



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration at Louth County Hospital, Dundalk

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

Date of on-site inspection: 6 December 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.

Health Information and Quality Authority

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 the Louth County Hospital on 6 December 2016 by authorized persons from HIQA, Dolores Dempsey-Ryan and Gary Kiernan between 09:30hrs and 16:00hrs.⁽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 seven patients, their relatives when present and nine 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-chill food service system was in use and meals were centrally plated.* Hospital managers told inspectors that a cook-fresh food service system was used once a week to supply chips for patients' teas or where a patient requested a specific food item for example, poached egg. The mealtimes reported in the hospital's self-assessment questionnaire, and confirmed by catering staff on the day of inspection, were as follows:

- Breakfast: 8.30am - 9.30am
- In between meal snack: 10.45am - 11.15am
- Midday meal: 12.30pm - 13.30pm
- In between meal snack: 3.00pm - 3.15pm
- Evening meal: 4.15pm - 5.15pm
- Evening tea/coffee supper: 6.30pm - 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-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.

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⁾

Catering staff told inspectors that breakfast was served from 08.30am, the midday meal was served from 12.30pm to 13pm and the evening meal was served from 16.30pm to 5.30pm. Inspectors found that the hospital was not adhering to best practice guidelines with a four hour interval between the end of each meal and the beginning of the next meal of the day.

Inspectors spoke with seven patients regarding the spacing and timing of mealtimes and all patients told inspectors that they were satisfied with the mealtimes.

Hospital managers and nursing staff told inspectors that the hospital had implemented protected mealtimes[†], but did not have a protected mealtime's policy in place. However, the hospital had an information sheet and a poster on protected mealtimes detailing the times of meals. Ward staff told inspectors that protected mealtimes worked well.

On the day of inspection, inspectors did not observe any non-essential interruptions to mealtimes. All seven patients, who spoke with inspectors, said they had not experienced interruptions during their mealtimes.

Choice and variety of food

The hospital stated in its completed self-assessment questionnaire that menu options were verbally outlined to patients. On the day of inspection, catering staff on one of the wards visited confirmed that they verbally communicated the menu choices to patients the day before the meal was served. For example, the menu choices for Wednesday's meals were outlined to patients on Tuesday afternoon.

On the second ward visited, nursing staff told inspectors that healthcare assistants take patients' meal orders. Both nursing and catering staff signed the patient menu order card before it went to the main kitchen to ensure that the correct meals were ordered for patients including meals for patients on texture-modified diets.

[†] 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.

Hospital managers, catering and nursing staff told inspectors that patients were offered three to four choices for their midday meal. Inspectors viewed the menu plans which rotated on a two-weekly basis and noted that patients were offered three choices for the midday and four choices for the evening meals. However, the alternative choice to the main dish of the day was always chicken or minced beef. Hospital managers told inspectors that the speech and language therapist had developed picture menu cards to help patients with communication difficulties communicate their preferences for meals.

On the day of inspection, all seven patients who spoke with inspectors confirmed that they had a choice for both meals which included three to four options. Three patients confirmed that if they did not like the choices offered, they were always offered an alternative. Inspectors observed the meals as they were being served on the day of inspection and noted that they appeared appetizing.

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 and ward staff told inspectors that choices were available for patients requiring texture-modified diets, but were limited for patients on smooth pureed diets. The standard menu meals were available to patients on texture-modified diets such as soft and minced-moist diets and these were processed by the central kitchen to meet the correct consistency.

Hospital managers told inspectors that patients on smooth pureed diets were offered the main dish of the day modified to the consistency for pureed meals. However, if a patient expressed dissatisfaction with the pureed meal offered on a given day, another pureed meal could be regenerated from the cook-chill stock to offer the patient a choice as smooth pureed diets were modified and frozen in advance.

Best practice guidelines suggest that high-calorie snacks should be offered between meals, mid-morning, mid-afternoon and late evening.⁽⁴⁾ This may be particularly relevant if there is a long period of time between the last meal of the day and breakfast the following morning. Hospital managers and ward staff told inspectors that there were three daily snack rounds, which included a mid-morning snack, a 2.30pm and a 6.30pm snack round. Inspectors viewed the evening snack list for patients on standard and texture-modified diets and noted that there was a variety

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

of snacks available, which included fruit, biscuits, custard, rice pudding, sandwiches or fruit brack.

Ward staff told inspectors that information regarding which patients required high protein, high calorie snacks was recorded on a daily menu sheet and on the white board in the ward kitchen. Inspectors also found that catering staff were knowledgeable about textured-modified snacks and could describe a suitable snack for patients on different modified diets.

All seven patients who spoke with inspectors said that they had been offered a variety of snacks which included tea, milk, soup, biscuits, custard or sandwiches. Overall, there was a wide variety of snacks available to all patients including patients on texture-modified diets.

Missed meals

Hospital managers, catering and nursing staff told inspectors that a hot meal could be kept aside in the ward kitchen for a short period of time for a patient who was absent from the ward during the meal service. Catering staff told inspectors that if they were informed in advance that a patient was going to be absent from the ward, a meal could be kept in the fridge and regenerated when the patient returned or a hot meal could be ordered from the kitchen. Hospital managers told inspectors that as the kitchen closed at 5pm, staff could provide patients with alternatives such as a salad or sandwiches.

On the day of inspection, six patients told inspectors that they had not missed a meal during their hospital stay, and one patient who had missed a meal was offered a replacement meal.

Catering for patients with ethnic, religious and cultural dietary needs

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

The hospital stated in its completed self-assessment questionnaire that there were no menu options available for patients from different ethnic, religious, and cultural

backgrounds. However, on the day of inspection, hospital managers, and ward staff told inspectors that they could provide a choice of Halal[§] meals if requested.

Assistance

The hospital stated in its completed self-assessment questionnaire that assistance from nurses and healthcare assistants to support patients at mealtimes was always available.** Nursing staff told inspectors that information regarding which patients required assistance with meals was communicated during nursing handover to nurses and healthcare assistants.

Hospital managers told inspectors that nursing staffing in ward areas could request extra staff, if required, to assist patients with their meals, and this would be facilitated by moving staff to these ward areas. Staff breaks were also staggered to ensure staff were available to offer assistance to patients with their meals. This was also confirmed by nursing staff.

Laminated signs detailing information on the type of assistance a patient required were displayed over patients' beds following an assessment by the speech and language therapist. Hospital managers told inspectors that the hospital planned to introduce discreet symbols over patient beds to identify patients that required assistance with their meals in 2017. This was in line with practice in other hospitals within the hospital group.

Inspectors observed the midday meal and noted that patients were positioned comfortably prior to the meal with dining and feeding aids provided as required including protective clothing. Patients were encouraged to sit out for their meals. Inspectors observed that nurses and healthcare assistants provided patients with assistance in a timely manner and took the time to sit and talk with patients. Visitors were observed assisting their relatives with their meals.

Overall, inspectors were satisfied that patients who required assistance were assisted with their meals in a timely manner.

[§] 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.

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⁾ 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 “hot, plenty to eat” and “tasty food”. All patients expressed satisfaction with the temperature of the food and reported their hot meals were hot on arrival.

Hydration and availability of drinks

On the day of inspection, inspectors observed that drinking water was readily available to patients with jugs and plastic cups of water within easy reach of patients. Hospital managers, catering and nursing staff told inspectors, that water jugs were replaced with fresh water in the morning, and healthcare assistants refilled them throughout the day as required. Patients that spoke with inspectors confirmed this.

Inspectors observed catering staff offering patients water, juice or milk with their midday meal. In general, inspectors were satisfied that patients had access to sufficient hydration throughout the day.

What worked well?

- A system was in place to provide patients with a replacement meal.
- Patients were offered nourishing snacks between meals.
- Patients spoke positively about the quality and taste of the food.

Theme 2: Effective Care and Support

Effective care and support in healthcare means consistently delivering the best achievable outcomes for people using a service in line with best available evidence. In the context of effective care and support for patients, this means that nutrition and hydration care is evidence-based, planned, coordinated and delivered to meet individual patient's initial and ongoing needs. It means assessing patients' risk of malnutrition using a validated assessment tool, monitoring aspects of their nutrition and hydration care and referring patients who are at risk of malnutrition to a dietitian for further specialised input. National guidelines recommend that screening

for risk of malnutrition should be carried out on every patient within 24-hours of admission to hospital.⁽⁴⁾

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

Patient assessment and malnutrition screening

Inspectors reviewed the healthcare records of five 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, in particular on patients who were at risk of malnutrition, had been referred to a dietitian and or required a specific therapeutic diet. Four of the five patient healthcare records reviewed by inspectors included a nursing assessment of nutrition and hydration needs completed within 24-hours of admission and one patient nursing assessment was completed after 24-hours.

Hospital managers told inspectors that all wards in the hospital were screening patients for their risk of malnutrition using the Malnutrition Universal Screening Tool (MUST). This is the tool recommended in the national guidelines.⁽⁴⁾ The hospital did not have a policy on MUST screening. All of the five patient healthcare records reviewed by inspectors had a MUST assessment completed within 24-hours of admission to hospital. Four of these five patients were re-screened for their risk of malnutrition in line with national guidelines. The remaining patient was not re-screened for valid clinical reasons.

Of the five healthcare records viewed by inspectors, no records had fluid balance charts as they were not required for these patients. Three healthcare records contained food charts and two of these used semi-quantitative measures as recommended by the national guidelines and all food charts were complete and up-to-date.

Overall, inspectors found that the hospital had implemented screening patients for their risk of malnutrition, and patients were re-screened weekly in line with national guidelines.

Equipment for screening

During this inspection, inspectors observed some of the required equipment used to screen patients for the risk of malnutrition was in place. This included weighing

scales, chair scales (for more frail and dependent patients), stadiometers[◇] and measuring tapes. Inspectors viewed the weighing equipment on one of the wards visited and noted that equipment was easily accessible. However, not all the equipment had been calibrated as required within the previous 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. Patients with a MUST score of two or more were routinely referred to a dietitian and referrals were accepted from medical staff.

Hospital managers told inspectors that dietitians and speech and language therapists worked across two hospital sites in Louth County Hospital and Our Lady of Lourdes Hospital, Drogheda. They visited Louth County Hospital at least once a week or more often if required. Both hospitals shared a hospital information system to allow for information sharing about patients' referral and assessment status.

On both of the wards visited by inspectors, nursing staff told inspectors that this system worked well. Nursing staff refer patients to the dietitian depending on the patient's MUST score and doctors referred patients to the speech and language therapist.

Four of the five healthcare records reviewed by inspectors belonged to patients who had a documented assessment by a dietitian. Of these four, one patient was seen by the dietitian on the same day as referral; one patient was seen within 24-hours and it was not possible to determine the referral date for the remaining two patients as these patients were originally referred to the Louth County Hospital from another hospital.

Three patient healthcare records contained swallowing assessments by a speech and language therapist. Of these three, two patients were seen within four to five working days of referral and it was not possible to determine the date of referral in one patient's healthcare record. Overall, inspectors were satisfied that patients had access to dietetic and speech and language therapy services.

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

What worked well?

- Food charts were complete and up-to-date.
- Staff had access to appropriate equipment to measure patients' height and weight.
- There was timely access to dietetic services.

Theme 3: Safe Care and Support

Safe care and support recognises that the safety of patients and service users is of the highest importance and that everyone working within healthcare services has a role and responsibility in delivering a safe, high-quality service. Certain areas relating to nutrition and hydration care are associated with a possible increased risk of harm to patients. These include:

- identifying whether hospitals have systems in place to ensure that the right meal is served to the right patient
- ensuring patients are not experiencing prolonged fasting unnecessarily
- ensuring patient safety incidents relating to nutrition and hydration care are reported, recorded, investigated and monitored in line with best available evidence and best practice guidelines.

Communication of dietary needs

Nursing and catering staff told inspectors that they had a number of systems in place to communicate patients' dietary needs between staff to ensure that patients received the correct meals. On admission, nursing staff documented information regarding patients' nutrition and hydration needs in the nursing admission and assessment notes.

Hospital managers told inspectors that the catering manager collected the patients' menu card orders from the wards each morning. The information recorded on these cards was used to prepare meals labelled with the patients' bed number and a description of the type of meal ordered. Catering staff checked the patient menu card orders against the labelled meals that came from the main kitchen before distributing meals to ensure that all patients received the correct meal.

Inspectors observed meals being served on the day of inspection and noted that meals were labelled with the patients' bed number and a description of the type of meal, for example, pureed meal. All patients who spoke with inspectors stated that they had always received the correct meal. On the day of inspection, patients who required a specific diet, were seen by inspectors to receive the correct meal.

Patients safety incidents in relation to nutrition and hydration

A good patient safety reporting culture within a healthcare service means that patient safety incidents are being reported frequently allowing for greater opportunities to learn and improve from patient safety incidents.⁽⁵⁾ Hospital managers told inspectors that incidents were reported through the hospitals' incident management system and discussed at the Nutrition Service Working Group. Learning alerts were issued to relevant staff following an incident if appropriate.

Hospital staff and management reported that there had been two patient safety incidents reported in relation to nutrition and hydration care in the last 12 months and these incidents did not result in harm to the patients involved.

On review of the findings from the observational audit of protected mealtimes carried out in July 2016 and the minutes of the Nutrition Services Working Group meetings, inspectors found examples of other incidents where patients had not received the correct meal. These incidents did not result in harm to the patients involved. A learning alert was sent out to all departments after these incidents to ensure patients received the correct meals as ordered.

Opportunities for improvement

- The hospital needs to implement quality improvement systems to ensure that all patients received the correct meals ordered.

Theme 5: Leadership, Governance and Management

The *National Standards for Safer Better Healthcare* describe a well-governed service as a service that is clear about what it does and how it does it.⁽¹⁾ The service also monitors its performance to ensure that the care, treatment and support that it provides are of a consistently high quality throughout the system.⁽¹⁾ Best practice guidelines state that hospital management must accept responsibility for overall nutritional care in hospitals. In addition, hospital managers, dietitians, physicians,

nurses, catering managers and food-service staff must work together to achieve the best nutritional care. Hospital management must facilitate and give priority to such cooperation.⁽⁴⁾

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

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

The inspection team looked at key leadership, governance and management areas aligned to the *National Standards for Safer Better Healthcare* and sought information relating to the governance arrangements in place to oversee nutrition and hydration practices.

Nutrition Steering Committee

Louth County hospital stated in its completed self-assessment questionnaire that it did not have a nutrition steering committee in place, but had a Catering Services Operation Group in place.

At the time of inspection, hospital managers told inspectors that the hospital had established a Nutrition Services Working Group in October 2015 and Louth County Hospital's Catering Manager chaired this group.

As Louth County Hospital's management team reported into Our Lady's of Lourdes Hospital, Drogheda's management team, its Nutrition Services Working Group was a sub-group of the Nutrition and Hydration Steering Committee in Our Lady of Lourdes Hospital. Both the Hospital Administrator of Louth County Hospital and the Acting Director of Nursing of Our Lady's Hospital Drogheda co-chaired the Nutrition and Hydration Steering Committee.

Inspectors viewed the terms of reference of the Nutrition Services Work Group and the Nutrition and Hydration Steering Committee, and noted that all relevant staff disciplines were represented on the Nutrition and Hydration Committee in Our Lady's of Lourdes Hospital in line with national guidelines including medical staff. However, as the Nutrition Services Working Group had access to the committee members for advice if required, membership of their group was reduced to include nursing and catering staff, representation from dietetic, speech and language and occupational therapy services.

The Nutrition Services Working Group had draft agreed terms of reference that detailed the aim, membership, roles and responsibilities of its members, meetings and record keeping. The aim of the Nutrition Services Working Group was to implement improvement and change where required to the provision of nutrition and hydration care to all patients in Louth County Hospital.

The Nutrition Services Working Group had met 15 times since January 2016 and aimed to meet at least monthly. This Group reported into the Nutrition and Hydration Steering Committee in Our Lady of Lourdes Hospital Drogheda quarterly.

Inspectors requested and reviewed copies of agendas and minutes for the last six meetings. There was a record of discussion and action plans. Each action plan had a lead person assigned to each action. Actions included areas such as education on MUST, snacks, menu lists, incidents, the use of discreet symbols to identify patients' who require assistance with meals and implementation of protected mealtimes. Most areas of focus on the action plan had detailed notes on progress to date.

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⁾

The hospital stated in its completed self-assessment questionnaire that policies on protected mealtimes, screening patients for their risk of malnutrition and nutrition and hydration were not in place. This was confirmed on the day of inspection. The hospital had a fasting guideline and an enteral feeding policy.

Inspectors concluded that the hospital needs to progress with the development, approval and implementation of nutrition and hydration policies to standardize nutrition care and meal service provision at the hospital.

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 the hospital planned to acquire software to analyse the nutrient content of the hospital meals, but at the time of the inspection, an audit of the

nutrient content and portion size of meal had not been conducted as recommended in the national guidelines.

Inspectors were provided with copies of completed audits, which included audits of compliance with screening patients for their risk of malnutrition using the MUST tool in 2014 and observational audits of mealtime processes in July 2016.

Inspectors viewed the MUST screening audit results for 2014 for both of the wards visited. One ward achieved 68% compliance with MUST screening for patients on admission and 73% compliance with re-screening of patients for their risk of malnutrition. The second ward visited achieved 43% compliance with MUST screening for patients on admission and 29% compliance with re-screening of patients for their risk of malnutrition. The hospital did not have more recent audit results to compare current compliance rates for screening patients for the risk of malnutrition with the previous findings from 2014 to determine if compliance rates had improved. Hospital managers told inspectors that they planned to re-audit compliance with MUST screening in 2017.

Inspectors viewed an observational audit of protected mealtimes for July 2016 on one of the wards visited. Twenty-five patients' meals were observed over three mealtimes. The results showed that non-essential interruptions were observed during mealtimes, for example, drug rounds and ward cleaning. However, nursing staff told inspectors that following this audit, changes were made to reduce non-essential interruptions at mealtimes. For example, the practice of cleaning the ward during mealtimes was stopped. This audit also highlighted that when the number of patients requiring assistance outnumbered ward staff, it was not feasible to assist a patient for the entire meal. Recommendations from the audit findings included better identification of patients requiring assistance with meals, reduction of interruptions such as cleaning or drug rounds during mealtimes and improved adherence to patient safe feeding guidelines.

Evaluation of patient satisfaction

Hospital managers told inspectors that the hospital carried out patient satisfaction surveys in 2014 and 2016. Inspectors viewed the patient satisfaction survey for patients in one ward, and noted that there were 12 questions relating to patients' experience of the care they received during their hospital stay. While there were no specific questions in this survey relating to nutrition and hydration, patients' comments on the food were generally positive. A key feature of the evaluation of patients' experience of care including nutritional and hydration care is to use

patients' views to inform and direct current and future quality improvements in the area of nutrition and hydration.

Quality improvement initiatives

Hospital managers and nursing staff told inspectors about some quality improvement initiatives implemented in relation to nutrition and hydration which included the following:

- The introduction of protected mealtimes on a number of wards
- Implementation of picture menu cards to help patients with communication difficulties communicates their preferences for meals.

Hospital managers told inspectors that the hospital planned to introduce a dining room as an initiative to facilitate a communal dining experience and improve enjoyment at lunchtime for patients.

What worked well?

- The hospital had established Nutrition Services Working Group that had implemented some quality improvement initiatives to support nutrition and hydration care of patients.

Opportunities for improvement

- The hospital needs to progress with the development, approval and implementation of nutrition and hydration policies to standardize nutrition care and meal service provision at the hospital.
- A structured programme of audit for nutrition and hydration care, including regular audit of screening patients for the risk of malnutrition and auditing the nutrient content and portion sizes of hospital meals.
- 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.⁽⁴⁾

Best practice guidelines recommend that hospitals:

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

Training

The hospital stated in its completed self-assessment questionnaire that specific training was provided to healthcare assistants, nursing, catering, medical and household staff through lectures and workshops. The hospital also indicated that catering staff received training in the preparation of special and restrictive menus.

On the day of inspection, hospital management and nursing staff told inspectors that MUST training had been provided to nursing and healthcare assistants staff in 2016 . Inspectors viewed the 2016 MUST training records.

Dietitian and speech and language therapist provided combined training on dysphagia, texture-modified diets and thickening fluids to ward and catering staff. Inspectors viewed training records on dysphagia training provided to ward staff by the speech and language therapist in 2015.

Hospital managers told inspectors that nutrition and hydration information was part of the staff induction programme and this was confirmed by ward staff.

What worked well?

- Training on MUST screening had been provided to nursing staff and healthcare assistants and it was well attended.

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 Louth County Hospital had a Nutrition Services Group in place that played a key role in raising the importance of the provision of good nutrition and hydration care and had implemented some quality improvement initiatives relating to nutrition and hydration. Inspectors found that the hospital was screening patients for their risk of malnutrition using the MUST tool in line with 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 with the quality of food and drinks that they received while in hospital. There were a number of menu choices available for patients on standard and texture-modified diets. Inspectors observed that patients who required assistance with meals were offered assistance in a prompt manner.

Inspectors found that the Nutrition Services Group had audited MUST screening in 2014. However, the hospital did not have more recent audit results to compare current compliance rates for screening patients for the risk of malnutrition with the previous findings from 2014 to determine if compliance rates had improved. The hospital had not audited the nutrient content and portion size of meals. These should be key areas of focus for improvement by the hospital following this inspection. In addition, the hospital needs to develop and implement a number of policies relevant to nutrition and hydration care.

The hospital had also carried out patient satisfaction surveys with questions relating to patients' experience of the care they received during their hospital stay. However, these surveys did not include specific questions on nutrition and hydration care. The hospital should now engage with patients about the hospital food service through patient satisfaction or patient experience surveys.

The hospital must now ensure that quality improvement efforts and arrangements in place for meeting patients' nutritional and hydration needs continue to improve. To achieve this, the hospitals' Nutrition Services Group, should regularly audit compliance with screening patients for their risk of malnutrition to drive improvements in compliance rates. They should also audit the nutrient content of food and portion sizes of meals and audit other quality improvement initiatives to improve nutrition and hydration care in the hospital. A key focus for quality improvement is to improve the patients' experience of the food served, mealtimes,

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and use patients views to inform and direct change or to reinforce good practices where they exist.

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