



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection of nutrition and hydration at Our Lady's Hospital Navan.**

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

Date of on-site inspection: 6 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.<sup>(1)</sup> A national report of the review of nutrition and hydration care in public acute hospitals was published in May 2016 which presented the findings of this monitoring programme.<sup>(2)</sup> This report described areas of practice that worked well in hospitals and identified opportunities for improvement (the report is available on HIQA's website, [www.hiqa.ie](http://www.hiqa.ie)). In that report, the following four key areas for improvement were identified:

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

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

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

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

As part of the HIQA programme of monitoring nutrition and hydration care in public acute hospitals against the *National Standards for Safer Better Healthcare* an unannounced inspection was carried out at Our Lady's Hospital, Navan on 6 September 2016 by authorized persons from HIQA, Dolores Dempsey-Ryan and Siobhan Bourke between 10.55hrs and 16.00hrs.<sup>(1)</sup>

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

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

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

## Findings

### Theme 1: Person-centred Care and Support

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

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

#### Meal service and timing of meals

Catering services at the hospital were provided by in-house staff. A cook-fresh food production and centrally plated system was in use.\* The mealtimes reported in the hospital's self-assessment questionnaire were as follows:

- Breakfast: 7.30am – 8.30am
- Snack: 12.00pm – 12.30pm
- Midday meal: 1.00pm – 2.00pm
- Evening meal: 5.00pm – 5.30pm
- Evening tea/coffee: 7.00pm – 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.<sup>(4)</sup> Inspectors found that Our Lady's Hospital, Navan was not following national guidelines for all meals which recommended a four hour interval between

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



meals. Inspectors viewed a poster displayed on the ward which outlined the mealtimes for patients. Inspectors spoke with six patients regarding the spacing and timing of mealtimes and all patients told inspectors that they were satisfied with the timing of meals.

Inspectors observed that ward staff engaged well with patients, for example, staff asked patients were they satisfied with meal choice offered for lunch. Inspectors observed that bed tray tables were free from clutter and within the reach of patients. Inspectors observed no evidence of non-essential interruptions from staff during the midday meal. Inspectors observed a protected mealtime sign<sup>†</sup> outside the door of the wards inspected to discourage unnecessary interruptions at mealtimes. Five patients, who spoke with inspectors, reported that their meals were not interrupted and one patient said it rarely happened.

## **Choice and variety of food**

Menu options were verbally outlined to patients as stated in the hospital's completed self-assessment questionnaire. Hospitals managers gave inspectors samples of the standard menus, which also displayed suitable options for patients on texture-modified diets in green coloured writing. These menu cards had a section to record the portion size that the patient requested. Catering staff told inspectors that meal orders were taken a day in advance. Patients and nursing staff confirmed this to be the case and said that they ordered their meals one day in advance, for example, the menu orders for Wednesday's meals were ordered on a Tuesday. Catering staff told inspectors that there were three distinct weekly meal plans, which were rotated every week. Inspectors viewed the weekly menus on offer to patients, and noted that patients had a choice of four meal options for their lunch and three meal options for their evening tea. Vegetarian options were also available.

Catering staff told inspectors that patients that required therapeutic diets could choose from the standard menu, which was then tailored for their specific requirements by talking with the catering officer.

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<sup>†</sup> Protected mealtimes are periods when patients and service users are allowed to eat their meals without unnecessary interruptions, and when nursing staff and the ward team are able to provide safe nutritional care. HIQA recognises that there are a small number of areas in the hospital where protected mealtimes policies may be contrary to the daily functioning of that unit.

On the day of inspection, hospital managers, catering and nursing staff told inspectors that patients were offered a number of choices.. All patients who spoke with inspectors confirmed this to be the case.

On the day of inspection, inspectors observed good examples of patient centred care, for example, one patient changed their mind and requested an alternative from what they had ordered and this was facilitated. A second example was the approach staff took to ensure a patient with dementia had adequate nutritional intake in that food was served in a way that reflected their specific needs.

Texture-modified<sup>‡</sup> 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.<sup>(4)</sup> Hospital managers and nursing staff told inspectors that texture-modified diets were prepared onsite, but that patients on texture-modified diets has less choice as not all options on the menu could be modified. For example, on the day of the inspection, patients requiring a texture modified diet could choose between the roast lamb, fish or steamed chicken options. Hospital managers and nursing staff reported that texture-modified meal items were not moulded, but were presented in separate sections on a plate. Inspectors viewed a mince moist and soft diet on the day of inspection and confirmed that they looked appetising.

Overall, there were a number of menu choices available for all patients including those on therapeutic diets and texture-modified diets.

Best practice guidelines suggest that high-calorie snacks should be offered between meals, mid-morning, mid-afternoon and late evening.<sup>(4)</sup> Catering staff told inspectors that patients were offered soup mid-morning. The hospital had introduced snack menus for patients on specific diets following assessment and recommendation by the dietitians or the speech and language therapist. They were printed on different coloured cards to distinguish between the different types of dietary requirements, for example, patients on minced moist and smooth pureed diets were offered snacks consisting of full fat yogurt, smoothies or mousse. There was also a snack list for patients on a standard diet, which included snacks consisting of biscuits, crackers, sandwiches, scones or cereal. Information regarding which patient required snacks was recorded on a white board in the ward kitchen.

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<sup>‡</sup> Texture-modified diets may include soft diets, minced and moist diets, smooth pureed diets and liquidized diets due to swallowing difficulties.

On the day of inspection, all six patients that spoke with inspectors reported that they had been offered snacks between their meals. Patients reported that they had received soup between 10.30am and 11am and that they were offered an evening snack at 8.30pm. Five patients reported being offered tea and biscuits for their evening snack with two patients advising inspectors that they could have any snack they wanted including sandwiches. Inspectors observed that patients were offered a choice of tea or other drinks following their midday meal. Patients reported and catering staff confirmed that there was no afternoon snack round.

## **Missed meals**

Hospital managers, nursing and catering staff told inspectors that the hospital had a system in place to cater for patients who missed a meal. Patients were provided with a snack bag if they were travelling out of the hospital for a procedure. This snack bag contained sandwiches, yogurt, fruit and a drink.

Catering and nursing staff told inspectors that a hot meal could be kept aside in the ward kitchen for a short period of time for a patient who was absent from the ward during the meal service. Catering staff also told inspectors that if they were informed in advance that a patient was going to be absent from the ward, a meal could be reheated when the patient returned. Hospital managers and catering staff told inspectors that after the kitchen closed, staff could provide patients with alternatives such as a salad or sandwiches. A patient who had been admitted to the ward late at night, told inspectors that they had been offered a salad or a choice of a sandwich with a hot drink on admission.

On the day of inspection, all six patients told inspectors they had not missed a meal during their hospital stay.

## **Catering for patients with ethnic, religious and cultural dietary needs**

The *National Standards for Safer Better Healthcare* state that patients should experience healthcare that respects their diversity and protects their rights.<sup>(1)</sup> Dietary practices within and between different cultural groups can be quite varied. It is important not to assume what an individual's dietary practices are just because they belong to a particular faith or culture. This may vary depending on practices such as fasts, festivals, food restrictions and other requirements.

The hospital's completed self-assessment questionnaire stated that there were options for patients from different ethnic, religious, and cultural backgrounds. On the

day of inspection, staff and hospital managers confirmed that ethnic, religious, and cultural food could be provided if required. Halal<sup>¥</sup> food was available on request. Vegetarian meals were also available on the daily menu.

## **Assistance**

The hospital stated in its completed self-assessment questionnaire that assistance from nurses and healthcare assistants to support patients at mealtimes was always available.<sup>§</sup> Hospital managers and nursing staff told inspectors that information regarding which patients required assistance with meals was communicated during nursing handover to nurses and healthcare assistants. Nursing and catering staff could also identify which patient required assistance with meals by observing if the assistance code was ticked on a sign over the patient's bed. Inspectors observed this assistance code ticked on a sign over a patient's bed that required assistance with their meal on the day of the inspection.

Inspectors observed that patients were positioned comfortably prior to their meal, and were provided with dining and feeding aids where needed. Inspectors observed one patient using a special cup, and noted that the hospital had a policy for the provision of adaptive or feeding equipment to aid patients at mealtimes. Patients were observed being assisted by nurses and healthcare assistants in a timely manner. Assistance was offered with chopping up of food, opening of food packages and assistance with feeding.

## **Patients' experience of meal service – food quality**

All patients have a right to safe, nutritious food and the provision of meals should be individualised and flexible.<sup>(4)</sup>

On the day of inspection, inspectors observed catering staff serving meals which were centrally plated and labelled from a food trolley. Inspectors observed meals as they were being served, and observed that food was served in an appetising way. Inspectors spoke with six patients about their views on the quality of food provided in the hospital. All six patients who spoke with inspectors spoke positively about how

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<sup>¥</sup> Halal food refers to meat prepared as prescribed by Islamic law.

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

the food tasted. For example, some patients described the food as “fresh”, “good selection”, “surprised by how good it is”.

## **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 of patients. Catering and nursing staff told inspectors that water jugs were replaced with fresh water in the morning and refilled as required. All patients confirmed this to be the case on the day of inspection.

Inspectors observed and a number of patients reported that they were offered soup, tea or coffee midday morning. Patients were also observed being offered tea, coffee or milk with their lunch.

## **What worked well?**

- All patients including those on therapeutic diets and texture-modified diets were offered a choice of meals.
- There was a system in place to communicate which patients required assistance and this worked well.
- Patients spoke positively about the quality and taste of the food.

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

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

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

## **Patient assessment and malnutrition screening**

The inspection team found that the hospital had a structured nursing assessment for all admitted patients that contained a baseline assessment of eating and drinking. Details on the patient's eating and drinking requirements were detailed in the nursing assessment including whether they needed assistance with eating and drinking or required any special dietary requirements.

The hospital had a policy on screening patients for their risk of malnutrition. The ward that inspectors visited had implemented this policy, and at the time of the inspection, hospital managers told inspectors that all wards in the hospital were screening patients. The hospital's policy required staff to screen patients for their risk of malnutrition on admission, and re-screen them weekly thereafter using the Malnutrition Universal Screening Tool (MUST). This is the tool recommended in the national guidelines<sup>(4)</sup> The Malnutrition Universal Screening Tool (MUST) was recorded on a separate sheet that was stored with other nursing assessment documents. Hospital managers and staff told inspectors that the MUST tool had been implemented in the previous two months.

Inspectors reviewed the healthcare records of five patients on the day of inspection. This was a small sample size and did not involve a representative sample of the healthcare records of all patients at the hospital. The inspection team focused, in particular, on patients who were at risk of malnutrition, had been referred to a dietitian and or required a specific therapeutic diet. In the five healthcare records reviewed, inspectors found that three of these patients had been screened for their risk of malnutrition within 24-hours of admission (two patients had not been screened for clinical reasons). Patients had a recent weight recorded in all five healthcare records reviewed. Two healthcare records reviewed by inspectors belonged to patients who were deemed to be at risk of malnutrition following screening, and one of these patients had been reweighed as per hospital policy. The other patient was in hospital for less than a week, and therefore did not require re-screening in this timeframe.

Inspectors examined records used to measure and record patients' food and fluid intake. Of the five records reviewed, two patients required a fluid intake and output chart. Both of these used quantitative measures, but one had not been fully completed and up-to-date. One patient required a food chart to record their food intake and inspectors found this was complete and up-to-date.

## Equipment for screening

During this inspection, inspectors observed equipment used to screen patients for the risk of malnutrition and found that all required equipment was in place. This included weighing scales, chair scales (for more frail and dependent patients), stadiometers<sup>◇</sup> and measuring tapes.

The ward had access to a hoist scales, chair scales and stand-on scales. All equipment viewed was calibrated within the past twelve months. There was also a stadiometer on the ward, which was mobile for ease of access to staff.

## 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. Two of the five patients whose healthcare records were reviewed by inspectors, had been referred for a dietetic assessment. One of these patients had an assessment on the day of referral while the other patient was referred on the day of inspection, and therefore had not been seen by the dietitian. Hospital managers and nursing staff told inspectors that all patients who were referred to the dietitian were seen in a timely way. Two of the five healthcare records reviewed contained assessments by a speech and language therapist for a swallowing assessment. Both patients were seen on the same day as referral.

## What worked well?

- The hospital had introduced routine screening of patients for their risk of malnutrition on admission in all wards in line with national guidelines.
- Patients had access to assessment by a dietitian and a speech and language therapist when required.
- Staff had access to the required equipment to measure patients' weight and height.

## Opportunities for improvement?

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

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

### **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 guideline.

#### **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 patient's nutrition and hydration needs in the nursing admission and assessment notes including any specific dietary requirements. Ward staff reported and inspectors observed a white board in the kitchen that had information regarding patients on therapeutic diets and texture-modified diets identified by their bed number. Catering staff told inspectors that the dietitian and the speech and language therapist informed the catering staff of any changes to patients' diets and the white board was updated accordingly.

Inspectors also viewed menu order sheets that ward catering staff completed which recorded patients' names, bed numbers, any dietary information and patients' choices of main course for midday meal, evening meal and dessert. Inspectors were informed that when catering staff completed this list, it was sent to the main kitchen, and each meal that was sent to the ward was labelled with the patients' names. Inspectors observed signs over patients' beds that used symbols to identify patients' dietary needs in a discreet way to further guide catering staff.

Catering and nursing staff who spoke with inspectors said this system worked well, and all of the patients who spoke with inspectors said that they always received 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. However, nursing staff told inspectors about an incident regarding a nasogastric feed where a patient was given the wrong feed. Inspectors viewed the incident form on the ward visited, and also noted when reviewing the minutes of the Nutrition and Hydration Group meetings that hospital managers had discussed this incident, and they subsequently revised their nasogastric feeding policy.

Hospital managers told inspectors that patient safety incidents relating to nutrition and hydration were recorded on an information system and reported to the Director of Nursing and the hospital's Service Manager. These were also reported to the Hospital Group's Quality and Safety Risk Manager.

### **What worked well?**

- The hospital had 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.<sup>(1)</sup> The service also monitors its performance to ensure that the care, treatment and support that it provides are of a consistently high quality throughout the system.<sup>(1)</sup> Best practice guidelines state that hospital management must accept responsibility for overall nutritional care in hospitals. In addition, hospital managers, dietitians, physicians, nurses, catering managers and food-service staff must work together to achieve the best nutritional care. Hospital management must facilitate and give priority to such cooperation.<sup>(4)</sup>

Best practice guidelines recommend that hospitals form a nutrition steering committee to oversee nutrition and hydration care in acute hospitals.<sup>(4)</sup> The role of this committee includes the following:

- help implement national guidelines
- set the standard of care in relation to nutrition for hospitalized patients
- review the food-service system, nutritional risk screening and audits.

The inspection team looked at key leadership; governance and management areas aligned to the *National Standards for Safer Better Healthcare* <sup>(1)</sup> and sought information relating to the governance arrangements in place to oversee nutrition and hydration practices.

## **Nutrition Steering Committee**

The hospital had an operational group called the Nutrition and Hydration Group, which was set up in mid 2015 and was chaired by the Director of Nursing. Hospital managers told inspectors that they had set up the operational Nutrition and Hydration Group to meet two weekly to ensure that quality improvement initiatives were implemented in a timely manner to meet the national guidelines.<sup>(3)</sup> As the Nutrition and Hydration Group had achieved its objective with the implementation of a number of quality improvements initiatives, hospital managers planned to change the operational group's name to the nutritional steering committee and meet quarterly.

The Nutrition and Hydration Group had agreed terms of reference that detailed the purpose, membership, reporting structures, meeting frequency and functions of the Group. The purpose of the Nutrition and Hydration Group as stated in the terms of reference was to optimise health and wellbeing of patients in Our Lady's Hospital, Navan by advancing nutritional practices within the hospital and to oversee the implementation of national related guidelines. Hospital managers told inspectors that the Nutrition and Hydration Group reported into the General Manager and the Service Management Team.

Inspectors viewed the membership of the Nutrition and Hydration Group and noted that there was no medical representation on this group as required by the hospital's terms of reference and the national guidelines.<sup>(3)</sup> The Nutrition and Hydration Group had met nineteen times between October 2015 and August 2016. Inspectors requested and reviewed copies of agendas and minutes for the last six meetings; all meetings had been minuted. There was a record of discussion and agreed outcomes.

The Nutrition and Hydration Group had a quality improvement plan for the time period September 2015 to August 2016. Each focus area on the quality improvement plan had a lead person or persons assigned to take responsibility for each action,

description of action required, date due and completion date. Key areas of focus included; MUST screening and education, audit of resources to assist patients at mealtimes, menu cards, hospital policies, snack lists, adaptive cutlery, protected mealtime and over bed signage boards. Most areas of focus had detailed notes on progress to date with some yet to be actioned. Inspectors noted that there was evidence that a number of quality improvement initiatives had been progressed and completed on the quality improvement plan since the setting up of the Nutrition and Hydration Group.

## **Policies**

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

During the inspection, inspectors viewed the hospital's policies relevant to nutrition and hydration and found that all relevant policies were up to date. The hospital had policies for fasting patients for surgery, screening patients for their risk of malnutrition, protected mealtimes for patients, a guideline for the provision of adaptive or assistive feeding equipment to aid patients at mealtimes and a policy on refeeding syndrome in acutely unwell hospital patients.

## **Evaluation and audit of care**

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

It is recommended that the nutrient content and portion size of food should be audited per dish annually, or more often if the menu changes.<sup>(4)</sup> The Chair of the Nutrition Steering Committee told the inspection team that the hospital planned to purchase software to analyse the nutrient content of hospital food. However, at the time of the inspection the hospital had not audited the nutrient content and portion size of meals provided in line with national guidelines.

The hospital had a system for auditing some aspects of nutrition and hydration care, which included auditing of MUST screening, weight-monitoring records, and audit of resources required to assist a patient with their nutrition and hydration needs.

Inspectors viewed the September 2016 MUST audit results, and noted that compliance with the completion of MUST documentation was 91%, but improvement

was required with calculating, recording and with the documentation of the MUST score. The audit also highlighted that improvement was required with the practice of how ward staff obtained patients' height measurements.

Inspectors viewed the weight monitoring audit results December 2015, and noted that while most patients had their weight recorded within 24-hours of admission, improvement was required to ensure that all patients were weighed on admission and re-weighed weekly.

The hospital had carried out a detailed audit of resources required to assist patients with their nutrition and hydration needs. A questionnaire was designed to assess the number of patients who required assistance with feeding, the level of assistance required, and if any special equipment was required to assist with feeding. The audit was carried out on five ward areas and data was collected from 74 patients. The audit findings concluded that 33% of the 74 patients required assistance with their meals. Of these, 44% required use of special equipment and had access to same. The audit also measured the amount of healthcare staff time required to provide assistance to patients with their meals within a 24-hour period.

Overall, inspectors found that the hospital had carried out a number of nutrition and hydration audits. However, the hospital needs to have a structured approach to auditing, to ensure that regular audits of nutrition and hydration practices are prioritized by the Nutrition and Hydration Group, and complete the audit of nutrient content and portion size of food in line with national guidelines.

## **Evaluation of patient satisfaction**

Hospital managers told inspectors that they had not carried out regular patient satisfaction surveys. They reported that catering staff recorded patients' comments on the quality of the food service informally. They reported that they inform patients that if they had comments or a complaint to make about the food service, to fill in the Health Service Executive form called 'Your Service Your Say'.

## **Quality improvement initiatives**

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

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- Placing a magnetic white board sign over the patients' beds to identify those on therapeutic or texture-modified diets, and patients that required assistance with meals.
- Coloured snack lists to communicate information about specific additional snacks for patients on a standard diet or on a texture-modified diet.
- Introduced protected mealtimes with a protected mealtime sign for outside the ward door.
- Snack bags for patients going for a procedure to another hospital to ensure that these patient does not miss a meal.
- Adaptive cutlery to assist patients with their meals.
- MUST screening to identify patients at risk of malnutrition.
- New menus with options highlighted in green that are suitable for patients on a texture-modified diet.

### **What worked well?**

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

### **Opportunities for improvement?**

- The monitoring and auditing of the quality of nutrition and hydration care at the hospital including the nutrient content and portion sizes of meals in line with national guidelines.
- 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.<sup>(4)</sup>

Best practice guidelines recommend that hospitals:

- include training on nutrition in staff induction
- have a continuing education programme on general nutrition for all staff involved in providing nutritional support to patients
- provide staff involved in the feeding of patients with updated nutritional knowledge every year.
- a special focus should be given to the nutritional training of non-clinical staff and the definition of their area of responsibility in relation to nutrition and hydration.<sup>(4)</sup>

## **Training**

The hospital stated in its completed self-assessment questionnaire in August 2015 that training was provided for nursing and healthcare assistants involved in nutrition and hydration care through lectures and workshops. Catering staff also received training in the preparation of special/restrictive menus.

During interviews with hospital managers and nursing staff, inspectors were told that MUST training had been provided to nurses and healthcare assistants by the dietitian and by staff from the nurse practice development department at ward level.

Inspectors viewed the MUST training records and noted that training had been provided to staff over a number of months from March 2016. Hospital managers reported that the speech and language therapist had provided training to ward staff on thickening fluids and they were also provided with training on the use of adaptive cutlery in line with the hospital's policy.

Catering staff told inspectors that the dietitian had provided them with training on nutrition. Hospital managers reported that they planned to introduce an in-service training package for all catering staff.

## **What worked well?**

- MUST training had been provided to nursing staff and healthcare assistants.

## **Opportunities for improvement?**

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

## Conclusion

The inspection team found, on the day of inspection, that Our Lady's Hospital, Navan had implemented a number of quality improvement initiatives relating to nutrition and hydration. Initiatives were driven by the Nutrition and Hydration Group that played a key role in raising the importance of the provision of good nutrition and hydration care across the hospital. The hospital had selected and implemented MUST as the tool of choice to screen patients for their risk of malnutrition.

HIQA recognises that the number of patients inspectors spoke with during the inspection was a limited sample of the experience of all patients who receive care at the hospital. All patients who spoke with inspectors were satisfied and complementary about the quality of food and drinks that they received while in Our Lady's Hospital, Navan. There were a number of menu choices available for all patients including those on therapeutic diets and texture-modified diets. Inspectors observed that patients who required assistance were offered it in a prompt manner.

Inspectors found that the hospital had developed a number of policies relevant to nutrition and hydration and all were up to date. Inspectors found that the Nutrition and Hydration Group had carried out some audits on aspects of nutrition and hydration care. However, there was no evidence of engagement with patients about the hospital food service through patient satisfaction or patient experience surveys.

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's Nutrition and Hydration Group must encourage and support improvements in screening patients for risk of malnutrition and implement a structured system to regularly audit nutrition and hydration care, including auditing the nutrient content and portion sizes of meals in line with national guidelines. A key feature of this process is the evaluation of patients' experience of nutritional and hydration care and using patients views to inform and direct change or to reinforce good practices where they exist.

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