

Patient and Client Council

Food for Thought: Views of Patients and the Public on Hospital Meals

March 2011

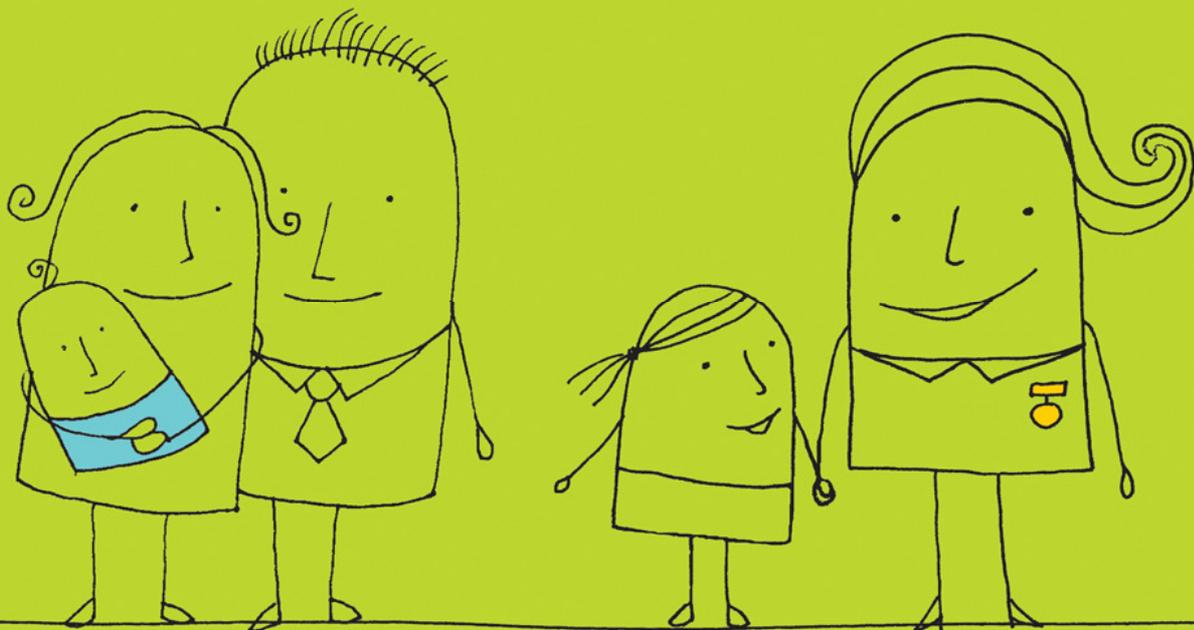


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Foreword

Dear Reader,

I am pleased to present this small study of patient and carer views of hospital meals in Northern Ireland.

This study has a number of key messages for both policy makers and service providers:

- Patients are generally happy with the quality of food. However, more care and attention is needed regarding portion size and special dietary needs.
- There should be adequate staffing available at meal times to ensure patients are given any assistance they need.
- Meal times should be protected and consideration should be given to the use of volunteers at meal times.
- Patients and carers want better communication with staff about nutritional requirements.

I would like to express my sincere thanks to everyone who took part in the study. The Patient and Client Council will ensure that the voices captured in this report and resulting recommendations influence nutritional strategy in health and social care across Northern Ireland.



Maeve Hully

Chief Executive of the Patient and Client Council

Summary

The purpose of this report is to inform the development of the 'Strategy for Good Nutritional care for Adults in all Care Settings in Northern Ireland'. The aim is to ensure that the views of patients and the public regarding meals and meal times in hospitals inform this Strategy.

A total of 153 people took part in this work. The 4 most common issues were:

1. The quality of food is generally acceptable but there needs to be greater choice;
2. Staff need to be aware of the needs and requirements of individual patients;
3. Vulnerable patients should be assisted with feeding when required;
4. Wherever possible family members, carers and volunteers should assist at meal times.

Based on these issues, we have drawn a number of conclusions and recommendations that, we think, should inform the 'Strategy for Good Nutritional care'.

1. Background and Purpose

1.1 The Patient and Client Council

The Patient and Client Council was established on 1st April 2009 to provide a powerful, independent voice for people.

The Patient and Client Council has four main duties. They are to:

- listen and act on people's views;
- encourage people to get involved;
- help people make a complaint; and
- promote advice and information.

1.2 What is the purpose of this report?

The purpose of this report is to inform the development of the “Promoting Good Nutrition – A Strategy for Good Nutritional Care for Adults in all Care Settings in Northern Ireland.” This report has been compiled to ensure that the experiences of patients and the public inform the draft Strategy.

Malnutrition is a lack of adequate nutrition resulting from insufficient food, an unbalanced diet or defective digestion in the body. The recent report ‘Hungry to be Heard’ by Age UK (www.ageuk.org.uk) has highlighted that older people are in danger of malnutrition. The report found that over the past few years, this problem has become greater; more and more patients in hospitals are malnourished on their discharge or die because of the effects of malnourishment.

It is the concern of the Patient and Client Council to ensure that the views of patients and the public are included in the development of 'Promoting Good Nutrition – A Strategy for Good Nutritional Care for Adults in All Care Settings in Northern Ireland'. The Patient and Client Council conducted a study with patients in hospital wards, with focus groups and with members from the Patient and Client Council Membership Scheme to collect the different views and experiences on food and meal times in care settings in Northern Ireland. This report is a summary of our findings.

2. Our Approach

In order to collect the views and experiences from patients and the public, we engaged with them in three different settings:

- 1) Ward consultations took place within an acute hospital which provides care for predominantly older people in each Trust area.
- 2) We had meetings with two carers' groups to collect their point of view.
- 3) Patient and Client Council members were asked to fill in an online form with their comments.

During the different meetings, we were able to talk to 109 people in hospital wards across Northern Ireland and to 26 carers. A further 18 people left their comments online. **Appendix 1** contains a list of venues with numbers of participants and **Appendix 2** contains verbatim responses from the on line study.

In total, 153 people shared with us their views and experiences.

All the answers were collected and evaluated to develop this report. Given the qualitative nature of the responses, however, it was not possible to assign any numbers or percentages to them. As a general guide, the following definitions will help explain the results:

+	“few”	= 10% of the people or less;
+	“some”	= 11 to 25% of the people;
+	“many”	= 26 % to 50% of the people;
+	“the majority”	= 51% to 75% of the people; and
+	“most”	= 70% or more of the people.

3. Our Findings

The following sections will look at the responses to each question in turn. Here, individual responses are summarised and key themes highlighted. The responses from two groups of carers are evaluated. Although they are not directly affected by the meal service in hospitals, they offer valuable information from another point of view. The final section looks at the online responses made by members of the Patient and Client Council Membership Scheme.

The 4 questions asked in this questionnaire were:

1. What is your experience of meals and meal times in hospital?
2. How could this experience be improved?
3. Who should be responsible for ensuring that patients receive and enjoy their meals while in hospital?
4. What sort of environment is needed to ensure that patients can safely enjoy their food and drinks?

3.1 Experience of Meals and Meal Times in Hospital

“What is your experience of meals and meal times in hospital?”

Overall, the majority of responses were positive. Many commented on the good quality of food, on having snacks when feeling hungry between meal times and on the choice of food. Yet, the comments also addressed some serious issues like unhelpful staff and the serving of cold food. It is also clear from the comments that the experiences of patients and the public varied greatly from hospital to hospital.

“I’ve put on weight since being in hospital, the food is brilliant, couldn’t fault it. Staff are very attentive.”

“Has vastly improved since I was last in hospital years ago.”

From the comments, eight key themes emerged:

1. the size of the portions were too big for elderly people;
2. the need to have better regard for special dietary requirements;
3. help when eating;
4. the taste and temperature of food;
5. the availability of snacks;
6. the time for eating;
7. the available menu; and
8. the differences between hospitals regarding food.

The size of the portions is often seen as too big, especially for elderly patients. One of the comments expressed was that patients felt ill after having been given too large portions. Patients with special dietary requirements expressed the opinion that staff do not pay enough attention to their requirements.

“A lot of food goes to waste when portion size is too big, especially in wards where there are lots of elderly patients.”

“Food often not appropriate for patients with illness/medical condition/dietary requirements.”

A major issue is the need for help when eating. While some commented that help was always available when needed, the majority were very concerned that there was no help when they had problems with eating. It was stated that nurses were often too busy to help and that there were

no health care assistants to help either. A few also commented that staff seemed careless and unconcerned about what happened at meal times:

“Staff went for their lunch when kitchen staff brought food to ward.”

“Nursing staff completed nursing care paperwork but information regarding patient needs was disregarded by staff.”

“Staff set trays down and don’t tell patients meal is there, blind patients can’t see the tray so often go without meals.”

Other participants expressed the view that health and safety issues (e.g. fire alarm in the kitchen) did not allow for making toast or other snacks on the ward. There was also awareness that some problems are caused by apparently understaffed wards.

“Nurses too busy to help patients at meal times.”

When it comes to food, taste and temperature are important in an enjoyable meal. While there were some who commented that the food served was tasteless, there were others who thought it was very tasty. Some commented that they would have liked a greater choice of fruit and vegetables. One patient said that ready-made condiments (sachets) might not be suitable for all patients and their dietary requirements. The biggest number of concerns were raised in relation to the temperature of food; often, it arrived cold or not warm enough to be fully enjoyed.

“Food left on trolley for long time before being given out to patients – food cold.”

“Interrupted meal times – patients being taken for tests – food then taken away so patients miss meals.”

While there are set meal times in the hospitals, patients often have the option to choose snacks if they feel hungry between the main meals.

Many commented positively on the choice of snacks available and said that they were able to request these at any time of day. In another hospital, however, patients commented that the main meal portions were far too big and that lighter snacks should be made more readily available.

The amount of time that is needed to eat a meal is a contested issue. In some hospitals, patients are given enough time to eat while in others, the food is taken away too quickly.

“Plenty of meals and good selection. Although, seem to be eating all day, one dish is taken away and replaced with another.”

The comments on the available menu were mostly positive. Many were happy about the choices offered and some stated that it was often possible to change a selection at short notice. However, some commented that they were unhappy with the menu as they often received something different than what they had ordered.

“Meals are often mixed up by staff giving wrong tray to patients.”

“Don’t always get what you order on the menu.”

3.2 How Experience Can Be Improved

“How could this experience be improved?”

Suggestions for improvement were very varied. While those patients who were already fully satisfied with hospital meals and meal times stated that changes were not necessary, the majority of patients suggested improvement in the following areas:

- appropriate staffing at meal times and designated food-staff;
- presence or support of family members;
- portion sizes;
- choice and menu;
- food quality; and
- structure of meals and meal times.

The majority of suggestions for improvement were made regarding staffing at meal times. It was suggested that more staff, including health care assistants and voluntary helpers, should be trained to assist at meal times. One patient also proposed bringing in dieticians who could advise patients on what they are allowed to eat. In addition, several comments suggested appointing designated ‘meal staff’ who would be responsible for monitoring the ward at meal times:

“Have designated members of staff dealing with all food issues: i.e., menu planning, menu distribution, cooking food, serving and helping patients to eat.”

“Recruit volunteers to help at mealtimes.”

Family and family members play an important part for patients in hospitals as they provide care and comfort. When it comes to meals and

meal times in hospitals, family members can offer valuable help by feeding patients. In general, the responses expressed a wish for greater involvement from family members during meal times. Some participants expressed the view that there should be guidance for family members who wished to help feed patients.

“Ensure family members are aware that they are not allowed to bring food in from outside the wards; also if they are allowed to feed patient or not.”

“Member of family should be allowed in at mealtimes to help.”

“Have rules on allowing family to bring food onto wards if kitchen can not provide adequate food choice.”

A big issue is the approach hospitals take towards feeding patients. Many comments demanded a more patient-centred focus. A lot of responses expressed the wish that there should be greater communication between patients and staff with regard to food. It was suggested that staff speak to patients individually to ensure that nurses know the feeding requirements and needs of each patient. Also, greater care needs to be taken of vulnerable patients.

“Have a diary of what the patient has eaten that day to let family know how well the patient is eating.”

“When you’re a new patient in the ward you sometimes get inappropriate food: i.e., non vegetarian meals – this leads to getting sandwiches for days on end until the menu rota catches up with you! A way of ensuring that new patients get a menu straight away should be implemented.”

“Put patient first, not budget!”

A few expressed a wish for better quality food, although many were satisfied with the food they received. However, opinion was expressed that it was better to prepare the food on site because it would be fresher and warmer when given out to patients. Also, many comments were made about having a greater choice on the menu: less curry and chips, a greater choice of fruit, vegetables and snacks, and the option of plain food without any sauces or dressing. Many comments also suggested having an option for portion size on the menu. Since patients complained that they did not always get what they ordered from the menu, many participants wished for greater care when giving out food to ensure that patients get what they had ordered.

“Similar to what Jamie Oliver did with schools – fresh food cooked on site.”

“Have themed meal days?”

“Too much food sometimes which leads to waste. Maybe could be an option on menu card for portion size.”

A final issue concerned the structure of meal times in a hospital ward. Several comments suggested that meal times should be protected and uninterrupted, and that there should be common dining area for all the patients to eat in, if they wanted to. It was also proposed to stagger lunches so that staff spend more time with individual patients. Some said that there should be an option for having a light lunch and a big dinner instead of a big lunch and a light dinner because lunch is often served very soon after breakfast.

“A cup of tea at 3ish would be good to break up afternoon.”

“Patients should be given the option of having supper in the evening.”

3.3 Responsibility for Ensuring Patients Receive and Enjoy Meals While in Hospital

“Who should be responsible for ensuring that patients receive and enjoy their meals while in hospital?”

The majority of participants stated that nursing staff should be responsible for ensuring patients are fed. Some comments suggested that it should be junior and health care assistants, student nurses or trained volunteers. Others suggested that it should be the duty of senior staff and that the matrons should be brought back to do this. Several responses also stated that there should be designated meal staff, or volunteers, and that dieticians should be more involved. It was also proposed that catering staff should have a greater role in checking with patients that they are happy with the food and portion sizes they receive. It was also noted that staff need to take greater care that patients do not miss meals in case they are sleeping when food is served. Some comments also suggested that family members should be given part of the responsibility to ensure patients receive and enjoy their food.

“There is somebody always on the ward to do this, dietician also calls round to check patients are eating well.”

“I think one person in charge of food would be better to get to know each patient’s requirements.”

“Nursing staff that ensure all the patients on their ward have had something to eat.”

3.4 Environment Needed to Ensure Patients Can Safely Enjoy Their Food and Drinks

“What sort of environment is needed to ensure that patients can safely enjoy their food and drinks?”

The key themes that emerged from the responses are:

- peace and quiet;
- separate dining area;
- presence of family;
- meal time staff; and
- regulated meal times.

Most of the respondents articulated a wish for protected meal times. This included a quiet environment free from interruptions, from visitors, Doctors rounds or tests.

“Quiet and no visitors – patient doesn’t like a big crowd when it is mealtimes.”

Many comments also suggested having a separate area or room for patients to eat in, at least for those who are able to get up and walk. This would allow them to get to know other patients and talk with them. However, it was also noted that some patients might choose not to sit at a table with complete strangers or talk during meal times. They should be allowed to eat in their rooms.

“There should be a room available to eat separately if the patient is able to walk – good to interact with other patients.”

“Good to get chatting with other patients but not everyone wants to do this, option of getting meal in bed or beside bed should be available.”

The presence of family members during meal times is a contested issue. Many respondents have noted the benefit of having family members present to help with feeding, especially when hospital staff fail to provide adequate assistance. A few said that there is no need for families to help because the hospital staff should be able to manage meal times themselves. However, some participants stated that family members should only be present if there was no one else to help with eating. Many also noted that it is not always possible for families to be present because they are busy or working.

“Families should help as nurses very busy.”

“No need for family members to be there at mealtimes.”

“Families should be allowed to be present, if someone is unable to feed themselves.”

Respondents would like there to be designated and dedicated staff to be available at meal times. Many comments suggested having staff available to assist with feeding if patients need help. Staff should also ensure that patients can eat in peace and quiet. Some proposed having volunteers to help but that they need to be trained appropriately.

“Dedicated mealtime staff to deliver meals and help patients.”

“Staff should be responsible for patients eating and make sure there isn’t too much disturbance during meals, patients should be given time to eat their meals.”

The last issue to be raised was about the meal time routine. Some comments stated that patients like to have a regular meal time routine and that this routine needs to fit around the ward routine. However, a few responses said that patients should be allowed to decide when they want to eat.

“Patients like routine at mealtimes.”

“Patients should be allowed to eat when they want to, not at set mealtimes.”

3.5 Additional Comments from Patients

In addition to answering the four questions above, patients were also asked to make further comments on their experience of hospital meals and meal times. (Please note that those suggestions already made in relation to the four questions will not be repeated here.)

The majority of additional comments focused on a more patient-centred approach. There should be better communication between patients and staff; to be aware of individual needs and to inform catering staff of these needs so that patients get the food they require. They also suggested there should be greater teamwork between cooks and dieticians so that meals are adapted to suit patients' needs.

A few participants spoke of the fear patients experienced when making complaints in regard to food. Patients were frightened to talk freely about their views on hospital meals and meal times because they thought that they would not be served their dinner if they complained. Although there were only two such comments, they are mentioned here to show another aspect of patient-staff relationships.

“Ward sisters should ensure that all staff are adequately trained to help patients with feeding problems, i.e. patients prone to choking.”

“Volunteers should be trained to help the most vulnerable patients. Training must be thorough and volunteers should be monitored regularly. They should be easily distinguished from other staff.”

“Catering staff should be aware of patients’ medical conditions, religious preferences and whether they are vegetarian or not. Staff here don’t seem to be aware or ‘bothered’.”

“Catering staff should be made aware of the patients’ needs: I get an apple sent on lunch tray everyday but have no teeth so can’t eat apples: I NEVER ask for apples!”

“Tea and toast in the evening s should be continued, some hospitals have stopped this practice, but elderly people need to keep as much normality on their routine as possible and many of them look forward to ‘supper’.”

“Day patients should still be able to get a meal: i.e. patients attending for chemo. Some places have stopped meals; these patients are vulnerable and need food, even a bowl of soup and sandwich.”

“Hospital staff should be involved with meals. It’s important for them to know how much patients have eaten, if ‘outside companies’ are involved, they won’t have the training/knowledge that nursing staff have. Patients could be put at risk.”

3.6 Carers’ Responses to the Questionnaire

We also talked to two groups of carers to collect their views on meals and meal times in hospitals. In total, 26 carers shared their opinions with us.

From the carers’ point of view, the experience of meals and meal times in hospitals is not very good. One group pointed out that they were not

allowed to be present at meal times so they were unable to help. The other group, however, stated that they were allowed to be present and so they were able to help with feeding and also to ensure that their patients ate well and sufficiently. This group also pointed out that they observed that staff could not always be relied upon. They also noted that family members were often afraid to make complaints in case the patient would have to suffer for this.

“Food/eating is something of a pleasure when you are sick/frail, it’s also an important part of patient care.”

Both groups agreed on how to improve meal times in hospitals. They said that there should be more staff, that carers should be allowed to be present and that meal times need to be monitored. They also said that staff need to listen to patients and that there should be greater exchange between medical staff and patients.

“Carers should be allowed to be present at mealtimes to help feed the one they are caring for.”

“What happens to all the information that is written down about the patient on admission? Does anyone ever read it? – if they did, surely it would be obvious who requires help with eating and who doesn’t.”

According to the carers, staff have the responsibility to ensure that patients receive and enjoy their meals during their stay in hospital. The other group suggested using volunteers, although there might be difficulties due to indemnity.

“Whoever is in charge of the ward and ultimately hospital management.”

There were several comments with regard to the environment needed to ensure that patients can enjoy their food. One group felt that it was of highest importance for the carers to be allowed to be present. Volunteers

should also be asked to help in those cases where carers could not be there to help. The other group said that it was most important to give help when patients need it. They also stated that patients need a comfortable environment and that they should not feel rushed when eating. Although family members should be encouraged to be present at meal times, the group said that patient and family need to accept that hospitals have procedures to follow.

“Feeling that some nurses may feel ‘above’ doing things like mashing up a patient’s food, even if it is the only way the patient can eat; surely this is an important part of patient care and built in to nurse training?”

“More common sense required on part of staff – e.g. it doesn’t require a university degree to realise that a person who can’t move their arms will have difficulty feeding themselves.”

3.7 Online Survey of the Membership Scheme

For a short time, members of the Patient and Client Council membership scheme had the opportunity to describe their experiences online. Their comments have been attached in **Appendix 2**.

Eighteen members took the time to talk about their experiences and views on meal times in hospitals. There are two major concerns that were raised in the comments:

- food is placed in front of people without ensuring that they are able to reach and eat it: and,
- there is not enough staff to ensure that each patient is able to eat the meals provided.

In addition, comments described the different care settings and how food was distributed there. Another concern was that family members are often forbidden to stay while meals are being served, even when it was necessary for the patient to be fed by a family member. While there were two positive comments on meal times in hospitals, the majority were negative. Many also voiced their concern that these problems have been a long-standing issue across the “NHS” with no apparent improvement. The personal experiences as described by the members again highlight the importance of implementing the ‘Strategy for good nutritional care’.

“I was recently a patient in hospital. While there I twice missed meals because I was being interviewed by a doctor. I received an apology and toast.”

“When my aunt was in hospital one nurse spent her own money and time to provide food (such as yogurt) which my aunt could eat. My aunt could not feed herself and the usual meals would be left at her bed and then removed. Had it not been for this nurse’s personal commitment my aunt would not have been fed.”

“I have witnessed on several occasions while visiting relatives in hospital that stressed and overworked nurses are unable to spend the time to ensure that elderly patients are fed their meals. Often meals were set down and left beside patients who obviously were unable to feed themselves or even get a drink unaided.”

4. Conclusions

This small review has shown that the issue of meals and meal times in hospital settings is important. In general respondents told us that while the food served is acceptable, patients and carers raised many concerns that need to be addressed to improve nutritional care. The key messages are:

- Food needs to be served so that patients can fully enjoy it, that is:
 - food should be served at an acceptable temperature;
 - come in appropriate portion size;
 - be of good quality; and
 - contain fresh fruit and vegetables.

- Meal times need to be protected, for example:
 - visitors should not be allowed on to the ward;
 - meal times should be regular;
 - medical clinical procedures should not take place during meal times; and
 - there should be designated dining areas if patients wish to leave their bed for meals.

- There needs to be better communication between staff and patients. Staff need to be aware of those patients who have special dietary requirements or who need help when eating.

- There needs to be adequate staffing available at meal times to ensure that patients are given the assistance they need.

- Consideration should be given to the use of volunteers being trained to assist at meal times.

- There needs to be the opportunity for family members or carers to be present during meal times so that they can assist the patient.

Although some patients have remarked upon the improvement in quality of hospital meals and meal times, the comments illustrate that much more work needs to be done to achieve a satisfying standard of nutritional care in hospitals across Northern Ireland.

5. Recommendations

The comments made by patients and carers across Northern Ireland highlight a number of key messages. Based on what people told us the Patient and Client Council therefore recommends that:

1. The proposed “Promoting Good Nutrition – A Strategy for Good Nutritional Care for Adults in all Care Settings in Northern Ireland” should address the key messages within this report;
2. Patients and carers should be involved in a “Nutritional Coalition” or stakeholder forum to improve feeding of people in care across Northern Ireland;
3. There should be adequate staffing available at meal times to ensure that patients are given the assistance they need;
4. Policy and procedures should be developed to enable family members and carers to assist patients with feeding if requested by the patient;
5. A volunteer strategy and action plan should be developed to enable volunteers to assist patients at meal times.

Appendix 1: Venues and Number of Participants

Participants in:	Location or Ward	Date
Watson Centre over 60s Group	Portadown	16/10/2010
AGE NI Owenkillew Group	Gortin	18/10/2010
Reconnect Focus Group	Belfast	19/10/2010
Antrim Area Hospital	Acute Ward	20/10/2010
Erne Hospital	Ward 8	20/10/2010
User Forum	Dundonald	21/10/2010
Care of the Elderly Ward	Ulster Hospital	22/10/2010
Indian Community Centre Senior Citizens' Focus Group	Belfast	01/11/2010
Craigavon Area Hospital	Trauma Ward	01/11/2010
Daisy Hill Hospital	Female Medical	01/11/2010
South Tyrone	Rehabilitation Ward	01/11/2010
Lurgan Hospital	Stroke Ward	01/11/2010
Multiple Sclerosis Society	Omagh	02/11/2010
Belfast City Hospital	Rehabilitation Ward	03/11/2010
Royal Victoria Hospital	Surgical Ward	04/11/2010
AGE NI Interagency Meeting	Cookstown	05/11/2010
Carer Groups		
Ballymena Carers Group	Ballymena	13/10/2010
Armagh/Dungannon Stroke Carers Group	Armagh/Dungannon	25/10/2010
Carers Group for Physical and Learning Disabled Children	Lisburn	04/11/2010
Online		
Patient and Client Council Members	online	17/09/2010 - 25/09/2010

Appendix 2: Online Comments

- Whilst my mother was in hospital a few years ago having her knee replaced there was an elderly lady opposite, who had just had her hip replaced but also 6 weeks previously had just buried her husband of some 50 odd years. The lady was deemed as not wanting to eat, but the reality was that she could not stretch to the tray and table which was at the foot of the bed. Instead of bringing it closer to her and helping her with her meal as she also had arthritis in both her hands the staff just took the food away and shouted at her, you're going to have to eat at some stage. This made the lady extremely upset. It came to the stage that either my father or I were always around at at least lunch or dinner time, not to help out my mother but to help this old lady. Staff never once commented on what we were doing and in fact when I asked why no-one would help the lady I was told we're too busy for that sort of thing. This might have happened a few years ago, but it is something we hear about still happening today, even though there are meant to be robust methods in place to stop this - it doesn't.
- My Mother and Sister is in a Nursing Home. My Sister must have thickened fluids at all times but when there is bank staff in or staff from downstairs there does not seem to be a good handover to ensure my sister's fluid is thickened. Also she must be upright for eating and drinking but I have gone in and my sister is lying back in the bed being fed. No matter how many times we tell them it happens again and again. When my Mother was in the royal with a fractured femur her meal tray was placed on the bed table outside of the cot sides so she couldn't reach it. If we were not there the tray would be taken away and she would not receive a meal. I observed student nurses feeding an older patient and was told by a staff nurse to hurry up and then to finally leave the women as she was taking too long! nurses are not involved in the serving of meals therefore I wonder how they can record intake.
- After all the talk about the elderly not being fed right in Hospitals, lo and behold I had occasion to visit a ward in X Hospital on last night and witnessed the exact same behaviour as had been described on television etc. A catering person, threw the mtray off food on the wheeled table that sits over the bed, however she never pushed the table up to the patient and as such this person couldn't reach the table without what seemed to be greta pain. The person that was visiting with me, got up, pushed the table up the bed, uncovered the meal, unwrapped utensils, and placed them in the patients hands. If we hadnt I dont know what would have happen, would the person vere got the food, I dont know, but it was mentioned by myself when the lady came back to collect the tray, however, I,m not sure she gave a hoot, she didnt seem to take any of what I said onboard, no doubt the same practice was carried out with other patients, however I didnt see everyone. Sad story, but true none the less.
- My complaint is old but I would be interested to see if the situation has changed as I was very annoyed about it at the time. My mother (90 years) was a patient in X Hospital 5 years ago. We were always asked to leave during meal times even though my mother could not feed herself. I had to fight to be allowed to stay to feed her. Other family members were not as lucky they were asked to leave and like ourselves they were very annoyed. The

meals arrived and were left on patients tables - nurses etc left the patient to their own devices. I would observe when the 'food delivery person' returned they would say things like oh dear are you not hungry and then lift the food away. I observed this practice on numerous occasions. The majority of the patients were elderly - I was very annoyed and did let my concerns be known but very often I would not say anything in case I would not be allowed to stay. You were very much at the mercy of the staff. There were many incidents on that ward which I would class as bad practice. It was a direct result of my experience in that ward that made me become a member of the Patient and Client council - keep up the good work.

- When my aunt was in hospital One nurse spent her own money and time to provide food (such as yogurt) which my aunt could eat. My aunt could not feed herself and the usual meals would be left at her bed and then removed. Had it not been for this nurse's personal commitment my aunt would not have been fed. This occurred about 6 years ago and things may have changed. Also she was moved from ward to ward which did not help her recovery. Full information on her care needs did not appear to be transferred when she was.
- I was recently a patient in the X hospital. While there I twice missed meals because I was being interviewed by a doctor. I received an apology and toast .
- As a retired nurse I can now express my experience of patients not being given full assistance at mealtimes. Shortage of staff was a big issue at mealtimes. Breakfast and lunch was given out when it was medicine times. Meals were getting cold and could not be reheated. Plastic cups given which wasn't suitable for patients with a weakness of arms this was never taken into consideration. Domestic giving out meals just set on table away from patient then when nursing staff were free to notice this the meals were getting cold. Nursing staff were always busy doing other duties. This was always very frustrating for nursing staff. If domestic were not able then nurses had to help in giving out meals. This again put pressure on staff as other duties were not being attended too. Hygiene was a lot to be desired for by some of staff giving out meals.
- My mother was in the city hospital over 4 years ago having suffered a stroke. Generally, there was always a member of the family with mum-morning, day and night-24 hours, as we took turns. This particular morning, due to traffic problems-my brother and I didn't overlap, so my mum's breakfast was put in front of her. As she couldn't feed herself and had to have her liquid food thickened, an auxiliary nurse was with mum in her room, feeding her her breakfast. Mum wanted her weetabix softened and needed milk-the auxiliary would not go out to get the milk so she added tea to my mum's weetabix!!!!!! My mum was so distraught, she didn't speak all day to anyone and nobody knew why. Eventually that evening she told me. I went straight to the sister and the sister spoke to the auxiliary and she came and apologised. Really, the auxiliary should have been dismissed in our opinion as a family. You can use this example of abuse for any purpose.

- I recently spent 24 hours in hospital with my 14 month old son, on this occasion meal choices were poor, cold on arrival and in one case he was forgotten about even though we had filled out the appropriate form
- I am tired of making the point that patient client council will have to work at the coal face They should be visiting all hospitals and nursing homes at meal times This would give them the facts It would make all organisations involved in patient care step up to the mark Patient client council would be working on facts Have the information of the places where the problem is and take corrective action with as little red tape and duplication as possible This would create efficiency and targeted results
- Taste - the necessarily sparing use of salt made for rather insipid meals and I expected this so I have no complaints Variety - considering the vast range of cultural, personal, traditional etc., preferences, I think the kitchen staff do a remarkable job. Texture - I found all meals to be well cooked in a world which seems to favour minimum cooking. Temperature - everything that was meant to be hot was, at worst, warm but some things which should have been cold were, perhaps not as cold as they might have been - particularly drinks. Service - The service staff deserve a big cheer for their punctuality, care and commendable sense of humour in their work.
- A very distressing period for my mother and the family to see how my mother was being treated. food was left on her tray and she was expected to eat this, a woman with alzheimers. discreditable reflection on the hospital and the health service. it would expect this will get worse with the present cuts and ward assistants time hours cut. i would be very interested to know what procedures have been put in place does this include changing pads for people who are incontinent and young disabled people who cant do this themselves.
- What about meals for ethnic minority patients. Their families tend to bring food for them prepared at home. Do the trust cater for the needs of ethnic minorities?
- I have had a couple of occasions in Hospital recently and I have found that Hospital Meals are one thing that are of concern although I am not elderly I did find that I was left to my own resources when it came to feeding myself this was to say the least fairly tricky and on two occasions I had to remind the nursing staff that I had not been given anything to eat, I really did find that of some concern as without nourishment and regular intervals no one is constructively going to have their medical condition improve also found that the quality of the food was not that good and that it was far from a balanced meal in most cases again a good balanced diet is vital for a speedy recovery although the situation over Hospital Meals was pointed at the elderly I really do think the situation is more wide spread and should include all those who are vulnerable and in Hospital, I think it is totally unacceptable that any elderly person should be left to their own devices when in hospital especially at meal times but it is obvious that other vulnerable groups are also left to their own devices during meal times also, sadly this is a situation that has been about for sometime and is not just isolated to the NHS in Northern Ireland but to most NHS trusts within the UK.

- My mother who is 92 years old and suffers from dementia was an inpatient in X Hospital approx one year ago. She spent 7 hours in A&E and was only given a cup of tea when I asked that it should be given to her. She was then sent home and I made her some food. I hope there is now a procedure in place where patients are given nourishment. I think there is a vending machine in the lobby but I think it only had cold drinks and chocolate which are inappropriate for older people. They need warm drinks and food.
- thankfully i've not spent too much time as a hospital inpatient but i can happily say on the four times i have been, the food has been nothing short of excellent. A healthy, well balanced diet was provided 3 times a day with plenty of cups of tea in between.
- Our experience is that the quality of food varies from hospital to hospital. Firstly our experience with the X hospital is excellent. The quality and variety of food is of a very high standard. The period of time taken for feeding is good and is also used for social interaction. Our other experience is with X hospital where we find the quality and variety of food to be less good. Also the care and patience with feeding can vary greatly from day to day. Hope these comments are of value to you.
- I have witnessed on several occasions while visiting relatives in hospital stressed and overworked nurses unable to spend the time to ensure that elderly patients are fed their meals. Often meals were set down and left beside patients who obviously were unable to feed themselves or even get a drink unaided. This was in X hospital in the female ward. I have also witnessed occasions where staff despite being under pressure took great pains to ensure that patients were cared for. I even witnessed staff taking great time and trouble with a very aggressive and confused gentleman to ensure that he received liquids and food. this despite the fact he assaulted a nurse on more than one occasion (witnessed by my father) This was in X hospital. Busy and hard pressed staff do on most occasions try their best. However their workload needs to be better balanced to help them prioritise the feeding of patients as an ESSENTIAL part of their job not as an added extra

Remember you can contact your local office on

Telephone 0800 917 0222

or email info.pcc@hscni.net

Belfast Area

1st Floor, Lesley House
25-27 Wellington Place
Belfast BT1 6GD

Northern Area

Houston's Mill Site
10a Buckna Road
Broughshane
Ballymena BT42 4NJ

Southern Area

Quaker Buildings
High Street
Lurgan
Craigavon BT66 8BB

Western Area

'Hilltop'
Tyrone and Fermanagh Hospital
Omagh BT79 0NS

South Eastern Area

1st Floor, Lesley House
25-27 Wellington Place
Belfast BT1 6GD