



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection of nutrition and hydration at St. John's Hospital, Limerick.**

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

Date of on-site inspection: 11 October 2016



## About the Health Information and Quality Authority

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

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

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



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## Introduction

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

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

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

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

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

As part of the HIQA programme of monitoring nutrition and hydration care in public acute hospitals against the *National Standards for Safer Better Healthcare* an unannounced inspection was carried out at St. John's Hospital on 11 October 2016 by authorized persons from HIQA, Siobhan Bourke and Noelle Neville between 10.00hrs and 15.30hrs.<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 one ward during the midday meal to check first-hand that patients received a good quality meal service, had a choice of food and that they were provided with assistance with eating if required. Inspectors observed one meal, spoke with seven patients, their relatives when present and nine 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 reasons.

#### Meal service and timing of meals

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

- Breakfast: 8.05am - 8.40am
- Midday meal: 12.30pm - 12.55<sup>†</sup>pm
- Evening meal: 4.45pm - 5.20pm

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 waking hours.<sup>(4)</sup> Inspectors found that the hospital was adhering to best practice guidelines with a four hour interval between the three main meals of the day.

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

<sup>†</sup> The timing of the midday meal was moved from 11.45am to 12.30pm since the completion of the self-assessment questionnaire by the hospital.

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Inspectors were informed that the midday mealtime had been changed from 11.45am to 12.30pm in November 2015 in response to patient feedback and was reported to be working well. Inspectors spoke with seven patients regarding the spacing and timing of meals and patients told inspectors that they were satisfied with the mealtimes.

Inspectors observed that in general catering staff engaged well with patients, for example, staff addressed patients by name. Inspectors observed that bed tray tables were generally free from clutter and within reach of patients.

Hospital managers and nursing staff told inspectors that the hospital had developed a protected mealtimes<sup>‡</sup> guideline in September 2015, which staff reported was effective in reducing interruptions to patients' meals. Inspectors observed no evidence of non-essential interruptions from staff during the midday meal. The majority of patients told inspectors that their meals were rarely interrupted.

## **Choice and variety of food**

Menu options were verbally outlined to patients as stated in the hospital's completed self-assessment questionnaire. Catering staff showed inspectors picture menus that the hospital had developed for patients with communication difficulties. Inspectors viewed the weekly menu plans which rotated on a three weekly basis and noted there was a variety of food options available to patients for breakfast, midday and the evening meal.

On the day of inspection catering staff told inspectors that they verbally communicated the menu choices to patients for midday and evening meals on the same day that the meals were served. Patients were asked about their menu choices for breakfast the evening before this meal. This enabled patients to choose their meal as close to the serving of the meal as possible. All patients who spoke with inspectors said they were offered two to three options for the midday and evening meal. Catering staff informed inspectors that if patients expressed dissatisfaction with the midday meal on offer, they could offer an alternative from the staff canteen.

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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.

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> Catering staff and hospital managers informed inspectors that patients who required texture-modified diets had the same number of choices as patients who required the standard menu and all texture-modified diets were prepared at the hospital. Inspectors observed that for the midday meal, texture-modified diets had all food types separated on the plate.

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 catering staff told inspectors that there was a snack round which consisted of a pot of fresh fruit or custard and or rice pudding between the midday and the evening meal. Patients were also offered an evening snack after 7pm of tea or coffee with a cake or scone option, crackers and cheese, yogurt or sandwiches.

On the day of inspection, all patients who spoke with inspectors confirmed that they were offered snacks in the afternoon and after 7pm and were satisfied with the choice available.

## **Missed meals**

Catering staff and hospital managers told inspectors that the hospital had a system in place to cater for patients who missed a meal. For example, if a patient missed a meal during the meal service, catering staff told inspectors that meals could be held for a short time period on the ward or replacement meals could be sought from the kitchen. If the main kitchen was closed, catering and nursing staff said that patients were offered tea and toast, salad or sandwiches. Two patients who reported missing 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.<sup>(1)</sup> Dietary

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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.

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 options for patients from different ethnic, religious and cultural backgrounds. Hospital management told inspectors that they could provide Halal\*\* meals on request and ward staff confirmed this. Vegetarian meals were also available at the hospital. Inspectors were shown a menu that had five choices of vegetarian meals available every day for the midday meal and three choices available every day for the evening meal.

## **Assistance**

The hospital stated in its completed self-assessment questionnaire that assistance from nurses and healthcare assistants to support patients at mealtimes was always available.<sup>††</sup> Nursing staff told inspectors that nurses communicated with each other which patients needed assistance at each nursing handover and they documented it in the patients' nursing care plans. Catering staff told inspectors and inspectors observed that a red star was placed on the kitchen whiteboard to identify patients who required assistance. Hospital management told inspectors that the ward managers ensured that assisting patients was a priority for nursing staff. Nursing staff told inspectors that catering staff were asked to hold back meals if they anticipated a delay in providing assistance due to the level of assistance which patients required. Hospital management told inspectors that an observational protected mealtime audit found that patients received assistance in a timely manner.

On the day of inspection, inspectors observed that nursing and healthcare assistants positioned patients comfortably prior to the midday meal, and provided patients with dining and feeding aids where needed. Inspectors saw hand hygiene wipes on each tray for patients who wished to use them. Inspectors observed that a number of patients who required assistance were being assisted by nursing and healthcare assistant staff in a timely manner.

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\*\* 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> On the day of inspection, inspectors observed meals as they were being served and found that food was served in an appetising way (the meal served on the day of inspection was roast lamb or chicken casserole, vegetables and potatoes).

Inspectors spoke with patients about their views on the quality of food provided in the hospital. All patients spoke positively about the temperature and taste of the food served. For example, some patients described the food as "nourishing", "fresh" and "tasty".

## **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 they filled water jugs with fresh water every morning and healthcare assistants refilled them every evening. Inspectors observed a mid-morning drinks round where catering staff offered milk, water or juice to patients. Inspectors were informed that patients were offered tea or coffee with each meal and with the evening snack round.

## **What worked well?**

- Patients were offered a choice of meals.
- Inspectors observed that patients were assisted with their meals in a timely manner.
- Patients spoke positively about the quality and taste of the food.

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

Effective care and support in healthcare means consistently delivering the best achievable outcomes for people using a service in line with best available evidence. In the context of effective care and support for patients, this means that nutrition and hydration care is evidence-based, planned, coordinated and delivered to meet individual patient's initial and ongoing needs. It means assessing patients' risk of malnutrition using a validated assessment tool, monitoring aspects of their nutrition

and hydration care and referring patients who are at risk of malnutrition to a dietitian for further specialised input. National guidelines recommend that screening for risk of malnutrition should be carried out on every patient within 24 hours of admission to hospital.<sup>(4)</sup>

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

## **Patient assessment and malnutrition screening**

The inspection team found that the hospital had a structured nursing admission and assessment record for all admitted patients that contained a baseline assessment of eating and drinking.

Inspectors reviewed the healthcare records of five 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. The inspection team focused, in particular, on patients who were at risk of malnutrition, had been referred to a dietitian and or required a specific therapeutic diet. All five patient healthcare records reviewed by inspectors included a nursing assessment of nutrition and hydration within 24-hours of admission.

The hospital had a policy on screening patients for their risk of malnutrition. The ward visited by inspectors was screening patients for malnutrition using the Malnutrition Universal Screening Tool (MUST) tool. This is the tool recommended in the national guidelines.<sup>(4)</sup> Hospital managers told inspectors that all wards in the hospital were screening patients for their risk of malnutrition.

Of the five healthcare records reviewed, all had a fully completed MUST assessment within 24-hours of admission.

Four of the five healthcare records reviewed by inspectors showed that these patients were in the hospital for more than one week. Of these four healthcare records, three patients were re-screened and one 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 the healthcare records reviewed.

Of the five healthcare records reviewed, three contained food charts. All of the food intake charts reviewed used semi-quantitative measures of food intake as recommended by the national guidelines<sup>(4)</sup> and were fully completed and up-to-

date. Three healthcare charts contained a fluid balance chart. Of these, all had quantitative measures of fluids documented and were completed and up-to-date.

### **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<sup>◇</sup> and measuring tapes.

During the inspection, inspectors observed that the ward visited had access to a measuring tape, stadiometer, chair scales and hoist scales. Equipment had been calibrated as required and where applicable 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. The hospital had a guideline on referral to the dietitian. Nursing staff and dietitians told inspectors that referrals were accepted from nursing staff for patients who had a MUST score of two or more; referral to the dietitian for reasons other than a high malnutrition screening result was completed by medical staff.

Of the five healthcare records reviewed, inspectors found a documented assessment of the patient by a dietitian in all of the healthcare records. The dietitian saw four of the five patients either on the same day of referral or within 24 hours after referral. The remaining patient was reviewed by a dietitian within 72 hours of referral. However, the reason for this referral was not malnutrition and was an appropriate timeframe for review in line with the hospital's guideline for dietitian referrals. Inspectors were satisfied that patients had good and timely access to dietetic services.

One of the five patients' healthcare records had a record of a swallowing assessment by a speech and language therapist. Hospital managers and nursing staff told inspectors that there was no speech and language therapist employed at the hospital and that very few patients required speech and language therapy services. Patients who did require a specialist swallowing assessment were referred to an external provider by their medical consultant, who managed their care in the interim.

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<sup>◇</sup> A device for measuring a person's height.

Inspectors noted that on review of the minutes of the Food and Nutrition Steering Group, the appointment of a speech and language therapist was anticipated in 2016 but at the time of the inspection had not happened. The hospital should review the current arrangements in place to ensure that access to speech and language therapy services is available and provided to patients that require a swallowing assessment in a timely way.

### **What worked well?**

- The hospital was screening patients for their risk of malnutrition on admission in all wards. Food and fluid charts were fully complete and up-to-date.
- Staff had access to appropriate equipment to measure patients' height and weight.
- There was timely access to dietetic services.

### **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 whiteboards in the ward kitchen.

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. An order sheet was sent to the kitchen based on the diet sheet and staff checked it 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 on a normal diet or texture modified diet, allergen information and personal preferences of patients. Catering staff referred to this communication whiteboard when assembling patient meal trays. Patients who required a specific diet, such as a texture-modified diet, were seen by inspectors to receive the correct meal.

All patients who spoke with inspectors stated that they had always received the correct meal.

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

There was a system in the hospital for reporting patient safety incidents related to nutrition and hydration care. Hospital staff and management told inspectors that there had not been any patient safety incidents, which resulted in serious harm to patients reported in relation to nutrition and hydration in the last 12 months.

Hospital managers told inspectors that there had been two patient incidents that did not result in serious harm to patients and one complaint in relation to nutrition and hydration. Inspectors were given examples of how the hospital had responded to and learned from reported patient incidents to improve nutrition and hydration care for patients. For example, the presentation of some meals was reviewed and improved upon following a patient complaint.

## **What worked well?**

- There were a number of effective communication systems in place between staff to ensure that patients' dietary needs were being met.
- All patients who spoke with inspectors stated that they had always 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 Nutrition and Hydration Steering Group, which was established in 2007. The Director of Nursing chaired this Group.

It had agreed terms of reference that detailed the purpose, membership, roles and responsibilities of the group and its members, and frequency of meetings. The purpose of the Group was to actively support the improvement of standards and patient experience of nutritional care at the hospital by addressing issues in relation to nutritional screening, hydration, food provision, enteral and parenteral nutritional management.

Hospital managers told inspectors that the Nutrition and Hydration Steering Group reported to the hospital's management board and that the membership was in keeping with National guidelines.<sup>(4)</sup> Inspectors requested and viewed copies of

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minutes and agendas for the last six meetings; such minutes provided a record of attendance, discussion and agreed outcomes.

The Group aimed to meet every two months and this was achieved from September 2015 to September 2016. All relevant staff disciplines were represented on the Group and attended meetings. Hospital managers told inspectors that the Nutrition and Hydration Steering Group had developed an action plan and were implementing quality improvements to nutrition and hydration care based on this. The inspection team found that there was evidence of progress made on some quality improvements initiatives for the nutrition and hydration care of patients;

- A protected mealtime guideline had been implemented and the practice had been audited.
- The timing of the midday meal had been moved from 11.45am to 12.30pm in response to patient feedback.
- The choice for patients on therapeutic diets was increased in response to patient feedback.
- A mid-afternoon snack of fruit and or custard and or milk pudding had been introduced to increase the nutrient content for patients.
- The hospital had increased the variety and choice of food available for the evening snack.
- Policies and procedures pertinent to nutrition and hydration care were being developed.

Each of these key areas had a lead person assigned, detailed actions required, who was responsible for each action and a timeframe, all of which were outlined in an action plan at each meeting.

The inspection team found from reviewing documentation, interviewing management and talking with ward staff that the objectives of the Nutrition and Hydration Steering Group were clear and there was evidence of progress on a number of quality improvements of the nutrition and hydration care of patients.

### **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 and found that the hospital had a system in place for staff to access policies on the hospital's electronic information system.

The hospital had a number of policies including a nutrition and hydration policy, a guideline on screening patients for their risk of malnutrition, and a protected mealtimes guideline. The hospital also had a draft policy for fasting patients who require anaesthesia or intravenous sedation and a draft policy on the management of patients with a diagnosed food allergy.

## **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 three week standard menu had been analysed for nutrient content, but that the texture-modified diets and therapeutic menus had yet to be analysed. This analysis identified the need for extra snacks, which had been implemented at the hospital.

Inspectors were provided with audit reports in relation to compliance with its policy to screen patients for the risk of malnutrition on admission to hospital. These reports showed that compliance with MUST screening on admission was 50 percent in November 2014 and increased to 61 percent in May 2015. In response to the second audit there was a plan to update nursing care documents to improve compliance. Hospital managers informed inspectors that there was a plan to re-audit MUST compliance in the hospital in November 2016.

The hospital had also undertaken an observational audit to monitor compliance with protected mealtimes in April 2016. The audit found that overall compliance with the policy was good with some interruptions noted from clinical care staff and nurses carrying out medication rounds. Hospital managers informed inspectors that following this audit awareness among hospital staff was increased to improve compliance.

Overall, inspectors found that there was a culture of audit and evaluation of nutrition and hydration care by the Nutrition and Hydration Steering Group. The Group reviewed audit results and findings had been communicated to ward staff.

## **Evaluation of patient satisfaction**

Hospital managers told inspectors that they had many forums for receiving patient feedback at the hospital. The hospital had patient feedback forms "tell us what you think" in all the wards and the information provided from these cards was used to compile a monthly report to the hospital's Board of Management. Inspectors were also informed that a patient partnership forum was active and supported improvements for patients.

Hospital managers also informed inspectors that there was an annual survey to determine patient experience of the hospital's food. This involved a postal questionnaire that was sent to 150 medical patients who had been inpatients at the hospital for the first three months of the year. Copies of the 2015 and 2016 surveys were given to inspectors at the time of inspection. It was noted in these surveys that a change to the midday mealtime from 11.45am to 12.30pm had improved patient satisfaction regarding timing of meals between the two surveys.

There was also a noticeable improvement between the two surveys regarding the percentage of patients who reported that their meals were not interrupted unnecessarily increasing from 58% in 2015 to 82% in 2016.

Hospital management told inspectors that other changes implemented in response to patient feedback was the provision of condiments, sauces (such as mint sauce as seen on the day of inspection) and jams in separate serving dishes to complement patients' experience of meals.

## **Quality improvement initiatives**

The hospital told inspectors of a number of recent quality improvement initiatives in relation to nutrition and hydration including the following;

- Offering more variety of carbohydrates such as pasta and rice with the main meal for patients who do not want potatoes.
- Introduction of a snack round where fruit pots and custard were served mid afternoon for patients.
- Moved the time of the midday meal from 11.45am to 12.30pm in response to patient feedback.
- Introduction of protected mealtimes to reduce unnecessary interruptions for patients during their meal.

- The hospital was in the process of developing menu cards for patients on standard, therapeutic and texture modified diets which would increase choice for patients and enable patients to select portion size.

### **What worked well?**

- The hospital had a well established Nutrition and Hydration Steering Group that had implemented a number of improvements in relation to the nutrition and hydration care of patients.
- The hospital had conducted a number of audits in nutrition and hydration care including audits on screening patients for their risk of malnutrition and protected mealtimes.
- The hospital conducted annual surveys of patients' experiences of food and mealtimes and responded to survey findings.

### **Opportunities for improvement?**

- Progress with the analysis of the nutrient content of the therapeutic and texture-modified menus.

## **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**

On the day of inspection, hospital managers told inspectors that training on MUST was provided to nursing staff and healthcare assistants. It was noted in the Nutrition and Hydration Steering Group meeting minutes and the resulting action plans that MUST training was introduced as part of the nurse induction programme for all new nursing staff.

While the dietitian provided some training sessions to catering staff, inspectors were told that there is no formal nutrition and hydration related training given to medical staff. The dietitian outlined that a training folder was available for staff on the hospital's website in relation to nutrition and hydration.

Hospital managers also told inspectors that an external supplier provided training sessions to staff in relation to the use of thickening products for drinks which may be recommended for some patients.

## **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 St. John's Hospital had implemented a number of quality improvement initiatives relating to nutrition and hydration. The hospital had an established Nutrition and Hydration Steering Group in place that played a key role in raising the importance of good nutrition and hydration care across the hospital.

Inspectors reviewed a small sample of healthcare records and found that nursing staff were screening patients on admission to assess their risk of malnutrition and were rescreening patients weekly, in line with National Guidelines.<sup>(4)</sup>

Inspectors found that patients at the hospital had timely access to a dietitian. However, the hospital should review the requirement for speech and language therapy services for the patients who are admitted to St. John's Hospital and ensure that there is timely access to speech and language services if required.

HIQA recognises that the number of patients inspectors spoke with during the inspection was a limited sample of the experience of all patients who receive care at the hospital. All patients who spoke with inspectors were complimentary about the choice, taste and temperature of the food and drinks available.

Inspectors observed that a number of patients required assistance on the day of inspection and those that required assistance were observed being assisted by nursing staff and healthcare assistants in a timely manner.

Inspectors found that the hospital had developed a number of policies relevant to nutrition and hydration. There was evidence that the hospital had audited aspects of nutrition and hydration care practices in the hospital and had analysed the nutrient content of the standard menus. The hospital needs to progress with the analysis of the nutrient content of texture-modified and therapeutic menus. National guidelines recommend that the nutrient content and portion size of food should be audited for each dish annually or more often if the menu changes.<sup>(4)</sup> The hospital had also conducted a survey of patients' experience of mealtimes and had changed the timing of the midday meal in response to this survey.

The hospital must now ensure that quality improvement efforts and arrangements in place for meeting patients' nutrition and hydration needs continue to improve. To achieve this, the hospital's Nutrition and Hydration Steering Committee must progress with the analysis of the nutrient content of the menus available and ascertain the services requirement for speech and language services.

## References

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**For further information please contact:**

**Health Information and Quality Authority  
Dublin Regional Office  
George's Court  
George's Lane  
Smithfield  
Dublin 7**

**Phone: +353 (0) 1 814 7400**

**Email: [qualityandsafety@hiqa.ie](mailto:qualityandsafety@hiqa.ie)**

**URL: [www.hiqa.ie](http://www.hiqa.ie)**

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