



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration at St. Luke's Hospital, Kilkenny

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

Date of on-site inspection: 28 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.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 St. Luke's Hospital, Kilkenny on 28 June 2016 by authorized persons from HIQA, Aoife Lenihan, Dolores Dempsey-Ryan, Paul Dunbar and Conor Dennehy, between 09.30hrs 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 two wards during the midday meal to check first-hand that patients received a good quality meal service, had a choice of food and that they were provided with assistance with eating if required. Inspectors observed one meal, spoke with 15 patients, their relatives when present, and 12 members of staff, including managers. During the inspection, inspectors used specifically developed observation, interview and record review tools to help assess the quality of care given to patients in acute hospitals, with the focus on nutrition and hydration.

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

Findings

Theme 1: Person-centred Care and Support

Healthcare that is person centred respects the values and dignity of service users and is responsive to their rights, needs and preferences. The *National Standards for Safer Better Healthcare* 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.¹ 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-chill food production and centrally plated system was in use*. The mealtimes reported in the hospital's completed self-assessment questionnaire and in its nutrition and hydration policy were as follows:

- Breakfast: 8.00am–9.00am
- Snack: 10.00am–10.30am
- Midday meal: 12.45pm–1.30pm
- Evening meal: 5.00pm-5.30pm
- Evening tea/coffee 7.30pm and 8.00pm

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.³ Inspectors spoke with 15 patients regarding the spacing and timing of mealtimes. The majority of patients were satisfied with the timing of meals. While

* A "cook-chill" food service system involves chilling the food after it is cooked and re-heating the food prior to serving. Centrally plating food involves placing food onto plates at one central location, such as the hospital kitchen.

inspectors found that the hospital was adhering to best practice guidelines with a four-hour interval between the three main meals of the day two patients told inspectors that meals were served too early, particularly the evening meal, and one patient told inspectors that there was a long time between the evening meal and breakfast and they were only offered biscuits as a snack.

Inspectors observed that in general catering staff engaged well with patients, for example staff addressed patients by name. Inspectors observed that bed tray tables were generally 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[†] outside the door of both wards inspected to discourage unnecessary interruptions at mealtimes. The majority of patients told inspectors that their meals were rarely interrupted.

Choice and variety of food

Menu options were verbally outlined to patients as stated in the hospital's completed self-assessment questionnaire. Inspectors viewed the weekly menu plans which rotated on a three weekly basis and noted that there was a variety of food options available to patients for breakfast, midday and the evening meal. Patients and staff told inspectors that patients ordered their meals on the day they were served and there was a choice of food for breakfast and the evening meal. However, although the menu had a number of options available for each meal, including the midday meal, patients and staff told inspectors that only one option was offered to patients for the midday meal. Staff informed inspectors that if a patient expressed dissatisfaction with the midday meal option on offer, they could offer an alternative meal. For example, boiled bacon, grilled cod or salad was available on the day of the inspection, but patients were only offered boiled bacon.

Inspectors spoke with 15 patients on the day of inspection. Five of these patients reported that they were satisfied with the meal choices offered; seven patients told inspectors that they were not offered a choice for midday meal but were offered a choice for their evening meal. Three patients told inspectors that they were not sure what was on the menu for the midday meal on the day of the inspection.

[†] 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.

Texture-modified[‡] diets include meals that are suitable for patients with swallowing difficulties of varying severity. They should include options for patients who require soft, minced and moist, smooth pureed and liquidised diets.⁴ Hospital staff advised inspectors that some modified meals such as smooth pureed meals were sourced from an external supplier. Smooth pureed meals were prepared in moulds in the shape of the original food items; for example, pureed carrots were in the shape of carrots. On the day of the inspection, inspectors observed one patient receiving a smooth pureed meal as described above.

Inspectors viewed the soft diet and smooth pureed weekly menu plan and noted that there was limited or no choice for patients on these diets. Patients on a soft diet had a choice for breakfast but did not have choice for midday or evening meals although the meals varied from day to day. Patients that required a smooth pureed meal had a choice for breakfast and midday meal but no choice for the evening meal.

Overall, both patients and hospital staff confirmed that there was a lack of choice available to all patients. National guidelines recommend that hospital menus meet the needs of the patients; these menus should provide sufficient choice to offer adequate nutrition to all patients.¹ On the day of the inspection hospital management acknowledged that this was an area of nutrition and hydration care that required improvement and inspectors found documentation of this in minutes from the Nutrition and Hydration Steering Committee meetings and in the Committee's work-plan.

The national guidelines recommended nourishing snacks and drinks be offered to patients between meals.⁴ This may be particularly relevant if there is a long time period between the last meal of the day and breakfast the following morning. During the inspection, catering staff and managers reported that soup was served prior to the midday meal and patients were offered tea and biscuits in the evening. Staff relied on patients to ask for a snack if they wanted one at other times in the day. Ward staff reported that dieticians documented if patients required extra snacks on a special diet sheet, for example, patients requiring a specific high calorie and high protein diet had extra snacks requested and offered to them during the day.

Inspectors asked patients if they were offered snacks. Of the patients inspectors spoke with, the majority said they were offered tea and biscuits as a snack in the

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

evening. One patient expressed the view that the evening meal was served too early and they were only offered biscuits as a snack.

Missed meals

Catering staff and hospital managers told inspectors that the hospital had a system in place to cater for patients who missed a meal. This included keeping an extra meal on the ward, requesting a replacement meal from the kitchen or after 8pm cold salads were available from the ward fridge. Staff told inspectors that if a patient missed a meal and there was a short time period before the next meal service, these patients could have tea and toast, yogurts or a sandwich, which were always available on the ward. On the day of inspection, three patients who had missed a meal confirmed that they received a replacement meal.

Catering for patients with ethnic, religious and cultural dietary needs

The *National Standards for Safer Better Healthcare* state that patients should experience healthcare, which 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, the hospital could provide Halal meals on request. The nursing admission assessment booklet included a question, which prompted nursing staff to ask if the patient had any cultural or spiritual needs. Staff and hospital managers confirmed that ethnic, religious, and cultural food could be sourced from an external supplier if required. They also stated that Halal food was available as it was regularly prepared for staff. 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

sometimes available.⁵ Hospital managers told inspectors that following the completion of the self-assessment questionnaire in August 2015 the hospital had implemented a number of quality improvement initiatives to ensure that assistance was provided in a timely manner. This included employing additional healthcare assistant staff to provide assistance. The hospital had also introduced hospital volunteers during mealtimes to assist patients, under the direct supervision of nursing staff, as required.

Staff and hospital managers told inspectors that information regarding which patients required assistance was communicated on a daily diet sheet, during nursing handover and by placing a red napkin on the meal trays of patients that required assistance with meals. Inspectors observed the use of red napkins on meal trays to identify patients who required assistance at meal times. Staff reported that this system generally worked well.

Inspectors observed that patients were positioned comfortably prior to the meal, and they were provided with dining and feeding aids where needed. While most patients were independent with eating and drinking and did not require assistance, those that required assistance, were easily identified, and were observed being assisted by nursing and care staff.

Patients' experience of meal service – food quality

All patients have a right to safe, nutritious food and the provision of meals should be individualised and flexible.⁴ On the day of inspection, inspectors observed meals as they were being served and found that food was served in an appetising way (the meal served on the day of inspection was boiled bacon, cabbage and vegetables).

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; 'excellent food', 'beautiful food' and 'tasted well'.

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.

⁵ The self-assessment questionnaire offered the following four options to answer the question on the availability of support: always; mostly; sometimes; never.

Catering and nursing staff told inspectors that water jugs were replaced with fresh water in the morning and refilled in the afternoon or as required by healthcare assistants. Inspectors observed that patients were offered drinks of milk with their meals to offer additional nutrition.

What worked well?

- Patients expressed satisfaction with the quality of the meals served.
- There was a system in place to identify patients who required assistance with meals and inspectors observed that patients had been assisted in a timely manner.

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 inspection team found that the hospital had a structured nursing assessment for all admitted patients that contained a baseline assessment of eating and drinking.

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Details on the patient's eating and drinking requirements was detailed in the nursing assessment including whether they needed assistance with eating and drinking or required any special dietary requirements. The nursing assessment section on eating and drinking included the MUST tool (the Malnutrition Universal Screening Tool) which was the tool used by the hospital to screen patients for the risk of malnutrition.

The hospital had a policy on screening patients for their risk of malnutrition. Both wards that inspectors visited had implemented this policy and at the time of the inspection, hospital managers told inspectors that all wards in the hospital with one exception were screening patients (the hospital planned to implement screening on this ward and were introducing screening on a phased basis). The hospital policy required staff to screen patients for their risk of malnutrition on admission and re-weigh them weekly thereafter. It did not require patients to be rescreened for their risk of malnutrition. This was not in keeping with national guidelines that recommend all patients in hospital for longer than one week, regardless of their initial nutritional risk score, should have their nutritional risk reviewed each week.⁴ There was a system to record patients food and fluid intake where required.

Inspectors reviewed the healthcare records of ten patients on the day of the 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 on patients who were at risk of malnutrition, patients who had been referred to a dietitian and or required a specific therapeutic diet. In the ten healthcare records reviewed, inspectors found that nine of these patients were screened for their risk of malnutrition within 24 hours of admission (one patient was not screened for clinical reasons). Patients had a recent weight recorded in all ten healthcare records reviewed. Three records belonged to patients who were deemed to be at risk of malnutrition following screening and two of these patients had been reweighed as per hospital policy.

Staff told inspectors that they did not have access to equipment for measuring a patient's height (necessary for calculating the MUST score) and although eight healthcare records had a height measurement documented, these were either estimated or provided by the patient themselves. The hospital policy for screening patients using the MUST tool detailed that if an actual height could not be measured staff could ask patients to recall their height or estimate the patient's height. This is not in line with national guidelines for acceptable alternatives for measuring a patient's height such as estimating height using ulna length (the length of the forearm).

The inspection team found that the nursing assessment of eating and drinking in all healthcare records reviewed were fully complete and up-to-date. Of the ten healthcare records reviewed by inspectors, four contained a fluid balance chart. Of these, three had quantitative measures of fluids documented and two were fully complete and up-to-date. Nurses were required to record the food intake of four patients. All of the food intake charts viewed used semi-quantitative measures of food intake and three out of four food charts were fully complete and up-to-date.

Equipment for screening

During this inspection, inspectors looked for the required equipment used to screen patients for the risk of malnutrition. This included weighing scales including chair scales and hoist scales for more frail and dependent patients, stadiometers[◇] and measuring tapes. Both wards had access to chair and hoist scales. However, neither of the wards visited had access to equipment to measure the height of patients. All equipment viewed by inspectors, with one exception, had evidence of calibration within the past year; one chair scales did not have a sticker on it documenting that it had been calibrated but hospital management confirmed that this was a new piece of equipment purchased in the last 12 months.

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. Six of the ten patients whose healthcare records which had been reviewed by inspectors had a dietetic assessment. Five out of six patients who had been seen by a dietitian had an assessment within one day of referral (one patient was seen three days after admission but there was no documented referral date). Staff told inspectors that all patients who were referred to the dietitian were seen in a timely way. All patients who had an assessment by a dietitian had a specific nutritional care plan in their healthcare record.

What worked well?

- The hospital had introduced routine screening of patients for the risk of malnutrition on admission in all wards with the exception of one ward.

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

- Patients had access to assessment by a dietitian when required and all patients that had been assessed by a dietitian had a nutritional care plan in place.

Opportunities for improvement

- The hospital policy did not require patients to be rescreened for their risk of malnutrition in line with national guidelines.
- There was no access to equipment to measure patients' height and methods used to estimate patients' heights were not in line with national guidelines.

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 several methods of identifying and communicating patients' dietary needs. On admission, patients' specific dietary requirements were documented in their healthcare records using coloured stickers to denote certain dietary requirements. Catering staff told inspectors that nursing staff documented information about patients' dietary needs on a daily diet sheet, for example if a patient required a diabetic diet. The diet sheet was given to catering staff and listed all patients on the ward by name and bed number. Dietary information was also listed on a white board at the nurses' station.

Catering and nursing staff who spoke with inspectors expressed the view that the systems to ensure that patients received the correct meal worked well. All of the

patients who spoke with inspectors stated that they had 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 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. 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.¹

Nutrition Steering Committee

The hospital has a Nutritional Steering Committee, which was set up in mid 2015 and is chaired by the hospital's Dietitian Manager. It has agreed terms of reference that detail the aim, membership, reporting structures, meeting frequency and functions of the Committee. The aim of the Committee is to ensure that the nutrition and hydration needs for all patients using services in St. Luke's Hospital are met.

Hospital managers told inspectors that the Nutrition Steering Committee reported into the Quality and Safety Executive Committee and that membership of the Committee was in keeping with the national guidelines. The Committee has met five times between August 2015 and April 2016 and aims to meet quarterly. Inspectors requested and reviewed copies of agendas and minutes for the last six meetings; all meetings had been minuted. Attendance at quarterly meetings was in line with the Nutrition Steering Committee's terms of reference. All relevant staff disciplines were represented on the committee and attended meetings. There was a record of discussion and agreed outcomes.

The Nutrition Steering Committee had a work plan for the time period October 2015 to October 2016 with eight focus areas for improvement clearly outlined. Each focus area had a lead person assigned, detailed actions required, who was responsible for each action and a timeframe. Key areas of focus included; nutritional screening, assisting patients at mealtimes and resources required for this, menu cards, texture-modified menus, hospital policies, nutritional care plans and ordering of special diets. Most areas of focus had detailed notes on progress to date with some yet to be actioned.

The inspection team found that the objectives of the Committee were clear and the Committee's work plan reflected progress to date. The Committee's key focus and progress to date had been in relation to screening patients for their risk of malnutrition, which reflected what the inspection team found on the day of the inspection.

There were some areas that had yet to be progressed including; implementing screening patients for the risk of malnutrition on one remaining ward, the introduction of menu cards, auditing assistance given to patients, the introduction of an eating and drinking care plan for use by all healthcare professionals and ordering of special diets. Notwithstanding this, the inspection team found that the Committee functioned well and had a clear plan and road map for how the nutrition and hydration needs of patients at St. Luke's Hospital could be improved.

Policies

Policies are written operational statements of intent which help staff make appropriate decisions and take actions, consistent with the aims of the service provider, and in the best interests of service users.¹ During the inspection, inspectors viewed the hospital's policies relevant to nutrition and hydration and found that the hospital had a system in place for staff to access policies on the hospital's electronic information system and in hard copy in policy folders on the wards visited.

The hospital had a number of policies including a policy for screening patients for their risk of malnutrition, protected mealtimes, and a nutrition and hydration policy in draft format. Hospital managers told inspectors that the hospital did not have a local policy for fasting but they followed the fasting guidelines outlined in the *Model of Care for Elective Surgery, including Implementation Guide National Clinical Programme in Surgery* published by the Royal College of Surgeons.⁵

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 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 the hospital had not audited the nutrient content and portion size of meals of the hospital menu as recommended in the national guidelines.

Inspectors were provided with copies of completed audits in relation to compliance with its policy to screen patients for the risk of malnutrition on admission to hospital. All wards that were screening patients had conducted an audit at least once in the last 12 months. The most recent audits of medical and surgical wards had taken place in May and June 2016. Overall, the results of the most recent audits indicated that compliance with MUST was approximately 50%.

Overall, the hospital could further develop the system of audit for nutrition and hydration care for patients. In particular, this includes auditing compliance with use of the MUST screening tool on a more regular basis to build on improvements made and identify areas requiring further attention. This also includes conducting audits in other areas of nutrition and hydration care as identified by the Nutrition Steering Committee and auditing the nutrient content and portion sizes of hospital meals to provide assurance to the hospital that nutrition and hydration practices reflect national guidelines and hospital policy.

Evaluation of patient satisfaction

Hospital managers told inspectors that they had carried out patient satisfaction surveys and the inspection team were provided with a copy of the most recent patient satisfaction survey report (June 2015). Two of the questions in the survey related to nutrition and hydration, one question asked patients to rate the food and the other question asked patients to rate the help they got from staff to eat their meals. Patients had been given five options to rate these including; excellent, good, fair, poor or very poor.

The results were based on 195 responses for rating the food and 187 responses for rating the help patients received from staff to eat their meals. The results indicated that of those that rated the food, 73% rated the food as excellent or good and the remaining 27% of respondents rated the food as fair, poor or very poor. Only nine patients rated the help they received as all other patients replied that this did not apply to them, of these, 8 of the 9 rated the help as good or fair.

While this patient satisfaction survey provides useful information, it is also limited in how it measured the overall patients' experience as there were no comments to explain why 23% patients rated the food as fair, poor or very poor.

The hospital's Nutrition Steering Committee should consider further methods of engaging with patients, in particular when introducing changes to the current menu and food service, to ensure that the patients' experience of the food and meal services informs the hospital's Nutrition Steering Committee quality improvement programme.

Quality improvement initiatives

The hospital told inspectors about a number of recent quality improvements initiatives implemented in relation to nutrition and hydration. These included the introduction of protected mealtimes, additional healthcare assistants and volunteers to assist patients at meal times and the red napkin system to highlight which patients require assistance at meal times.

What worked well?

- The hospital's Nutrition Steering Committee has played a key role in raising the importance of the provision of good nutrition and hydration care across the hospital and has implemented key quality improvement initiatives.

Opportunities for improvement

- Audit of nutrition and hydration care including auditing the nutrient content and portion sizes of hospital meals.
- Evaluation of patients' experiences of food and meal services and engaging patients in directing improvements of the food and meal service.

Theme 6: Workforce

It is important that the members of the workforce have the required skills and training to provide effective nutrition and hydration care to patients. Evidence suggests that there is a lack of sufficient education in nutrition among all healthcare staff due to the delay in transferring nutritional research into practice in hospitals.⁴

Best practice guidelines recommend that hospitals:

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

Training

The hospital stated in its completed self-assessment questionnaire in August 2015 that specific training was provided for medical, nursing, healthcare assistants and catering staff involved in nutrition and hydration care. The hospital also indicated that catering staff received training in the preparation of special and restrictive menus.

On the day of inspection, hospital management told inspectors that training had been provided to nurses on the wards in relation to the MUST screening tool. Inspectors reviewed copies of attendance records at this training and found that the training was well attended.

However, there was no other training in relation to nutrition and hydration provided for staff other than the MUST screening tool training for nursing staff. Hospital managers acknowledged this during the inspection.

Opportunities for improvement

- Structured and specific training should be provided to all staff involved in providing nutrition and hydration care and meal services in line with national guidelines.

Conclusion

The inspection team found, on the day of inspection, that St. Luke's Hospital had implemented a number of quality improvement initiatives relating to nutrition and hydration. They found that the Nutrition Steering Committee had played a key role in raising the importance of the provision of good nutrition and hydration care across the hospital and had implemented key quality improvement initiatives.

The hospital had selected MUST as the tool of choice to screen patients for their risk of malnutrition and had implemented screening on all wards, with one exception, on a phased basis. Inspectors reviewed a small sample of patient healthcare records and found that these patients were screened for their risk of malnutrition as per hospital policy. However, the hospital needs to review its policy on screening patients for their risk of malnutrition, as it was not in line with national guidelines in relation to rescreening patients and methods of measuring and estimating patients' height.

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. Inspectors observed that patients who required assistance were offered assistance in a prompt manner. All patients who spoke with inspectors were generally satisfied and complementary about the quality of food and drinks they received. However, the majority of patients highlighted that they were not offered a choice of food at the midday meal and patients' knowledge on the type and availability of snacks varied. The hospital should review its system of communicating menu and snack choices to patients to ensure that all patients have a choice of food and can obtain additional snacks if required.

Inspectors found that the hospital had developed a number of policies relevant to nutrition and hydration, and there was some evidence of auditing of nutrition and

hydration care practices in the hospital. A structured audit programme for nutrition and hydration care for patients can help to identify where performance is at the desired level and also identify where improvements are required. The Hospital must now ensure that quality improvement efforts and arrangements in place for meeting patients' nutritional and hydration needs continue to improve. To achieve this, the hospital'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 for the hospital to continue the evaluation of patients' experience of nutritional and hydration care and using patients' views to inform and direct this.

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