



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration at Letterkenny University Hospital, Co. Donegal

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

Date of on-site inspection: 10 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.

Table of Contents

About the Health Information and Quality Authority	3
Introduction.....	6
Findings	8
Theme 1: Person-centred Care and Support	8
Theme 2: Effective Care and Support.....	13
Theme 3: Safe Care and Support	16
Theme 5: Leadership, Governance and Management	17
Theme 6: Workforce	21
Conclusion.....	23
References	25

Introduction

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

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

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

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

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 Letterkenny University Hospital on 10 November 2016 by authorized persons from HIQA, Siobhan Bourke, Dolores Dempsey-Ryan and Noelle Neville between 09.30hrs and 15.10hrs.⁽¹⁾

The hospital submitted a completed self-assessment questionnaire in August 2015 as requested by HIQA of all public acute hospitals (with the exception of maternity and paediatric services). References to this are included in this report where relevant.

Inspectors visited two wards during the midday meal to check first-hand that patients received a good quality meal service, had a choice of food and that they were provided with assistance with eating if required. Inspectors observed one meal, spoke with 10 patients, and 12 members of staff, including managers. During the inspection, inspectors used specifically developed observation, interview and record review tools to help assess the quality of care given to patients in acute hospitals with the focus on nutrition and hydration.

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

Findings

Theme 1: Person-centred Care and Support

Healthcare that is person-centred respects the values and dignity of service users and is responsive to their rights, needs and preferences. The *National Standards for Safer Better Healthcare*⁽¹⁾ state that in a person-centred service, providers listen to all their service users and support them to play a part in their own care and have a say in how the service is run. This includes supporting individuals from different ethnic, religious or cultural backgrounds.

During the on-site inspections, inspectors looked at the timing of meals and snacks, how hospital staff consulted with patients about meal choice, whether patients got fresh drinking water and a replacement meal if they missed a meal. Inspectors also looked at the assistance patients were given with meals, if needed, and whether patients had their meals interrupted for non-essential reasons.

Meal service and timing of meals

In-house staff provided catering services at the hospital. A cook-chill food production system and a buffet style service was in use.* The mealtimes reported in the hospital's self-assessment questionnaire, were as follows:

- Breakfast: 8.00am-8.45am
- Midday meal: 12.15pm-1.00pm
- Evening meal: 4.30pm-5.15pm

During the on-site inspection, catering and nursing staff told inspectors that breakfast was served at 8.15am so that nursing staff were available to assist with breakfast after morning handover. Hospital managers told inspectors that this was introduced on a trial basis on one ward after completion of the self-assessment questionnaire. The midday meal was also reported to be served at the earlier time of 12pm on the two wards inspected.

* A "cook-chill" food service system involves chilling the food after it is cooked and re-heating the food prior to serving. Buffet style at the patient's bedside involves serving meals onto plates from mobile buffet trolleys at the patient's bedside.

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 the three main meals of the day. Inspectors spoke with 10 patients regarding the spacing and timing of mealtimes and the majority of patients told inspectors that they were satisfied with the mealtimes while one patient told inspectors that meals were served too early.

Inspectors observed that in general catering staff engaged well with patients, for example addressing patients by name. Inspectors observed that bed tray tables were generally free from clutter and within the reach of patients. Nursing staff told inspectors that they observed the principles of protected mealtimes[†]. However, the hospital had yet to develop a policy for this practice. Hospital managers told inspectors that they planned to have a protected mealtimes policy as part of the overall nutrition and hydration policy for the hospital and this was also documented in the minutes of the Nutrition Steering Committee. On the day of inspection, inspectors observed some interruptions during the midday meal. This included two patients who were being reviewed by medical staff, however, nursing staff told inspectors that these reviews were urgent and clinically indicated at that time. Of the 10 patients who spoke with inspectors, nine patients experienced no interruptions at mealtimes. One patient did not comment.

Choice and variety of food

The hospital stated in its self-assessment questionnaire that menu choices were outlined verbally to patients. However, on the day of inspection catering staff told inspectors that patients on a standard menu were offered one option for their main meal of the day which was served in the evening time. If patients did not like what was offered for the main meal of the day, staff could arrange an alternative from the staff canteen or main kitchen. Hospital managers and catering staff told inspectors that the main meal had been moved from midday to evening time in response to patient feedback and the findings from an audit of food wastage a number of years ago. On the day of inspection the midday meal consisted of one soup option and a

[†] 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.

selection of sandwiches while the main meal which was due to be served at 4.30pm was roast beef. Catering staff told inspectors that patients on therapeutic diets such as gluten-free diets were offered a salad or gluten free bread with soup for the midday meal. This was observed by inspectors during the midday meal.

Texture-modified diets[‡] include meals that are suitable for patients with swallowing difficulties of varying severity. They should include options for patients who require soft, minced and moist, smooth pureed and liquidised diets.⁽⁴⁾

Catering staff and hospital managers told inspectors that texture-modified diets were purchased from an external provider and patients on these diets were offered a choice of meals. Some modified meals such as smooth pureed texture were prepared in moulds in the shape of the original food items; for example pureed carrots were in the shape of carrots. Inspectors viewed the smooth pureed menu plan and noted there were six choices available for these patients; however, patients on a minced and moist menu had one option available.

Inspectors spoke with 10 patients on the day of inspection, the majority of patients confirmed that they were offered one option for the evening meal. Two of the ten patients told inspectors that there was a lack of choice and variety available for the main meal. National guidelines recommend that hospital menus meet the needs of patients; these menus should provide sufficient choice to offer adequate nutrition to all patients.⁽⁴⁾

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. During the inspection, catering and nursing staff reported that patients were offered snacks midmorning between breakfast and the midday meal and between the midday meal and evening meal. Catering staff told inspectors that a snack round was also provided to patients after 7pm where a selection of cakes, buns, sandwiches were offered to patients. Nursing staff told inspectors that patients who were on high calorie, high protein diets were offered a variety of snacks during the day. Inspectors asked patients if they were offered snacks and the majority of patients confirmed that regular snacks were offered throughout the day.

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

Missed meals

Catering and nursing staff told inspectors that the hospital had a system in place to cater for patients who missed a meal. Inspectors were informed that if a patient missed the midday meal, soup and sandwiches could be kept for them. However, the evening meal, which was the main meal of the day, could only be kept for a short time as there was a cook-chill food production system at the hospital. Nursing and catering staff told inspectors that tea and toast, yogurts and sandwiches were available on the wards. Two patients told inspectors that they missed a meal and had a replacement meal, while one patient told inspectors that they missed a meal in the Emergency Department and was not offered any food or replacement meal while there. Hospital managers told inspectors that there was a need to review their missed meal procedure at the hospital.

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 menu options for patients from different ethnic, religious and cultural backgrounds. The nursing assessment documentation included a section to identify any special cultural or religious needs for patients on admission. Catering staff and hospital managers told inspectors that they could provide Halal[§] meals on request. Vegetarian meals were also available.

Assistance

The hospital stated in its completed self-assessment questionnaire that assistance from nurses and healthcare assistants to support patients at mealtimes was mostly

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

available.** Nursing and catering staff informed inspectors that nurses completed a nutrition meal report sheet, which recorded patients who needed assistance each day. Catering staff used this report to allocate a red tray to patients who required assistance. Inspectors observed the use of these red trays and the nutrition meal report during the inspection. On one of the wards inspected, the nurse manager informed inspectors that the ward used a system whereby a symbol identifying patients' dependency scores was recorded on the ward white board. This was another visual cue to nursing staff to identify which patients required full, minimal or no assistance at mealtimes.

Inspectors observed that patients were positioned comfortably prior to the midday meal and they were provided with dining and feeding aids where needed. Patients who required assistance had their meals served on a red tray and catering staff served these patients their meals first. While the majority of patients were independent with eating and drinking and did not require assistance, those that required assistance were easily identified and were observed being assisted by nursing and healthcare assistant staff.

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 the midday meal as it was being served to patients. Patients were offered a choice of sandwiches served with soup. Tea or glasses of milk were offered to patients during this meal.

Inspectors spoke with 10 patients about their views on the quality of food provided in the hospital. Patients generally spoke positively about the food available and all 10 patients told inspectors that food was served hot where appropriate. Food was described as "tasty" and "plenty of flavour" by some patients. These findings were consistent with the annual patient survey findings carried out at the hospital in 2015 and 2016.

Hydration and availability of drinks

On the day of inspection, inspectors observed that drinking water was readily available to patients with jugs of water within easy reach of patients. Hospital

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

managers, catering and nursing staff told inspectors that water jugs were filled with fresh water every morning and catering staff refilled them twice a day and more frequently if required. Patients who spoke with inspectors confirmed this. In general, inspectors were satisfied that patients had access to water and other drinks throughout the day.

What worked well?

- A system was in place to identify patients who required assistance with meals.
- Water jugs were refilled with fresh water frequently during the day.

Opportunities for improvement

- The choice of meals offered to patients on standard, therapeutic and some texture-modified diets.
- Reduction of unnecessary interruptions to mealtimes across hospital wards.

Theme 2: Effective Care and Support

Effective care and support in healthcare means consistently delivering the best achievable outcomes for people using a service in line with best available evidence. In the context of effective care and support for patients, this means that nutrition and hydration care is evidence-based, planned, coordinated and delivered to meet individual patient's initial and ongoing needs. It means assessing patients' risk of malnutrition using a validated assessment tool, monitoring aspects of their nutrition and hydration care and referring patients who are at risk of malnutrition to a dietitian for further specialised input. National guidelines recommend that screening for risk of malnutrition should be carried out on every patient within 24-hours of admission to hospital.⁽⁴⁾

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

Patient assessment and malnutrition screening

The inspection team found that the hospital had a structured nursing assessment for all admitted patients. Inspectors reviewed the healthcare records of 10 patients on

the day of inspection. This was a small sample size and did not involve a representative sample of the healthcare records of all patients at the hospital. All 10 patient healthcare records reviewed included a nursing assessment of nutrition and hydration completed within 24 hours of admission. In general, inspectors found that the nursing assessment was detailed and contained a daily checklist and evaluation sheet with a section on eating and drinking for nurses to complete. This assessment also had a section to record patients' food preferences and dislikes and this was observed by inspectors to be completed by nursing staff.

The hospital had no written policy for screening patients for their risk of malnutrition. However, hospital managers told inspectors it was hospital practice to screen all patients for their risk of malnutrition within 24 hours of admission to the hospital, and to re-screen patients weekly with the exception of the maternity ward, paediatric ward, High Dependency Unit and the Intensive Care Unit. In the 10 healthcare records reviewed, inspectors found that all patients had been screened for their risk of malnutrition within 24-hours of admission using the Malnutrition Universal Screening Tool (MUST), which is the tool recommended in the national guidelines.⁽⁴⁾

Seven of the 10 healthcare records reviewed by inspectors belonged to patients who had been admitted for more than one week. Of the seven records, six patients had been re-weighed and re-screened in line with national guidelines. However, one patient had neither being re-weighed or re-screened.

Of the 10 healthcare records reviewed, five records belonged to patients who required a food chart. Inspectors found that all of these food charts were present in the relevant patients' healthcare records, used semi-quantitative measures as per the national guidelines and were fully complete and up-to-date.⁽⁴⁾

Nine patient healthcare records contained a fluid intake and output chart. All nine of these charts used quantitative measures as recommended and were complete and up-to-date.

Equipment for screening

Both wards inspected had access to hoist scales, either chair scales or standing scales and stadiometers. However, not all equipment observed by inspectors had been calibrated within the past 12 months.

Patient referral for specialist assessment

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

Hospital managers and ward staff reported that patients were seen promptly by the dietitian. The hospital used a priority rating system to prioritise referrals and aimed to see high priority referrals (for example, those patients who required Parenteral Nutrition Support) within 24-hours of referral. Patients who were deemed low priority for assessment by a dietitian could, on occasion, be discharged home without being seen. Hospital managers informed inspectors that these patients were offered an appointment at the outpatients' department.

Four of the 10 healthcare records reviewed belonged to patients who had a documented assessment by a dietitian. Of these four patients, one patient had been seen by the dietitian on the same day of referral; two were seen within 24-hours; and one patient was seen within four days of the referral. Hospital managers told inspectors that patients were prioritized depending on the level of risk and the hospital had a guideline in place on referral to dietetic services.

Hospital managers and nursing staff told inspectors that patients referred to the speech and language therapist were seen in a timely manner, and where a patient experienced swallowing difficulties; they were reviewed following referral. Hospital managers told inspectors that some of the nursing staff were trained in nurse-led swallow assessment. This meant that if patients were admitted when there was no speech and language therapist available, they could be screened for swallowing difficulties and avoid unnecessary prolonged fasting.

Three patient healthcare records belonged to patients who had a documented assessment by the speech and language therapy service and were marked with red stickers to identify this. Of the three, two were seen on the same day as referral and one was seen within 24 hours of the referral.

What worked well?

- The hospital screened patients for their risk of malnutrition within 24-hours of admission and re-screened patients weekly in line with national guidelines.
- All food and fluid charts observed by inspectors used semi-quantitative measures, were fully complete and up-to-date.

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

Opportunities for improvement

- The calibration of weighing equipment on a yearly basis or as per manufacturer's instructions.

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

The hospital had a number of methods for communicating the dietary needs of patients. On admission, nursing staff documented information regarding patients' nutrition and hydration needs in the nursing admission and assessment notes, including any specific dietary requirements. Nursing staff told inspectors that this information was recorded on the catering nutrition meal report that was then given to catering staff.

Inspectors viewed the nutrition meal report and noted that it had a coded system to record diet-related information, including whether the patient required a texture-modified diet, therapeutic diet, or required assistance. A "Red Tray alert" was also documented on the nutrition meal report. Nursing and catering staff told inspectors that patients' names, hospital record numbers and bed numbers were also recorded on the nutrition meal report to ensure that the correct meals were given to patients.

Catering staff and nursing staff who spoke with inspectors said that this system worked well to ensure patients got the correct meal. All of the 10 patients who spoke with inspectors said that they always received the correct meal.

Patients safety incidents in relation to nutrition and hydration

Hospital managers and ward staff, told inspectors 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 all reported patients safety incidents were logged on an electronic system and were reviewed by the Hospital Manager, Director of Nursing, Clinical Director, relevant Service Manager if required and the Hospital's Patient, Safety and Quality Committee.

What worked well?

- There was a system in place to ensure that 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 had a Nutrition Committee, which was chaired by the Dietitian Manager. Hospital managers informed inspectors that the Committee was initially established in 2004 but had been reviewed and re-organised in August 2015. It had agreed terms of reference that detailed the purpose, membership, meeting frequency and reporting structures. All relevant staff disciplines were represented on the Committee in line with the national guidelines⁽⁴⁾ and attended meetings. The aim of the Committee was to have a multidisciplinary team responsible for advising on all aspects of oral hydration and nutritional care of patients including food produced at the hospital, artificial feeding and supplements. Hospital managers informed inspectors that the Committee reported into the Quality and Safety Committee for the hospital, which in turn reports to the Hospital's Executive Management Team.

Inspectors requested and reviewed copies of agendas and minutes of meetings for the last six meetings; all meetings had been minuted. The Committee aimed to meet four times a year and had met six times between September 2015 and September 2016. The Committee had a yearly action plan with a lead responsible person and timeframe for completion of action assigned. Some of the areas of focus on the action plan included; improving compliance with the 'red tray' system, improving compliance with MUST screening, developing policies related to nutrition and hydration care and implementing protected mealtimes. Inspectors found from reviewing documentation, interviewing management and talking with ward staff that the aim of the Committee was clear. Moreover, there was evidence of progress on the key aspects of patients' nutritional care identified by the Committee.

Policies

Policies are written operational statements of intent which help staff make appropriate decisions and take actions, consistent with the aims of the service provider, and in the best interests of service users.⁽¹⁾

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. However, at

the time of inspection, Letterkenny University Hospital had not approved hospital specific policies related to screening patients for the risk of malnutrition, protected mealtimes or nutrition and hydration. The hospital had a guideline on fasting for elective surgery and endoscopy that was under review and hospital managers told inspectors that this guideline would be finalized by December 2016.

On the day of inspection, inspectors found that the hospital needed to progress with the development, approval and implementation of nutrition and hydration policies to standardize nutrition care and meal service provision at the hospital.

Evaluation and audit of care

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

It is recommended that the nutrient content and portion size of food should be audited per dish annually, or more often if the menu changes.⁽⁴⁾

Hospital managers told inspectors that they had completed an audit of the nutrient content and portion size of meals on the standard menus and texture-modified diets in 2013. Following this audit puddings and soups had been fortified to increase the calorific and nutrient content of the menu. Inspectors reviewed the findings of this audit on inspection. Catering managers told inspectors that they were in the process of reviewing the menus and planned to repeat the audit of nutrient content once the menus and recipes had been reviewed.

Inspectors were provided with copies of completed audits on compliance with screening patients for their risk of malnutrition using the MUST tool. These audits were completed across 12 wards in the hospital in 2014, repeated in 2015 and included 616 and 706 patient healthcare records respectively. The findings from the audits indicated a slight improvement in the number of patients being screened (79 – 80%) and an increase (76 – 93%) in the number of patients with a high risk score being referred to the dietitian. Each ward manager was given findings of the audit relevant to their ward area with an action to ensure all nursing staff complete the online training on MUST screening provided by the HSE. The hospital should continue to audit to drive improvement in relation to screening and other aspects of nutrition and hydration care.

Evaluation of patient satisfaction

Hospital managers told inspectors that the catering department carried out an in-patient survey to ascertain patient feedback with the food service and assistance offered at mealtimes. Inspectors viewed the survey results for 2015 and 2016. Patients were asked 11 questions including questions relating to mealtimes, assistance with meals, temperature, taste, appearance and quantity of food offered. Overall, the results of the in-patient survey highlighted that the majority of patients reported that they were given assistance with eating and drinking if required and that they were satisfied with the food service. However, there were no questions to rate patients' satisfaction with choice or variety of food offered. Both surveys included a comments section for patients to complete and most patients were complimentary about the catering service and food in these sections. However, the 2015 comments section had a number of negative comments in relation to the choice and variety of food available for patients.

Quality improvement initiatives

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

- standardizing the nutritional report sheet to ensure patients receive the correct meal.
- Introduced magnetic white board at the nurses' station on one ward to identify those patients that required assistance with meals.
- The introduction of the 'red tray' initiative to identify those patients that required assistance with meals.

What worked well?

- The hospital had an established Nutrition Committee that had implemented a number of quality improvement initiatives to support nutrition and hydration care of patients.
- The hospital had conducted some audits of nutrition and hydration care, including audits on screening patients for their risk of malnutrition.

Opportunities for improvement

- The hospital needs to develop policies in relation to nutrition and hydration care to guide staff and standardize nutrition care and meal service provision at the hospital.
- The hospital should continue to progress the annual audit of nutrient content and portion size of food as outlined in 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 informal training in the ward.

On the day of inspection, hospital management and ward staff told inspectors that training had been provided to nursing staff and healthcare assistants on the wards in relation to the use of the MUST screening tool by dietitians. Clinical nurse managers told inspectors that nursing staff were advised to also complete the online training on MUST screening provided by the HSE and nursing staff who spoke with inspectors confirmed this.

Catering staff told inspectors that they received training on food safety and on therapeutic diets and on the day of inspection; inspectors viewed the relevant training records. However, hospital managers told inspectors that there was no structured training programme related to nutrition and hydration for medical staff at the hospital.

What worked well?

- Training on screening patients for the risk of malnutrition using the MUST tool was provided to all nursing staff.

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 Letterkenny University Hospital had implemented a number of quality improvement initiatives relating to nutrition and hydration. The hospital had an established Nutrition Committee in place that played a key role in raising the importance of the provision of good nutrition and hydration care across the hospital and had implemented a number of quality improvement initiatives.

The hospital routinely screened patients for the risk of malnutrition within 24-hours of admission to hospital using MUST and had implemented screening on all adult inpatient wards. Inspectors reviewed a small sample of patient healthcare records and found that nursing staff were screening these patients on admission and were rescreening patients weekly in line with national guidelines.⁽⁴⁾

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. Patients generally spoke positively about the food available and all 10 patients told inspectors that food was served hot where appropriate. However, some patients and hospital staff confirmed that there was a lack of choice available to all patients. National guidelines recommend that hospital menus meet the needs of patients; these menus should provide sufficient choice to offer adequate nutrition to all patients.⁽⁴⁾

The hospital had a system in place to identify patients who needed assistance with eating and drinking. Inspectors observed that nurses and healthcare assistants provided patients with assistance as required, on the day of inspection.

Inspectors found that the hospital had conducted a number of audits in relation to aspects of nutrition and hydration care including audits of screening patients for their risk of malnutrition. Analysis of nutrient content was undertaken in 2013 and inspectors were informed the hospital was reviewing the overall menu at the time of inspection and planned to re-analyse the nutrient content once this was complete. The hospital also conducted patient satisfaction surveys that included questions on the patients' experience of mealtimes.

The hospital must now ensure that quality improvement efforts and arrangements in place for meeting patients' nutritional and hydration needs are maintained so that the nutrition and hydration care of patients continues to improve. To achieve this, the hospital's Nutrition Committee should focus on improving the choice of meals for patients on standard, therapeutic and texture-modified diets. Inspectors also identified that the hospital needs to progress with the development, approval and

implementation of nutrition and hydration policies to standardize nutrition care and meal service provision at the hospital. They must also continue to conduct regular audits of nutrition and hydration care practices across the hospital.

References

1. Health Information and Quality Authority. *National Standards for Safer Better Healthcare*. Dublin: Health Information and Quality Authority; 2012. [Online]. Available from: <http://www.hiqa.ie/standards/health/safer-better-healthcare>
2. Health Information and Quality Authority. *Report of the review of nutrition and hydration care in public acute hospitals*. Dublin: Health Information and Quality Authority; 2016. [Online]. Available from: <http://www.hiqa.ie/publications/report-review-nutrition-and-hydration-care-public-acute-hospitals>
3. Health Information and Quality Authority. *Guide to the Health Information and Quality Authority's review of nutrition and hydration in public acute hospitals*. Dublin: Health Information and Quality Authority; 2016. [Online]. Available from: <http://www.hiqa.ie/publications/guide-health-information-and-quality-authority%E2%80%99s-review-nutrition-and-hydration-publi-1>
4. Department of Health and Children. *Food and Nutritional Care in Hospitals guidelines for preventing Under-Nutrition in Acute Hospitals*. Dublin: Department of Health and Children; 2009. [Online]. Available from: http://www.lenus.ie/hse/bitstream/10147/85517/1/undernutrition_hospital_guidelines.pdf

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

URL: www.hiqa.ie

© Health Information and Quality Authority 2017