

POLICY DOCUMENT

Policy Title:	Catering Policy
Policy Group:	Catering
Policy Owner:	General Manager
Issue Date:	April 2023
Review Period:	2 years
Next Review Due	April 2025
Author:	J Speed
Cross References:	Clinical Manual – Resuscitation (anaphylaxis) and Nutrition, Supplies, ordering and stores policy, Food Allergen Policy
Evidence:	Food Safety Act 1974, Food in Hospitals (Scotland 2008) Health and Safety at Work Act, National Descriptors for Texture Modified Diets, Nutrition Support in Adults (NICE 2006) ISSDI: international dysphagia diet standardisation initiative. British Dietitians Association Nutrition and Hydration Digest
How implementation will be monitored:	General Manager to arrange audits, regular meeting between Clinical and Team Leader, consumer feedback from patients and staff and matters raised at Patient Review Meeting, monitoring plate wastage.
Sanctions to apply for breach:	Retraining of staff
Computer File Ref.	O:new policy book: catering
Policy Accepted by MT	19th April 2023

Sign-off by CEO

Statement of purpose: This Policy describes the extent of the service to be provided by the Catering Department, records the main operating risks and the measures to be taken to manage those risks for the benefit of patients, staff, visitors and contractors.

Policy Statement:

Arrangements for Delivery of High Quality Service

Holy Cross Hospital recognises its obligations to provide efficient, reliable and safe Catering Services that include service of cooked meals and other provisions to meet the needs of patients, staff, Sisters and visitors. The service is planned to comply with all current Food Safety and Health and Safety legislation. Patient and customer choice and enjoyment of meals are important criteria to be balanced with the interests of maintaining health by attention to nutrition, weight management and dental health.

Menu Planning and Patient Choice

The Catering service works in partnership with the Clinical Team to ensure that patients' nutritional needs are met whilst respecting individual choice. Patients choose their meals a day in advance with the assistance of catering staff when required. Menus are designed to

allow IDDSI regulated texture modification for patients with swallowing disorders. (IDDSI – international dysphagia diet standardisation initiative food descriptors are used). Texture modified diets are served in an attractive way to encourage patients to eat the food. Chefs are trained in the provision of modified diets and wherever possible food moulds/rings/Quenelles are used to give the appearance of “normal” food.

The recipes for all dishes are nutritionally analysed, providing information regarding calories, protein, fat and carbohydrate per 100g and per served portion.

Patient’s menus are analysed using *Bidfood information* that is completed per recipe and compared to the standards of The Nutrition and Hydration Digest. Change of menus are discussed with the dietician prior to implementation.

<https://www.bda.uk.com/.../professional/NutritionHydrationDigest.pdf>.

Patients will be encouraged to choose meals from the patient menu but to facilitate a greater choice the catering team are permitted to offer additional choices from the dining room menu which fit in with the patient’s dietary and swallowing needs. The Assistant General Manager is available to discuss menu options and make further suggestions if necessary.

Dining Arrangements

In making arrangements for patients’ mealtimes, Ward staff will:

- provide mealtimes free from avoidable and unnecessary interruptions;
- create a quiet and relaxed atmosphere in which patients/clients are afforded time to enjoy meals, limiting unwanted disturbance from any source;
- recognise and support the social aspects of eating;
- provide an environment conducive to eating, that is, welcoming, clean and tidy;
- limit ward based activities, both clinical (i.e. drug rounds) and non-clinical (i.e. cleaning tasks) to those that are relevant to mealtimes or essential to undertake at that time;
- focus ward activities into the service of food, providing patients with support at mealtimes;
- Emphasise to all staff, patients and visitors the importance of mealtimes as part of care and treatment for patients.

Three meals are provided each day and are served either in the patient’s bedroom or ward living room or delivered to Marie Therese House. Care is taken by all concerned to ensure that food is presented in a manner which is attractive and appealing in terms of texture, temperature and flavour. Arrangements can be made for additional snack items to be sent to the wards to meet patient’s individual needs as and when requested and are suitable for texture modification for patients with swallowing disorders

In the Hospital, the nurse-in-charge checks the food prior to it being served to patients to ensure it is of the correct consistency. Feedback will be provided from Marie Therese House (MTH) by a Sister on a daily email or visit should there be any reason to raise an issue.

Patients with swallowing disorders are provided with a personalised mealtime information placemat (PPM) This reminds clinical staff who are feeding or supervising the patient of important information about the required texture of diet along with any additional information about special equipment that should be provided.

Meals, snacks and drinks are available for sale to staff and visitors in the Dining Room. The catering staff are on duty between 8am and 6pm daily.

A microwave and cutlery are provided in the patient's activities Servery for staff use only. This equipment is not managed by the catering department.

The Catering Department also provides food for special functions arranged by the Hospital or by external groups using Hospital premises.

Food safety, hygiene and cleaning

All cooked meals are produced in the main kitchen in accordance with service's policies and procedures and using standard tested recipes.

The hospital Catering Team is not permitted to reheat food that has been brought in by friends and relatives as this would not be compliant with Hazard Analysis and Critical Control Point (HACCP) Protocols.

In order to maintain the highest levels of food safety all catering staff and nursing and care staff are trained in Food Hygiene on appointment and by annual update. All food handlers attend an accredited Food Safety course which is commensurate with their duties. All food handlers have completed a Level Two Food Safety course, The Assistant General Manager has completed Level 3 Food Safety course and The General Manger has completed the Level 4 Managing Food Safety in Catering course.

A strict regime is adhered to with regard to inspecting food and temperature monitoring in accordance with the Hospital's Hazard Analysis and Critical Control Point Protocols. There is an audit trail of all temperature logs, delivery checks and cleaning schedules that are kept for a minimum of six months these are scanned and stored on the 'O' drive.

The Catering Department is responsible for cleaning the main kitchen, dishwashing area, stores, dining room and servery and for operating the central dish wash service. It is not responsible for ward or Living Room pantries or any rooms in MTH.

The Catering Department is responsible for conducting audits regularly to ensure that standards are maintained and procedures are being adhered to. (See procedures). A report is given to Management Team outlining the results.

Equipment purchase, use, maintenance and disposal

The Assistant General Manager is responsible for identifying the need to purchase catering equipment and will obtain approval for placing orders through the General Manager.

All equipment is subject to risk assessment before being used for the first time. Following the risk assessment, staff training is arranged, delivered and recorded and refresher training planned.

Equipment maintenance is planned at the time of purchase and recorded. The Assistant General Manager is responsible for compiling an inventory of equipment that will include details of maintenance. The inventory is reviewed every 6 months via 6 monthly PPM'S and a report provided to the Chief Executive.

At the end of its useful life, catering equipment is disposed of in accordance with the Waste Disposal Policy.

Purchasing, Delivery and Storage

The Department is responsible for ensuring that all arrangements for purchase, delivery and storage are in accordance with the Hospital Policy (Supplies, Ordering and Stores).

Financial Management and Reporting

A monthly operating statement will be prepared by the Assistant General Manager in a form agreed with the Finance Manager

Consultation:

The views of patients are gathered by personal contact during the daily visits by a Chef and by periodic patient satisfaction surveys. A Sister from the Convent will provide feedback at the time a daily email or visit should there be any reason to raise an issue.

The Catering Department provides special diets or modification of normal diets on the advice of the Clinical Directors or a healthcare professional engaged by the Hospital and accountable to the Directors.

The Speech and Language Therapist provides the Chefs with a written weekly update of the patient's required diet consistency and the IDDSI level of texture modification.

Criteria for Hospitality

Hospitality in the form of beverages with or without food shall be considered in the following circumstances:

- Meetings arranged with external persons in attendance that are expected to last for more than an hour and a half and when it is not appropriate to make use of the Dining Room.
- Staff leaving functions when approved by Management Team.
- Special functions involving patients, relatives and staff including those at Christmas.

All requests for hospitality must be given to the Assistant General Manager in advance and with appropriate approval by the General Manager or member of Management Team.

Equality and Diversity

This policy has been checked for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found.

Procedures:

Service of Meals To patients:

Hospital: Catering staff will support patients where necessary to complete the daily menu for the day before the meal is required. Patients' known preferences will be taken into account.

The meals are transported in heated trolleys. Meals are kept in the heated trolley for no longer than 90 minutes and no meals may be reheated.

Meal times:

The following times are for general guidance only and timings may be adjusted to suit the patient's requirements

Early morning drinks are available

Breakfast	8:30am
Lunch	12.00pm
Supper	5.15pm
Night Drink	9.00pm

Breakfast:

Breakfast trays are prepared by catering staff and delivered to wards the evening before for all cold requirements. Hot breakfast will be delivered on the day in a hot trolley by 8:30 am. All crockery and cutlery is returned to the catering department by housekeeping staff and washed in the central dish wash.

Lunch

This is the substantial meal of the day; it is usually served in each ward living room or in a patient's room. The food is prepared in the main kitchen and transported in a heated trolley to each ward where it is checked by the senior nurse before being served to patients. After the meal all crockery and cutlery is returned to the catering department by the housekeepers and washed in the central dish wash.

Supper

This is a lighter meal. The food is prepared in the main kitchen and transported in a heated trolley to each ward where it is checked by the senior nurse before being served to patients. After the meal all crockery and cutlery is collected by the catering general assistant.

Beverages and snacks

Snacks are available on request for any patients in between meals when requested and the food/snacks are suitable for texture modification for patients with swallowing disorders

Catering staff are responsible for ensuring tea and coffee supplies are adequate on each ward, reception St Hugh's and dining room and checking and replenishing stock.

Service of meals to Staff

The Dining Room is open between 8am until 2.30pm and 3pm -5.30pm. Cooked suppers are available to be pre-ordered at lunchtime and may be collected at any time from 4.00pm until 5.30pm. The counter is open for the purchase of snack items.

Staff should order their lunch each morning before 11.15am and supper before 3pm. To avoid wastage only a limited number of daily specials are prepared and they are available on a first-come first-served basis.

The Dining room is cleaned between 11am and 11.45 daily.

- Drinking water, tea and coffee is always available.

Operational risks

The Hospital Health and Safety policy along with the Food Allergy policy must be fully implemented at all times

Risk of ill health caused by food poisoning: Strict systems and procedures following Hazard Analysis Critical Control Point principles are in place to reduce the risk of food poisoning occurring.

- Food is only purchased from nominated suppliers who have been checked to ensure they operate safely.
- Food is delivered in temperature controlled delivery vehicles and the temperature of the food is checked and recorded on receipt.
- The temperature of fridges and freezers is monitored and recorded twice a day
- Food Core temperatures are taken and recorded during cooking
- Temperatures are monitored during service
- A cleaning regime is in place to ensure that all parts of the premises used by the Catering Department are maintained in a clean and hygienic state. A “deep clean” of the kitchen and dishwashing area is scheduled on a rolling programme which is detailed on the general assistants Cleaning Schedule. A deep clean schedule is implemented.
- All food safety practices are reviewed and audited regularly.

Risk of ill health caused by allergic reaction to food: Catering staff prepare meals on site and therefore know the content of these meals and are able to ensure that hazardous foods are avoided. When meals are bought in ready prepared they are always bought from nominated suppliers and are clearly labelled if they contain nuts, nut derivatives or nut traces. The 14 common allergens content of all dishes is available on request. Folders containing standard recipes and ingredients and allergen information is provided and stored in the main kitchen. There are also folders for patients who require feeding, which include, menus, recipes, allergen and nutritional information.

Risk of choking: Patients are reviewed by the Speech and Language Therapist who works with the Catering Department to ensure that only food of the correct texture (detailed in IDDSI – international dysphagia diet standardisation initiative food descriptors) is provided for them. Guidelines for feeding patients at risk of choking are documented in patients individual care plans, PPM’s and the policy on managing choking risks. All staff involved in feeding patients are trained in dysphagia management and treatment of choking. Catering staff have received training in dysphagia and IDDSI texture modification.

The dining room has 2 life vac choking prevention kits for use should a member of staff or visitors need assistance.

Risk of injury from equipment: All equipment is subject to a planned preventative maintenance programme. All machines where there is potential contact with moving parts are fitted with guards. All equipment is subject to risk assessment and staff receive training in safe use of equipment and sign to confirm this.

Risk of Scalding: There is always the possibility of scalding particularly when using any of the cooking equipment. The kitchen was designed with a central island workstation, minimising the distance required to carry hot pans. Lifting aids are available for moving heavy loads and manual handling risk assessments are undertaken. All staff will be trained in correct technique. Staff are trained prior to use of equipment.

Risks from Lifting: It should not normally be necessary to handle heavy loads. Lifting aids are available for moving heavy loads and manual handling risk assessments are undertaken. All staff will be trained in correct technique.

COSHH (Control of Substances Hazardous to Health): All items must be clearly labelled and whenever possible, kept in the suppliers' original packaging. Only a limited range of substances are used within the catering department, selected and assessed by the Service to ensure that risks are effectively managed. These are stored in a separate locked cupboard.

Fire Safety: The Catering Department is considered to be a high fire risk area. Special care must be taken to guard against fire. Regular cleaning to prevent a build-up of grease and dirt is essential. Regular deep cleans are scheduled and the extraction system is cleaned at least annually. All staff receive training at induction and annually on Fire Policy and the Closedown Procedures to ensure that the Kitchen is left in a safe condition at the end of the working day.

The kitchen has been installed with a Fire Suppression system this product consist of a liquid wet chemical agent stored in stainless steel tanks and enclosures mounted adjacent to the kitchen canopy. In the event of a fire, the wet chemical agent, known as Ansulex, is automatically discharged from all nozzles, activated by fusible link detectors. The system can also be manually activated. The agent attacks the fire by rapidly knocking down the flame, reacting with the heat and cooking grease to produce a soap-like foam layer starving the fire of oxygen and preventing a fire from re-flash. This is serviced by Global bi-annually.

Audit Procedures

The following reviews and audits are planned and carried out:

<u>Title</u>	<u>Frequency</u>	<u>Person Responsible</u>	<u>Results reported to</u>
PLACE Inspection	Annual	Assistant General Manager	Management Team
Kitchen Health and Safety and Food hygiene	Annual external audit backed by monthly and quarterly internal checks	Assistant General Manager	Management Team via H&S report
Nutrition	Annual	Clinical Governance Team	Clinical Governance meeting
Dysphagia	Annual	Clinical Governance Team	Clinical Governance meeting

Shut down procedure

HEALTH AND SAFETY AUDIT**Catering and Food Hygiene***Standard: No one eating food provided at Holy Cross is at risk of food poisoning***Date:** **Ward:** **Auditor:**

	Complies	Does not comply	Comments
The catering policy is available for staff with evidence that appropriate staff have read it <i>Staff made aware of policy during induction</i>			
The food provided by the catering department is wholesome and suitable for patients and staff <i>Check at 3 mealtimes</i>			
Crockery and cutlery is always clean <i>Check at 3 mealtimes</i>			
The temperature inside fridges and freezers is checked and logged 3 times a day and if outside normal parameters, is reported to the General Manager <i>Check records in main kitchen</i>			
Food stored in each ward is kept in sealed containers once opened <i>Check both wards</i>			
The risk of scalds from water or burns from hot surfaces is minimised <i>Check with The Assistant General Manger</i>			
Food is only purchased from verified sources <i>Check with catering team leader</i>			
Perishable foods are always delivered in temperature controlled vehicles and the temperature is checked on receipt <i>Check with The Assistant General Manger</i>			
Temperature of food is recorded during cooking and services to ensure it reaches the correct temperature <i>Check with The Assistant General Manger</i>			
The cleaning regime within the kitchen, storeroom and ward pantries is completed as per schedule and monitored <i>Check with The Assistant General Manger</i>			
A deep clean of the kitchen, storeroom and ward pantry is completed as per schedule and monitored <i>Check with The Assistant General Manger</i>			

Other comments:

TOTALS

OVERALL SCORING

POTENTIAL TOTAL

PERCENTAGE %