



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection of nutrition and hydration at the Royal Victoria Eye and Ear Hospital**

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

Date of on-site inspection: 15 June 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.

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 the Royal Victoria Eye and Ear Hospital on 15 June 2016 by authorized persons from HIQA, Aoife Lenihan, Dolores Dempsey-Ryan and Conor Dennehy, between 10:30hrs and 16:15hrs.<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 seven patients and 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* 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.<sup>1</sup> 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 food production and centrally plated system was in use.\* The mealtimes reported in the hospital's patient information booklet, and confirmed by patients and staff on the day of inspection, were as follows:

- Breakfast: 8.00am
- Soup: 10.30am
- Midday meal: 12.00am
- Evening meal: 5.00pm
- Evening tea/coffee 7.00pm and 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 the hospital was adhering to best practice guidelines with a four hour interval between the three main meals of the day. Inspectors spoke with six patients regarding the spacing and timing of mealtimes

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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.



(one patient was fasting and could not comment on this) and all five patients told inspectors that they were satisfied with the mealtimes.

Overall, inspectors observed that catering staff provided the meal service in a friendly manner and engaged well with patients referring to them by their names. Inspectors observed that bed tray tables were free from clutter and within the reach of patients. The ward environment was conducive to eating, considering that it was a busy hospital ward, and inspectors observed no evidence of non-essential interruptions from staff during the midday meal.

Hospital staff told inspectors that the hospital had not formally introduced protected meal times<sup>†</sup> and visitors were only allowed to visit during mealtimes to provide assistance. Medication rounds were restricted during meal times to ensure that staff were available to provide assistance to patients with their meals. This was observed by inspectors during the inspection. Five patients told inspectors that they experienced no interruptions during mealtimes and one patient told inspectors that it rarely happened. One patient did not comment as they they were fasting.

## **Choice and variety of food**

The hospital stated in its completed self-assessment questionnaire that menu options were made available to patients on a menu card and also outlined verbally by staff. Patients and catering staff told inspectors that a member of the catering team outlined the menu options to patients each day and took meal orders, including the portion size preference, a couple of hours before the meal service.

Patients should receive accurate descriptions of menu choices to allow them to make informed choices. The hospital catering staff reported that there were three distinct weekly meal plans covering the midday meal and the evening meal, which were rotated once every three weeks. The daily menu viewed by inspectors described the meal in full with descriptions of accompaniments (for example, roast beef with yorkshire puddings or pan-fried chicken in mushroom sauce, creamed potatoes or boiled potatoes and mixed green vegetables). Hospital management told inspectors that they were planning to introduce picture menus to help patients who required them when choosing their meals.

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<sup>†</sup> 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.

Catering staff told inspectors that patients were offered three choices for the midday meal and two choices for the evening meal. Patients told inspectors that there were offered two to three options for the midday and two options for the evening meals. The majority of patients told inspectors that they were satisfied with the menu choice available. However, one patient who required a specific therapeutic diet told inspectors that they were not offered a choice of meal.

Catering staff advised inspectors that patients on texture-modified diets<sup>‡</sup> could choose from the standard menu and that meals would be prepared fresh onsite according to their requirements. Staff also reported that if patients did not like the meals available on the menu that they would provide patients with an alternative meal.

Best practice guidelines suggest that high-calorie snacks should be offered between meals, mid-morning, mid-afternoon and late evening.<sup>4</sup> Hospital staff told inspectors that patients were offered soup mid morning and yogurt or fruit at 3pm. Inspectors were told that a box of prepared snacks was sent to the ward for the patients' late evening snack at 7.30pm. Inspectors viewed the 'patient snack box form' and noted that it outlined the contents of the box (sandwich, fruit and yogurt) with a section to record patients' names and snacks given.

On inspection, patients confirmed with inspectors that soup was served mid morning and that they were offered tea or coffee with biscuits in the afternoon. When asked by inspectors about the late evening snack, two out of five patients said that they had been offered a late evening snack. Of the remaining three patients, two stated that they had not been offered a snack and one patient said they had not been offered a snack but knew they could ask for one if they wanted a snack.

## **Missed meals**

Catering staff and hospital management told inspectors that there was a system in place to cater for patients who missed a meal. It was practice to keep two to three meals aside in the ward kitchen for patients who missed a meal or who were admitted from the Emergency Department. This was confirmed by a patient who was admitted the previous day from the Emergency Department.

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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.

Staff reported that replacement meals were available until 5.30pm; after this time sandwiches, yogurts and scrambled eggs were available if required. Catering staff told inspectors that nursing staff provided them with information regarding the number of patients returning from the operating theatre late in the evening so that meals could be set aside for these patients.

Five of the seven patients who spoke with inspectors reported that they had not missed a meal, one patient was fasting so could not comment. The other patient told inspectors that they missed a meal while having a test carried out and were given 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 which 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 menu options available for patients from different ethnic, religious and cultural backgrounds. Vegetarian meals were available on the daily menu if required.

Catering staff and hospital management reported that although they did not have a specific menu for patients requiring ethnic, religious or cultural diets, they could provide a specific diet if a patient requested this. For example, the hospital kitchen could source Halal meat if required. In addition, hospital staff showed inspectors a copy of a revised nursing assessment document that included a section to specifically record whether the patient required a therapeutic, religious or ethical diet and a check box to indicate that catering staff had been informed.

Nursing staff told inspectors that sometimes patients who were on a specific diet for religious reasons asked their relatives to bring in food for them. Hospital management told inspectors that the hospital does not have a policy in relation to this practice but were planning to develop a policy in the future. In the interim, the hospital should carry out a risk assessment in relation to this practice to identify and mitigate against any risks to patients while awaiting the completion of a hospital policy.

## 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> They also reported that there was a system in place to identify patients requiring assistance at mealtimes. On the day of inspection, staff and hospital management told inspectors that information regarding which patients required assistance was communicated as follows:

- identified through the nursing assessment on admission and recorded in the nursing assessment documentation
- staff could identify which patients required assistance by observing if the assistance code was recorded on a sign over the patient's bed.
- verbally communicated during nursing and healthcare attendant handover
- verbally communicated to catering staff by nursing staff

On the day of inspection, inspectors observed that the majority of patients were independent with eating and drinking and did not require assistance. Inspectors observed that patients were positioned comfortably prior to the meal and that those who did require assistance were being assisted by nursing and healthcare assistants — with positioning of bed tray tables and cutting up their food — in a timely manner. Inspectors also observed one patient being assisted by their visitor during the meal time.

Hospital management told inspectors that the Royal Victoria Eye and Ear Hospital catered for a large group of patients with visual impairment and therefore, a more personalised patient centred approach was required. Hospital management told inspectors that catering staff organised and described the location of food items on the plate using a clock reference system, for example, patients were told where food items were located such as green beans are located at two o'clock and meat is located at six o'clock. This was to ensure that patients with visual impairment were able to eat and drink independently in a safe manner. One patient with visual impairment told inspectors that staff were always there to provide assistance or they could ring the bell. This patient also reported that food did not get cold because of a

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

lack of assistance and that food was always cut up by staff and tea or water poured for them.

## **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> Inspectors observed meals as they were being served and found that food was served in an appetising way on the day of the inspection. 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. For example, some patients described the food as; 'amazing', 'best I ever had', 'tasty' and 'favourable'.

## **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 staff told inspectors that the water jugs were replaced with fresh water from the fridge every morning and afternoon and jugs were also topped-up throughout the day. One patient described the water as 'nice and cold'. Two patients reported that staff always ensured that they had water to drink. Catering staff told and inspectors observed that tea and coffee were also provided after the midday meal.

## **What worked well?**

- Patients spoke positively about the quality and taste of the food.
- Water jugs were replenished with fresh water during the day.
- There were systems in place to identify patients who required assistance with their meals and patients were observed to receive assistance in a timely manner.

## **Opportunities for improvement**

- The hospital needs to ensure that all patients receive a choice of meal, including those on a therapeutic diet.
- All patients should be offered a range of high-calorie snacks between meals in keeping with best practice guidelines.

## **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 an assessment of activities of daily living including eating and drinking with set questions for staff to complete. These included questions on whether patients required assistance with eating and drinking, had experienced recent unexplained weight loss or obesity and the Malnutrition Universal Screening Tool (MUST), which was the screening tool in use in the hospital to screen patients for their risk of malnutrition. There was a structured care plan for eating and drinking for patients that required one, and documents to record food and fluid intake used semi-quantitative and quantitative measures as recommended in the national guidelines.

Hospital policy stated that all patients admitted to the hospital should be weighed on admission and screened for their risk of malnutrition using the MUST screening tool. Staff told inspectors that the nursing assessment document was currently being revised. A copy of the revised document was shown to inspectors. However, this document prompted staff to complete the MUST screening tool only if indicated by the patient's body mass index (BMI). This was not in keeping with the hospital policy to screen all patients for their risk of malnutrition on admission to hospital.

The healthcare records of five patients were reviewed by inspectors 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 patients were not screened for their risk of malnutrition in line with hospital policy as the MUST score had not been recorded. In addition, two patients who had been in the hospital for more than seven days had not been rescreened for their risk of malnutrition, in line with hospital policy.

Inspectors found that the hospital did not routinely audit or check compliance with the hospital policy on screening patients for their risk of malnutrition. Consequently hospital staff and management were unaware that patients were not being routinely screened for their risk of malnutrition and had not identified this as an area that required improvement.

The inspection team found that all healthcare records contained information in the eating and drinking section of the nursing assessment and 3 out of 5 records were completed in full. Inspectors found that specific therapeutic dietary requirements were recorded for those patients that required it.

Patients' weight on admission was consistently recorded (five out of five records) and heights were recorded in four out of five records reviewed, despite there being no section to record the patients' height (nursing staff recorded this beside the weight).

## **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<sup>◇</sup> and measuring tapes. Weighing equipment had been calibrated as required and were located in easy to access areas on the ward. Inspectors observed patients being weighed and having their height measured on admission. However, nursing staff told inspectors that they did not have access to a hoist scales to measure the weight of immobile patients. In these instances, staff relied on patients' weights being recorded in the patients' transfer documentation if they were transferred from another hospital or healthcare setting.

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<sup>◇</sup> 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. None of the patients on the ward at the time of the inspection required referral or assessment by the dietitian. Patients referred to the dietitian are seen in order of priority and staff reported that all patients who were referred to the dietitian were seen in a timely way. The dietitian operated a weekly outpatient service to see any patients that were unable to be assessed while in hospital. Some patients, such as those with specific types of cancer, were automatically referred to a dietitian on admission.

## **What worked well?**

- All patients were weighed on admission.

## **Opportunities for improvement**

- Screening of patients for their risk of malnutrition on admission to hospital in line with hospital policy and national guidelines.
- Access to a hoist weighing scales.

## **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 and 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 a number of ways to communicate patients' dietary needs between staff to ensure that patients received the correct meals. On admission patients' specific dietary requirements were documented in their healthcare records, verbally communicated at ward patient safety pauses and at nursing handovers. Dietary information was communicated on a white board in the ward kitchen and each patient had an individual sign above their bed with discreet codes indicating to nursing and catering staff if the patient required a special diet. Inspectors observed these coded signs in use and observed patients receiving the correct meal in accordance with the sign.

The 'patient food and nutrition requirements form' was used to communicate patients' choices and special dietary requirements between catering staff and the kitchen. This contained the names of patients requiring specific and or therapeutic diets to ensure that these patients did not get the wrong 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.

## **What worked well?**

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

## **Theme 5: Leadership, Governance and Management**

The *National Standards for Safer Better Healthcare* describe a well-governed service as a service that is clear about what it does and how it does it. 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 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.<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* and sought information relating to the governance arrangements in place to oversee nutrition and hydration practices.<sup>1</sup>

## **Nutrition Steering Committee**

The hospital's Nutritional Steering Committee was set up in September 2015 and is chaired by the hospital's dietitian. The Nutrition Steering Committee has agreed terms of reference that detail purpose, objectives, reporting relationships and core membership. The objectives of the Nutrition Steering Committee were to provide leadership and co-ordinate all aspects of nutrition and hydration care in the hospital, ensuring the delivery of good nutritional practice and a better patient experience.

The Chair of the Committee identified gaps in the membership and was seeking medical representation on the committee in keeping with the national guidelines. Hospital management told inspectors that the Nutrition Steering Committee reported into the general management structure of the hospital. The Committee had met five times between September 2015 and aimed to meet approximately six times per year. Inspectors requested copies of agendas and minutes for meetings of the Nutrition Steering Committee and were given agendas for four meetings and minutes for two meetings so it was unclear if all meetings had been minuted.

The Nutrition Steering Committee had focused on setting and improving nutrition practices through policy development and communication with staff. However, members of the Committee acknowledged further areas of quality improvement that were required included development of new policies, picture menus and the introduction of protected mealtimes. Inspectors found that, despite their recent establishment, the Committee had progressed some developments, however, there were further areas that required prioritization such as screening patients for their risk of malnutrition and audit of nutrition and hydration practices including screening compliance rates.

## **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 the hospital had a system in place for staff to access policies on the hospital's electronic information system, all of which were up to date. The hospital had policies for fasting patients for surgery and screening patients for their risk of malnutrition but did not have an overall nutrition and hydration policy. The Nutrition Steering Committee identified some other areas for further policy development including a protected mealtime policy.

The hospital had policies in place clearly outlining the procedure for fasting patients prior to surgery. Staff told inspectors that many patients were admitted for planned surgery and came into hospital on the morning of their surgery. Patients who were admitted on the day of surgery were sent information by letter prior to admission advising them to fast from midnight and that they could drink clear fluids up to two hours before their admission time. Patients who were having surgery in the afternoon were permitted to eat an early breakfast in keeping with hospital policy.

## **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> Inspectors found that the hospital had not audited the nutrient content and portion size of meals provided. However, the Chair of the Nutrition Steering Committee told the inspection team that the hospital had purchased software to analyse the nutrient content of hospital food. Some menu recipes had been inputted into the software system, but at the time of the inspection an analysis on the nutrient content of food in line with national guidelines had yet to be completed.

The hospital had a system for auditing some aspects of nursing care but this did not include nutrition and hydration care. Overall inspectors found that there was no formalized system of audit or regular monitoring of nutrition and hydration practices within the hospital. This needs to be prioritized by the Nutrition Steering Committee with an initial focus on auditing compliance with screening patients for the risk of

malnutrition in line with hospital policy and also completing the audit of nutrient content and portion size of food in line with national guidelines.

## **Evaluation of patient satisfaction**

The hospital reported that they carried out regular patient satisfaction surveys. Inspectors observed blank patient surveys and a box for posting completed surveys in multiple locations on the ward. The questions focused mainly on communication with the healthcare teams, on services provided and hygiene standards but there were no specific questions on nutrition and hydration care or meals provided. However, when inspectors viewed the hospital satisfaction survey report, they noted that a number of patients had commented positively on the food service despite not being asked about it specifically. This was a missed opportunity to evaluate nutrition and hydration care and how patients experienced the meal service in the hospital.

## **Quality improvement initiatives**

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

- placing a sign over the patients' beds to identify those on therapeutic diets and patients that required assistance
- a white board snack ordering system in the ward kitchen to communicate information on patients who required additional snacks.
- a 'patient requirement form' to record information on special dietary requirements, snacks, and menu choices.

## **What worked well?**

- A nutrition and hydration steering committee had recently been established in the hospital.

## **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 September 2015 that no specific training was provided for nursing, healthcare assistants and catering staff involved in nutrition and hydration care, but did indicate that catering staff received training in the preparation of special/restrictive menus. During interviews with hospital management, the inspection team was told that since September 2015, informal training had been provided to nurses at ward level on MUST screening while catering staff received informal training on hospital nutrition. Inspectors viewed copies of the training sessions slides provided but there was no documentary evidence in relation to attendance at this training.

Some catering staff told inspectors that they had been trained in food safety and this was confirmed by the training records viewed by inspectors.

## **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 the Royal Victoria Eye and Ear hospital had implemented some quality improvement initiatives relating to nutrition and hydration. Initiatives were driven by a Nutrition Steering Committee 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 MUST as the tool of choice to screen patients for their risk of malnutrition. However on the day of the inspection it was evident that patients were not being routinely screened for their risk of malnutrition on admission to hospital in line with 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. All patients who spoke with inspectors were satisfied and complementary about the quality of food and drinks they received while in the Royal Victoria Eye and Ear Hospital. Inspectors observed that patients who required assistance were offered it in a prompt manner.

Inspectors found that the hospital had developed some policies relevant to nutrition and hydration. However, there was no auditing or monitoring of nutrition and hydration care practices in the hospital.

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 Committee must encourage and support improvements in screening patients for risk of malnutrition, develop evidence-based policies and audit nutrition and hydration care. 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.

## References

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