



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration at Mallow General Hospital

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

Date of on-site inspection: 12 July 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 Mallow General Hospital on 12 July 2016 by authorized persons from HIQA, Dolores Dempsey-Ryan, Aoife Lenihan, and Conor Dennehy, between 10:30hrs and 14:30hrs.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 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 seven 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*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 interruptions.

Meal service and timing of meals

Catering services at the hospital were provided by in-house staff. A cook-fresh production system was in use and a cook-freeze system was used for texture-modified diets.* Food was plated in ward kitchens before being served to the patients and multi-task attendants were observed referring to a diet sheet and notebook when plating the meals to ensure that each patient was served the correct meal.

The mealtimes reported in the hospital's self-assessment questionnaire were as follows:

- Breakfast: 7.30am
- Snack: 10.00am
- Midday meal: 12.00pm
- Evening meal: 4.30pm
- Late evening snack: 7.00pm

* A "cook-fresh" food service system is the standard method for preparing food in hospitals, which involves cooking, plating, and serving food hot. A "cook-freeze" food service system involves freezing the food after it is cooked and then re-heating the food prior to serving.

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 adhering to best practice guidelines with a four hour interval between the three main meals of the day. Inspectors spoke with seven patients and all stated that they were satisfied with the spacing and timing of mealtimes.

On the day of inspection, inspectors observed multi-task attendants interacting well with patients, for example, staff addressed patients by name. 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. Six of seven patients told inspectors that their mealtimes were not interrupted.

Hospital managers and nursing staff told inspectors that the hospital had implemented protected meal times.[†] They reported that medication rounds were carried out prior to the midday meal to ensure that the midday meal was not interrupted. Nursing staff also reported that visitors were allowed to visit to assist their relatives with their meals.

Choice and variety of food

The hospital stated in its completed self-assessment questionnaire that patients can choose what they want at meal times from a menu card or it is outlined verbally to them. This was confirmed by multi-task attendants on the day of inspection. Multi-task attendants told inspectors that a different coloured menu card was used for each day of the week and a yellow coloured menu card was used for patients on texture-modified diets.

Hospital managers told inspectors that multi-task attendants worked for two days a week on catering duties and another two days on cleaning duties wearing different coloured uniforms depending on which duties they were carrying out. This practice had been observed on the day of inspection.

Hospital managers told inspectors that multi-task attendants took patient menu orders in the evening time for the following day, recording which meal options each

[†] 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.

patient requested including patients on texture-modified diets. A meal order sheet was collected daily from the ward kitchens at 8.30am and brought to the hospital kitchen.

Inspectors viewed the weekly menu cards and observed a blue menu card in use on the day of inspection. This card had a tick box system and patients could choose between beef stew or chicken curry and rice for the midday meal. Patients had seven choices for their evening meal, for example, cold meat plate, chicken salad, sandwich, fish cake and side salad, beans on toast or a smoothie and could tick one or more choices on the menu card. Multi-task attendants told inspectors that patients on the standard menu were offered two choices for their midday meal and five to six choices for their evening meal. The menu card was given to the patient to complete or multi-task attendants could outline the menu options to the patient if patients requested assistance.

Inspectors spoke with seven patients and six patients reported that they were offered between two to four choices and they were satisfied with the choices offered. One patient reported that they did not want a choice. Patients reported that choices varied from a curry dish, turkey or ham for their midday meal to a salad or fish for the evening meal.

Nursing staff told inspectors that patients on a therapeutic diet could choose from the standard menu, which was tailored for their specific requirements. Inspectors viewed a therapeutic meal of plain chicken with pureed vegetables, which a patient on a coeliac diet had requested.

Texture-modified diets[‡] include meals that are suitable for patients with swallowing difficulties of varying severity. They should include options for patients who require soft, minced and moist, smooth pureed and liquidised diets.⁴ Hospital managers reported that texture-modified meals, mince moist and smooth pureed were cook-frozen and defrosted as required. Vegetables were always prepared fresh. They told inspectors that texture-modified meals were sent to the ward with a sticker on the lid which outlined the texture meal type and the ward name. Smooth pureed meals were prepared in moulds and on the day of the inspection, inspectors observed one patient receiving a smooth pureed meal where potatoes, meat and vegetables were presented on a plate in separated round moulds.

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

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Hospital managers told inspectors that they had tested and analysed the consistency of the texture-modified menus and were preparing to launch their new menus. Inspectors viewed the revised texture-modified menus and noted that patients on a texture soft diet were offered two choices for their midday meal while patients on other texture-modified diets were not offered any choice. However, hospital managers told inspectors that if a patient was dissatisfied with a particular texture-modified meal offered, they could choose mince beef or fish or multi-task attendants would prepare something else. Overall, patients on texture-modified diets had a limited choice.

Nursing staff and multi-task attendants told inspectors that wide varieties of snacks were available to patients such as yogurt, biscuits, custard and rice and snack and drink rounds were at 10am, 3pm and after 6pm. However, all patients who spoke with inspectors reported that they had only been offered tea and biscuits as a between meal snack. Hospital managers and nursing staff told inspectors that dietitians order special snacks for patients at risk of malnutrition. One patient confirmed this on the day of inspection.

Overall, snacks offered to patients were limited to tea and biscuits. This was not in line with best practice guidelines, which 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 time between the last meal of the day and breakfast the following morning.

Missed meals

Hospital managers and multi-task attendants told inspectors that the hospital had a system in place to cater for patients who missed a meal. Nursing staff told inspectors that if a patient went for a planned procedure or they knew in advance that the patient would be absent during mealtimes, they would inform kitchen staff and a replacement meal could be chilled and reheated when the patient returned from the procedure. However, if the absence was not planned, nursing staff and multi-task attendants told inspectors that hot meals were not available and patients could be offered soup, a sandwich, tea and toast or a salad.

On the day of inspection, six out of seven patients told inspectors that they had not missed a meal. One patient who had missed a meal reported that he had been offered a number of choices, but did not take a meal, as he was not hungry.

Catering for patients with ethnic, religious and cultural dietary needs

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

The hospital stated in its completed self-assessment questionnaire that there were no specific menu options for patients from different ethnic, religious, and cultural backgrounds. However, on the day of inspection, multi-task attendants and hospital managers told inspectors that food could be provided for patients from different ethnic, religious, and cultural backgrounds if required. Nursing staff and multi-task attendants told inspectors that they rarely had patients who required a special diet for religious or cultural beliefs. However, Halal[§] meat could be sourced externally and meals prepared in-house. Vegetarian meals and a fish option were also available on the daily menu. The nursing admission assessment document had a question, which prompted nursing staff to ask if the patient had any special dietary requirements.

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.^{**} On the day of inspection, hospital managers told inspectors that they had systems in place to identify which patients required assistance. These systems included the use of red trays, white boards and nursing care plans. Inspectors observed that information regarding which patients required assistance — using patient bed numbers — had been recorded on a number of white boards which were placed at the nurses' station, on the ward corridor and in the ward kitchen. Nursing staff told inspectors that they updated the white boards throughout the day and at night time.

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

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

Nursing staff told inspectors that the speech and language therapist provided information on a laminated sheet at the patient's bedside detailing information about texture-modified dietary requirements and assistance required. In addition, nursing staff and healthcare assistants reported that they also communicate information regarding which patient required assistance through the nursing handover reports.

Clinical nurse managers told inspectors that they used a 'hold back' system whereby patients received their meal when staff were available to provide assistance. For example, it had been practice to serve porridge to all patients at the same time when only two members of staff were available to provide assistance to six patients. This practice was subsequently changed to ensure that food would be served only when staff were available to provide assistance and to ensure that the food was served at the correct temperature.

Hospital managers, nursing and healthcare assistants told inspectors that they had introduced a red tray system to identify which patients required assistance with their meals on all wards throughout the hospital. However, inspectors did not observe any red trays on the day of inspection.

On the day of inspection, inspectors observed that patients were positioned comfortably, sitting upright prior to the meal, and they were provided with dining and feeding aids including clothes protectors where needed. One patient was given a cushion while sitting on a chair so that they could easily reach the food on the bed tray table. Inspectors observed that a number of patients required assistance and those that required assistance were observed being assisted by nursing and healthcare assistant staff in a timely manner. One patient who spoke with inspectors said that their relatives were allowed to visit regularly to assist them with their meals.

Where appropriate, inspectors observed that patients were encouraged to eat independently, and were provided with enough time to eat their meal without being rushed. One patient was observed requesting an extra bowl of soup and butter and this had been provided.

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 multi-task attendants plating patients' midday meals from a heated trolley in the ward kitchen before serving it to patients. They were observed working from a ward diet sheet and notebook to ensure that each patient received the correct meal as ordered.

Inspectors observed meals as they were being served and observed that food was served in an appetising way.

Inspectors spoke with patients about their views on the quality of food provided in the hospital. Seven patients spoke positively about how the food tasted. For example, some patients described the food as 'you wouldn't find better in a hotel', or 'food is excellent'.

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. Multi-task attendants, nursing staff and patients told inspectors that water jugs were replaced with fresh water in the morning, refilled in the afternoon and as required. One patient reported that they did not like the taste of the water and preferred cordial drinks.

Patients told inspectors that they were offered soup, tea, coffee or milk each day at 10.15am and tea or milk was also offered as part of the main meal service.

What worked well?

- There was a system in place to communicate which patients required assistance.
- Patients spoke positively about the quality and taste of the food.
- Water jugs were replenished with fresh water twice during the day.

Opportunities for improvement

- All patients should be offered a choice of meals and snacks including those patients that require textured modified diets.

Theme 2: Effective Care and Support

Effective care and support in healthcare means consistently delivering the best achievable outcomes for people using a service in line with best available evidence. In the context of effective care and support for patients, this means that nutrition and hydration care is evidence-based, planned, coordinated and delivered to meet individual patient's initial and ongoing needs. It means assessing patients' risk of

malnutrition using a validated assessment tool, monitoring aspects of their nutrition and hydration care and referring patients who are at risk of malnutrition to a dietitian for further specialised input. National guidelines recommend that screening for risk of malnutrition should be carried out on every patient within 24 hours of admission to hospital.⁴

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

Patient assessment and malnutrition screening

The hospital had a structured nursing assessment for all admitted patients that contained an assessment of activities of daily living including eating and drinking, and space to comment on the level of assistance needed by patients. This assessment also included an eating and drinking care plan for patients if required, and documents to record food and fluid intake that prompted nursing staff to use semi-quantitative and quantitative measures as recommended in the national guidelines.

The hospital in its completed self-assessment stated that it had not implemented a valid screening tool to screen patients for the risk of malnutrition on any ward of the hospital. This was confirmed on the day of inspection. Inspectors viewed the hospital's Nutrition Screening Team's quality improvement plans and noted that references were made to staff training on the MUST tool (Malnutrition Universal Screening Tool), however, there was no definite date to implement a programme of screening to identify patients at risk of malnutrition. On the day of inspection, hospital managers and nursing staff told inspectors that they were in the early stages of implementing the screening programme and had commenced this process with online training for nursing staff on the use of the MUST screening tool. A sub-group of the Nutrition Screening Team had been recently set up to progress the implementation of the screening programme.

On the day of inspection, hospital managers and nursing staff told inspectors that they identify patients at risk of malnutrition from analysing information on patients' weights on admission, reweighing patients and from the patients' medical history, which may identify that the patient had lost weight. Inspectors viewed the nursing assessment documentation and noted that it provided space for weight to be recorded and it had a set number of yes or no questions concerning a patient's nutritional status.

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Inspectors reviewed the healthcare records of five patients. 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, were referred to a dietitian and or required a specific therapeutic diet. Of the five healthcare records reviewed by inspectors, only one patient was referred to the dietitian due to weight loss.

In the five healthcare records reviewed by inspectors, five patients had a nursing assessment related to nutrition and hydration completed within 24 hours of admission. All five patients were weighed on admission. This was consistent with the findings of the hospital weight audits (2013-2016) viewed by inspectors, which showed that the ward inspected had 80% to 100% compliance with recording patients' weight. Three of the five patients had been reweighed and nursing staff reported that it was hospital practice to reweigh patients weekly. Of the remaining two patients, one patient had been in hospital less than a week and a second patient had not been reweighed for clinical reasons.

Nurses were required to record the food intake of two patients. Both of the food intake charts viewed used semi-quantitative measures of food intake and were fully complete and up-to-date.

Overall, the hospital should progress the implementation a nutritional screening programme to identify patients at risk of malnutrition and to facilitate appropriate follow-up assessment and treatment for patients in line with national guidelines.

Equipment for screening

During this inspection, inspectors observed some of the required equipment that could be used to carry out malnutrition screening.

Nursing staff told inspectors that as the ward's weighing scales was being repaired, they had access to such equipment from the nearby medical assessment unit. Nursing staff also told inspectors that they shared a hoist scales between two wards.

Hospital Managers told inspectors that they were in the process of sourcing equipment to measure patients' height as part of the implementation of screening programme to identify patients at risk of malnutrition.

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.

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During inspection, hospital managers and nursing staff informed inspectors that a part-time dietitian worked at the hospital two days a week and was based at another hospital for the remainder of the week.

As the hospital had not yet implemented a screening programme to identify patients at the risk of malnutrition, referrals to the dietitian were based on patient's identified weight loss on admission and medical history. Inspectors reviewed the healthcare records of five patients and noted that one patient, with documented significant weight loss during their hospital stay, had been referred to a dietitian and had been assessed in a timely manner. In the absence of malnutrition screening programme there was no standardised process for staff to identify patients at risk of malnutrition.

Hospital managers told inspectors that they had highlighted the absence of a full time dietitian as an area of concern for the hospital and a business case had been developed for a full time dietitian. However, nursing staff told inspectors that advice could be sought from the dietetics department in Cork University Hospital or a referral could be made to a community dietitian if required.

What worked well?

- Patients were weighted on admission to hospital and the hospital had a system in place to audit this process.

Opportunities for improvement

- Implementation of malnutrition screening within 24 hours of admission, in line with national guidelines, on all wards in the hospital

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, patients are not experiencing prolonged fasting unnecessarily, systems are in place to ensure that 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 several methods of identifying and communicating patients' dietary needs. On admission, patients' specific dietary requirements were documented in their healthcare records. White boards located at the nurses' stations and in the ward kitchen listed dietary information relating to patients. Nursing staff updated these boards as required and communicated information relating to patients' dietary needs at nursing handover. They also reported that they communicated with multi-task attendants regarding changes to patients' dietary needs as required.

Multi-task attendants told inspectors that patients' dietary needs were also recorded on a diet sheet, for example if a patient required a diabetic diet. This diet sheet listed all patients on the ward by name and bed number and staff checked the sheet before serving meals to ensure that all patients received the correct meal.

All of the patients, who spoke with inspectors, stated that they had always received the correct meal. Patients who required a specific diet, such as a diabetic diet or a texture-modified diet, were seen by inspectors to receive the correct meal.

Patients safety incidents in relation to nutrition and hydration

Hospital managers and 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.

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.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 and that hospital managers, dietitians, physicians, nurses, catering managers and food-service staff must work together to achieve the best nutritional care, and hospital management must 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 has a Nutritional Steering Committee (referred to locally as a Nutritional Steering Team), which was set up in September 2015 and is chaired by the hospital's Catering and Household Manager. It has agreed terms of reference that detail the aims, membership, reporting structures, meeting frequency and functions of the Committee. The aim of the Committee is to improve nutrition and hydration practices for patients using services in Mallow General Hospital.

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The hospital in its completed self-assessment questionnaire stated that Mallow General Hospital participated in the Cork University Hospital Group Nutritional and Catering Review Group. Since the completion of the self-assessment questionnaire, Mallow General Hospital has set up a Nutrition Steering Team, which links into the Cork University Hospital Group Nutritional & Catering Review Group. This was confirmed on the day of inspection. Hospital managers told inspectors that the Catering and Household Manager sits on both committees. There was representation on the Nutritional Steering Team from all disciplines of staff as recommended in the national guidelines with the exception of medical and pharmacy staff. This team meets monthly and had met nine times between October 2015 and June 2016. Inspectors requested and reviewed copies of minutes for the last six meetings; such minutes provided a record of attendance, discussion and agreed outcomes.

The Nutrition Steering Team had a quality improvement plan that focused on implementing the national guidelines. The inspection team found that there was evidence of progress made on some quality improvements initiatives for the nutrition and hydration care of patients. These included implementing white boards and the red tray system on all wards. In addition, hospital managers told inspectors that they had trialed a system (November 2015) whereby desserts on one ward were not served with the main midday meal at 12.30pm. They were served later at 2.30pm to ensure that patients would eat all their lunch and soup. As the feedback from the multidisciplinary team on this quality improvement initiative was positive, hospital managers reported that they were planning to implement this quality initiative across the hospital. However, inspectors did not observe this practice on the ward visited during the inspection.

On reviewing the quality improvement plans, inspectors noted that the hospital was in the early stage of implementing a programme to screen all patients admitted to the hospital for the risk of malnutrition. However, there was no definite timeframe for implementation identified in the quality improvement plan.

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. Hospital managers told inspectors that as Mallow General Hospital was part of Cork University Hospital Group Nutritional & Catering Review Group they were in the process of

developing a number of nutrition and hydration policies in partnership with them. Hospital managers stated that policies on nutrition and hydration, malnutrition screening and fasting were in draft format. However, work on a protected mealtime's policy had been completed but, at the time of inspection, had yet to be issued to staff.

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 were in the process of developing plans to audit the nutrient content of food using a software package sourced by Cork University Hospital Group. Inspectors were provided with a copy of an audit report detailing a number of audits that the hospital had carried out which included audits of weights and fluid balance charts.

Overall, inspectors found from viewing the audit report that the hospital had a system in place to carry out audits of weights and fluid balance charts every two months. However, auditing of nutrition and hydration care including auditing the nutrient content and portion sizes of hospital meals should to be part of the overall auditing programme in the hospital.

Evaluation of patient satisfaction

Hospital managers told inspectors that the hospital had carried out a meal satisfaction survey and they provided inspectors with a copy of the most recent patient satisfaction survey from June 2016. The survey consisted of 18 questions covering issues such as timing of meals, assistance and availability of water. Patients were invited to select an answer from predetermined options and were allowed to make additional comments.

While this patient satisfaction survey was broad and provided useful information the findings had not been fully analysed at the time of inspection and no recommendations were in place as a result.

Quality improvement initiatives

The hospital told inspectors about a number of recent quality improvements initiatives implemented in relation to nutrition and hydration including white communication boards and a red tray system to identify patients who required assistance with their meals.

Hospital managers told inspectors and they also viewed the Nutrition Steering Team quality improvement plan. This included a plan to introduce adaptive cutlery and colour dignity cups for specific patients.

What worked well?

- The hospital's Nutrition Steering Team had recently been established in the hospital which linked in with the Cork University Hospital Group's Nutritional and Catering Review Group.

Opportunities for improvement

- Audit of nutrition and hydration care including auditing the nutrient content and portion sizes of hospital meals.
- The development of policies relating to nutrition and hydration.

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

On the day of inspection, hospital managers and nursing staff told inspectors that all nurses on the wards were required to complete online training in relation to the MUST screening tool by the end of July 2016. Such training was referred to in minutes of the Nutritional Steering Team and inspectors observed a poster on the ward reminding nurses to complete this training.

Hospital managers told inspectors that staff throughout the hospital had been provided with training on dysphagia. Inspectors viewed training attendance sheets and noted that there had been very high attendance at this training. Inspectors also viewed training records showing that some staff had recently attended training on texture-modified consistency diets.

Opportunities for improvement

- The hospital should develop a standardized training programme for staff, relevant to their role, on issues relating to nutrition and hydration that is in line with relevant national guidelines.

Conclusion

The inspection team found, on the day of inspection, that Mallow General Hospital had put in place a Nutrition Steering Team that had played a key role in raising the importance of the provision of good nutrition and hydration care across the hospital. The hospital had implemented some quality improvement initiatives to communicate patients' nutrition and hydration needs, to identify patients who need assistance, and to ensure that patients receive the correct meal.

However, the hospital did not routinely screen patients for their risk of malnutrition on admission to hospital. The hospital as a priority, should, progress the implementation a nutritional screening programme, in line with national guidelines, to identify patients at risk of malnutrition and to facilitate appropriate follow-up assessment and treatment for patients. Inspectors found that the hospital had evidence of auditing some aspects of patient care. However, this system did not include audit of nutrition and hydration care. In addition, the development of policies relating to nutrition and hydration needs to be progressed.

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 who spoke with inspectors were satisfied and complementary about the food and drinks they received. Patients also reported that they were satisfied with the choice offered, however inspectors found that the choice and variety of texture-modified diets was limited.

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 Steering Team must prioritize and support the implementation of screening patients for their risk of malnutrition. Improvements should also include the development of evidence-based policies and audit of the nutrient content and portion size of meals in line with national guidelines. A key feature of this improvement 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.

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

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