



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration St. Michael's Hospital, Dun Laoghaire

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

Date of on-site inspection: 28 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.

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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 St. Michael's Hospital on 28 September 2016 by authorized persons from HIQA, Dolores Dempsey-Ryan, Siobhan Bourke, Noelle Neville and Tracy O'Carroll between 10.30hrs and 15.25hrs.⁽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 10 members of staff, including managers. During the inspection, inspectors used specifically developed observation, interview and record review tools to help assess the quality of care given to patients in acute hospitals with the focus on nutrition and hydration.

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

Findings

Theme 1: Person-centred Care and Support

Healthcare that is person-centred respects the values and dignity of service users and is responsive to their rights, needs and preferences. The *National Standards for Safer Better Healthcare* ⁽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 in-house staff. A cook-fresh food service system was in place and meals were centrally plated. A cook-chilled food service system was used for the evening meals. * The mealtimes reported in the hospital's self-assessment questionnaire, were as follows:

- Breakfast: 8.15am – 8.45am
- Midday meal: 12.00pm – 13.00pm
- Evening meal: 4.50pm – 5.50pm
- Evening tea/coffee: 8.00pm – 8.45pm

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 breakfast was served on both wards at 8.15am to 8.45am, but lunch commenced within three and half hours after breakfast. This meant that the hospital was not adhering to best practice guidelines with a four hour interval between breakfast and midday meal.

* 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.

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Inspectors spoke with 12 patients regarding the spacing and timing of mealtimes and ten out of 12 patients told inspectors that they were satisfied with the mealtimes. However, two patients said that meals were served too early.

Hospital managers and nursing staff told inspectors that they had implemented protected mealtimes[†] and had a protected mealtime's policy in place. Hospital managers told inspectors that the midday mealtime was changed from 12md to 12.15pm to facilitate the protected mealtime's initiative. The protected mealtime audit in September 2016 found that since the hospital changed the midday mealtime to 12.15pm, non-essential interruptions were significantly reduced to allow patients to complete their meals. Of the 12 patients who spoke with inspectors, 11 patients experienced no interruptions to mealtimes and one patient said it rarely occurred.

Choice and variety of food

The hospital stated in its completed self-assessment questionnaire that menu options were verbally outlined to patients and meals were ordered on the same day as the meal service. A patient information leaflet was also used to communicate information about mealtimes, meal options, snacks, replacement meals and protected mealtimes to patients. On the day of inspection, hospital management and ward staff confirmed this.

Hospital managers, catering and nursing staff told inspectors that patients were offered four choices for their midday meal. Catering staff stated that patients were offered the main dish of the day and if patients expressed dissatisfaction with this option, they were then offered fish, roast chicken or lamb cutlets. The alternative options to the main dish of the day did not change. Catering staff told inspectors that there were a number of options for the evening meal which included salad, omelette, scrambled egg, sandwiches or a grilled meal. Vegetarian meals were also available.

Inspectors viewed the weekly menu plans for patients on standard and therapeutic diets which rotated on a six-weekly basis. Inspectors noted that the main dish of the day for the midday and the evening meal were outlined in detail on the menu plans, but there was no documented reference to other options and creamed potatoes

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

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were the only type of potatoes served daily. Inspectors noted that standard menu plans detailed the nutrient content of each meal.

On the day of inspection, all patients who spoke with inspectors confirmed that they got a choice of meals which included two to four options. A number of patients confirmed that if they did not like the choice offered, they were offered an alternative. Inspectors observed the meals as they were being served on the day of inspection and noted that they appeared appetizing.

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 choices were available for patients requiring texture-modified diets, but were limited. The standard menu meals were available to patients on texture-modified diets such as soft and minced-moist diets and these would be processed by the central kitchen to meet the correct consistency. Meals for patients on smooth pureed diets were modified and frozen in advance. This meant that if a patient expressed dissatisfaction with the pureed meal offered on a given day, another pureed meal could be regenerated to offer the patient choice.

Hospital managers told inspectors that they had recently revised minced moist diets to improve the taste and calorie content. Inspectors observed one patient on the day of inspection having a soft texture-modified meal on one ward, which looked appetizing. Inspectors viewed the six-weekly texture-modified meal menus for patients on minced-moist diets and noted that only one option was outlined to patients for their midday and evening meal.

Overall, inspectors found that there was a range of choices available to patients on standard and therapeutic menus. However, not all patients on texture-modified diets were offered a choice of meal.

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 and ward staff told inspectors that there was no mid-morning or afternoon snack round, but there was an evening snack round and they planned to introduce an afternoon snack round. Hospital managers told inspectors that the decision not to provide a mid-morning snack was

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

based on an audit, which highlighted that offering patients soup reduced their overall calorie intake as they ate less during the midday meal.

Inspectors viewed a white board in both ward kitchens, which had a section for recording patients' names and bed numbers of those who required nourishing snacks as recommended by the dietitian. There was a symbol displayed on the board beside patients' names to inform ward staff that these patients required additional snacks and assistance with their meals. Inspectors viewed a number of snacks such as rice pudding, custard and yogurts in the fridge for patients on the ward. Hospital managers and ward staff told inspectors that patients were offered a variety of snacks such as a cake, sandwiches, and drinks of hot chocolate, hot milk, tea or coffee for their evening snack at 8pm. On the day of inspection, the majority of patients who spoke with inspectors said that they had been offered a variety of snacks in the evening including tea, biscuits or sandwiches.

Missed meals

Hospital managers and catering staff told inspectors that the hospital had a system in place to cater for patients who missed a meal. Nursing and catering staff told inspectors that a meal would be kept aside for a patient going for a procedure until 3pm and after this time, patients were offered tea or toast or a snack as an evening meal would be served at 4.50pm.

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

Catering for patients with ethnic, religious and cultural dietary needs

The *National Standards for Safer Better Healthcare* state that patients should experience healthcare that respects their diversity and protects their rights.⁽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 stated that there were options for patients from different ethnic, religious, and cultural backgrounds. On the day of inspection, ward staff confirmed that ethnic, religious, and cultural food could be provided if

required. Halal[¥] food was available. Vegetarian meals were also available on the daily menu.

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.[§] Hospital managers and ward staff told inspectors that information regarding which patients required assistance was communicated during nursing and healthcare assistant handover. The hospital had introduced an initiative called the 'Red Lid' system where patients who required assistance with meals or who required a texture-modified diet and or thickened fluids had a red cover placed over their meals. This initiative was implemented by dietitians, speech and language therapists, catering staff and a clinical nurse specialist. Inspectors viewed posters on the wards explaining the purpose of the red lids to patients and relatives.

Inspectors observed that there was good social interaction between catering staff and patients with catering staff identifying patients by name when serving their meals. 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 the inspection and those that required assistance were easily identified by the use of the 'Red Lid' system, and were observed being assisted by nurses, student nurses and healthcare assistants in a timely manner. Ward staff told inspectors that this system worked well. 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. Ten out of 12 patients who spoke with inspectors said that they did not require assistance with meals. However, two patients who required assistance said it was provided.

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 patients spoke positively about how the food tasted. For example, some patients described the food as “lovely” and “excellent”. All patients expressed satisfaction with the temperature of the food and reported their hot meals were hot on arrival.

Hydration and availability of drinks

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

What worked well?

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

Opportunities for improvement?

- The hospital should ensure that all patients are routinely offered a choice of meals including those patients that require textured modified diets.

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 inspection about how they identified and monitored patients who were at risk of malnutrition and or dehydration.

Patient assessment and malnutrition screening

Inspectors reviewed the healthcare records of 11 patients on the day of the 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 11 patient's healthcare records reviewed by inspectors included a nursing assessment of nutrition and hydration needs completed within 24-hours of admission.

The hospital had a policy on screening patients for their risk of malnutrition and hospital managers told inspectors that all wards in the hospital were screening patients. Both wards visited by inspectors were screening patients using the Malnutrition Universal Screening Tool (MUST) tool as recommended in national guidelines.⁽⁴⁾

Of the 11 healthcare records reviewed by inspectors, 10 had a completed MUST assessment within 24-hours of admission and one patient had their MUST assessment completed after 24-hours. Eight of the 11 healthcare records reviewed belonged to patients who had been admitted for more than one week. All eight patients were re-screened for their risk of malnutrition in line with hospital policy and national guidelines.

Of the 11 healthcare records viewed by inspectors, eight had fluid balance charts. All of the eight charts used quantitative measures, but four were not completed and up-to-date. Nine healthcare records contained food charts. All nine used semi-quantitative measures as recommended by the national guidelines and all of the nine food charts were completed and up-to-date.

Overall, inspectors found that the hospital had implemented screening patients for their risk of malnutrition and it was evident that patients were re-screened weekly in line with hospital policy.

Equipment for screening

During this inspection, inspectors observed that the required equipment used to screen patients for the risk of malnutrition was in place. These included hoist scales, chair scales (for more frail and dependent patients), stadiometers and measuring tapes. Such weighing equipment was easily accessible on both wards and had been calibrated as required 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. Patients with a MUST score of two or more were routinely referred to a dietitian and referrals were accepted from both nursing and medical staff.

Of the 11 healthcare records reviewed, inspectors found a documented assessment of the patient by a dietitian in nine of the healthcare records. Seven of these nine patients were seen by the dietitian on the same day of referral. The remaining two patients were seen either the next day or the next working day following a weekend.

Three patient healthcare records contained swallowing assessments by a speech and language therapist. Of these three, two were seen on the same day of referral and as the third patient's referral date was not documented, it was unclear how long they had waited to be seen.

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

What worked well?

- Patients were screened for their risk of malnutrition within 24-hours of admission and re-screened weekly in line with national guidelines.
- Food charts were complete and up-to-date.
- Staff had access to appropriate equipment to measure patients' height and weight.
- There was timely access to dietetic and speech and language therapy services.

Opportunities for improvement?

- Fluid intake records should be complete and up to date.

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. On admission, nursing staff documented information regarding patients' nutrition and hydration needs in the nursing admission and assessment notes including any specific dietary requirements or if the patient required assistance.

Inspectors were informed that a catering admission form was completed by nursing staff and given to the catering staff on the ward who signed it and returned to nursing staff for filing in patients' notes. This form was used to update the ward kitchen white board with details of patients' dietary requirements. Catering staff told inspectors that they completed a daily meal sheet for the main kitchen about patients' dietary requirements and catering staff checked this meal sheet before distributing meals to ensure that all patients received the correct meal.

The majority of patients who spoke with inspectors stated that they had always received the correct meal. One patient told inspectors that they were given the wrong meal on one occasion. On the day of inspection, patients who required a specific diet, were seen by inspectors to receive the correct meal.

Patients safety incidents in relation to nutrition and hydration

There was a clear pathway for reporting patient safety incidents within the hospital and all incidents were reported through the hospital's incident management system. Inspectors were informed that a detailed list of what constituted a reportable incident relating to nutrition and hydration care had been developed and shared with staff to improve reporting of these incidents. The Chair of the hospital's Nutrition and Hydration Committee told inspectors that the Committee also developed a report for the hospital's Patient Safety Committee and a copy of this report was viewed by inspectors.

Hospital staff and management told inspectors that there had been five patient safety incidents relating to nutrition and hydration reported in the last 12 months. None of these incidents resulted in harm to any of the patients involved. A good patient safety reporting culture within a healthcare service means that patient safety incidents are being reported frequently allowing for greater opportunities to learn and improve from patient safety incidents.⁽⁵⁾ 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.

Overall, inspectors found that there was a good culture of reporting and responding to patient safety incidents relating to nutrition at the hospital.

What worked well?

- There were systems in place to ensure patients received the correct meals.
- There was a good patient safety reporting culture for incidents relating to nutrition and hydration allowing for greater opportunities to learn and improve practice.

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

The hospital had a Nutrition Steering Committee which had been established for approximately four years. The Committee was chaired by a Dietician Manager and comprised representatives from a range of disciplines throughout the hospital. It had agreed terms of reference that detailed the aims and objectives, scope of activity, reporting, membership, frequency of meetings, quorum and minutes of the Committee. The purpose of the Committee included promoting the highest standards of nutrition practices in St. Michael's Hospital to ensure optimal care for patients.

Hospital managers told inspectors and the terms of reference outlined that the Committee provide a copy of its minutes to the hospital's Executive Committee. The Committee had met five times between November 2015 and August 2016. It aimed to meet not less than four times per year and as often as necessary to perform its functions.

Inspectors requested and reviewed copies of agendas and minutes for the Committee meetings; all meetings had been minuted. There was a record of the topics discussed, actions required and persons responsible for completing the actions in the minutes. The inspection team found that the Committee functioned well and had a clear plan for how the nutrition and hydration needs of patients in the hospital could be improved.

Policies

Policies are written operational statements of intent which help staff make appropriate decisions and take actions, consistent with the aims of the service provider, and in the best interests of service users.⁽¹⁾ Nursing staff told inspectors that there was a system in place for staff to access policies on the hospital's computer network and hard copies of policies were also available on the ward.

The hospital had a number of policies which included policies on protected mealtimes, nutrition screening, fasting and a 'Red Lid' policy. Hospital managers also gave inspectors a copy of a nutrition and hydration policy which was in draft format and awaiting sign-off from the hospital's policy committee.

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 provided inspectors with a copy of various menu types which had been audited for nutrient content and portion size including the diabetic-cardiac menu, normal menu and healthy eating (weight reducing) menu. In addition, inspectors viewed information about new measurement controls that were used to ensure the correct amounts of food were distributed. Hospital managers told inspectors that they were progressing with the auditing of texture-modified menus.

Nutrition screening audits were completed in the hospital from 2012 to 2016. Inspectors viewed the MUST screening audit findings for July 2016 and found that a MUST screening assessment was not always completed and further education was required to improve the practice of screening patients on admission.

Hospital management told inspectors that they had completed a protected mealtime and 'Red Lid' audit in September 2016. The inspection team reviewed the protected mealtime observational audit and noted that a number of improvements had been made since the previous audit carried out in 2015. These included information displayed on the main staircase to increase awareness of protected mealtimes, a change to the time of the midday meal which had a positive impact on protected mealtimes and an overall improvement in compliance with the protected mealtimes policy.

A recent observational audit of the 'Red Lid' initiative carried out in September 2016 highlighted that the number of patients identified as requiring assistance with their meals and not receiving timely assistance had increased since the previous audit in 2015. The audit findings recommended that staff should become vigilant when offering assistance to patients to meet compliance with the protected mealtime and red lid policies.

Evaluation of patient satisfaction

Hospital managers told inspectors that they carried out patient satisfaction surveys on a regular basis. The inspection team were provided with copies of these surveys from 2014 to 2016. In relation to hospital catering, patients were asked to rate the choice and standard of meal, quality of service and impression of personnel. It was noted from the survey results that the majority of patients described the choice of menu, standard of meal and quality of service as either 'excellent' or 'very good'

Quality improvement initiatives

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

- The introduction of protected mealtimes on all wards.
- The introduction of the 'Red Lid' initiative to improve the quality of nutritional care provided to patients by highlighting which patients require assistance with meals and to ensure that patients on texture-modified diets and or thickened fluids receive the correct diet.
- MUST screening to identify patients at risk of malnutrition.
- The introduction of a patient information leaflet outlining information about nutrition and hydration in the hospital.
- The introduction of 'Come Dine with Me Experience 2016', an initiative to facilitate a communal dining experience and improve enjoyment at lunchtime for patients.
- The introduction of the 'Catering Assessment form' for nursing staff to complete and give to catering staff with information on patients dietary needs.
- A diet resource pack was created for each kitchen ward and included allergen information, a list of snacks suitable for common diets and dietary information on texture-modified diets and for ethnic minorities.
- The introduction of white boards in 2015 in each kitchen ward with patient nutrition and hydration details.

What worked well?

- The hospital had an established Nutrition Steering Committee that had implemented a number of quality improvement initiatives to support nutrition and hydration care of patients.
- The hospital had conducted a number of audits of nutrition and hydration care, including audits on screening patients for their risk of malnutrition and nutrient content of a number of menus.
- The hospital had developed a number of policies in relation to nutrition and hydration care to guide staff and standardize nutrition care.

Opportunities for improvement?

- The hospital must continue to conduct regular audits of quality improvement initiatives including auditing the nutrient content of all menus as per national guidelines.

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 nursing staff, catering staff and healthcare assistants involved in nutrition and hydration care through lectures and with a diet resource pack. The hospital also indicated that catering staff received training in the preparation of special and restrictive menus.

On the day of inspection, hospital management and ward staff told inspectors that training had been provided by dietitians to nursing staff and healthcare assistants in relation to the use of the MUST screening tool. In addition, the speech and language therapist provided information sessions on texture-modified diets. Catering staff told inspectors that they received training on food safety and on texture-modified diets. Medical staff were provided with information in relation to nutrition and hydration during their induction.

What worked well?

- Training on MUST was provided to all nurses and healthcare assistants.

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 Michael's Hospital had implemented a number of quality improvement initiatives relating to nutrition and hydration care for patients. 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. Inspectors found that the hospital was screening and re-screening patients for their risk of malnutrition.

HIQA recognises that the number of patients inspectors spoke with during the inspection was a limited sample of the experience of all patients who receive care at the hospital. All patients who spoke with inspectors were satisfied and complementary about the quality of food they received and choice of meals offered. However, not all patients on some of the texture-modified diets were always offered a choice of meal. Inspectors observed that patients who required assistance were offered it in a prompt manner.

There were systems in place to ensure patients received the correct meals and inspectors noted that the hospital had a good patient safety reporting culture for incidents relating to nutrition and hydration care, allowing for greater opportunities to learn and improve practice.

Inspectors found that the hospital had conducted a number of audits in relation to aspects of nutrition and hydration care, including audits on compliance with screening patients for their risk of malnutrition and audits of the nutrient content of food and portion sizes. The hospital also conducted patient satisfaction surveys which included questions on the patients' experience of mealtimes.

The hospital's Nutrition Steering Committee must continue to implement quality improvement initiatives to improve nutrition and hydration practices, and support the screening of all patients for risk of malnutrition. The hospital had conducted regular audits in relation to nutrition and hydration, but needs to continue to audit quality improvement initiatives and the nutrient content of all menus as per national guidelines to ensure that nutrition and hydration care continue to improve. A key focus for quality improvement is to improve the patients' experience of the food served and mealtimes.

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