



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration at Nenagh Hospital, Nenagh, County Tipperary.

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

Date of on-site inspection: 13 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 Nenagh Hospital on 13 September 2016 by authorized persons from HIQA, Siobhan Bourke and Paul Dunbar, between 09.55 hrs and 14.55 hrs.⁽¹⁾

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

Inspectors visited one ward during the midday meal to check first-hand that patients received a good quality meal service, had a choice of food and that they were provided with assistance with eating if required. Inspectors observed one meal, spoke with five patients, and eight 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 production and centrally plated system was in use.* The mealtimes reported in the hospital's self-assessment questionnaire, and confirmed by patients and staff on the day of inspection, were as follows:

- Breakfast: 8.00am-9.00am
- Midday meal: 12.20pm-13.20pm
- Evening meal: 16.20pm-17.20pm

There should be four hours or more between the end of each main meal and the beginning of the next, and mealtimes should be spread out to cover most of the waking hours.⁽⁴⁾ Inspectors found that the hospital was not adhering to national guidelines with a four hour interval between the three main meals of the day. Inspectors spoke with five patients regarding the spacing and timing of mealtimes and two of the five patients told inspectors that they were not satisfied with the mealtimes and that meals were served too early, particularly the evening meal.

* 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.

Hospital staff and management told inspectors that protected meal times[†] had been introduced in the months prior to inspection and staff reported that it was working well. Inspectors observed no evidence of interruptions from staff during the midday meal. All five patients told inspectors that their meals were not interrupted. Inspectors observed that bed tray tables were generally free from clutter and that catering staff engaged well with patients.

Choice and variety of food

Menu options were verbally outlined to patients as stated in the hospital's completed self-assessment questionnaire. Catering staff told inspectors that they also used laminated coloured picture menus, which inspectors viewed, to outline menu choices to patients with communication difficulties. Inspectors viewed the weekly menu plans which rotated on a four weekly basis and noted that there was a variety of food options available to patients for the midday and evening meal. On the day of inspection, patients and staff told inspectors that patients ordered their midday and evening meals in the morning for that day's meal service. This enabled patients to choose their meal as close to the serving of the meal as possible.

There were three choices for the midday and evening meal each day. Staff informed inspectors and patients confirmed that if patients did not want any of the choices available, they could offer alternatives as requested by the patients. Catering staff informed inspectors that the hospital used a document for patients with dementia, which could be completed by family members and patients, which detailed patients' food preferences and dislikes. A folder with completed copies of these documents was viewed by inspectors which identified specific requirements for inpatients at the hospital and was kept in the main kitchen to guide catering staff. On the day of inspection inspectors observed all three menu choices available for the midday meal had been selected by patients.

Inspectors spoke with five patients on the day of inspection and all of these patients reported that they were satisfied with the meal choices offered. Two of the five patients confirmed that catering staff facilitated their food preferences, for example, extra sauces were provided if requested and preferred portion size was offered.

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

Texture-modified diets[‡] 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 staff informed inspectors that all texture-modified diets were prepared fresh at the hospital and patients that required these had the same choices as patients on the standard hospital diet. Inspectors observed that texture-modified meals viewed on the day of inspection had all food types separated on the plate.

Best practice guidelines suggest that high-calorie snacks should be offered between meals, mid-morning, mid-afternoon and late evening.⁽⁴⁾ This may be particularly relevant if there is a long period of time between the last meal of the day and breakfast the following morning. Hospital managers told inspectors that snacks were offered to all patients in the evening between 7.00pm to 8.00pm, which consisted of home baked foods such as a scone, bun, banana bread or cake with tea or coffee. There were no snacks offered mid-morning or mid-afternoon. However, inspectors were informed by nursing and catering staff that patients on a high calorie, high protein diet or therapeutic diet that required snacks were provided with these as required.

On the day of inspection, four of the five patients that spoke with inspectors said that they were offered an evening snack of tea with a bun, cake or scone and patients on extra snacks confirmed that these were offered by the hospital.

Overall, inspectors found that practices relating to menu choice and facilitating patient preferences was patient centred.

Missed meals

Catering staff and hospital managers told inspectors that the hospital had a system in place to cater for patients who missed a meal. Hospital staff told inspectors that if it was planned for a patient to attend another hospital for a procedure or investigation, the meal that the patient ordered would be held and reheated when the patient returned to the hospital. The hospital had developed a missed meal procedure to guide staff on how to access a replacement meal for patients.

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

On the day of inspection three out of five patients told inspectors that 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 options for patients from different ethnic, religious and cultural backgrounds. Hospital management told inspectors that they could provide Halal meals on request and ward staff confirmed this. Vegetarian meals were also available 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 mostly available.[§] Hospital management also reported that they reviewed how many patients required assistance with meals and what level of assistance was required each day and staff were deployed as appropriate to assist patients. Nursing staff and hospital managers told inspectors that information regarding which patients required assistance was communicated during nursing handover. Hospital management and nursing staff told inspectors that with the implementation of protected mealtimes, nursing staff were able to focus on assisting patients in a timely manner at mealtimes.

Inspectors observed the midday meal and noted that nursing staff positioned patients comfortably prior to the meal, with most patients encouraged to sit out of bed. Dining and feeding aids were available where needed. Inspectors observed that a number of patients required assistance on the day of inspection and those that required assistance were observed being assisted by nurses, student nurses and

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

healthcare assistants in a timely manner. There was good social interaction observed during the mealtime between staff and patients who required assistance. However, some nursing staff were observed standing over patients while providing assistance instead of sitting down at the same level or eye level of the patient. Providing assistance in this manner is not patient centred practice.

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 spoke positively about how the food tasted. Patients told inspectors that staff were accommodating to meet patients food preferences and considerate of portion sizes.

Hydration and availability of drinks

On the day of inspection, inspectors observed that drinking water was readily available to patients with jugs and glasses of water within easy reach. Nursing and catering staff told inspectors that water jugs were filled every morning and refilled in the evening time by catering staff. Nursing staff also refilled water jugs during the day if required. Inspectors observed that catering staff offered drinks of milk to patients prior to the midday meal.

What worked well?

- Patients were offered a choice of meals for all mealtimes.
- Most patients spoke positively about the quality and taste of food.
- Protected mealtimes reduced unnecessary interruptions to patients' meals.

Opportunities for improvement?

- The timing of the evening meal.

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 five 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 five patients on the day of inspection. This was a small sample size and did not involve a representative sample of the healthcare records of all patients at the hospital. All five patient healthcare records reviewed by inspectors included a nursing assessment of nutrition and hydration within 24 hours of admission. The assessments identified whether there had been any significant weight loss in the recent past and documented patients' special dietary requirements. In general, inspectors found that the documentation around this assessment was detailed.

The hospital had a policy on screening patients for their risk of malnutrition. The hospital stated in its completed self-assessment questionnaire that the Malnutrition Universal Screening Tool (MUST) was the screening tool being used in the hospital. This is the tool recommended in the national guidelines.⁽⁴⁾ Hospital managers told inspectors that malnutrition screening was taking place in both inpatient wards in the hospital. It was hospital policy to screen patients for their risk of malnutrition within 24 hours of admission to the hospital, and to re-screen patients weekly as recommended by national guidelines.⁽⁴⁾ All of the five healthcare records reviewed by inspectors had a record of patients being screened for their risk of malnutrition. However, two of these assessments were not completed within 24 hours of admission. The records also showed that three out of the five healthcare records demonstrated that patients had been re-screened weekly as per hospital policy. One

patient was not required to be re-screened as they had not been admitted for more than one week. There was a valid clinical reason for not re-screening the second patient. Inspectors noted there were regular weights taken for patients, which were recorded in their healthcare records.

Inspectors found that the documentation relating to screening was not always fully completed. For example, there was no record of a height measurement documented on any of the healthcare records reviewed on the day of inspection. This is despite the fact that it is necessary to have a measurement of height in order to obtain a MUST score. In addition, inspectors found that staff were not accurately recording the BMI (body mass index) of the patient in the screening documentation. As a result it would be difficult for the hospital to audit the accurate calculation of the MUST score if these values are not clearly documented.

Overall, inspectors found that malnutrition screening was being recorded at the hospital but not always within 24 hours of admission.

Inspectors examined the food and fluid balance charts in the healthcare records. Of the five records reviewed, none were found to have a food chart. However, nursing staff told inspectors that recording of patients' food intake was normally documented on fluid balance charts. Hospital management informed inspectors that there were plans to introduce a new specific food chart which used semi-quantitative measures as recommended by the national guidelines.⁽⁴⁾ Inspectors viewed the proposed food chart and were satisfied that it would provide an accurate record from which a dietitian and other clinicians could determine a patient's calorie intake. Two out of the five records contained fluid balance charts. While both used quantitative measures, they were not fully complete and up-to-date.

Equipment for screening

During this inspection, inspectors observed some of the required equipment used to screen patients for the risk of malnutrition was in place. This included weighing scales, chair scales (for more frail and dependent patients), stadiometers[◇] and measuring tapes. Staff had access to all of the required equipment except a hoist scales. This equipment is necessary to weigh patients who are not mobile. All of the equipment viewed by inspectors had been calibrated within the previous 12 months.

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

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. Inspectors were advised that there was a dietitian in post on a part-time basis and was present at the hospital for two to three days per week. The dietitian was recently appointed to the post and commenced employment at the hospital in August 2016. As it had only recently become practice in the hospital to refer patients for dietetic review, it was not possible to assess the waiting times for this service for patients at the time of inspection. Nursing staff and hospital management informed inspectors that all referrals for dietetic services were made using an electronic referral system by medical staff.

In relation to speech and language review, there was no access to this service for patients at the hospital at the time of inspection. Staff advised inspectors that if a situation arose whereby a patient needed this service they would be transferred to University Hospital Limerick for assessment.

What worked well?

- In general, patients were screened and re-screened for malnutrition as appropriate.

Opportunities for improvement?

- Improve the quality of the documentation related to malnutrition screening.
- Accurate and complete recording of fluid balance charts.
- Use food charts with semi-quantitative measurements to record patients' food intake as recommended in national guidelines.
- Access to hoist scales to enable staff to weigh immobile patients.

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 meal. On admission, nursing staff documented information regarding a patient's nutrition and hydration needs in the nursing admission and assessment documentation including any specific dietary requirements. Nursing staff told inspectors that information regarding patients' specific dietary requirements was communicated verbally to catering staff.

Catering staff used a diet sheet to record patients' meal orders and this identified patients by bed numbers and names to reduce the risk of the patients getting the wrong meal. Inspectors observed that this diet sheet also recorded any special dietary requirements or allergies that patients may have. Hospital staff told inspectors that this diet sheet was signed by the nurse in charge of the ward to confirm that the information was correct before catering staff returned it to the main kitchen. Inspectors observed that all the midday meals that came to the ward from the hospital kitchen were labelled with each patient's name and any special dietary requirements. Catering staff told inspectors that this process was followed for the midday meal and evening meal.

All five patients spoken with confirmed to inspectors that they received the correct meal at mealtimes.

Overall, inspectors were assured that the hospital had an effective system to communicate patients' dietary needs between members of the healthcare team.

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. However, inspectors were informed that the hospital did not have a speech and language therapy service and this had been escalated to the Clinical Director of the Medical Directorate as a risk to patients. Hospital management advised the inspection team that they were currently seeking to recruit a speech and language therapist for the hospital and that controls in place to mitigate this risk were that medical consultants managed the care of patients with swallowing difficulties. If required, patients could be referred and transferred to University Hospital Limerick for a specialized assessment by a speech and language therapist.

What worked well?

- The hospital had an effective system to ensure patients received the correct meal.

Opportunities for improvement?

- The hospital should ensure that patients with swallowing difficulties have timely access to a speech and language therapy service.

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 was represented at the University of Limerick Hospital Group Nutrition, Hydration and Food Committee by the Acting Operational Director of Nursing. Inspectors were informed that the Catering Manager at Nenagh hospital had recently been appointed to the Committee and would be attending the next scheduled meeting. The Nutrition Hydration and Food Committee had agreed terms of reference that detailed the aim, objectives, reporting structures, membership and key tasks of the committee. The purpose of the Committee was to support the improvement of standards and patient experience of nutritional care at the hospitals in the University of Limerick Hospital Group.

Hospital managers told the inspectors that Nenagh hospital's representative communicated any developments or practice initiatives related to nutritional care that was recommended by the Committee and brought issues relevant to Nenagh Hospital to the Committee for review. Inspectors requested and reviewed copies of minutes and agendas for the last six meetings; all meetings had been minuted. The Committee's terms of reference noted that the Committee aimed to meet ten times per year. From review of the minutes provided, it was evident that the meetings were well attended by the Nenagh Hospital representative. From review of the information provided in the minutes, it was evident that the Committee had met seven times between November 2015 and August 2016; the frequency of meetings was in line with the Committee's terms of reference.

The Nutrition Hydration and Food Committee had identified key areas that needed to be addressed by the hospital by conducting a gap analysis against the HIQA self-assessment questionnaire. Key areas of focus included;

- nutritional screening
- developing a nutrition screening policy
- developing a meal and mealtimes policy

- improving access to snacks and drinks for patients
- improving communication of patients needs between catering, nursing and healthcare professionals.

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

The inspection team 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 viewed the hospital's policies relevant to nutrition and hydration and found that the hospital had a system in place for staff to access policies on the hospital's electronic information system and in hard copy in folders on the ward visited.

The hospital had a number of policies including a policy for screening patients for their risk of malnutrition and guidelines for patients fasting pre-surgery. The hospital also had clinical guidelines for the management of meals and mealtimes, which included guidance to staff on protected mealtimes. This hospital also had a draft nutrition and hydration and food policy that was awaiting final sign off by the Chief Operating Officer.

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 with the recent appointment of a dietitian, work had commenced on auditing the nutrient content of the standard menu. Snacks and home baked goods made at the hospital had been analysed and the catering manager and

dietitian were in the process of analysing the soups and sauces made at the hospital. Hospital managers also told inspectors that the hospital had recently purchased equipment to standardise portions across the menus and planned to analyse the four weekly menus on a week-to-week basis.

Inspectors were provided with copies of completed audits in relation to compliance with its policy to screen patients for the risk of malnutrition on admission to hospital. Both inpatient wards in the hospital had an audit conducted in December 2015. Overall the audit found that;

- 89% of patients were being screened for malnutrition using MUST within 24 hours of admission
- 71% of patients were being re-screened weekly

It was recorded in the minutes of the Nutrition Hydration and Food Committee reviewed by inspectors, that the findings of the MUST audit had been communicated to ward staff and this was verified by inspectors who spoke to ward staff. Hospital managers also provided inspectors with copies of quality improvement plans developed in response to the audit findings and told inspectors that there was a plan to re-audit the hospital's compliance with nutritional screening in November 2016.

Evaluation of patient satisfaction

Hospital managers reported that they had carried out an annual patient satisfaction survey focused on food and meals at the hospital in December 2015 and inspectors were provided with a copy of the survey report. This survey was part of a group wide initiative for all hospitals in University of Limerick Hospital Group. The aim of the survey was to ask patients to rate the hospital food and check if patients;

- were offered a choice of meals at mealtimes
- were provided with assistance if needed
- were having food brought in from home and, if so, why?

Patients had been given four options to rate the food including very good, good, fair and poor. The survey report outlined that questionnaires were given to 15 patients selected at random in all inpatient wards at Nenagh Hospital. The questionnaire had a section for patients to provide comments on the food and mealtimes, which was also analysed.

The results were based on 15 responses and indicated that 14 out of 15 patients rated the food as good (3) or very good (11) while one patient rated the food as fair.

Fourteen out of the 15 patients replied that they always receive a choice at meals while one patient replied that they get a choice sometimes.

Only seven patients rated the help they received as all other patients replied that this did not apply to them. Of these, six of the seven patients replied that they always get enough help from staff to eat their meals, while one patient replied that they sometimes got enough help.

Fourteen of the 15 patients surveyed reported that they were aware of hospital mealtimes and three of the patients replied that they had food brought from home.

Hospital managers told inspectors that patient experience was audited on a monthly basis using national nursing metrics 'Quality Care-Metrics' ** and one question related to assistance scored 100% consistently on reports shown to inspectors for both inpatient wards.

Overall inspectors found that the hospital had an effective system to evaluate and respond to patients' experience of the meals and food provided at the hospital.

Quality improvement initiatives

Hospital managers told inspectors about a number of recent quality improvement initiatives implemented in relation to nutrition and hydration. These included the introduction of protected mealtimes and the implementation of the MUST screening tool. The hospital was also in the process of analysing the nutrient content of the standard menus.

** Quality Care-Metrics are a measure of the quality of nursing and midwifery clinical care processes, in healthcare settings aligned to evidenced based standards and agreed through national consensus. Measurement of Care-Metrics is done online. This allows monthly data collection and reporting on safety and quality care-metrics across HSE services in Ireland.

What worked well?

- The hospital's representation in the Group Nutrition, Hydration and Food Committee had resulted in implementation of a number of improvements in the nutrition and care of patients.

Opportunities for improvement?

- Progress with the auditing of the nutrient content and portion sizes of hospital meals.

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 staff involved in nutrition care through lectures and workshops. The hospital also indicated that catering staff received training in the preparation of special and restrictive menus.

On the day of inspection hospital managers told inspectors that training was provided to nursing staff on both inpatient wards on the use of the MUST tool. Ward staff who spoke with inspectors confirmed this on the day of inspection. Inspectors

reviewed copies of attendance records and found that the training was well attended.

Hospital managers informed inspectors that training on food safety, food allergies and special diets was given to all catering staff by the catering manager. Inspectors were also informed that with the recent appointment of a dietitian to the hospital, a specific two-hour training session on malnutrition, therapeutic diets, modified consistency diets and food allergies had been developed. The dietitian had planned to provide this training in the coming weeks. A copy of the presentation was given to the inspectors for review.

What worked well?

- Structured and specific training on nutrition and hydration in line with national guidelines had been provided to staff involved in patient care.

Conclusion

The inspection team found on the day of inspection that Nenagh Hospital had implemented a number of quality improvement initiatives relating to nutrition and hydration. The hospital was represented at the University of Limerick Group's Nutrition, Hydration and Food Committee and this played a key role in raising the importance of the provision of good nutrition and hydration care across the hospital.

The hospital routinely screened patients for their risk of malnutrition within 24 hours of admission to hospital using MUST tool and had implemented malnutrition screening on all wards. However, inspectors found that the documentation related to screening was not always fully completed. The hospital should also ensure that a food chart is used to records patients' food intake in line with the hospital policy and national guidelines.

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. Most patients were satisfied and complimentary about the choice, taste and temperature of the food and drinks available. Patients reported that they were satisfied with the choice of food offered and inspectors noted from reviewing the menus that there was a good variety of choice for patients on standard, therapeutic and texture-modified diets. Nonetheless, some patients told inspectors that the evening meal was served too early. The timing of the evening meal should be a key area of focus for improvement by the hospital following this inspection.

Inspectors observed that all patients who required assistance were offered assistance in a prompt manner and protected mealtimes was observed to be working well at the hospital.

Inspectors found that the hospital had developed a number of policies relevant to nutrition and hydration. There was evidence that the hospital had audited aspects of nutrition and hydration care practices in the hospital and were progressing with an analysis of the nutrient content of the standard menus. National guidelines recommend that the nutrient content and portion size of food should be audited for each dish annually or more often if the menu changes.⁽⁴⁾ The hospital had also conducted a survey of patients' experience of mealtimes.

The appointment of a dietitian to the hospital was a welcome development and the hospital should ensure that all patients identified to be at risk of malnutrition are referred to the dietitian in a timely manner. The hospital should ensure that all

patients with swallowing difficulties have timely access to speech and language therapists when required.

The hospital must now ensure that quality improvement efforts and arrangements in place for meeting patients' nutritional and hydration needs continue to improve. To achieve this, the hospital must continue to audit the screening of patients for risk of malnutrition and progress with the analysis of nutrient content of all menus.

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