



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration at Portiuncula University Hospital

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

Date of on-site inspection: 20 September 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.

Table of Contents

Introduction.....	6
Findings	8
Theme 1: Person-centred care and support	8
Theme 2: Effective care and support.....	14
Theme 3: Safe care and support.....	16
Theme 5: Leadership, governance and management	18
Theme 6: Workforce	22
Conclusion.....	24
References	25

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.

Health Information and Quality Authority

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 Portiuncula University Hospital on 20 September 2016 by authorized persons from HIQA, Dolores Dempsey-Ryan, Siobhan Bourke and Noelle Neville between 09:45hrs and 15:15hrs.⁽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 12 patients, their relatives when present and 12 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 both in-house staff and an external company that provided the meal delivery service and managed the menu ordering system. A cook-fresh, cook-chill and centrally plated food service system was in use.* The mealtimes reported in the hospital's self-assessment questionnaire were as follows:

- Breakfast: 8.00am-8.30am
- Snack: 10.45am-11.00am
- Midday meal: 12.00pm-12.30pm
- Evening meal: 5.00pm-5.45pm
- Evening tea/coffee: 9.00pm -9.20pm

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

* A "cook-fresh" food service system is the standard method for preparing food in hospitals, which involves cooking, plating, and serving food hot. 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.

Health Information and Quality Authority

waking hours.⁽⁴⁾ In contrast to the meal times detailed above ward staff told inspectors that breakfast was served from 8am to 8.30am, the midday meal was served from 12.45pm and the evening meal was served from 5pm to 5.30pm. From these reported times the hospital was adhering to national 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 all 12 patients told inspectors that they were satisfied with the timing of meals.

Hospital managers and ward staff told inspectors that the hospital had introduced protected meal times[†] as a quality improvement initiative. They had changed the midday mealtime from 12pm to 12.45pm to reduce non-essential interruptions to mealtimes. Inspectors observed a protected mealtime sign on one of the doors of a ward visited and in the reception area of the hospital. Ward staff told inspectors that protected meal times worked well and reported that medication rounds and tests or procedures which were deemed to be non-essential were not carried out during mealtimes. On the day of inspection, inspectors heard an announcement made over the hospital's public address system to advise visitors and staff of protected mealtimes.

On inspection, inspectors observed no evidence of non-essential interruptions during the midday meal. Ten out of 12 patients whom inspectors spoke with said that they had not experienced interruptions during their mealtimes. However, one patient told inspectors that they were sometimes interrupted during mealtimes and a second patient said their meal was interrupted, but this rarely happened.

Choice and variety of food

The hospital stated in its completed self-assessment questionnaire that menu options were verbally outlined to patients. On the day of inspection, catering staff told inspectors that they either verbally communicated the menu choices to patients or patients were given the menu card to tick their choices. Catering staff reported that they take the meal orders the day before the meal was served, for example, the menus for Wednesday's meals were outlined to patients on a Tuesday.

Inspectors viewed picture menus during the inspection, that were available in different languages, to help patients with communication difficulties understand the

[†] 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.

Health Information and Quality Authority

menus. Inspectors viewed the two weekly menus on offer to patients on a normal or a therapeutic diet, and noted that there were four choices for the midday meal and four choices for the evening meal. Vegetarian options were also available. Inspectors viewed a separate menu, which offered patients a variety of desserts.

On the day of inspection, hospital managers, catering and nursing staff told inspectors that patients were offered a number of choices for their midday meal and evening meal. All patients interviewed on the day of inspection confirmed this. Hospital managers and ward staff told inspectors that if patients did not like the choices offered, they could order something else and patients confirmed this.

Inspectors saw examples of patient centred care where the dietitian facilitated one patient's preferences following a discussion with their family. The dietitian prepared an individualised menu plan taking into consideration the patient's likes and dislikes. Two patients who spoke with inspectors gave examples of where their preferences and specific dietary needs were accommodated.

Texture-modified diets[‡] 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.⁽⁴⁾ Hospital managers and ward staff told inspectors that patients requiring texture-modified diets had a choice of meal. Texture-modified meals were prepared in-house with the exception of pureed texture-modified diets which were sourced externally. Inspectors viewed the texture-modified menus for patients on pureed diets and noted that these patients had a number of choice. Patients on mince moist diets could order meals from the standard menu, which would be prepared to the appropriate consistency.

Inspectors observed a number of texture-modified meals being served on the day of inspection and observed pureed meals served in moulds in the shape of the original food item. All texture-modified meals looked appetising on the day of the inspection.

Overall, there were a number of menu choices available for all patients including those on therapeutic diets and texture-modified diets.

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. Hospital managers told inspectors that they had

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

Health Information and Quality Authority

introduced a number of snacks rounds (11am, 2pm, and after 7pm) following the completion of an audit on the nutrient content of meals, which highlighted that not all meals served provided adequate nutrition to patients. Catering and nursing staff told inspectors that dietitians provided them with information about patients' that required high protein high calorie diets, which was documented on a white board in the ward kitchen. Inspectors saw folders on the ward which contained information for catering staff on different diets including high calorie high protein snacks.

All 12 patients who spoke with inspectors said that they had received a variety of snacks mid-morning and evening. Inspectors observed a snack round at 11am on the day of inspection, and noted that snacks included buns, cheese and crackers, biscuits, custard, hot chocolate, coffee, tea or milk.

Missed meals

Hospital managers and ward staff told inspectors that the hospital had a system in place to cater for patients who missed a meal. Ward staff could contact the kitchen up to 6pm to obtain a hot replacement meal, and snacks including sandwiches or tea and toast were available if required. Four patients who reported missing a meal told inspectors that they were facilitated with 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 stated in its completed self-assessment questionnaire that there were no menu options available for patients from different ethnic, religious, and cultural backgrounds. However, on the day of inspection, hospital managers and ward staff told inspectors that they could provide Halal[¥] meals on request. They reported that they would not routinely receive many requests for Halal meals. Vegetarian meals were also available.

[¥] Halal food refers to meat prepared as prescribed by Islamic law.

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.[§] The system in place to identify which patients required assistance included a section in the nursing assessment with a daily evaluation and checklist, which detailed a patient's dietary preferences, or if they required assistance with eating and drinking. This information was also communicated verbally between nursing staff during shift handovers, which were also attended by healthcare assistants. Hospital managers told inspectors that wards operated a 'safety pause'⁽⁵⁾ system whereby staff communicated information about patient safety issues. This included relaying information about which patients required assistance with their meals.

Catering and nursing staff told inspectors that they operated a 'hold back' system where some meals were held back until nursing staff and healthcare assistants were available to assist patients who required assistance with their meals. In addition, kitchen staff would, on request from ward staff, send a meal to the ward earlier for patients who required assistance to ensure they would not have to wait for help and their meal could be eaten while it was hot. Inspectors observed this practice on the day of inspection.

Inspectors observed the midday meal and noted that patients were positioned comfortably prior to the meal with dining and feeding aids provided as required. Inspectors observed good social interaction between the patient and ward staff and a number of patients were asked 'are you alright' when assistance was being offered. Inspectors observed that a number of patients required assistance on the day of the inspection and those that required assistance were observed being assisted by nurses and healthcare assistants in a timely manner. However, two of the 12 patients who spoke with inspectors said that a meal could be left on a bed tray table with no staff available to offer assistance or a patient could be asleep and not be aware that the food was left on the bed tray table. This was consistent with a finding from an audit of the patients' mealtime experience carried out in 2015.

Ward staff were observed going between patients to offer assistance with meals. While some staff sat down beside patients when offering assistance with meals,

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

Health Information and Quality Authority

others were observed to be standing over patients, this practice is not patient-centred or conducive to an enjoyable eating experience for patients.

Overall, inspectors were satisfied that assistance was provided in a timely manner on the day of inspection. However, ward staff must ensure patients are aware that their meal has been served.

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⁾ On the day of inspection, inspectors observed meals as they were being served and found that food was served in an appetizing way.

Inspectors spoke with patients about their views on the quality of food provided in the hospital. The majority of patients were satisfied with the food offered with some of the patients describing the food as "lovely food", "could not get better". However, two patients were not satisfied with the food offered, for example one patient described being served cold porridge.

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. Catering and nursing staff told inspectors that water jugs were replaced with fresh water in the morning and evening and refilled as required. Inspectors observed catering staff offering patients drinks of tea, coffee, hot chocolate or milk during the snack round on the day of inspection. This was also confirmed by patients who spoke with inspectors.

What worked well?

- Most patients expressed satisfaction with the quality of the food and the meal service.
- Patients were offered nourishing snacks between meals.
- All patients on a standard diet including therapeutic and texture modified were offered a choice of meals.
- Water jugs were replenished with fresh water during the day.

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 inspection team found that the hospital had a structured nursing assessment for all admitted patients that contained a baseline assessment of eating and drinking. The nursing record contained a daily evaluation sheet and a checklist with a section on eating and drinking for nurses to complete.

Inspectors reviewed the healthcare records of 10 patients 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. All 10 patient healthcare records reviewed by inspectors included a nursing assessment of nutrition and hydration within 24-hours of admission.

The hospital had a draft policy on screening patients for their risk of malnutrition. Both wards visited by inspectors were screening patients for malnutrition using the Malnutrition Universal Screening Tool (MUST) tool. This is the tool recommended in the national guidelines.⁽⁴⁾ Hospital managers told inspectors that the hospital had recently introduced MUST screening for risk of malnutrition on four wards in the hospital.

Of the 10 healthcare records reviewed, seven had a fully completed MUST assessment within 24-hours of admission while the remaining three patients had not. Two patients had a fully completed MUST assessment after 24-hours of admission and a third patient had no MUST screening assessment completed.

Health Information and Quality Authority

Eight of the 10 healthcare records reviewed by inspectors showed that the patients had been admitted for more than one week. Of these eight healthcare records, four patients were re-screened and four had no evidence of being re-screened for their risk of malnutrition. The MUST tool required the recording of patients' weight and height. Inspectors found that patients had their height and weight recorded in nine of the healthcare records reviewed, but one patient had neither their height nor their weight recorded as they had not been screened for their risk of malnutrition.

Nurses were required to record the food intake of eight patients. Seven of the eight food intake charts viewed used semi-quantitative measures of food intake and were fully complete and up-to-date. One food chart was incomplete. Seven healthcare charts contained a fluid balance chart. Of these, five had quantitative measures of fluids documented and were completed and up-to-date. Two were incomplete.

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, chair scales (for more frail and dependent patients), stadiometers[◇] and measuring tapes.

During this inspection, inspectors observed that one ward visited had access to a measuring tape, stadiometer, chair scales and hoist scales. The second ward visited also had access to measuring tape, stadiometer, and hoist scales, but on the day of the inspection shared a chair scales with another ward while their chair scales was being repaired. Equipment had been calibrated as required within the previous 12 months.

Patient referral for specialist assessment

As part of the on-site inspection, inspectors reviewed the systems in place to refer patients to dietetic or speech and language therapy services. Patients who had a MUST score of two or more were routinely referred to a dietitian.

Of the 10 healthcare records reviewed, inspectors found a documented assessment of the patient by a dietitian in nine of the healthcare records. These nine patients were seen by the dietitian on the same day of referral. However, one patient with a MUST score of three had not been referred. This was highlighted by the inspector to

[◇] A device for measuring a person's height.

Health Information and Quality Authority

nursing staff and hospital managers on the day of inspection. Inspectors viewed the hospital's Dietetic Priority Rating System guideline for managing patients' referrals in the hospital.

Four patients' healthcare records contained assessments by a speech and language therapist for a swallowing assessment. Of these four, three were seen on the same day of referral and one was seen within 48-hours of the referral. Overall, inspectors were satisfied that patients had good access to dietetic and speech and language therapy services.

What worked well?

- There was timely access to dietetic and speech and language therapy services.

Opportunities for improvement?

- Patients should be screened for their risk of malnutrition screening within 24-hours of admission and re-screened weekly in line with national guidelines.
- Accurate and complete recording of food and fluid charts.

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. These included the following:

- nursing assessment documentation
- nursing handover
- communication white boards in the ward kitchen
- instructions from the speech and language therapist displayed over patients' beds with information on texture-modified diet requirements
- menu labels on the patients' trays which outlined the patients' meal ordered.

Catering staff and healthcare assistants told inspectors that patients' dietary needs were also recorded on a diet sheet. This diet sheet listed all patients on the ward by name and bed number and staff checked the sheet before distributing meals to ensure that all patients received the correct meal.

On the day of inspection, inspectors viewed dietary information displayed on a communication white board in the ward kitchen. For example, information was displayed outlining which patients were fasting, on a normal diet or texture-modified diets. Inspectors observed the meal process and noted that each meal had been labelled with the patients' bed number, and had a section of the menu card on the tray outlining the meal ordered. This was to ensure that all patients received the meal they had ordered. Patients who required a specific diet, such as a texture-modified diet, were seen by inspectors to receive the correct meal.

The majority of patients who spoke with inspectors stated that they had always received the correct meal. However, two patients told inspectors that they had not received the correct meal. One patient said they had received the wrong cereal and another patient reported that they had not always received the correct meal. This finding was consistent with the findings of an observational audit carried out in March 2016.

Patients safety incidents in relation to nutrition and hydration

Hospital staff and management reported that there had not been any high-risk category patient safety incidents reported or written complaints received from patients in relation to nutrition and hydration in the last 12 months. Hospital management confirmed that complaints in relation to nutrition and hydration were rare, but would be addressed immediately if they occurred.

Health Information and Quality Authority

However, inspectors viewed the minutes of the Nutrition Steering Committee and noted that there were a small number of incidents with regard to parenteral nutrition and the length of time patients were fasting for procedures discussed by the Nutrition Steering Committee in August 2016. As a result, the minutes detailed that the hospital's radiology fasting guidelines were subsequently updated and circulated to staff and additional training was proposed to support staff with the management of patients requiring parental nutrition. Hospital managers told inspectors that the hospital's fasting guidelines for pre-assessment were also being reviewed.

Opportunities for improvement?

- Patients did not always receive the correct meal in line with their dietary requirements.

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.

Health Information and Quality Authority

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

The hospital had a Nutritional Steering Committee, which was established in November 2015. This Committee was chaired by the Clinical Support Services Director and the Dietitian Manager deputised in the absence of the Chair. It had agreed terms of reference that detailed the purpose, membership, roles and responsibilities of the group and its members, and meetings and record keeping. The purpose of the Committee included supporting the work of all staff with regard to the provision of high quality, effective and efficient nutrition and hydration services.

Hospital managers told inspectors that the Nutrition Steering Committee reported into the hospital's Quality and Risk Safety Group on a six weekly basis. The Committee had met nine times between February 2016 and August 2016 including one additional meeting in relation to protected mealtimes. The Committee aimed to meet at monthly intervals. All relevant staff disciplines were represented on the committee and attended meetings.

Inspectors requested and reviewed copies of agendas and minutes for the Committee meetings; all meetings had been minuted. There was a record of the discussion, agreed outcomes and actions required including a plan of action. 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. Examples of progress and work completed by the committee to date included the rollout of MUST, protected mealtimes and snack rounds.

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⁾ During the inspection, inspectors were told that there was a system in place for staff to access policies on the hospital's computer network and hard copies were available on the ward.

The hospital had a number of policies including a policy on protected mealtimes and a guideline for fasting patients who were undergoing surgery. The hospital had a

draft MUST screening policy. However, hospital management confirmed that a specific nutrition and hydration policy was not in place in the hospital.

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 they had completed an audit of the nutrient content of food in 2015. An average of three portions were measured for each food type and all meals served in the hospital were analysed including breakfast, starters, dinner, dessert, evening tea and snacks. Hospital managers told inspectors that as a result, extra high calorie nutritional snacks and beverages were introduced as part of the snack rounds to increase the nutrient content of food patients received.

Inspectors were provided with copies of completed audits in relation to patients' mealtime experience, MUST screening and snacks audit. Other audits completed in 2015 included audits of recording patients weight, height and availability of equipment to weigh patients.

The patients' mealtimes' experiences audit was carried out during 2015. The audit tool used comprised of 27 questions divided into different sections namely basic dietary needs, patient preparation for meal, assistance, interruptions and some general feedback questions. The results showed a high level of satisfaction with meals and that most patients received the food that they had ordered. Other feedback from patients related to the timing of meals. Inspectors noted that progress had been made by the hospital in implementing the recommendations listed in this audit which included the implementation of the protected mealtime initiative on both wards inspected.

A MUST audit was carried out in September 2016 on one ward visited by inspectors. This audit included questions on whether all MUST steps were completed, if screening was completed within 24-hours of admission to the ward and if a care plan was implemented. The result of this audit showed 80% compliance with MUST screening. The audit findings also highlighted that areas for improvement with MUST screening were to be followed up at the wards 'safety pause' meetings and confirmation of MUST training for all staff.

Health Information and Quality Authority

A snack and beverage round observation audit was carried out on one ward of the hospital during 2016. The audit findings recommended that staff should ensure that over-bed signage and kitchen white boards were updated and that catering staff should offer nourishing snack and beverage options first to promote increased protein and energy snack intake. The snack audits were repeated over five weeks and showed an increase in the uptake of nourishing drinks and snacks.

Overall, inspectors found that the hospital had conducted a number of audits of nutrition and hydration care including the audit of the nutrient content of food in 2015.

Evaluation of patient satisfaction

Hospital managers told inspectors that they carried out service user experience surveys on the general wards on a regular basis. The inspection team were provided with copies of audit results from 2014 up to January 2016. A small sample of patients were asked to rate their experience of the food choice/quality and meal service in the hospital on a monthly basis. The majority of patients gave positive feedback in relation to food choice/quality and meal service.

Quality improvement initiatives

The hospital managers told inspectors about a number of recent quality improvements initiatives implemented in relation to nutrition and hydration which included the following:

- The introduction of a number of snack rounds providing sandwiches, cakes, yogurts, biscuits, cheese and crackers, rice pudding, custard, drinking chocolate, milk, coffee and tea.
- The introduction of protected mealtimes on all wards.
- Changed midday mealtimes to reduce non-essential interruptions.
- MUST screening to identify patients at risk of malnutrition.
- New menus with options to offer patients on pureed diets more choice.
- Picture menu book to improve communication for patients with communication difficulties.
- The introduction of a 'safety pause' to ensure that patients get assistance with meals if required.

Health Information and Quality Authority

- Patient information leaflets which were updated in 2016 outlining information about soft and pureed diets and included suggestions for daily meals.
- A new food record chart using semi quantitative measures was introduced in 2016.
- Staff Information Leaflet in relation to ` Nutrition and Hydration and individual responsibilities was introduced in January 2016.

What worked well?

- The hospital had established a Nutrition Steering Committee, which had implemented a number of quality improvement initiatives and had a clearly defined work plan.
- The hospital had conducted a number of audits in nutrition and hydration care including analysis of nutrient content of menus.
- The hospital conducted an annual survey of patient experiences of meals to improve nutrition and hydration care.

Opportunities for improvement?

- The development of policies relating to nutrition and hydration.

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

Health Information and Quality Authority

- 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

On the day of inspection, hospital managers and nursing staff told inspectors that training had been provided to nursing and healthcare staff on the wards in relation to the use of the MUST screening tool from April to September 2016. This training took place at ward level and four to six members of staff attending each training session which lasted for one hour.

Hospital managers told inspectors that nursing staff, kitchen staff and healthcare assistants had received training from the speech and language therapist in relation to texture-modified diets. Attendance records reviewed also showed that catering staff and nurses had attended dysphagia and safer feeding training with the speech and language therapist. Inspectors were informed that following audits, learning was shared with staff in the hospital, for example, copies of audits were given to clinical nurse managers and training/information sessions were conducted with medical staff during grand rounds.

Portiuncula University Hospital's Quality Improvement Plan stated that a staff information leaflet in relation to nutrition and hydration had been developed in January 2016. Copies of this leaflet were issued to ward staff, medical staff at grand rounds and a multi-disciplinary team during induction sessions in an effort to increase staff awareness in relation nutrition and hydration care and responsibilities.

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.
- The development of an information leaflet for staff to increase awareness in relation to nutrition and hydration care and responsibilities.

Conclusion

The inspection team, on the day of inspection, found that Portiuncula University Hospital 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.

The hospital had implemented MUST screening in 2016. However, when inspectors reviewed a small sample of patient healthcare records on the day of inspection, they found that malnutrition screening was not always carried out within 24-hours of admission and that weekly re-screening was not always carried out. This should be a key area of focus for improvement by the hospital following this inspection including auditing of screening.

HIQA recognizes 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. Inspectors observed that patients who required assistance were offered assistance in a prompt manner. All patients were offered a choice of meals including patients on texture-modified diets. The majority of patients were satisfied with the quality of the food offered and meal service.

Inspectors found that the hospital had conducted a number of audits of nutrition and hydration care including an audit of the nutrient content of food in 2015. They also had carried out regular patient experience surveys of the meal service. However, further improvement was required with development of policies relating to nutrition and hydration.

The hospital must now ensure that quality improvement efforts and arrangements in place for meeting patients' nutritional and hydration needs are maintained so that the nutrition and hydration care of patients continues to improve. To achieve this, the hospital's Nutrition Steering Committee must continue to encourage and support the screening of patients for risk of malnutrition and develop evidence-based policies on nutrition and hydration. They must also continue using a structured approach in conducting regular audits. A key feature of this process is the inclusion of patients' experience of nutritional and hydration care and use of their views to inform and direct current and future quality improvements in the area of nutrition and hydration care.

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