



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration at Cappagh National Orthopaedic Hospital, Dublin

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

Date of on-site inspection: 29 November 2016

About the Health Information and Quality Authority

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

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

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

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Introduction

In 2015, the Health Information and Quality Authority (HIQA) began a monitoring programme to look at nutrition and hydration care of patients in Irish hospitals. HIQA used the *National Standards for Safer Better Healthcare* to review how public acute hospitals (other than paediatric and maternity services) were ensuring that patients' nutrition and hydration needs were being adequately assessed, managed and effectively evaluated.⁽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 the Cappagh National Orthopaedic Hospital on 29 November 2016 by authorized persons from HIQA, Dolores Dempsey-Ryan, Siobhan Bourke and Noelle Neville between 10:10hrs 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 11 patients, their relatives when present and 17 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, and whether patients had their meals interrupted for non-essential interruptions.

Meal service and timing of meals

Catering services at the hospital were provided by in-house staff. A cook-fresh food service system was in place and meals were centrally plated.* The mealtimes reported in the hospital's self-assessment questionnaire and confirmed by staff on the day of inspection were as follows:

- Breakfast: 7.40am – 8.15am
- Midday meal: 11.50am–12.30pm
- Evening meal: 4.40pm – 5.30pm
- Evening tea and or coffee: 7.30pm – 9.00pm

There should be four hours or more between the end of each main meal and the beginning of the next, and mealtimes should be spread out to cover most of the waking hours.⁽⁴⁾ Inspectors found that the hospital was not adhering to best practice guidelines with a four hour interval between breakfast and the midday meal. This was also confirmed by hospital managers.

* 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.

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Inspectors spoke with 11 patients regarding the spacing and timing of mealtimes. Of the 11 who spoke with inspectors, seven patients were satisfied with the mealtimes and one patient could not comment because they were fasting. However, four patients said that meals were served too early.

Hospital managers and nursing staff told inspectors that the hospital had a protected mealtime's policy. To date protected mealtimes has been rolled out in the Rehabilitation Unit but not yet for the orthopaedic wards. Inspectors visited two wards on the day of inspection. One of these wards, the Rehabilitation Unit, had implemented protected mealtimes and inspectors observed no interruptions to the midday meal on this ward. The second ward, an orthopaedic ward, had not yet implemented protected mealtimes and inspectors observed interruptions to the midday meal where nurses did medication rounds and bed making occurred.

All 11 patients who spoke with inspectors said they experienced no interruptions to mealtimes.

Choice and variety of food

The hospital stated in its completed self-assessment questionnaire that menu options were outlined verbally to patients and meals were ordered on the same day as the meal service. On the day of inspection, hospital management and ward staff confirmed this.

Hospital managers, nursing and household staff told inspectors that patients were offered three choices for their midday meal including a vegetarian option, and three choices for the evening meal. On the day of inspection, all 11 patients who spoke with inspectors confirmed that they had a choice for both meals which included two to three options. Inspectors observed the meals as they were being served 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. The standard menu meals were available

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

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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. Hospital managers told inspectors that if these patients expressed dissatisfaction with their evening meal, they were offered other choices, for example, modified scrambled egg or potato croquets. Inspectors observed one patient receiving a texture-modified soft diet and the meal appeared appetizing.

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 snack round. There was an afternoon snack round at 3pm and an evening snack round at 7pm where patients were offered a variety of snacks from a snack list, which included biscuits, cake, sandwiches or yogurts, and tea or coffee.

On the day of inspection, all 11 patients who spoke with inspectors said they had been offered a variety of snacks which included tea, biscuits, sandwiches, yoghurts and fruit.

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. If a patient missed a meal staff could contact the canteen or kitchen up to 5pm to obtain a replacement hot meal. Patients could also be offered tea, toast, soup and a sandwich or a snack box.

On the day of inspection, nine out of 11 patients who spoke with inspectors said they had not missed a meal during their hospital stay. Two patients who had missed a meal confirmed that they received a replacement meal.

Catering for patients with ethnic, religious and cultural dietary needs

The *National Standards for Safer Better Healthcare* state that patients should experience healthcare that respects their diversity and protects their rights.⁽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 a choice of Halal[‡] meals if requested.

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 they had a number of systems in place to identify patients who required assistance with meals, which included the following:

- patients who required assistance were identified through nursing assessment on admission and this information was recorded in the nursing assessment documentation
- the use of a red tray system to identify patients who required assistance
- the names of patients who required a red tray were recorded on the kitchen white board.

Hospital managers told inspectors that ward staffing levels were reviewed three times a day and staff breaks were scheduled after patients had eaten their meals to ensure staff were always available to offer assistance to patients with their meals. This was also confirmed by nursing staff.

Inspectors observed the midday meal and noted that patients were positioned comfortably prior to the meal with dining and feeding aids provided as required. There was evidence of good social interaction between nursing, household staff and patients. Inspectors observed that a number of patients required assistance on the day of inspection, and those that required assistance were easily identified by the use of red tray system and were observed being assisted by nurses and healthcare assistants in a timely manner. Ward staff told inspectors that the red tray system worked well.

[‡] 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⁾ On the day of inspection, inspectors observed meals as they were being served and found that food was served in an appetising way. Inspectors spoke with patients about their views on the quality of food provided in the hospital. All patients were satisfied with the meal service, for example, some patients used phrases such as "food always hot and fresh" and "food lovely and hot".

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, household and nursing staff told inspectors that water jugs were replaced with fresh water once a day and refilled as required by members of staff. Patients who spoke with inspectors confirmed this.

Household and nursing staff told inspectors that patients were offered tea, coffee or milk as part of the drinks and snack rounds at 3pm and at 7pm. Inspectors were satisfied on the day of inspection that patients had access to sufficient hydration throughout the day.

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 of the food.

Opportunities for improvement

- Complete the implementation of Protected Mealtime Policy across the hospital wards to ensure reduction of unnecessary interruptions to mealtimes.

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

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

On the day of inspection, inspectors found that the Rehabilitation Unit visited screened patients for their risk of malnutrition using the Malnutrition Universal Screening Tool (MUST). This is the tool recommended in the national guidelines.⁽⁴⁾ The second ward visited was a surgical ward. Hospital managers told inspectors that patients admitted to the surgical ward were assessed prior to admission in the hospital's pre-assessment clinic. Staff in the pre-assessment clinic used pre-assessment documentation to assess and record a patient's weight, height and history of weight loss to identify if a patient was at risk of malnutrition.⁽⁵⁾ If a patient was identified as being at risk of malnutrition, they were referred back to their general practitioner for referral to the community dietitian for nutritional assessment. On admission to the hospital, staff used the Waterlow pressure ulcer risk assessment tool to assess surgical patients for their risk of developing a pressure ulcer. This tool included a section for screening patients for the risk of malnutrition using the

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Malnutrition Screening Tool (MST) Overall, inspectors found that the hospital used two screening tools to screen patients for risk of malnutrition within 24-hours of admission to the hospital.

Of the ten healthcare records reviewed by inspectors, five belonged to patients on the acute Rehabilitation Unit. All five healthcare records reviewed had the patient's MUST assessment completed within 24-hours of admission. On the second ward visited where patients were assessed for the risk of malnutrition using the Waterlow Pressure Ulcer tool, inspectors found that the remaining five healthcare records had the patient's MST assessment completed within 24-hours of admission.

Five of the 10 records reviewed by inspectors belonged to patients who had been admitted for more than one week and all were re-screened for their risk of malnutrition using the MUST screening tool. Inspectors noted that patients admitted to the surgical ward were in hospital for less than one week and did not require rescreening for their risk of malnutrition.

Of the 10 patient healthcare records reviewed, seven had fluid balance charts. All seven fluid balance charts used quantitative measures and were completed and up-to-date. Two healthcare records contained food charts. Both records used semi-quantitative measures as recommended by the national guidelines and one of the two food charts was 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) and measuring tapes. Weighing equipment viewed by inspectors 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. Nursing staff told inspectors that a referral book was used on the ward to record information regarding referrals to the dietitian including the patient's MUST score. Inspectors viewed this referral book on the day of inspection.

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One of the 10 healthcare records reviewed belonged to a patient who had a documented assessment by a dietitian. This patient was seen by the dietitian on the next working day following a weekend.

One patient healthcare record contained an assessment by a speech and language therapist for a swallowing assessment. This patient was seen by the speech and language therapist on the next working day following the weekend. A referral book was also used on the ward to record information regarding referrals to the speech and language therapist.

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

What worked well?

- Fluid balance 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.

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 household 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.

Household staff told inspectors that they completed a daily meal sheet for the main kitchen in relation to patients' meal choice and dietary requirements. Household staff checked this meal sheet before distributing meals to ensure that all patients received the correct meal.

Inspectors observed a white board in both ward kitchens, which had a section for recording patients' dietary requirements including information on specific therapeutic and texture-modified diets. There was a sticker displayed on the white board in the ward kitchen beside patients' names to inform ward staff that these patients required additional snacks and or a red tray to identify that they required assistance with their meals. Ward staff including clerical staff updated the kitchen white boards.

Inspectors observed a whiteboard in the nurses' station on one of the wards visited which also detailed patients' dietary requirements using discreet descriptive magnets for diets such as high protein, high calorie and diabetic diets. Laminated signs were also displayed over some of the patients' beds indicating the type of diet they required, for example, texture-modified diet or thickened fluids.

Of the 11 patients who spoke with inspectors, 10 said they had always received the correct meal and one patient had been fasting and could not comment. 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

Hospital staff and management reported that there had been no patient safety incidents reported or written complaints received from patients in relation to nutrition and hydration in the last 12 months. Hospital managers told inspectors that the hospital's Clinical Risk and Clinical Governance Committee meets every quarter to review any incidents. A multidisciplinary sub-group called Incident Review Group meets every two weeks to review incidents including any incidents in relation to nutrition and hydration if applicable.

What worked well?

- There were systems in place to ensure patients received the correct meals.

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 self-assessment questionnaire stated that Cappagh National Orthopaedic Hospital had two committees called the Catering and Nutrition Committee and the Catering Committee who were responsible for nutrition and hydration care. On the day of inspection, hospital managers told inspectors that both of these committees had amalgamated to form the Nutrition and Hydration Steering Committee in 2016. The Therapy Services Manager chaired this Committee.

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The Committee had agreed terms of reference that detailed the membership, roles and responsibilities of its members, meetings and record keeping. The aim of the Committee was to provide support to the Chief Executive Officer and oversee nutrition and hydration care within the organisation.

The Nutrition and Hydration Steering Committee had met three times since April 2016 and aimed to meet at least every two months. Inspectors requested and reviewed copies of agendas and minutes for the last six meetings. The minutes reviewed by inspectors included minutes from the previous Catering Committees meetings in 2015. Inspectors viewed the membership of the Nutrition and Hydration Steering Committee and noted that there was no medical representation on this Committee in line with the national guidelines.⁽⁴⁾ Hospital managers told inspectors that a medical representative would join the committee in 2017.

Inspectors viewed the quality improvement plan and noted that there was a lead person assigned to each action. Some of the areas of focus on the action plan included; audit of nutrient content of meals, patient satisfaction surveys, the use of red trays and white boards to identify patients who required assistance at mealtimes, hospital policies, screening and incident reporting. Most areas of focus on the quality improvement plan had detailed notes on progress to date.

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 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 protected mealtime's policy and a fasting procedure. The hospital also had a hydration and nutrition policy, which included information on screening patients for their risk of malnutrition on the Rehabilitation Unit using the Malnutrition Universal Screening Tool (MUST). In addition, the hospital had MUST management guidelines detailing how to screen and manage patients following MUST assessment.

Evaluation and audit of care

The term audit is used to describe a process of assessing practice against evidence-based standards of care. It can be used to confirm that current practice and systems meet expected levels of performance or to check the effect of changes in practice.

It is recommended that the nutrient content and portion size of food should be audited per dish annually, or more often if the menu changes.⁽⁴⁾ Hospital managers told inspectors that the hospital had acquired a software package to analyse the nutrient content of food, but had yet to complete an audit on the nutrient content and portion size of food.

Inspectors were provided with copies of completed audits in relation to Health Service Executive, Nursing and Midwifery Quality Care Metrics. However, these metrics did not include audits on compliance with screening patients for their risk of malnutrition. Hospital managers told inspectors that they planned to audit mealtimes using the 'Essence of Care Meal Service' audit tool, which inspectors viewed.

Overall, the hospital needs to develop a system of audit for nutrition and hydration care for patients to provide assurance to the hospital that nutrition and hydration practices reflect national guidelines and hospital policy. In particular, this includes auditing compliance with screening patients for their risk of malnutrition and auditing the nutrient content and portion sizes of hospital meals.

Evaluation of patient satisfaction

Hospital managers told inspectors that the hospital carried out monthly Nursing and Midwifery Quality Care - patient experience metrics. Patients were asked to comment on 11 questions regarding their experience of care in the hospital. One of these questions related to nutrition and hydration care.

The hospital reviewed feedback from patient comment cards on their experience of the food service during their hospital stay in 2015 and 2016. Recommendations from patient comment cards findings in 2016 included reviewing of weekly menus to improve choice and variety of meals offered to patients.

Quality improvement initiatives

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

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- the introduction of protected mealtimes
- the introduction of discreet symbols on a white board in the ward kitchen and in some of the nurses' stations to communicate information about patients who required assistance with meals and their dietary requirements
- the introduction of red trays to highlight which patients required assistance with meals
- MUST screening on the Rehabilitation Unit to identify patients at risk of malnutrition.

What worked well?

- The hospital had established a Nutrition and Hydration Steering Committee that had implemented a number of quality improvement initiatives.
- 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

- Audit of nutrition and hydration care including compliance with screening all patients for the risk of malnutrition and auditing the nutrient content and portion sizes of hospital meals.
- Engagement with patients about the hospital food service through patient satisfaction or patient experience surveys.

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

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- 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, healthcare assistants and catering staff involved in nutrition and hydration care through face to face contact in ward settings. It was also stated in completed self-assessment questionnaire that catering staff do not receive training in the preparation of special or restrictive menus.

On the day of inspection, the Catering Manager told inspectors that catering and household staff were provided with on-going training in relation to nutrition and hydration.

The Dietitian provided training to household staff working in the Rehabilitation Unit in relation to high protein, high calorie diets. Hospital management and ward staff told inspectors that the dietitian also provided nursing staff and healthcare assistants working in the Rehabilitation Unit with training on the use of the MUST tool. Inspectors viewed MUST training records for staff on the Rehabilitation Unit and noted that MUST training was well attended.

The Speech and language therapist provided training in relation to texture-modified diets to nursing, catering, household staff and healthcare assistants working in the Rehabilitation Unit . In addition, the speech and language therapist provided training to nursing staff and healthcare assistants working in the Rehabilitation Unit in relation to thickening fluids and dysphagia care. However, nursing staff on one of the orthopaedic ward visited by inspectors said they were not provided with any training on nutrition and hydration care.

Opportunities for improvement

- Structured and specific training should be provided to all staff involved in providing nutrition and hydration care and meal services in line with national guidelines.

Conclusion

The inspection team found, on the day of inspection, that Cappagh National Orthopaedic Hospital had a Nutrition Steering Committee in place that played a key role in raising the importance of the provision of good nutrition and hydration care and had implemented a number of quality improvement initiatives.

Inspectors found that patients on the Rehabilitation Unit in the hospital were screened for their risk of malnutrition using the MUST screening tool. Patients admitted to the hospital for orthopaedic surgery were assessed in the pre-assessment clinic, and were screened for their risk of malnutrition on admission to a surgical ward as part of the Waterlow Pressure Ulcer risk assessment tool, which was used to assess their risk of developing a pressure ulcer.

The hospital must continue to develop an audit programme for nutrition and hydration care including auditing compliance with screening all patients for the risk of malnutrition and auditing the nutrient content and portion sizes of hospital meals. The hospital had developed a number of policies in relation to nutrition and hydration care to guide staff and standardize nutrition care.

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 with the quality of food they received. Inspectors observed that patients who required assistance with their meals were offered it in a prompt manner. There were systems in place to ensure patients received the correct meals.

The hospital had analysed patient comment cards regarding patients' experience of food service during their hospital stay and planned to implement recommendations from these comments, which included reviewing weekly menus to improve choice and variety of meals offered to patients.

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. To achieve this, the hospital's Nutrition Steering Committee, should audit compliance with screening patients for their risk of malnutrition, audit the nutrient content of food and portion sizes of meals and audit other quality improvement initiatives to improve nutrition and hydration care in the hospital. A key focus for quality improvement is to improve the patients' experience of the food served, mealtimes, and use patients views to inform and direct change or to reinforce good practices where they exist.

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