



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection of nutrition and hydration at St. Luke's Radiation Oncology Network, Dublin**

Monitoring programme for unannounced inspections undertaken  
against the National Standards for Safer Better Healthcare

Date of on-site inspection: 8 December 2016



## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent Authority established to drive high quality and safe care for people using our health and social care and support services in Ireland. HIQA's role is to develop standards, inspect and review health and social care and support services, and support informed decisions on how services are delivered. HIQA's ultimate aim is to safeguard people using services and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.



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## Introduction

In 2015, the Health Information and Quality Authority (HIQA) began a monitoring programme to look at nutrition and hydration care of patients in Irish hospitals. HIQA used the *National Standards for Safer Better Healthcare* to review how public acute hospitals (other than paediatric and maternity services) were ensuring that patients' nutrition and hydration needs were being adequately assessed, managed and effectively evaluated.<sup>(1)</sup> A national report of the review of nutrition and hydration care in public acute hospitals was published in May 2016 which presented the findings of this monitoring programme.<sup>(2)</sup> This report described areas of practice that worked well in hospitals and identified opportunities for improvement (the report is available on HIQA's website, [www.hiqa.ie](http://www.hiqa.ie)). In that report the following four key areas for improvement were identified:

1. All hospitals should have a nutrition steering committee in place.
2. All patients admitted to hospital should be screened for the risk of malnutrition.
3. Hospitals must audit compliance with all aspects of patients' nutritional care and share the findings with all relevant staff groups involved in food service and patient care.
4. Hospitals should strive to improve patients' experience of hospital food and drink by engaging with patients about food variety and choice.

Following the publication of the national report, HIQA commenced a programme of unannounced inspections in public acute hospitals in Ireland (with the exception of paediatric and maternity services) to continue to monitor compliance with the *National Standards for Safer Better Healthcare* in relation to nutrition and hydration care for patients.<sup>(1)</sup> The inspection approach taken by HIQA is outlined in guidance available on HIQA's website, [www.hiqa.ie](http://www.hiqa.ie) – *Guide to the Health Information and Quality Authority's review of nutrition and hydration in public acute hospitals*.<sup>(3)</sup>

The aim of the unannounced inspections is to determine how hospitals assess, manage and evaluate how they meet individual patients' nutrition and hydration needs in the hospital as observed by the inspection team and experienced by patients on a particular day. It focuses on the patients' experience of the arrangements at mealtimes, screening patients for their risk of malnutrition, governance and audit of nutrition and hydration care and training staff on nutrition and hydration care.

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The report of findings following inspections identifies areas of nutrition and hydration care for patients where practice worked well and also identifies opportunities for improvement. Each service provider is accountable for the implementation of quality improvement plans to assure themselves that the findings relating to areas for improvement are prioritized and implemented to comply with the *National Standards for Safer Better Healthcare*.<sup>(1)</sup>

As part of the HIQA programme of monitoring nutrition and hydration care in public acute hospitals against the *National Standards for Safer Better Healthcare* an unannounced inspection was carried out at St. Luke's Radiation Oncology Network on 8 December 2016 by authorized persons from HIQA, Siobhan Bourke and Noelle Neville, between 10:10hrs and 15:10hrs.<sup>(1)</sup>

The hospital submitted a completed self-assessment questionnaire in August 2015 as requested by HIQA of all public acute hospitals (with the exception of maternity and paediatric services). References to this are included in this report where relevant.

Inspectors visited one ward during the midday meal to check first-hand that patients received a good quality meal service, had a choice of food and that they were provided with assistance with eating if required. Inspectors observed one meal, spoke with six patients, their relatives when present and eight members of staff, including managers. During the inspection, inspectors used specifically developed observation, interview and record review tools to help assess the quality of care given to patients in acute hospitals with the focus on nutrition and hydration.

HIQA would like to acknowledge the cooperation of hospital management, staff and patients with this unannounced inspection.

## Findings

### Theme 1: Person-centred Care and Support

Healthcare that is person-centred respects the values and dignity of service users and is responsive to their rights, needs and preferences. The *National Standards for Safer Better Healthcare* <sup>(1)</sup> state that in a person-centred service, providers listen to all their service users and support them to play a part in their own care and have a say in how the service is run. This includes supporting individuals from different ethnic, religious or cultural backgrounds.

During the on-site inspections, inspectors looked at the timing of meals and snacks, how hospital staff consulted with patients about meal choice, whether patients got fresh drinking water and a replacement meal if they missed a meal. Inspectors also looked at the assistance patients were given with meals, if needed, and whether patients had their meals interrupted for non-essential interruptions.

### Meal service and timing of meals

Catering services at the hospital were provided by in-house staff. A cook-fresh and centrally plated system was in use.\* The mealtimes reported in the hospital's self-assessment questionnaire, and confirmed by patients and staff on the day of inspection, were as follows:

- Breakfast: 8:00am to 8:35am
- Midday meal: 12:10pm to 12:40pm
- Evening meal: 5:00pm to 5:35pm

There should be four hours or more between the end of each main meal and the beginning of the next, and mealtimes should be spread out to cover most of the waking hours.<sup>(4)</sup> Inspectors found that the hospital was not adhering to best practice guidelines with a four hour interval between the three main meals of the day as there was not four hours between the end of breakfast and the beginning of the midday meal. Inspectors spoke with six patients regarding the spacing and timing of mealtimes and patients told inspectors that they were satisfied with the mealtimes.

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\* A "cook-fresh" food service system is the standard method for preparing food in hospitals, which involves cooking, plating, and serving food hot. Centrally plating food involves placing food onto plates at one central location, such as the hospital kitchen.

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Hospital managers told inspectors that the hospital had implemented a protected mealtimes<sup>†</sup> policy. Nursing staff and managers told inspectors that the most likely interruption to patients' meals was when patients were called for their radiotherapy treatment during mealtimes. However, nursing staff reported that following implementation of the policy, these interruptions had reduced. The hospital also restricted visitors to the wards at mealtimes unless these visitors were providing assistance for patients. Hospital managers and nursing staff told inspectors that the nursing medication rounds were undertaken at mealtimes, but this was seen as a necessary interruption because of the specialised medication and treatment that patients required. Inspectors observed that nurses did undertake medication rounds during the midday meal, however, there were no other interruptions observed. The majority of patients told inspectors that their meals were rarely interrupted.

### **Choice and variety of food**

The hospital stated in its completed self-assessment questionnaire that meal choices were outlined to patients using menu cards. This was confirmed by patients and catering staff on the day of inspection. Inspectors observed healthcare assistants helping patients who required it to complete the menu cards after the midday meal was finished. Inspectors viewed the weekly menu plan that rotated on a three weekly menu cycle and noted that there was a variety of food options available to patients for breakfast, midday and evening meal. The standard menu for the midday meal had four choices including a vegetarian option. While the standard menu for the evening meal had two hot options and three cold options for patients each day. Inspectors also viewed the hospital's three weekly menu plan for patients on therapeutic diets such as patients who require renal diets or diabetic diets. These menus were noted to have three to four choices for the midday and evening meal. Patients who spoke with inspectors said they were offered four to five choices for the midday and evening meal, two patients told inspectors they had "plenty" of choices.

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<sup>†</sup> Protected mealtimes are periods when patients are allowed to eat their meals without unnecessary interruptions, and when nursing staff and the ward team are able to provide safe nutritional care. Unnecessary interruptions can include routine medication rounds, ward rounds, non-urgent diagnostic tests and visitors. However, HIQA recognizes that there are a small number of areas in a hospital where policies on protected mealtimes may be contrary to the daily functioning of that unit.

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Texture-modified diets<sup>‡</sup> include meals that are suitable for patients with swallowing difficulties of varying severity. They should include options for patients who require soft, minced and moist, smooth pureed and liquidised diets.<sup>(4)</sup> Inspectors viewed the weekly menus for patients on all types of texture-modified diets and noted that patients on, soft and minced and moist, types of texture-modified diets had three choices available for the midday and evening meal. These menus rotated on a three weekly menu cycle similar to the standard menus. Patients on a pureed and or liquidised menu were offered five choices for the midday meal and four choices for the evening meal every day. Hospital managers and catering staff told inspectors that the pureed and liquidised meals were sourced from an external supplier. Inspectors viewed texture-modified diets (minced and moist and pureed meals) on the day of inspection which looked appetising and food items such as vegetables, potatoes and meat were separated on the plate. Overall, inspectors found that there was a range of choices and good variety available to patients on standard, therapeutic and texture-modified diets.

Best practice guidelines suggest that high-calorie snacks should be offered between meals, mid-morning, mid-afternoon and late evening.<sup>(4)</sup> This may be particularly relevant if there is a long period of time between the last meal of the day and breakfast the following morning. Catering staff told inspectors that patients were offered tea and biscuits between the midday meal and evening meal and an evening snack was also served at 7.30pm. Inspectors noted that the evening snack was outlined on the menu card that patients completed and patients could select from crackers, cake of the day, yogurt, cheese and biscuits. Patients who spoke with inspectors confirmed that these were available for the evening snack. The menu for patients on texture-modified diets also included snack choices such as smoothies, yogurts and yogurt drinks or custard depending on the type of texture-modified diet. Nursing staff told inspectors that patients who were prescribed oral nutritional supplements by the dietitian were also given these as recommended during the day.

## Missed meals

Hospital managers and catering staff told inspectors that the hospital had a system in place for patients who missed a meal. If a patient missed a meal, a replacement

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<sup>‡</sup> Texture-modified diets may include soft diets, minced and moist diets, smooth pureed diets and liquidized diets due to swallowing difficulties.

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meal was available from the main kitchen or canteen until 6.30pm. After this time, salads or sandwiches could be provided to patients. On the day of inspection, a patient returned to the ward from another hospital after the meal service was over and inspectors observed that catering staff provided the patient with a meal from the main kitchen. On the day of inspection four of the six patients told inspectors that they had not missed a meal. The remaining two patients had each missed a meal and both said that they had received replacement meals.

## **Catering for patients with ethnic, religious and cultural dietary needs**

The *National Standards for Safer Better Healthcare* state that patients should experience healthcare that respects their diversity and protects their rights.<sup>(1)</sup> Dietary practices within and between different cultural groups can be quite varied. It is important not to assume what an individual's dietary practices are just because they belong to a particular faith or culture. This may vary depending on practices such as fasts, festivals, food restrictions and other requirements. The hospital stated in its completed self-assessment questionnaire that there were menu options available for patients from different ethnic, religious and cultural backgrounds. Hospital managers and catering staff told inspectors they could provide a choice of Halal<sup>§</sup> meals when requested. Inspectors viewed a three weekly menu plan that offered choices of Halal meals for the midday and evening meal. Hospital managers told inspectors that Kosher meals could be also provided on request.

## **Assistance**

The hospital stated in its completed self-assessment questionnaire that assistance from nurses and healthcare assistants to support patients at mealtimes was always available.<sup>\*\*</sup> Nursing staff told inspectors that if patients required assistance, this was documented as part of the nursing assessment on admission. Hospital managers told inspectors that the number of healthcare assistants employed at the hospital had increased to ensure that patients were assisted in a timely manner. The hospital had introduced an initiative using a coloured tray system to alert catering and nursing staff to which patients required assistance. Hospital managers and ward staff

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<sup>§</sup> Halal food refers to meat prepared as prescribed by Islamic law.

<sup>\*\*</sup> The self-assessment questionnaire offered the following four options to answer the question on the availability of support: always; mostly; sometimes; never.

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reported that this system was working well but had yet to be audited. A small number of patients required assistance on the day of inspection and inspectors observed that they received assistance in a timely manner. Patients who required assistance with positioning in bed prior to the midday meal were seen by inspectors to receive it from healthcare assistants. However, most patients were independent and sitting out of bed for the duration of the meal. All six patients who spoke with inspectors said they did not require assistance with eating and drinking. Overall, inspectors were satisfied that there was a system to ensure that those patients who required assistance or encouragement with meals received it.

### **Patients' experience of meal service – food quality**

All patients have a right to safe, nutritious food and the provision of meals should be individualised and flexible.<sup>(4)</sup> Inspectors spoke with patients about their views on the quality of food provided in the hospital. All patients spoke positively about how the food tasted. For example, some patients described the food as "all good" and "excellent". All patients expressed satisfaction with the temperature of the food and reported their hot meals were hot on arrival. Two patients told inspectors that there was good variety of food on the menus.

### **Hydration and availability of drinks**

On the day of inspection, inspectors observed that drinking water was readily available to patients with jugs and glasses of water within easy reach of patients. Hospital managers, catering staff and nursing staff told inspectors that water jugs were replaced with fresh water twice a day and refilled as required by ward staff. Patients who spoke with inspectors confirmed this. In general, inspectors were satisfied that patients had access to sufficient hydration throughout the day.

### **What worked well?**

- All patients on standard, therapeutic and texture-modified diets were offered a daily menu, which had a good choice of meals and snacks.
- A system was in place to identify patients who required assistance with meals.
- A system was in place to provide patients with a replacement meal.
- Patients spoke positively about the quality and taste of the food.

## **Theme 2: Effective Care and Support**

Effective care and support in healthcare means consistently delivering the best achievable outcomes for people using a service in line with best available evidence. In the context of effective care and support for patients, this means that nutrition and hydration care is evidence-based, planned, coordinated and delivered to meet individual patient's initial and ongoing needs. It means assessing patients' risk of malnutrition using a validated assessment tool, monitoring aspects of their nutrition and hydration care and referring patients who are at risk of malnutrition to a dietitian for further specialised input. National guidelines recommend that screening for risk of malnutrition should be carried out on every patient within 24 hours of admission to hospital.<sup>(4)</sup>

Inspectors reviewed healthcare records and spoke with healthcare professionals during the inspections about how they identified and monitored patients who were at risk of malnutrition and or dehydration.

### **Patient assessment and malnutrition screening**

The inspection team found that the hospital had a structured nursing assessment for all admitted patients. The healthcare records of five patients were reviewed by inspectors on the day of inspection. This was a small sample size and did not involve a representative sample of the healthcare records of all patients at the hospital. The inspection team focused, in particular, on patients who were at risk of malnutrition, had been referred to a dietitian and or required a specific therapeutic diet. All five healthcare records reviewed included a nursing assessment of nutrition and hydration that was completed within 24 hours of admission.

The hospital stated in its self-assessment questionnaire submitted in August 2015 that patients were not screened for their risk of malnutrition using a validated tool as recommended in national guidelines.<sup>(4)</sup> On the day of inspection, hospital managers told inspectors that the hospital had undertaken a feasibility study to ascertain the most suitable nutrition screening tool for the patients attending the hospital in October 2015. From the findings of this study, the Malnutrition Screening Tool (MST) was selected as a validated screening tool to assess the malnutrition risk for patients undergoing oncology care. The hospital developed nutritional screening guidelines and implemented the MST tool in September 2016 across all wards.

Hospital managers and nursing staff told inspectors that it was the hospital's policy to routinely screen all patients on admission and those who scored two or greater

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for their risk of malnutrition were referred to a dietitian. Patients who scored zero or one were re-screened weekly. Hospital managers and nursing staff also told inspectors that once a patient was referred to the dietitian, they were not re-screened but had weekly or twice weekly weights if indicated and these were recorded by the healthcare assistants or dietitians.

Of the five records reviewed by inspectors, two patients had been screened for their risk of malnutrition using the MST tool on admission. One patient had a documented MST score which was recorded 24 hours after admission and was not calculated accurately to include a score for poor appetite as recorded on the tool. Two remaining records did not have a MST score documented. All five patients had their weight recorded on admission and were re-weighed weekly or twice weekly if required. As part of the implementation of the guideline on nutritional screening, hospital managers told inspectors that a sticker with the MST tool was to be inserted into the nursing assessment documentation. However, on the day of inspection, this was found in three of the five records reviewed. Hospital managers told inspectors that a baseline audit of compliance with nutritional screening was undertaken in November 2016 and found that compliance with nutritional screening rates on admission varied from 33% to 50%.

Of the five records reviewed, none of the patients required fluid intake and output charts or food charts on the day of inspection.

Overall, inspectors found that while the hospital had recently commenced screening patients for their risk of malnutrition using the MST tool, patients were not always screened for their risk of malnutrition within 24 hours of admission. The inspection teams' findings were consistent with the findings of the hospitals' audit.

### **Equipment for screening**

During this inspection, inspectors observed some of the required equipment used to screen patients for the risk of malnutrition was in place. This included weighing scales and chair scales (for more frail and dependent patients). This equipment was easily accessible on the ward; however, the calibration dates were not recorded on the equipment seen by inspectors to confirm if the equipment had been calibrated as required.

## **Patient referral for specialist assessment**

As part of the on-site inspection programme, inspectors reviewed the systems in place to refer patients, who required specialist nutritional assessment, to a dietitian. The hospital stated in its self-assessment questionnaire that all patients with head and neck cancers were referred to the dietitian. Nursing staff told inspectors that patients with an MST score of two or greater were referred to the dietitian and that dietitians accepted referrals from nursing and medical staff.

In all five healthcare records reviewed, inspectors found a documented assessment of the patient by a dietitian. The dietitian saw four of these five patients on the same day as referral and the fifth patient, who was referred for poor oral intake, was seen within 48 hours of referral.

Hospital managers told inspectors that the hospital had recently appointed a full-time speech and language therapist which had greatly increased access for patients to speech and language therapy. On the day of inspection, three of the five healthcare records reviewed contained assessments by a speech and language therapist, all three of these patients were seen on the same day as referral.

Overall, inspectors were satisfied that patients had good access to dietetic and speech and language therapists.

## **What worked well?**

- Patients had good access to dietitian and speech and language therapy services.

## **Opportunities for improvement**

- All patients should be screened for their risk of malnutrition within 24 hours of admission to the hospital in line with national guidelines.<sup>(4)</sup>
- Evidence of calibration of equipment used to screen patients for malnutrition should be available.

### **Theme 3: Safe Care and Support**

Safe care and support recognises that the safety of patients and service users is of the highest importance and that everyone working within healthcare services has a role and responsibility in delivering a safe, high-quality service. Certain areas relating to nutrition and hydration care are associated with a possible increased risk of harm to patients. These include:

- identifying whether hospitals have systems in place to ensure that the right meal is served to the right patient
- ensuring patients are not experiencing prolonged fasting unnecessarily
- ensuring patient safety incidents relating to nutrition and hydration care are reported, recorded, investigated and monitored in line with best available evidence and best practice guidelines.

### **Communication of dietary needs**

Nursing and catering staff told inspectors that they had a number of systems in place to communicate patients' dietary needs between staff to ensure that patients received the correct meals. Nursing staff told inspectors that information regarding patients' specific diets was communicated verbally to catering staff. Catering and nursing staff told inspectors that discreet signage was displayed over patients' beds for patients on texture-modified diets and therapeutic diets. Inspectors observed these during the inspection. Catering staff told inspectors that they completed a daily meal sheet which was sent to the main kitchen once patients' menus were collected each day. Catering staff also used a diary in which the dietitians and speech and language therapists recorded any changes to patients' diets to ensure that patients received the correct meal. Inspectors observed that standard, therapeutic and texture-modified specific menu cards completed by patients were on the trays served with the midday meal. Catering staff were observed by inspectors checking the names and menus with over bed signage when serving the midday meal. All five patients who spoke with inspectors stated that they always got the correct meal.

### **Patients safety incidents in relation to nutrition and hydration**

Hospital staff and management reported that there had been no patient safety incidents reported or written complaints received from patients in relation to

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nutrition and hydration in the last 12 months. The hospital had a system for reporting patient safety incidents and a process for ensuring that incidents were reviewed through the hospital's governance structures.

### What worked well?

- There were systems in place to ensure that patients received the correct meals.

### Theme 5: Leadership, Governance and Management

The *National Standards for Safer Better Healthcare* describe a well-governed service as a service that is clear about what it does and how it does it.<sup>(1)</sup> The service also monitors its performance to ensure that the care, treatment and support that it provides are of a consistently high quality throughout the system.<sup>(1)</sup> Best practice guidelines state that hospital management must accept responsibility for overall nutritional care in hospitals. In addition, hospital managers, dietitians, physicians, nurses, catering managers and food-service staff must work together to achieve the best nutritional care. Hospital management must facilitate and give priority to such cooperation.<sup>(4)</sup>

Best practice guidelines recommend that hospitals form a nutrition steering committee to oversee nutrition and hydration care in acute hospitals.<sup>(4)</sup> The role of this committee includes the following:

- help implement national guidelines<sup>(4)</sup>
- set the standard of care in relation to nutrition for hospitalized patients
- review the food-service system, nutritional risk screening and audits.

The inspection team looked at key leadership, governance and management areas aligned to the *National Standards for Safer Better Healthcare* and sought information relating to the governance arrangements in place to oversee nutrition and hydration practices.

## **Nutrition Steering Committee**

At the time of inspection, the hospital had a Nutrition Steering Committee, which was established in 2015. This Committee was chaired by Health and Social Care Professionals Manager. It had agreed terms of reference that detailed the purpose, membership, roles and responsibilities of the group, meetings and record keeping. The Committee had representatives from catering, nursing, dietetics, speech and language therapy and pharmacy. However, there was no medical representative member in line with national guidelines.<sup>(4)</sup> The purpose of the Committee included to facilitate the implementation of the national guidelines and to act as a forum where the nutrition policy could be discussed and agreed.

The Committee had met six times between April 2016 and October 2016. It aimed to meet not less than four times per year and hospital managers told inspectors that the Committee met approximately monthly.

Inspectors requested and reviewed copies of agendas and minutes for the Committee meetings; all meetings had been minuted. From review of the minutes, it was evident that the Nutrition Steering Committee had identified key areas that needed to be addressed by the hospital following a gap analysis against the HIQA self-assessment questionnaire. Key areas of focus included;

- Improving menus for patients on texture-modified diets
- Implementing nutritional screening
- Improving access for patients who required referral to speech and language therapists
- Developing policies in relation to nutrition and hydration care
- Improving protected mealtime practices.

Each of these key areas had a lead person assigned, detailed actions required and identified who was responsible for each action, and a timeframe for completion. The inspection team found that the Committee functioned well and had a clear plan for how the nutrition and hydration needs of patients in the hospital could be improved.

## **Policies**

Policies are written operational statements of intent which help staff make appropriate decisions and take actions, consistent with the aims of the service provider, and in the best interests of service users.<sup>(1)</sup> Nursing staff told inspectors

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that there was a system in place on each ward for all staff to access policies on the hospital's computer network.

The hospital had a number of policies relating to nutrition and hydration including nutrition screening, fasting and protected mealtimes. Hospital managers also showed inspectors a copy of the nutrition and hydration policy, which was in draft format and awaiting final approval.

## **Evaluation and audit of care**

The term audit is used to describe a process of assessing practice against evidence-based standards of care. It can be used to confirm that current practice and systems meet expected levels of performance or to check the effect of changes in practice.

It is recommended that the nutrient content and portion size of food should be audited per dish annually, or more often if the menu changes.<sup>(4)</sup> Hospital managers told inspectors that they had completed an audit of the nutrient content of menus in the hospital in June 2015 and inspectors viewed a copy of this audit. The results of this audit highlighted that all menus in the hospital were in line with national guidelines with the exception of the pureed menu.<sup>(4)</sup> Following this audit, pureed meals were sourced from a different supplier to ensure that they met the national guidelines with regard to nutrient content.<sup>(4)</sup> These meals were also available in smaller portion sizes with the same nutrient content to facilitate patients who had a poor appetite.

Hospital managers provided inspectors with a copy of a nutrition screening audit carried out on two wards in November 2016 following implementation of the MST screening tool in September 2016. This was the first audit of the newly introduced Malnutrition Screening Tool (MST) in the hospital. This audit found compliance rates with completion of the MST screening tool was 33% and 50% on the two wards audited. Hospital managers acknowledged that more work was required to improve compliance with the implementation of nutritional screening at the hospital and further audit was planned for 2017 to continue to monitor compliance.

The hospital had audited practices around the delivery of modified consistency diets. In October 2015, the hospital had undertaken an observational audit of the modified consistency diets. The aim of the audit was to ascertain if the texture-modified meals served to patients were compliant with the Irish Consistency Descriptors for Modified fluids and food guidelines. The hospital found that the consistencies of the diets prepared were in line with the descriptors. Nonetheless, in response to the findings of the audit, the hospital had changed the patient menus so that patients

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were offered menus specific to the type of texture-modified diet they required. For example, patients on minced and moist diets were offered a different menu to patients on pureed diets to reduce the risk of patients ordering meals that were not appropriate.

Overall, the inspectors found that there was a positive culture of auditing and evaluating aspects of nutrition and hydration care at the hospital.

### **Evaluation of patient satisfaction**

Hospital managers told inspectors that they carried out a patient satisfaction survey in 2015 which included nutrition and hydration. Inspectors were told that this survey is due to be conducted again in 2017 and there was a plan to run this survey on a more regular basis. The inspection team were provided with copies of this 2015 survey. In relation to hospital catering, patients were asked a variety of questions and 85% of patients were satisfied with the food quality, 95% with the food portions and 93% with the hospital's ability to meet their dietary requirements.

Hospital managers also told inspectors that comment boxes were available throughout the hospital and the comments received have been complimentary. Catering staff seek ongoing feedback from patients in relation to nutrition and hydration. In response to feedback from patients and the findings of the patient survey, the hospital had implemented a patient menu plan for patients who were accommodated onsite from Monday to Friday to attend for oncology care.

### **Quality improvement initiatives**

The hospital told inspectors about a number of quality improvement initiatives implemented in relation to nutrition and hydration care. These included:

- improving protected mealtimes for patients,
- improving the system to ensure that patients received the correct meal
- implementing nutritional screening.

### **What worked well?**

- The hospital had an established Nutrition Steering Committee that had implemented a number of quality improvement initiatives to support nutrition and hydration care of patients.

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- The hospital had developed a number of policies in relation to nutrition and hydration care to guide staff and standardize nutrition care.
- The hospital had conducted some audits of nutrition and hydration care, including an audit on screening patients for their risk of malnutrition.

## Opportunities for improvement

- The hospital should continue to audit to drive improvement in relation to screening patients for the risk of malnutrition and other aspects of nutrition and hydration care.

## Theme 6: Workforce

It is important that the members of the workforce have the required skills and training to provide effective nutrition and hydration care to patients. Evidence suggests that there is a lack of sufficient education in nutrition among all healthcare staff due to the delay in transferring nutritional research into practice in hospitals.<sup>(4)</sup>

Best practice guidelines recommend that hospitals:

- include training on nutrition in staff induction
- have a continuing education programme on general nutrition for all staff involved in providing nutritional support to patients
- provide staff involved in the feeding of patients with updated nutritional knowledge every year.
- a special focus should be given to the nutritional training of non-clinical staff and the definition of their area of responsibility in relation to nutrition and hydration.<sup>(4)</sup>

## Training

The hospital stated in its completed self-assessment questionnaire that specific training was provided to healthcare assistants, medical, nursing and catering staff through lectures and or workshops, workbooks and e-learning courses. The hospital also indicated that catering staff received training in the preparation of special and restrictive menus.

On the day of inspection, hospital management and ward staff told inspectors that training had been provided to nurses and healthcare assistants on the use of the

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Malnutrition Screening Tool (MST) in August 2016. Inspectors viewed attendance records for this training and found that the training was well attended. Hospital managers and catering staff told inspectors that catering staff received training in relation to food hygiene, food allergens, texture-modified and therapeutic diets. Catering staff also told inspectors that they had received specific training on the meal service and management of meals for patients undergoing radioactive iodine treatment. Medical staff were provided with information in relation to nutrition and hydration during their induction. Hospital managers told inspectors that plans for ongoing training for all staff in nutrition and hydration included a study day that was organised for December 2016 for healthcare assistants. The planned programme for this study day included an update on nutrition and hydration.

### **What worked well?**

- Structured and specific training on nutrition and hydration in line with national guidelines had been provided to staff involved in patient care.

## Conclusion

The inspection team found, on the day of inspection, that St. Luke's Radiation Oncology Network, Rathgar, had implemented a number of quality improvement initiatives relating to nutrition and hydration. The hospital had an established Nutrition Steering Committee in place that played a key role in raising the importance of the provision of good nutrition and hydration care across the hospital and had implemented a number of quality improvement initiatives.

Inspectors found that the hospital had developed menu cards for standard, therapeutic and texture-modified diets and all patients were offered several choices at each mealtime. The hospital had a system to identify patients who required assistance with their meals and inspectors observed that patients were offered assistance in a prompt manner. HIQA recognises that the number of patients inspectors spoke with during the inspection was a limited sample of the experience of all patients who receive care at the hospital. All patients who spoke with inspectors were satisfied and complementary about the quality of food they received and choice of meals offered.

The hospital had implemented nutritional screening using the MST tool to screen patients for their risk of malnutrition across the hospital in September 2016. Inspectors viewed a small sample of patient healthcare records and found that screening patients for the risk of malnutrition was not always completed within 24 hours of admission as recommended in national guidelines.<sup>(4)</sup> The hospital had identified poor compliance rates with an audit of nutritional screening practices in November 2016 and were progressing with plans to improve compliance. This should be a key area of focus for improvement by the hospital following this inspection. Nonetheless, inspectors were satisfied that patients had good access to dietetic and speech and language therapists.

The hospital had also developed a number of policies relevant to nutrition and hydration. Inspectors found that the hospital had conducted a number of audits in relation to aspects of nutrition and hydration care, including analysis of the nutrient content of all menus and audits of screening patients for their risk of malnutrition. Inspectors found that the hospital was responsive to the findings from audits to improve nutrition and hydration care for patients.

The hospital must now ensure that quality improvement efforts and arrangements in place for meeting patients' nutritional and hydration needs continue to improve. To achieve this, the Nutrition Steering Committee must focus on supporting improvements in screening patients for their risk of malnutrition and continue to

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audit nutrition and hydration care. A key feature of this process is for the hospital to continue the evaluation of patients' experience of nutritional and hydration care and using patients views to inform and direct current and future quality improvements in the area of nutrition and hydration.

## References

1. Health Information and Quality Authority. *National Standards for Safer Better Healthcare*. Dublin: Health Information and Quality Authority; 2012. [Online]. Available from: <https://www.hiqa.ie/reports-and-publications/standards/national-standards-safer-better-healthcare>
2. Health Information and Quality Authority. *Report of the review of nutrition and hydration care in public acute hospitals*. Dublin: Health Information and Quality Authority; 2016. [Online]. Available from: <https://www.hiqa.ie/reports-and-publications/key-reports-and-investigations/report-review-nutrition-and-hydration-care>
3. Health Information and Quality Authority. *Guide to the Health Information and Quality Authority's review of nutrition and hydration in public acute hospitals*. Dublin: Health Information and Quality Authority; 2016. [Online]. Available from: <https://www.hiqa.ie/reports-and-publications/guides/guide-nutrition-and-hydration-monitoring-acute-hospitals>
4. Department of Health and Children. *Food and Nutritional Care in Hospitals guidelines for preventing Under-Nutrition in Acute Hospitals*. Dublin: Department of Health and Children; 2009. [Online]. Available from: [http://www.lenus.ie/hse/bitstream/10147/85517/1/undernutrition\\_hospital\\_guidelines.pdf](http://www.lenus.ie/hse/bitstream/10147/85517/1/undernutrition_hospital_guidelines.pdf)





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