



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration at Mayo University Hospital, Castlebar, Co. Mayo

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

Date of on-site inspection: 18 January 2017

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.⁽¹⁾ 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.⁽²⁾ 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). 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.⁽¹⁾ The inspection approach taken by HIQA is outlined in guidance available on HIQA's website, www.hiqa.ie – *Guide to the Health Information and Quality Authority's review of nutrition and hydration in public acute hospitals*.⁽³⁾

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*.⁽¹⁾

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 Mayo University Hospital on 18 January 2017 by authorized persons from HIQA, Siobhan Bourke, Dolores Dempsey-Ryan, and Noelle Neville, between 09.20hrs and 15.35hrs.⁽¹⁾

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 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 10 patients, their relatives when present and 13 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*⁽¹⁾ 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 reasons.

Meal service and timing of meals

Catering services at the hospital were provided by external staff. A cook-chill food production system was in use and catering staff reheated and plated the meals in the ward kitchen. * The mealtimes reported in the hospital's self-assessment questionnaire with the exception of breakfast, and confirmed by patients and staff on the day of inspection, were as follows:

- Breakfast: 8.00am- 8.30am
- Midday meal: 12.30pm-13.00pm
- Evening meal: 5.00pm-5.30pm

The self-assessment questionnaire stated that breakfast was served from 7.45am to 9.00am, however, it was reported that this mealtime had changed to 8.00am on both wards inspected. 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.⁽⁴⁾ Inspectors found that the hospital was adhering to best practice guidelines with a four hour interval between the three main meals of the day. Inspectors spoke with 10 patients regarding the spacing and timing of

* A "cook-chill" food service system involves chilling the food after it is cooked and re-heating the food prior to serving.

mealtimes and the majority of patients told inspectors that they were satisfied with one patient stating that they thought lunch was served too early.

Hospital managers told inspectors that they had developed a policy on protected mealtimes[†] and had implemented it on one ward in the hospital and were planning to implement it across the hospital in 2017. Inspectors observed no interruptions to patients during their midday meal on the ward that had implemented this policy. It was observed by inspectors that a screen was placed across the entrance of the ward and signs were displayed as a visible reminder to staff and visitors that meals were not to be interrupted. Nursing and catering staff reported that the practice worked well. All five patients on this ward who spoke with inspectors stated that their meals were never interrupted. On the second ward inspected where the policy was yet to be implemented, inspectors observed staff taking blood samples from patients, ward attendants performing cleaning duties and nurses doing medication rounds during the midday meal. Four of the five patients on this ward who spoke with inspectors stated that their meals were interrupted by doctors' rounds.

Choice and variety of food

The hospital stated in its completed self-assessment questionnaire that menu options were outlined for patients using menu cards and this was confirmed by patients and staff on the day of inspection. Inspectors observed catering staff helping patients who required assistance to complete the menu cards. Inspectors viewed the weekly menu plan that rotated on a two weekly menu cycle and noted that there was a variety of food options available to patients for breakfast, midday and evening meal. Hospital managers reported that patients on therapeutic diets had the same choices as patients on standard menus. For the midday meal and evening meals, patients had a choice of two different hot meals, salads or sandwiches. The evening meal menu also had soup as an additional option. All 10 patients who spoke with inspectors confirmed that they had a choice of meals that included three options for the midday and evening meal.

Texture-modified diets[‡] include meals that are suitable for patients with swallowing difficulties of varying severity. They should include options for patients who require

[†] 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.

[‡] Texture-modified diets may include soft diets, minced and moist diets, smooth pureed diets and liquidized diets due to swallowing difficulties.

soft, minced and moist, smooth pureed and liquidised diets.⁽⁴⁾ Hospital managers and ward staff told inspectors that there were two choices available for patients on texture-modified diets for both the midday meal and the evening meal. Inspectors viewed the two weekly menu plan for texture-modified diets and noted that one of these two options on the evening meal was scrambled egg everyday over the two week menu cycle. Inspectors observed the smooth pureed and mince-moist meals ordered by patients for the midday meal on the day of inspection and both meal options appeared appetizing with all three food types presented separately on the plates.

Best practice guidelines suggest that high-calorie snacks should be offered between meals, mid-morning, mid-afternoon and late evening.⁽⁴⁾ 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 and nursing staff told inspectors that soup was served an hour prior to the midday meal as a midmorning snack and inspectors observed this on the day of inspection. Catering and nursing staff told inspectors that patients were offered a snack between 7pm and 8 pm where a selection of drinks including tea, coffee, hot and cold milk, biscuits, yogurts, protein mousse and sandwiches were available. This was confirmed by patients who spoke with inspectors.

Missed meals

Hospital managers and catering staff told inspectors that there was a system in place to cater for patients who missed a meal. Nursing staff told inspectors that catering staff could get a hot meal for patients until 6pm and after this time patients were offered sandwiches, salad or tea and toast. On the day of inspection eight of the 10 patients told inspectors that they never missed a meal. Two patients who missed a meal told inspectors 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.⁽¹⁾ 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 options for patients from different ethnic, religious, and cultural backgrounds. On the day of inspection, catering and nursing staff confirmed that ethnic, religious, and cultural food could be provided if required. Inspectors viewed a menu outlining meals available for patients who required a Halal[§] meal.

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. Inspectors observed that patients who required assistance at mealtimes were identified by use of a discreet symbol placed on a white magnetic board over the patient's bed. Different coloured trays were also used to identify patients requiring assistance with their meals. Catering and nursing staff told inspectors that catering staff did not leave meal trays in front of patients when an over the bed symbol for assistance was present, unless nursing staff or healthcare staff were available to assist patients. Inspectors observed this practice during the midday meal.

Nursing staff who spoke with inspectors said that visitors were allowed to visit to assist their relative with their meals and inspectors observed this to be the case on the day of inspection. Patients were positioned comfortably prior to the meal and were provided with dining and feeding aids where needed. Inspectors observed that a number of patients required assistance on the day of inspection and those that required it, were attended to by nursing and healthcare staff in a timely manner. Eight of the 10 patients who spoke with inspectors said they did not require assistance, however, two patients who required assistance told inspectors they received it.

Overall, inspectors were satisfied that there was a system to ensure that those patients who required assistance or encouragement with meals received it.

[§] 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.⁽⁴⁾ Inspectors spoke with patients about their views on the quality of food provided in the hospital. All 10 patients told inspectors that hot food was served hot at mealtimes. Most patients spoke positively about how the food tasted. One patient said they would like smaller portions.

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. Catering staff told inspectors that the water jugs were replaced with fresh water by catering staff in the morning and replaced with fresh water as required by healthcare assistants and nursing staff during the day. Hospital managers told inspectors that a plan to refill patient water jugs twice a day would be incorporated into the catering contract that was due to be reviewed. Inspectors noted that there were water dispensers on the wards for patients who were able to use them. Patients that spoke with inspectors confirmed this.

What worked well?

- All patients on standard, therapeutic and texture modified diets were offered a choice of meals.
- There was a system in place to identify patients who required assistance with meals.
- 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.⁽⁴⁾

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. Nine of the 10 healthcare records reviewed by inspectors included a nursing assessment of patients' nutrition and hydration requirements within 24 hours of admission. One healthcare record reviewed had a partially completed nursing assessment of patients' nutrition and hydration requirements within 24 hours of admission.

Hospital managers and nursing staff told inspectors that the hospital had implemented the MUST screening tool and associated screening policy at the hospital in May 2016. This policy 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 in national guidelines.⁽⁴⁾ The policy outlined the procedure for screening and the steps taken by nursing staff once the screening score was calculated.

Of the 10 patient healthcare records reviewed by inspectors, one had the hospital's MUST screening tool completed within 24 hours of admission and six had a MUST screening tool completed outside this time period. Three patient healthcare records did not have MUST screening completed; however, two of these patients had a valid clinical reason documented why screening was not completed.

All of the 10 patient healthcare records belonged to patients that had been admitted for more than one week. Of these 10 patients, two were re-screened weekly in line with the hospital's policy, two patients were re-screened outside the timeframe specified in the hospital's policy and three patients had a valid clinical reason documented indicating why re-screening was not performed. Three patients had no record of re-screening in the healthcare records reviewed.

Overall, on reviewing patient healthcare records, inspectors found that malnutrition screening was being recorded in the majority of cases but not always within 24 hours of admission. Inspectors also found that the majority of patients were not rescreened in line with hospital policy.

Of the 10 records reviewed, five had fluid balance charts. All of the fluid balance charts used quantitative measures. Three of the five fluid balance charts were completed and up-to-date. Three of the records reviewed contained food charts. Two of the three food charts used semi-quantitative measures and were completed and up-to-date as recommended in national guidelines.⁽⁴⁾

Equipment for screening

Both wards inspected had access to stadiometers, hoist scales, chair scales and standing scales. However, on the day of inspection inspectors observed that there was no calibration date visible on one piece of equipment and another piece of equipment had not been calibrated within the previous 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 policy, patients who had a nutritional screening score of two or more using the MUST tool were referred to a dietitian. Referrals were recorded on a paper based system and dietitians accepted referrals from medical and nursing managers staff.

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, four were seen by the dietitian on the same day as referral, one patient was seen by the dietitian within 24 hours of the referral and the remaining two patients were seen following a weekend.

Seven healthcare records belonged to patients who had a documented assessment by the speech and language therapy service and six of these patients were seen on the same day as referral. One patient was seen within a week of referral. 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.
- There was timely access to dietitian and speech and language services for patients.

Opportunities for improvement

- Compliance with the hospital's policy on screening and re-screening patients for the risk of malnutrition in line with national guidelines.
- The calibration of weighing equipment on a yearly basis or as per manufacturer's instructions.
- 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

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. Patients' dietary needs were displayed discreetly on over the bed signage that was completed by nursing staff on admission and updated by speech and language therapists and dietitians as required. Catering staff told inspectors that they used this information to complete patients' menus. The hospital also used a coloured tray system where different coloured trays were assigned to patients for different diets, for example, catering staff used a red tray for patients on texture-modified diets and therapeutic diets. Catering staff told inspectors that each menu that was completed for patients was also on the assigned tray with the patients' name and bed number as another way of ensuring that patients got the correct meal. Inspectors observed catering staff using coloured trays, checking over the bed signage and calling out patients' names during midday meal service.

All patients who spoke with inspectors stated that they always received the correct meal. However, two patients told inspectors they got white bread when they ordered brown bread.

Patients safety incidents in relation to nutrition and hydration

The hospital stated in its completed self-assessment questionnaire that it had a system for processing nutrition and hydration related incidents through the hospital's governance structures. Hospital managers told inspectors that incidents were reported on the hospital's electronic reporting system and the hospital manager reviewed all reported incidents. Hospital staff reported five patient safety incidents in relation to nutrition and hydration in 2016. Hospital managers explained to inspectors how the hospital had responded to and learnt from patient safety incidents related to nutrition and hydration. For example, the hospital had set up a daily multidisciplinary team safety meeting to address patient needs including nutritional care in response to a previous patient safety incident.

Hospital managers told inspectors that there was a system in place for managing and responding to written and verbal complaints. The hospital had not received any complaints specific to nutrition and hydration, however, six complaints received in 2016 included issues relating to nutrition and hydration care. Inspectors found that there was a good reporting culture in relation to nutrition and hydration incidents and hospital management told inspectors about a number of quality improvement initiatives that had been implemented following incidents and complaints in relation to nutrition and hydration. These included providing the same meal services and

menus for patients in the Emergency Department who were deemed as admitted but awaiting a bed on a ward; implementing protected mealtimes and the development of over the bed signage to ensure that patients received the correct meal.

What worked well?

- The hospital had a system in place to ensure that 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.⁽¹⁾ 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.⁽¹⁾ 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.⁽⁴⁾

Best practice guidelines recommend that hospitals form a nutrition steering committee to oversee nutrition and hydration care in acute hospitals.⁽⁴⁾ 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 Nutrition Steering Committee, which was established in August 2015. The hospital's dietitian manager chaired this Committee. It had agreed terms of reference that detailed the purpose,

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membership, roles and responsibilities, frequency of meetings and reporting relationships of the committee. The aim of the Committee was to identify, implement and monitor the highest standards of nutritional care in the hospital.

Hospital managers told inspectors that the Committee reported quarterly to the hospital management team and this was reflected in the Committee's terms of reference. Inspectors requested and reviewed copies of the minutes and agendas for the last six meetings: all meetings had been minuted. Revised terms of reference from January 2017 state that the committee meets every six weeks. Review of the minutes and agendas indicated that the Committee had met five times between April 2016 and November 2016. The membership of the Nutrition Steering Committee included representatives from nursing, dietetics department, speech and language therapists, catering managers and pharmacists. The General Manager of the hospital was also a member of the Committee; however, there was no medical representative on the Committee as recommended in national guidelines.⁽³⁾

Hospital managers told inspectors that the Nutrition Steering Committee had identified key areas for improvement of nutrition and hydration care by conducting a gap analysis against national guidelines.⁽³⁾ These key areas of focus included;

- Developing a policy and implementing nutritional screening across the hospital
- Implementing protected mealtimes
- Improving over the bed signage to ensure patients who require assistance or have special dietary requirements are easily identifiable to all staff
- Developing policies and guidelines related to nutrition and hydration care.

The inspection team found from reviewing documentation, interviewing management and talking with ward staff that the aim of the Committee was clear. Furthermore, there was evidence of progress on the key aspects of patients' nutritional care identified by the Committee.

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.⁽¹⁾ The hospital had a system for staff to access policies on the hospital's electronic information system. During the

inspection, inspectors viewed the hospital's policies relevant to nutrition and hydration.

The hospital had a number of policies which included policies on screening for the risk of malnutrition, fasting for surgery and a draft policy on protected mealtimes. The hospital also had a draft policy on the ordering, provision and delivery of food and drinks to patients which outlined the process for all members of the multidisciplinary team on the management of over the bed signage. Hospital managers told inspectors that they did not have an overall nutrition and hydration policy.

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.⁽⁴⁾ Hospital managers told inspectors that the hospital had undertaken an analysis of the nutrient content of the standard, therapeutic and texture-modified diets in 2014. Inspectors were given a copy of the report detailing the results from this audit. Hospital management told inspectors that the menus were found to be in line with the national guidelines⁽³⁾ and had planned to re-analyze the menus in 2017.

Inspectors were provided with copies of completed audits, which included an audit of compliance with screening patients for their risk of malnutrition using the MUST screening tool that was undertaken in November 2016. This audit identified poor compliance with implementation of the MUST at ward level with compliance rates from 27% to 52 % recorded between wards. Hospital management informed inspectors that in response to these findings, MUST training was continued across the wards. The hospital had also developed an electronic patient assessment and screening tool which combined all the nursing assessments at the hospital with the aim of improving compliance. This had been piloted at the hospital and there was a plan to implement it in February 2017. Inspectors were informed that the hospital used nursing metrics to assess compliance with nursing documentation and the following was assessed on a monthly basis in relation to nutrition and hydration care;

- Patients' weight on admission
- Patients at nutritional risk are referred to a dietitian

- Waterlow score^{††} is completed
- Evidence that the care plan is appropriately evaluated.

These metrics did not assess if screening for the risk of malnutrition using the MUST tool was completed. Inspectors viewed a copy of these metrics which had scores between 70% and 100% from the months of September 2016 to January 2017 across the wards. Hospital managers told inspectors that an action plan was developed by the clinical nurse managers to respond to the findings from these monthly audits.

Hospital managers told inspectors that fluid balance sheet documentation audits were also undertaken monthly in the hospital and a copy of the findings from this audit demonstrated a year on year improvement with compliance from 2014 to 2016.

Inspectors were also given a copy of an audit of over the bed signage and colour coded tray compliance that was undertaken initially in May 2015 and re-audited in May 2016. Compliance with the colour coded trays was found to range from 83% to 91%, while the over the bed signage compliance was between 66% and 91% in May 2015. The re-audit in 2016 found that compliance with over the bed signage had improved on all wards.

Overall, inspectors found that the hospital conducted a number of audits related to nutrition and hydration care.

Evaluation of patient satisfaction

The hospital stated in its self-assessment questionnaire that it consulted patients regarding satisfaction with the hospital's food. On the day of inspection, hospital managers informed inspectors that catering managers conducted weekly and monthly evaluation of patient satisfaction with food services and quality. Inspectors viewed findings of one of these surveys from June to October 2016 and noted that most comments were complementary of the food and food service and where any areas for improvement were raised by patients these were reported to catering staff to be followed up.

^{††} Waterlow pressure area risk assessment tool is used to assist nursing staff to assess the risk of a patient developing a pressure ulcer. A Waterlow Score a score of 10-14 indicates 'at risk'; a score of 15-19 indicates 'high risk' and a score of 20 and above indicates very high risk.

Quality improvement initiatives

Hospital managers told inspectors about a number of quality improvement initiatives implemented in relation to nutrition and hydration which included the following;

- The hospital had organised a one day nutrition road show to improve staff and visitors awareness of aspects of nutrition and hydration care in September 2016
- Implementation of an evening snack round
- Provision of hot meals and menus to patients in the Emergency Department deemed to be admitted but awaiting a bed on a ward.

What worked well?

- The hospital had established a Nutrition Steering Committee, which had implemented a number of quality improvement initiatives.
- The hospital had conducted a number of audits in nutrition and hydration care.

Opportunities for improvement

- The hospital needs to progress with the development and implementation of policies in relation to nutrition and hydration care to guide staff and standardize nutrition and hydration care 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.⁽⁴⁾

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.⁽⁴⁾

Training

The hospital stated in its completed self-assessment questionnaire that specific training was provided to nurses, healthcare assistants and catering staff involved in nutrition and hydration care through lectures, workshops, workbooks and e-learning.

On the day of inspection, hospital managers told inspectors and ward staff confirmed that nursing staff received mandatory training in relation to the use of the MUST tool. Inspectors viewed relevant training records that showed that this training was well attended. Catering staff told inspectors that they received training from dietitians and were given information in relation to texture-modified diets, thickening fluids and the over the bed signage system used in the hospital. Hospital managers told inspectors that medical staff were provided with training in relation to nutrition and hydration care during their induction. Dietitians also provided information sessions related to nutrition and hydration at grand rounds^{‡‡}.

What worked well?

- The hospital provided specific training to medical, catering and nursing staff and training records showed that this training was well attended.

‡‡ Grand rounds are formal meetings where physicians and other clinical support and administrative staff discuss the clinical case of one or more patients. Grand rounds originated as part of medical training.

Conclusion

The inspection team found on the day of inspection that Mayo University Hospital had implemented a number of quality improvement initiatives relating to nutrition and hydration. The hospital had established a Nutrition Steering Committee that played a key role in raising the importance of nutrition and hydration care across the hospital.

The hospital had implemented screening patients for their risk of malnutrition within 24 hours of admission to hospital and re-screening weekly in line with national guidelines.⁽³⁾ However, audit findings identified poor compliance with this practice. The hospital, as a priority, should focus on the full implementation of this policy to ensure that patients at risk of malnutrition are identified and referred for nutritional assessment to a dietitian.

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 complimentary and satisfied with the choice, taste and temperature of food and drinks available. Inspectors found that patients on standard, therapeutic and texture-modified diets were offered a choice of meals and the hospital was responsive to feedback from patients to improve the quality of the food.

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

The hospital had developed some policies relevant to nutrition and hydration care. Nonetheless, the hospital needs to progress with the development and implementation of a nutrition and hydration policy and with final approval of the protected mealtimes policy.

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 menus and audits of screening patients for their risk of malnutrition.

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 prioritize improvements in screening and re-screening patients for their risk of malnutrition and continue to develop the programme of audit of nutrition and hydration care. A key feature of

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this process is for the hospital to continue to evaluate patients' experience of nutrition and hydration care and use patients' views to inform current and future quality improvements in the area of nutrition and hydration care.

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