



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection of nutrition and hydration at Wexford General Hospital, Co. Wexford**

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

Date of on-site inspection: 23 November 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 Wexford General Hospital on 23 November 2016 by authorized persons from HIQA, Siobhan Bourke, Dolores Dempsey-Ryan, and Noelle Neville, between 13:40hrs and 18:30hrs.<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 two wards during the evening meal, which was the main meal of the day, 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 12 patients, their relatives when present and 10 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-chill and centrally plated system was in use.\* The mealtimes reported in the hospital's self-assessment questionnaire, were as follows:

- Breakfast: 7:30am to 8:30am
- Midday meal: 12:00pm to 13:00pm
- Evening meal: 5:00pm to 6:00pm

On the day of inspection, staff on one ward told inspectors that the mealtimes were as listed above with the exception of breakfast which was served from 8am to 9am. While on the second ward inspected, inspectors were told that the mealtimes were as listed in the self-assessment questionnaire with the exception of breakfast which was served from 7:30am to 9am.

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\* A "cook-chill" food service system involves chilling the food after it is cooked and re-heating the food prior to serving. Centrally plating food involves placing food onto plates at one central location, such as the hospital kitchen.

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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.

Inspectors spoke with 12 patients regarding the spacing and timing of mealtimes and eleven of the 12 patients told inspectors that they were satisfied with the mealtimes. One patient told inspectors they would have preferred the evening meal to be later than 5pm.

Hospital managers told inspectors that they had not yet implemented protected mealtimes<sup>†</sup>. However, they had developed a draft protected mealtimes policy which was awaiting approval by hospital management. During the evening meal inspectors did not observe any unnecessary interruptions to patients' meals. Of the 12 patients who spoke with inspectors, 11 patients stated that they had not experienced any interruptions to mealtimes and one patient said that interruptions rarely occurred.

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

The hospital stated in its completed self-assessment questionnaire that menu options were verbally outlined to patients. Ward staff and patients told inspectors that meals were ordered on the same day as the meal service. This enabled patients to choose their meal as close to the serving of the meal as possible. On the day of inspection, all 12 patients who spoke with inspectors confirmed that they got a choice of meals which included two to four options for the midday and evening meal.

Hospital managers, catering and nursing staff told inspectors that patients were offered two choices for their evening meal, which was the main meal of the day. Catering staff stated that if patients expressed dissatisfaction with the options, they were offered an alternative from the central kitchen according to their preference. Catering staff told inspectors that there were a number of options for the midday meal which included salad, sandwiches and a hot option which included scrambled egg and tomatoes, chicken and mushroom pie and beef lasagne and coleslaw.

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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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Inspectors viewed the weekly menu plans for patients on standard and texture-modified diets which rotated on a three-weekly basis. Inspectors noted that the standard menu outlined two main course choices each day for the evening meal, together with vegetables and the dessert of the day. It was noted that creamed potatoes were served every day over the three week menu. Hospital staff and catering managers told inspectors that patients on therapeutic diets such as diabetic, gluten free and renal had the same choices as patients on the standard menu. Inspectors noted that the three week plan for all menus detailed the nutrient content of each meal.

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> Hospital managers and ward staff told inspectors that choices were available for patients requiring texture-modified diets, but were limited. Inspectors viewed the three-weekly texture-modified meal menus for patients and noted that only one option was outlined to patients for their midday and evening meal. There was also a lack of variety for patients on minced and moist menus where the menu plan showed the option for the evening meal alternated each day between minced lamb and minced beef.

The main meal of the day for patients on smooth pureed diets was sourced from an external company. There was a different option available each day and all meals were presented in moulded shapes representing the food item, for example, pureed carrots were presented in the shape of a carrot. Inspectors observed one patient on the day of inspection having a texture-modified meal on one ward, which looked appetizing.

Overall, inspectors found that there was a range of choices available to patients on standard and therapeutic menus. However, there was no choice for patients on texture-modified diets and there was a lack of variety for patients on minced and moist menus for the evening meal. Catering staff told inspectors that an alternative could be offered to patients if they did not like the choice available.

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. Hospital managers and ward staff told inspectors

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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.

that there was a mid-morning, afternoon and evening snack round. These snack rounds consisted of tea, coffee, milk and biscuits. There was a range of snacks available to patients in each ward kitchen, such as sandwiches, yoghurts, rice and custard pots. However, not all patients were aware of this as these snacks were not on the snack round trolley and had to be requested specifically by patients.

On the day of inspection, the majority of patients who spoke with inspectors said that they had been offered tea, coffee, milk or biscuits several times during the day. One patient told inspectors that a range of snacks were available on request.

### **Missed meals**

Hospital managers and catering staff told inspectors that the hospital had a system in place to cater for patients who missed a meal. Nursing and catering staff told inspectors that if a patient was going for a procedure, a meal would be kept for them for a short period of time on the ward. The catering department could also be contacted up to 6pm to arrange a replacement meal for patients. There was also soup, sandwiches, salads, yoghurts and toast available in the ward kitchen for patients who had missed a meal.

On the day of inspection, 10 out of 12 patients told inspectors that they had not missed a meal during their hospital stay. Two patients who had missed a meal confirmed that they received a replacement meal.

### **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's completed self-assessment questionnaire stated that there were no options for patients from different ethnic, religious, and cultural backgrounds. However, on the day of inspection, ward staff and hospital managers confirmed that

ethnic, religious, and cultural food could be provided if required. Halal<sup>§</sup> food could be ordered from the hospital's supplier if needed.

## Assistance

The hospital stated in its completed self-assessment questionnaire that assistance from nurses and healthcare assistants to support patients at mealtimes was mostly available.\*\* Hospital managers and ward staff told inspectors that information regarding which patients required assistance was communicated during nursing and healthcare assistant handover. The hospital had a red napkin system where patients who required assistance with their meals or encouragement to eat had a red napkin placed on their meal tray. Hospital staff also placed a coloured dot on the patients' name board over their bed to indicate discreetly if a patient required assistance.

Inspectors observed that there was good social interaction between catering staff and patients. Patients were positioned comfortably prior to the meal, and were provided with dining and feeding aids where needed. Inspectors observed that several patients required assistance on the day of the inspection and those that required assistance were easily identified by use of the red napkin and coloured dot system. These patients were observed by inspectors being assisted by nurses, and healthcare assistants in a timely manner. Ward staff told inspectors that this system worked well.

Hospital managers told inspectors that visitors were allowed to visit to assist their relative with their meals if required. Ten out of 12 patients who spoke with inspectors said that they did not require assistance with meals; the remaining two patients did require assistance. One of these patients said assistance was provided by nursing staff and the other patient said it was provided by family members as was their preference. Overall, inspectors were satisfied that there was a system to ensure that those patients who required assistance or encouragement with meals received it.

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

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

## **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 “excellent” and “enjoyable”. All patients expressed satisfaction with the temperature of the food and reported that their hot meals were hot on arrival.

## **Hydration and availability of drinks**

On the day of inspection, inspectors observed that drinking water was readily available to patients with jugs of water within easy reach of patients. Hospital managers, nursing staff, healthcare assistants and catering staff told inspectors that water jugs were replaced with fresh water in the morning and refilled as required during the day by healthcare assistants and catering staff. Patients who spoke with inspectors confirmed this. In general, inspectors were satisfied that patients had access to sufficient hydration throughout the day. Patients were observed receiving a glass of milk with their main meal on the day of inspection.

## **What worked well?**

- A system was in place to provide patients with a replacement meal.
- Systems were in place to identify patients who required assistance with meals.
- Patients spoke positively about the quality and taste of the food.

## **Opportunities for improvement**

- Menu choice for patients on texture-modified diets.
- Snacks available in the ward kitchen to be more accessible to patients.

## **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 healthcare records of 10 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. The inspection team found that the hospital had a structured nursing assessment for all admitted patients. All 10 healthcare records reviewed by inspectors included a nursing assessment of patients' nutrition and hydration requirements within 24 hours of admission.

The hospital had a guideline on screening patients for their risk of malnutrition that outlined the procedure for screening and the steps to be taken by nursing staff once the score was calculated. This hospital guideline recommended that patients be screened for their risk of malnutrition within 24 hours of admission to the hospital and re-screened weekly thereafter as recommended by national guidelines.<sup>(4)</sup>

Hospital managers and nursing staff told inspectors that the hospital had implemented a modified version of the MUST screening tool in the hospital in 2012. Nursing staff told inspectors that they recorded patients' weight within 24 hours of admission but did not calculate the patient's Body Mass Index (BMI). Nursing staff therefore gave a screening score to patients based on any unexplained weight loss in the last three months and or if a patient was acutely ill or there had been no nutritional intake for more than five days. The calculated screening score did not include a BMI score in the overall risk of malnutrition score.

Of the 10 patient healthcare records reviewed by inspectors, eight had the hospital's screening tools completed within 24 hours of admission, one was incomplete and

one patient had a documented valid clinical reason why screening was not completed.

Six of the 10 patient healthcare records belonged to patients that had been admitted for more than one week. Of these six patients, five were re-screened in line with the hospitals' guideline on screening patients for the risk of malnutrition and the other patient had a valid clinical reason why re-screening was not performed.

Of the 10 records reviewed, eight had fluid balance charts. All eight fluid balance charts used quantitative measures. However, only one of the eight fluid balance charts was completed and up-to-date. Six of the records reviewed contained food charts. All six food charts used semi-quantitative measures as recommended in national guidelines<sup>(4)</sup>. Four of the six food charts were completed and up-to-date.

National guidelines recommend that the nutritional risk screening method must be evidence-based in order to ensure that patients who will benefit from nutritional support are identified.<sup>(4)</sup> Inspectors found that while the hospital were screening patients for their risk of malnutrition within 24 hours of admission to hospital, they were using a modified tool to do so. The hospital needs to progress with the implementation of the validated tool in line with national guidelines.<sup>(4)</sup>

## **Equipment for screening**

Both wards inspected had access to hoist scales, chair scales and standing scales. All such equipment observed by inspectors had been calibrated within the past 12 months.

## **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. As outlined in the hospital guideline, patients who had a nutritional screening score of two or more using the modified tool were referred to a dietitian. Referrals were recorded on a paper based system and dietitians accepted referrals from medical and nursing staff.

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Hospital managers and ward staff reported that patients were seen promptly by the dietitian. Seven of the 10 healthcare records reviewed belonged to patients who had a documented assessment by a dietitian. Of these seven patients, five were seen by the dietitian on the same day as referral, while the other two patients were seen by the dietitian within 24 hours of the referral.

Three healthcare records belonged to patients who had a documented assessment by the speech and language therapy service and two of these patients were seen on the same day as referral. The third patient was seen within 24 hours. Hospital managers and staff told inspectors that patients referred to speech and language therapists were seen in a timely manner.

Overall, inspectors were satisfied that patients had good access to dietetic and speech and language services at the hospital.

### **What worked well?**

- A nursing assessment of patients' nutrition and hydration needs was carried out within 24 hours of admission.
- Patients were weighed on admission and re-weighed weekly at the hospital.
- There was timely access to dietitian and speech and language services for patients.
- Staff had access to appropriate equipment to measure patients' weight.

### **Opportunities for improvement**

- Implementing a validated tool for screening patients for their risk of malnutrition across the hospital.
- The practice of completing patients' fluid and food charts in relation to eating and drinking to reflect care delivered.

### **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**

The hospital had a number of methods for communicating the dietary needs of patients. On admission, nursing staff documented information regarding patients' nutrition and hydration needs in the nursing admission and assessment notes, including any specific dietary requirements. Nursing staff told inspectors that this was communicated verbally to catering staff. The hospital also used discreet coloured cards over patients' beds and on a white board at the nurses' station to identify patients who had special dietary requirements. Nursing staff and hospital managers told inspectors that patients who required texture-modified diets had instructions from speech and language therapists displayed at the bedside. Catering staff told inspectors that patients' dietary needs were also recorded on a diet sheet. This diet sheet listed all patients on the ward by bed number. Catering staff told inspectors that the system worked well to ensure that patients got the correct meal. All of the patients who spoke with inspectors said that they always received the correct meal.

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

Hospital staff and management told inspectors that there had been no patient safety incidents reported or written complaints received from patients in relation to nutrition and hydration in the last 12 months.

## What worked well?

- The hospital had a system in place to ensure patients received the correct meal.

## 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
- 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 Nutritional Steering Committee, known as the Nutrition Support Team, which was established in 2012. This Committee was chaired by the hospital's Dietitian Manager.

It had agreed terms of reference that detailed the purpose, membership, roles and responsibilities of the group, frequency of meetings and record keeping. The aim of the Committee was to work as a team to improve the nutritional wellbeing of patients while they are in hospital.

Hospital managers told inspectors that the Nutrition Support Team reported to the Quality and Safety Committee of the hospital and that membership was in keeping with the national guidelines.<sup>(4)</sup> Inspectors requested and viewed copies of minutes and agendas for the last six meetings; all meetings had been minuted. The terms of reference stated that the Nutrition Support Team aimed to meet four times a year. Review of the minutes indicated that the Committee had met six times from November 2015 to August 2016. The membership of the Nutrition Support Team included representatives from all relevant staff disciplines, however the medical representative had not attended any meetings in the minutes provided to the inspectors. The Nutrition Support Team had developed a quality improvement plan, which identified key areas that needed to be addressed as follows;

- Developing a system to identify patients who require assistance of meals
- Analysis of the nutrient content of patients menus
- Improving communication of special dietary requirements
- Development of policies in relation to nutrition and hydration care.

## **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>

During the inspection, inspectors viewed the hospital's policies relevant to nutrition and hydration. The hospital did not have a nutrition and hydration policy. However, they had a guideline for screening patients for their risk of malnutrition using the modified MUST tool and a policy for identifying patients who required assistance at mealtimes. Hospital managers informed inspectors that the hospital had developed a draft protected mealtime policy and draft guidelines for patients fasting for surgery but were awaiting final sign off before implementation across the hospital. The hospital had a system in place for staff to access policies on the hospital's electronic information system and in hard copy in folders on the wards visited.

## **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 informed inspectors that the hospital had undertaken an analysis of the nutrient content of the standard and texture-modified diets in April 2016. Inspectors were given a copy of the report detailing the results and findings from this audit. This report found that the calorie and protein content of modified consistency diets were not in line with national guidelines.<sup>(4)</sup> In response to the findings of the analysis, porridge and puddings had been fortified and extra carbohydrate was added to the texture-modified menu. Hospital managers told inspectors that the hospital planned to re-analyse the menu in 2017 in line with national guidelines.<sup>(4)</sup>

Inspectors were provided with copies of completed audits, which included audits of compliance with screening patients for their risk of malnutrition using the modified MUST tool and an audit of compliance with dietetic record keeping. The hospital had audited compliance with screening on all wards three times in 2015 and once in August 2016. The audit results indicated that compliance with the use of the screening tool for malnutrition varied from 60% to 100% between wards. However, overall compliance across the hospital had improved from 92% in 2015 to 97% in 2016.

The audit of documentation of the dietetic record in August 2016 reported a 95% compliance rate. The hospital had also audited compliance with its policy on the use of colour coded card signage over patients' beds to identify patients with specific dietary requirements and findings indicated 89% compliance with hospital policy.

## **Evaluation of patient satisfaction**

Hospital managers told inspectors that they had not carried out regular audits of patients' experience of assistance with meals, food service or mealtimes. Inspectors were given a copy of a survey undertaken in September 2016 involving a small sample of three patients on minced moist menu to ascertain their views on choice and food presentation. The national guidelines recommend that hospitals should develop and implement methods to assess patients' satisfaction with food and meal service.<sup>(4)</sup> The hospital's Nutrition Support Team should consider further methods of engaging with patients, in particular when introducing changes to the current menu and food service, to ensure that the patients' experience of the food and meal services informs the hospital's nutrition and hydration quality improvement programme.

## Quality improvement initiatives

The hospital told inspectors about a number of recent quality improvements initiatives implemented in relation to nutrition and hydration. These included a colour coded sticker and or card system to identify patients with special dietary requirements and the use of red napkins on patients' trays to identify patients who required assistance or supervision with meals. Hospital managers told inspectors that the hospital was developing a "food atlas" which would contain picture menus to enable patients with communication difficulties to choose their menus. There was also a plan to implement the validated MUST tool early in 2017.

## What worked well?

- The hospital's Nutrition Support Team has played a key role in raising the importance of the provision of good nutrition and hydration care across the hospital and has implemented key quality improvement initiatives.
- The hospital had conducted a number of audits in nutrition and hydration care including analysis of nutrient content of menus and audit on screening patients for their risk of malnutrition.

## Opportunities for improvement

- Evaluation of patients' experiences of food and meal services and engaging patients in directing improvements of the food and meal service.
- The hospital needs to progress the development and implementation of policies in relation to nutrition and hydration care to guide staff and standardize nutrition care and meal service provision at the hospital.

## 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 nursing, catering, healthcare assistants, medical and catering staff involved in nutrition and hydration care through lectures, workshops and ward based practical training for the introduction of new products.

On the day of inspection, hospital managers informed inspectors and ward staff told inspectors that training was provided by dietitians, speech and language therapists and nursing practice development staff on nutrition and hydration care at the hospital. Nursing and healthcare staff who spoke with inspectors confirmed that they had received training on the use of the modified MUST tool and inspectors viewed relevant training records that showed that this training was well attended by nursing staff.

Catering staff told inspectors that they received training from the dietitian and were given information in relation to texture-modified diets and the colour-coding system used in the hospital.

Hospital managers told inspectors that medical staff were provided with written information on nutrition and hydration care in their induction pack and dietitians provided updates on current topics related to nutrition and hydration at grand rounds.

## **Opportunities for improvement**

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

## Conclusion

The inspection team found on the day of inspection that Wexford General Hospital had implemented a number of quality improvement initiatives relating to nutrition and hydration. The hospital had an established Nutrition Support Team 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.

The hospital routinely screened patients for the risk of malnutrition within 24 hours of admission to hospital using a modified version of the MUST tool and had implemented screening with this tool on all wards. Inspectors reviewed a small sample of patient healthcare records and found that nursing staff were screening these patients on admission to assess their risk of malnutrition in line with hospital policy. However, inspectors found that the tool used at the hospital was not a validated tool as recommend in the national guidelines.<sup>(4)</sup> The hospital must focus on the implementation of the validated screening tool across the hospital.

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. Most patients were satisfied and complimentary about the choice, taste and temperature of the food and drinks available. All patients on standard diets were offered a choice of meals. However, choice was limited for patients on texture-modified diets.

Inspectors found that the hospital had a system in place to identify patients who required assistance with eating and drinking and inspectors observed that patients who required assistance were offered assistance in a prompt manner.

Inspectors found that the hospital had developed some policies relevant to nutrition and hydration. The hospital needs to progress the development and implementation of policies in relation to nutrition and hydration care to guide staff and standardize nutrition care and meal service provision at the hospital.

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 standard menus and audits on screening patients for their risk of malnutrition. However, the hospital needs to regularly conduct a survey of patients' experiences of food and mealtimes and respond to these findings to improve nutrition and hydration care for patients.

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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 hospital's Nutrition Support Team must improve the choice and variety of menus for patients on texture-modified diets, encourage and support improvements in screening patients for their risk of malnutrition, and expand the programme of audit of nutrition and hydration care. A key feature of this process is for the hospital to evaluate patients' experience of nutritional and hydration care and use patients views to inform and direct current and future quality improvements in the area of nutrition and hydration care.

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