 comments).

“It is calm and fine during meal times” (AAU)

“Quiet and calm” (Alex)

However, there were 14 comments about the wards being loud and busy. A patient on Cambridge described the environment as

“Piccadilly Circus” (Cambridge)

“Chaotic. Patients are not prepared for mealtimes” (Cambridge)

Other comments about the ward environment were mixed. A patient on Alex found the ward clean but not always quiet. Another patient on Derwent described the ward as busy but also efficient. A patient on Cambridge told us that *“it is busy but the staff are amazing”*. One patient told us they found that having visitors on the ward during mealtimes is *“awful”* as everyone could see them being assisted during mealtimes.

A patient on Kennet expressed concerns that staff do not clear the tables or wipe them down before the meals. They also observed another patient eating with a sick bowl next to them. We observed a delay in clearing spilt water on a patient's table on Alex. We also did not observe staff clearing patient's side tables before the meal service.

During the lunch service on Derwent the fire alarm was tested. The alarm continued for a while so the ward environment was quite loud and distracting. A member of staff told us that this is not uncommon. It is supposed to be tested before lunch service but is often delayed.

Beverage Bays

We also took the opportunity to look at the Beverage Bays on some wards. Blyth and Derwent were noted to be particularly clean.

On the AAU the Beverage Bay near Bay 8 was quite unclean, with rubbish, coffee and sugar on the side as shown in the image below. After the meal service, about 40 minutes later, an ISS team member was cleaning the space. The kitchen on Cambridge ward was also a little unclean on the surfaces. During our visit to Cambridge ward there was work being done in two of the rooms leading to a strong smell of paint in the corridor. This did not appear to be causing any disturbance for patients however.



Figure 4. Beverage Bay of the Acute Assessment Unit.

Food in fridges was labelled with patient names and dates. However not all food was labelled in the fridge on Kennet, but there was a checklist for staff to check the fridges.

Something which we did note on all wards and concerned us was that milk and juices were left out of the fridge all day on the hot drinks trolley, often with lids open. When we visited wards later in the day, we noted that the milk did not appear to be fresh.

Communication

Ordering meals

Communication around food and mealtimes came up as a key theme in our observations and conversations with patients. We found inconsistencies in how aware patients are of their options.

Twenty-eight people told us that they are read their menu options by an ISS Host/Hostess in the morning when they choose meals for the day. A patient on Alex finds ordering lunch at breakfast time *“strange”*. One patient on Kennet said *“it’s all very quick so I don’t remember what I asked for”* and another on Cambridge told us that they are often still *“half asleep”* when they order in the morning so often regret their choice. Interestingly a patient on Alex told us that the menu is read out to them in the morning but they are able to change their mind about what they choose at any time. We were unable to confirm this however.

Some patients expressed that they are not aware of the meal options. A patient on Kennet told us *“I don’t know what I am getting”*. A patient on Derwent ward could not speak English and we noted that the menu is not offered in other languages and that no adjustments were offered for them. A family member translated for them sometimes. Staff on the ward suggested that the patient could use a translation app, however this did not seem appropriate for the patient.

We heard from a patient on Astor who didn’t find the menu until they had been on the ward for a couple of days as it was folded on top of the bedside drawers. ISS staff did not tell the patient of the alternative meal options, like salads and sandwiches. When asked by the patient if they could have a salad the ISS Host/Hostess did not appear to be aware that this was an option. This patient was on a low-fat diet. It is important that ISS staff are aware of the options and what options are appropriate for patients with dietary needs.

There were also some issues around patients sleeping when meal orders were placed. We observed a patient refusing to eat on Blyth as they were served food they did not want. A staff member asked the ISS Host/Hostess on the trolley if there was another option as the patient was asleep when the orders were taken. On Kennet, AAU and Derwent we observed patients being woken in the morning to order their food.

It was interesting to note that on Alex and Astor there is a unique challenge due to the higher turnover of patients, which means that the person that orders a meal in the morning is not always the same person who eats it for lunch or dinner. Whilst we were visiting Astor there was a patient who was confused that they had to order lunch and dinner despite the fact they were about to be discharged. We were told by the hospital that a trial is planned on Alex Ward to test a system where patients would not need to order in advance and could make their decisions at each meal.

The menu

The main menus were double sided, A3 laminated documents produced by Apetito, who also supply the food. They were not always readily available to patients.

Enter & View representatives observed that the menu was very information dense. There were seven nutrition codes which were not always clear to patients. One side of the menu showed the options for lunch and dinner over the week, and the other side displayed information including nutrition information, breakfast options and lighter meal options.

The top of the menu states 'week 1', despite there not being a 'week 2'. We felt this could be confusing for patients who stay for over a week, although we did not pick this up from patients as an issue.

The amount of information on the menu makes it difficult to read and some of the information feels either unnecessary or too vague, such as comments about sustainability and the information about meal ordering. Because there is so much writing the font size is quite small and therefore not all patients were able to read this. There are also two QR codes which are not particularly accessible to all patients and may become confusing. A copy of the menu can be found in *Appendix 4*.

Some patients had a positive opinion of the menu.

"It's easy to read" (Alex)

"The menus are fine and readable" (Cambridge)

However, there were some negative comments about the menu. A patient on Astor found the menu print too small so had their options read to them, they also told us that they do not always get the meal they ordered. Another patient on Astor told us how they found the menu unclear, particularly in finding the lighter options, *"the information is there but it is difficult to find and takes a lot of reading which is difficult when feeling acutely unwell"*.

During our observations we did not observe any dementia friendly or pictorial menus. It appeared that on dementia friendly wards, menus were not given to patients and instead patients are told their options by an ISS Host/Hostess. Though we did not observe meal ordering on the dementia friendly wards due to the timings of your visits, we would want reassurance that patients are still offered all meal options, including lighter options and alternative menus.

Information displays

During our observations we noted that on all wards there were dedicated nutrition displays. Most of the information on display were reminders for staff, including:

- Information on how to check patient hydration levels
- Use of ThickenUp
- Advice for staff on preparing patients for mealtimes
- Information on malnutrition

There were also some posters for patients providing information on healthy eating. It was noted that the display boards on the wards contained a lot of information and were sometimes hard to read, however it was good to see so much information on display as it gives the impression that nutrition is a focus of the hospital.



Figure 5. Nutrition display board on Alex Ward.

Other Comments

Overall Care

Although the focus of this report was nutrition and hydration on inpatient wards we also engaged with patients about their general experiences of care at Kingston Hospital.

Overwhelmingly patient comments about the care they had received were positive. Patients were particularly impressed with the staff. This was consistent across the wards.

“Very very impressed” (Alex)

“The care on this ward has been fantastic, really good” (Astor)

“Brilliant lovely staff” (Alex)

“Comfortable and well looked after” (AAU)

A patient on Cambridge told us that they had experienced *“kindness like you wouldn’t believe”* whilst on the ward, including a nurse who noticed they were not eating their food and explained kindly that *“food was medicine”* and encouraged them to eat. They feel this is what has helped them to recover.

However, we did pick up on some negative comments about staff, particularly around the level of care provided.

“They don’t care enough, I am cold after my shower and the window is open” (Kennet)
“Staff are very busy [...] it’s hard to find the one who can give you the answer you need”
(AAU)

“The staff do not listen to you” (AAU)

One patient we spoke to felt that staff treated all patients the same and should receive more training about individualised care. Another patient on Cambridge described the poor management of their pain, telling us *“there was a lack of experience about pain in terms of empathy and awareness [...] I have found my experience of managing my pain very depressing”*. A female patient on Cambridge was unhappy that it was mostly male staff members available for toileting. They felt they lacked training and she was unable to preserve her modesty. There was a further complaint from a patient on Cambridge about staff *“some staff are callous and don’t know their own strength and have a disregard for patients”*. We asked this patient if they wished to make a complaint but they were planning to be discharged soon and did not feel the need to.

A&E

Whilst talking to patients we also came across stories of patients who had been admitted from A&E. Some key experiences are summarised here:

- A patient on AAU was left on a trolley for 24 hours whilst in A&E before they were admitted to the ward.
- A patient on Cambridge waited for 15 hours in A&E before admission. During that time they told us that they only received 2 cups of tea, a sandwich and a packet of biscuits.
- A patient on Astor was sat in a chair in A&E for 12 hours without any pain management.
- A patient on Astor had presented at A&E and was there for several hours, also with no food or drink but was subsequently sent home. However, 2 days later they received a call from one of the emergency doctors to tell them that something had been missed on the x-ray and they needed to return to the hospital.

However, we did hear of one positive A&E experience from a patient on Cambridge who presented at A&E with a broken wrist and was seen within 2 hours. They needed further surgery and was called in the following day. They found the system very efficient.

The ward at night

We also picked up some concerning comments from patients about their experience of the ward at night. Two patients on Astor told us that they struggled to sleep at night because of the brightness on the ward and patient noise.

“It is really hard to sleep here” (Astor)

“I had no sleep last night” (Astor)

The patients were not aware that they could ask for an eye mask and ear plugs. Although another patient on Astor told us that *“the ward is quiet and dark at night”*.

We also received comments from patients about poor staff behaviour at night. A patient on Cambridge was woken up at 3am the previous night by one of the patients on their bay who was loudly arguing with a member of staff. They told us they tried to ignore it and go back to sleep, but they could not. They described it as “*awful*”. A different patient on Cambridge told us how they went to the toilet one night and a nurse was shouting at them through the door. They were very confused as to why and they found the experience distressing.

A particularly poor report came from a patient on Blyth. Though this was something the patient witnessed rather than experienced themselves. The previous night a patient in the opposite bed had struggled to get into bed. The night nurse watched but did not assist. The patient who observed this told the nurse that they should have helped the patient get into bed but the nurse replied “*forget it*”. Later that night the patient fell in the toilet and rang the emergency bell four times before help came. This fall was also not recorded on the ‘fall chart’ which was clearly displayed in the corridor.

When we heard these stories we raised our concerns about the ward at night with hospital staff. We were impressed with their response and felt confident that the hospital took our concerns seriously would deal with this situation properly by looking into this internally.

Conclusion

Generally, we were impressed during our visits to Kingston Hospital. We observed a clean and calm environment where patients were happy, well looked after and full of praise for the staff looking after them.

On the whole, our observations of food and hydration provision were positive, and this was reiterated through our conversations with patients. Patients had very few complaints and often wanted to focus on praising the hospital. Key areas of positive feedback were the food quality and food variety.

Areas of poorer performance were in the communication around food provision and the meeting of patients’ cultural and clinical dietary needs. There appears to be a disconnect between staff and patients, where staff are not actively seeking patients’ dietary needs and patients are unaware that this is something they need to communicate to staff. This is likely the reason behind patients eating inappropriate food. However, these examples are in the minority and for the majority of patients the food provision is appropriate for their clinical and dietary needs.

Something interesting to note here is that in conversations with some patients there is an awareness of the challenges facing the NHS as a whole and patients are happy “*in the circumstances*”. There was a sense from patients that they were grateful for the care they receive and that they were reluctant to provide criticisms.

Throughout these visits, our findings and conclusions are consistent with those from the 23/24 nutrition audit. In the audit one of the lowest areas of compliance was hand washing provision. We did not observe any patients being supported to wash their hands.

However, another area of low compliance in the audit, problem-free meal times, was not something that we observed as an issue. The meal service was quick and efficient whilst not appearing particularly rushed.

We would like to thank Kingston Hospital for their support during our Enter & View visits and our continued collaboration. We would also like to extend a thank you to Healthwatch Kingston, whose report we look forward to reading.

Recommendations

Recommendation 1:

Patients appear to be unaware of why they are served large portions of food. Several patients then felt that they were given too much food and were worried about food waste. **Steps should be taken to better communicate to patients the importance of nutrition for recovery and to explain that patients should maximise their calorie intake.**

Recommendation 2:

We heard of several instances of patients being provided food which does not meet their cultural or clinical dietary needs. **Steps should be taken to ensure that all patients are asked if they require an alternative menu, rather than the current process which is to make it the patient's responsibility to ask for these themselves.**

Recommendation 3:

Patients have inconsistent access to a printed menu and are therefore unaware of the full options available. **Steps should be taken to ensure that all patients have access to a printed menu, including dementia friendly, pictorial menus and where appropriate translated menus. ISS staff should be aware of the full range of options including lighter and healthier choices and options for dietary or cultural needs and make these available to patients whether by reading the options or providing menus.**

Recommendation 4:

We did not observe patients being assisted to wash their hands before or after they have eaten. **Steps should be taken to address this and ensure that patients on all wards are able to wash their hands before and after mealtimes.**

Recommendation 5:

There are additional challenges in ordering food on Alex and Astor wards. We are aware that a trial is planned to introduce a new ordering system on these wards. **The findings of this should be shared and used to improve food provision on Alex and Astor.**

Recommendation 6:

The only fruit available was bananas. **There should be a greater variety of fruit available to patients.**

Recommendation 7:

We observed that the trolleys were removed from the wards promptly after all patients were served a meal, despite there being unserved food and patients not offered seconds. **The Hospital should consider how it can ensure that people are offered seconds and this option should be clearly communicated to patients.**

Recommendation 8:

ISS staff did not always comply with infection prevention and control measures. **Action should be taken to ensure compliance with infection prevention and control measures around meal times.**

Recommendation 9:

We have shared concerns about the care provided on 2 wards at night and have received some assurance that this is being managed. **Kingston Hospital should provide an update on this in due course and assurance that it has been resolved.**

Kingston Hospital's Response

A copy of this report and subsequent recommendations was shared with Kingston Hospital for their comments. Upon the finalisation and publication of this report, the hospital plans to initiate the implementation of an action plan to address the recommendations. We look forward to receiving an update on the implementation of this action plan.

Acknowledgements

We would like to thank our amazing team of Enter & View representatives for their time, dedication and expertise.

- Carole Haskel
- Caroline Snow
- Rosanna King
- Annette Arnold
- Lynda Crellin
- Alan McNab
- Phil Bunnell

We would also like to thank our colleagues at Kingston Hospital for the care that they provide our residents, their support with facilitating these visits and engaging positively with the process during a highly pressured time.

Appendix 1- Patient questions

Kingston Hospital Adult Inpatient Wards (Nutrition) Enter & View .

Ward Name: Bay number:

Date (DD/MM/YY) & Time conducted:

How long have you been on the ward?	
1) Overall Care	Overall, how would you describe the care and treatment you have received on this ward?
2) Food/ Drink Quality	Overall, how would you describe the food/ drink that has been provided during your stay?
<i>Ask the patient to answer these questions using this scale, circle their answer</i>	
2.1) Food Quality	Very good, Good, Neither good nor bad, Bad, Very Bad
2.2) Food Variety	Very good, Good, Neither good nor bad, Bad, Very bad
2.3) Food temperature	Too hot, Appropriate, Too cold
2.4) Portion sizes	Too much, Appropriate amount, Too little
3.1) Suitability of Food	Do you have a special diet (e.g. vegetarian, halal, low sodium, soft food)? What are these meals like? Are staff aware of your allergies?
3.5) Suitability of Food	Do you need to supplement your meals with external food? Such as takeaways or food brought in by relatives.
4) Hydration	Do you have access to water continuously? Do you have access to other drinks (e.g. tea/ coffee/ juice?)

6) Mealtime Support	How would you describe staff support during mealtimes?
7.1) Food outside of mealtimes	Is any food/ drink provided if you want something to eat or drink outside of mealtimes? Are you aware of the all day menu and snack trolley?
8) Communication Around Food	Are you always aware of your food options? How are you told the meal options? (E.g. printed menus, read out) Are you always given what you ordered?
(8 cont.)	
9) Environment	How would you describe the ward environment during mealtimes? E.g. is it clean, quiet, busy, respectful?
10) Complaints and Feedback	Do you know how to make a complaint or give feedback about the food? If you have, what was the outcome? Are you aware of the patient handbook?

11) Improvements	What would you do to improve food/ drink on the ward? Is there anything else you want to tell me?
Conclusion:	Is there anything else I should have asked you?

Observation	Comments (be specific- where and when something occurred, who it relates to)
1. How is the food presented? How do the portion sizes look? Are condiments provided?	
2. Are patients being offered snacks/ drinks outside of mealtimes? Are patients encouraged to drink?	
3. Is food delivered on time? Is it warm?	
4. Are staff assisting patients with mealtimes? Are patients with a 'red tray, beaker or mug' waiting longer than 15 minutes for support? (inc. help with cutting food, eating food, drinking, sitting up).	
5. Are enough staff available during mealtimes? Inc. nurses, hostess team and HCAs	
6. Are trays cleaned away promptly after mealtimes? Are seconds offered? Are spillages cleaned promptly?	
7. Are patients given an opportunity to wash their hands/ use hand wipes before/ after their meals?	
8. Are patients in a safe and comfortable position for eating and drinking? What happens if they are sleeping?	
9. Are adaptable cutlery and plate guards available?	
10. Are staff wearing appropriate clothing when serving meals? (e.g. hairnet, gloves and aprons)	
11. Do patients have access to a menu? Are they printed by every bedside? Are these menus in easy-to-read formats (e.g. using pictures)? Do these show alternative diets?	
12. Are patients read their options for meal times? What happens if someone was sleeping when they came	

around?	
13. Is the food served clinically appropriate? (e.g. are high-fat foods like cream served on the cardiac ward?)	
14. During mealtimes are all non-essential activities stopped (inc. ward cleaning and rounds). Is there a calm and relaxed environment?	
15. Are ward kitchens kept clean and tidy? Are the fridges clean? Is the food labelled and dated?	
Other Observations:	

Appendix 3- Staff questions

Kingston Hospital Adult Inpatient Wards (Nutrition)

Enter & View visits.

Prompts for STAFF DISCUSSIONS

Ward.....

<p>1) Introduction</p>	<p>What is your role? How long have you been on this ward? What is it like working on this ward?</p>
<p>2) Quality of Food</p>	<p>What are your opinions on the standard of patient food? Including quantity, variety, food temperature and quality</p>
<p>3) During Mealtimes</p>	<p>Do you have sufficient time to conduct mealtimes? Do you feel that there are enough staff present during mealtimes?</p>
<p>6.1) Improvements</p>	<p>Are there any changes you can think of which would improve mealtimes for patients?</p>
<p>6.2) Improvements</p>	<p>Are there any changes you can think of which would improve mealtimes for staff?</p>

6.3) Improvements	What barriers do you think exist which could prevent improvements to patient food?
7) Conclusion	Is there anything else you want to share with me?



WEEK 1

The **MENU**
SPRING/SUMMER 2024

About this menu

Nutrition and hydration

Eating and drinking enough while you are in hospital is vital to support recovery after illness.

Our menus

We have a variety of menus available to cater to different dietary requirements including **Cultural and Modified Texture**. Please speak with your catering team member if you need an alternative menu. If you would prefer a pictorial menu, please ask. Any questions? Need advice? Our catering team and ward staff are happy to help.

Allergen and nutrition information

Please tell your nurse on admission if you have any food allergies and let your catering team member know when ordering your meals. We have an **Allergen Free Menu** available.

Further information about nutrition and food allergens is available, please ask your catering team or scan the QR code.



Breakfast

- Orange Juice GF V VG
- Apple Juice GF V VG
- Corn Flakes V LP
- Crisped Rice Cereal V LP
- Bran Flakes V VG LP
- Wholewheat Biscuit V VG LP
- Cereal V VG LP
- Porridge V LP
- GF Corn Flakes GF V VG LP

Served with a choice of Semi-skimmed Milk Whole Milk Soya Milk

- White Bread or Toast V VG LP
- Wholemeal Bread or Toast V VG LP
- GF Bread or Toast GF V LP
- Butter V LP
- Sunflower Spread V VG LP
- Marmite V VG
- Selection of Fruit Preserves V VG LP

* Yogurt - not listed *

Lunch & dinner

- Starters
- Orange Juice GF V VG
- Apple Juice GF V VG
- Soup of the Day (choice over page) V
- Sliced Wholemeal V VG LP
- Sliced White Bread V VG LP
- GF Bread GF V LP
- Butter V LP
- Sunflower Spread V VG LP

Lighter options

The following lighter options are available every day if you do not wish to choose from our hot selection (over page).

Sandwiches

- Available on White or Wholemeal Bread unless stated.
- Cheddar Cheese V
- Ham V
- Chicken Mayonnaise (Halal) V
- Egg Mayonnaise V
- Tuna Mayonnaise V
- Hummus & Bean on Wholemeal Bread V VG
- Gluten Free Cheese & Roasted Tomato Roll with Mayo GF V

Sustainability

In our journey to become more sustainable and reduce our carbon footprint, we have included more vegan options on our menu.

Missed a meal?

If you have missed a meal, please ask a member of staff to show you the all day menu options.

Snacks and drinks

Fresh water, hot and cold drinks and a selection of snacks will be offered throughout the day.

Meal ordering

Simply ask for any breakfast options during service time. Lunch and dinner meal orders will be taken by staff before the meal service.

Meal times

Speak to your catering team about the exact mealtimes for your ward. Meals are usually served between the following times.

Breakfast – 7.30am to 8.30am
Lunch – 12 midday to 1.30pm
Dinner – 5pm to 6pm

Jacket potatoes

- Plain GF V VG
- Butter V LP
- Sunflower Spread V VG LP
- and Tuna Mayonnaise V
- or Baked Beans GF V VG
- or Cheddar Cheese V

Salads

- Tuna GF
- Free Range Egg GF V
- Cheddar Cheese GF V
- Rainbow Chickpea GF V VG
- Chicken & Super Grain V
- Mozzarella & Marriana Pasta V
- Chicken V
- Tomato & Lentill GF V

Main meal soup

- All salads & soups are served with:
Bread Roll GF V LP
or GF Bread V LP
Butter V LP
Sunflower Spread V VG LP



Menu coding

If you have been told to follow a specific diet, look for the symbol or code on the menu next to the item for guidance.

Healthier Eating

choices are lower in fat, salt and added sugar, suitable if you have been advised to follow a 'healthier diet' to help manage your diabetes or heart health.

Higher Energy

choices are suitable if you have a poor appetite or need a higher amount of calories due to your illness and weight loss.

Level 7 Easy to Chew (L7EC)

choices are regular texture foods that are level 7 easy to chew. These are not designed for people with a swallowing difficulty who will be provided with a separate modified texture diet menu.

Gluten Free

choices are naturally gluten free or contain <20ppm of gluten, suitable for people with coeliac disease.

Vegetarian

choices do not contain meat, poultry, fish or any of their by-products.

Vegan

choices do not contain any animal products, including dairy products or honey, also suitable for anyone following a vegetarian diet.

Lower Potassium

choices are suitable if you have been advised to control high blood potassium.

Got feedback?

We are committed to meeting your nutrition and hydration needs during your stay. You may be asked some survey questions about your experience by a member of staff. You can ask to speak to a member of the catering team if you have any feedback about our food or drink service or you can scan the QR code to complete a survey.



Menu continued overleaf...

Menu codes: **GF** Healthi

Monday Lunch

Soup

- Vegetable GF V VG

Main courses

- Macaroni Cheese GF V LP
- Cod in Parsley Sauce GF
- Sliced Gammom & Pineapple GF LP

Sides

- Mashed Potato GF V LP
- Potato Wedges GF V VG
- Carrots GF V VG LP
- Side Salad GF V VG LP

Hot dessert

- Sticky Toffee Pudding GF V LP
- Custard V LP

Monday dinner

Soup

- Mushroom GF V

Main courses

- Bean Chilli GF V VG
- Orange & Ginger GF
- Chicken GF
- Baked Steak & Mushroom Pie

Sides

- Mashed Potato GF V LP
- Wholegrain GF V VG LP
- Rice GF V VG LP
- Broccoli GF V VG LP
- Peas GF V VG LP

Hot dessert

- Jam Sponge GF V LP
- Custard V LP
- Gravy GF V VG is always available