



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection of nutrition and hydration at Midlands Regional Hospital Portlaoise, Co.Laois**

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

Date of on-site inspection: 02 February 2017



## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent Authority established to drive high quality and safe care for people using our health and social care and support services in Ireland. HIQA's role is to develop standards, inspect and review health and social care and support services, and support informed decisions on how services are delivered. HIQA's ultimate aim is to safeguard people using services and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.



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## Introduction

In 2015, the Health Information and Quality Authority (HIQA) began a monitoring programme to look at nutrition and hydration care of patients in Irish hospitals. HIQA used the *National Standards for Safer Better Healthcare* to review how public acute hospitals (other than paediatric and maternity services) were ensuring that patients' nutrition and hydration needs were being adequately assessed, managed and effectively evaluated.<sup>(1)</sup> A national report of the review of nutrition and hydration care in public acute hospitals was published in May 2016 which presented the findings of this monitoring programme.<sup>(2)</sup> This report described areas of practice that worked well in hospitals and identified opportunities for improvement (the report is available on HIQA's website, [www.hiqa.ie](http://www.hiqa.ie)). In that report the following four key areas for improvement were identified:

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

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

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

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

As part of the HIQA programme of monitoring nutrition and hydration care in public acute hospitals against the *National Standards for Safer Better Healthcare* an unannounced inspection was carried out at the Midlands Regional Hospital on 2 February 2017 by authorized persons from HIQA, Siobhan Bourke, Dolores Dempsey-Ryan and Noelle Neville, between 09.45hrs and 15.30hrs.<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 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 10 patients, their relatives when present and 11 members of staff, including managers. During the inspection, inspectors used specifically developed observation, interview and record review tools to help assess the quality of care given to patients in acute hospitals with the focus on nutrition and hydration.

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

## Findings

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

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

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

### Meal service and timing of meals

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

- Breakfast: 7.30am-8.15am
- Midday meal: 12.30pm-1.30pm
- Evening meal: 4.30pm-5.15pm

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 not adhering to best practice guidelines with a four hour interval between the three main meals of the day as the midday and evening meal had a three hour gap between these meals. Inspectors spoke with 10 patients regarding the spacing and timing of mealtimes. While most

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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.



patients told inspectors that they were satisfied with the mealtimes, three patients told inspectors that breakfast was served too early.

Hospital managers told inspectors that they had developed a policy on protected mealtimes<sup>†</sup> and had implemented it in the general wards since February 2016. Inspectors observed no interruptions to patients during their midday meal in the two wards inspected. Inspectors observed a protected mealtime sign placed at the entrance of both wards informing staff and visitors that the mealtime was in progress on the wards. On the day of inspection, inspectors heard an announcement made over the hospital's public address system to inform visitors and staff of protected mealtimes. Hospital managers and nursing staff told inspectors that nurses' lunch breaks had been changed to facilitate protected mealtimes to ensure that nursing staff were all available to assist at mealtimes and inspectors observed this on the day of inspection. Ward staff told inspectors that protected mealtimes worked well and reported that medication rounds and tests or procedures which were deemed to be non-essential were not carried out during mealtimes.

On inspection, inspectors observed no evidence of non-essential interruptions during the midday meal. Nine out of the 10 patients spoken with by inspectors stated that their meals were not interrupted. One patient told inspectors that their meal was interrupted to attend for a test.

## **Choice and variety of food**

The hospital stated in its completed self-assessment questionnaire that menu options were outlined for patients verbally and through use of picture menus. This was confirmed by patients and staff on the day of inspection. Hospital managers told inspectors that picture menus were used to help patients with communication difficulties to understand the menus. On the day of inspection, patients and staff told inspectors that patients ordered their midday and evening meals in the morning for that day's meal service. This enabled patients to choose their meal as close to the serving of the meal as possible.

Inspectors viewed the weekly menu plan that rotated on a three weekly menu cycle and noted that there was a variety of food options available to patients for the

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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.

midday and evening meal. Hospital managers reported that patients on therapeutic diets had the same choices as patients on standard menus.

All patients interviewed on the day of inspection confirmed that they were offered two to three choices for their midday and evening meals. Hospital managers and ward staff told inspectors that if patients did not like the choices offered, they could order an alternative.

Texture-modified diets<sup>†</sup> include meals that are suitable for patients with swallowing difficulties of varying severity. They should include options for patients who require soft, minced and moist, smooth pureed and liquidised diets.<sup>(4)</sup>

Hospital managers and ward staff told inspectors that patients requiring texture-modified diets had the same choices as patients on a standard menu. The hospital had purchased plates with separate sections for serving texture-modified diets to ensure that food types remained separate. Inspectors observed a number of texture-modified diets, ordered by patients for the midday meal, on the day of inspection, which appeared appetizing. Hospital managers and catering staff told inspectors that patients' preferences were accommodated where possible when patients did not like the menu options available. This was observed by inspectors on the day of inspection where patients were seen to be served meals that were not on the menu.

Overall, inspectors found that patients on normal, therapeutic and texture-modified diets had a variety of choices for their midday and evening meal.

Best practice guidelines suggest that high-calorie snacks should be offered between meals, mid-morning, mid-afternoon and late evening.<sup>(4)</sup> 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. Catering and nursing staff told inspectors that soup with bread, tea or coffee was served between breakfast and the midday meal as a midmorning snack and inspectors observed this on the day of inspection. Catering and nursing staff told inspectors that an evening snack round began in the hospital at 7pm where a selection of drinks including tea, coffee, milk, biscuits, fortified mousse, fruit, yogurts and sandwiches was provided to patients. This was confirmed by patients who spoke with inspectors.

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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.

## Missed meals

Hospital managers and catering staff told inspectors that there was a system in place to cater for patients who missed a meal. Nursing staff told inspectors that catering staff could get a hot meal for patients until 6pm and after this time patients were offered sandwiches. On the day of inspection, seven of the 10 patients told inspectors that they never missed a meal. Three patients who missed a meal told inspectors 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 that respects their diversity and protects their rights.<sup>(1)</sup> Dietary practices within and between different cultural groups can be quite varied. It is important not to assume what an individual's dietary practices are just because they belong to a particular faith or culture. This may vary depending on practices such as fasts, festivals, food restrictions and other requirements.

The hospital's completed self-assessment questionnaire stated that there were menu options for patients from different ethnic, religious, and cultural backgrounds. The nursing assessment documentation included a section to identify any special dietary needs for patients on admission. On the day of inspection, hospital managers, catering and nursing staff confirmed that ethnic, religious, and cultural food could be provided if required. Halal<sup>¥</sup> meals were available. Vegetarian meals were also available each day.

## Assistance

The hospital stated in its completed self-assessment questionnaire that assistance from nurses and healthcare assistants to support patients at mealtimes was always available.<sup>§</sup> Hospital managers and ward staff told inspectors that information regarding which patients required assistance was identified through the patient's nursing assessment on admission, recorded in the nursing assessment documentation and verbally communicated during nursing handover.

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

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

Nursing staff who spoke with inspectors said that visitors could assist their relative with their meals and inspectors observed this to be the case on the day of inspection.

Patients were positioned comfortably prior to the meal and were provided with dining and feeding aids where needed. Inspectors observed good social interaction between patients and ward staff. Inspectors observed that a number of patients required assistance on the day of inspection and those that required it, were attended to by nursing and healthcare staff in a timely manner. Assistance was offered with the cutting up of food, opening of packages and with feeding. Seven of the 10 patients who spoke with inspectors said they did not require assistance, however, three patients who required assistance told inspectors they received it.

Overall, inspectors were satisfied that there was a system to ensure that those patients who required assistance or encouragement with meals received it.

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

All patients have a right to safe, nutritious food and the provision of meals should be individualised and flexible.<sup>(4)</sup> On the day of inspection, inspectors observed catering staff serving meals, which were centrally plated from a food trolley. Inspectors observed meals as they were being served, and noted that the food was served in an appetizing way.

Inspectors spoke with 10 patients about their views on the quality of food provided in the hospital. All 10 patients who spoke with inspectors said that hot food was served hot at mealtimes. All patients spoke positively about how the food tasted and the food service. However, one patient said that they would like smaller portions.

### **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. Hospital managers and ward staff told inspectors that water jugs were replaced with fresh water twice a day and refilled as required. All patients spoken with confirmed this to be the case on the day of inspection. In general, inspectors were satisfied that patients had access to sufficient hydration throughout the day.

## What worked well?

- The hospital had implemented a protected mealtimes policy on the general hospital wards.
- Patients who required assistance were observed to receive it in a timely manner.
- Patients spoke positively about the quality and taste of the food.
- Water jugs were refilled with fresh water twice during the day.

## Opportunities for improvement

- Review the spacing and timing of meals to reflect patient feedback.

## 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

Inspectors reviewed the healthcare records of 10 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. All 10 patients' healthcare

records reviewed by inspectors included a nursing assessment of nutrition and hydration within 24-hours of admission.

Hospital managers and nursing staff told inspectors that all patients were screened for their risk of malnutrition using the Malnutrition Screening Tool (MST) since 2014. However, the hospital had developed a policy on screening patients for their risk of malnutrition using the MUST tool in July 2016, but this had yet to be implemented. Inspectors were told that implementation of the MUST tool was delayed until training was rolled out and the MUST tool was incorporated into nursing assessment documentation. Nursing staff told inspectors that it was hospital practice to screen patients on admission using the MST and patients who scored two or more were referred to a dietitian for nutritional assessment. Patients who scored zero or one were re-screened weekly and re-weighed weekly. Of the 10 healthcare records reviewed by inspectors, all healthcare records had a completed MST within 24 hours of admission to hospital.

Nine of the 10 healthcare records reviewed had patients' weights recorded on admission. The remaining patient who was not weighed had a valid clinical reason for not being weighed documented in the healthcare record. Six of the healthcare records belonged to patients who were in hospital longer than a week and four of these patients were re-weighed. However, none of these patients was re-screened weekly using the MST tool.

Inspectors examined fluid intake and output and food charts in the healthcare records. Of the 10 healthcare records reviewed, six contained fluid intake and output charts which had quantitative measures documented as recommended by national guidelines and four of these six fluid intake and output charts were fully completed and up-to-date. Four healthcare records contained food charts and all four used semi-quantitative measures as recommended by the national guidelines and were fully completed and up-to-date.

Overall, inspectors found that the hospital was screening patients for their risk of malnutrition and patients were being weighed on admission to hospital. However, patients were not always re-screened or re-weighed weekly in line with national guidelines. <sup>(4)</sup>

## **Equipment for screening**

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

chair scales, hoist scales (for more frail and dependent patients), stadiometers<sup>◇</sup> and measuring tapes. Equipment for weighing and measuring patients' height was easily accessible on both wards and was 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. Hospital managers and nursing staff told inspectors that patients with a MST score of two or more were referred to the dietitian by medical and nursing staff.

Six of the 10 healthcare records reviewed by inspectors belonged to patients who had a documented assessment by a dietitian. The dietitian saw three of these six patients on the same day of referral, while three patients were seen the day following referral. Hospital managers told inspectors that dietitians had developed and implemented a guideline for prioritizing adult inpatient referrals at the hospital and monitored referral timeframes in line with this guideline. Inspectors viewed these target timeframes from July to December 2016 and noted that dietitians reviewed 98% to 100% of high priority patients within the recommended timeframe.

Four of the patient healthcare records reviewed belonged to patients who were referred for swallowing assessments by a speech and language therapist. Of these four patients, one patient was seen on the same day of referral and one patient was seen within 24 hours of referral to the speech and language therapist. Two patients were referred the day before inspection and were awaiting review.

## **What worked well?**

- A nursing assessment of patients' nutrition and hydration needs was carried out within 24- hours of admission.
- The hospital was screening patients for their risk of malnutrition on admission in all wards.
- Staff had access to appropriate equipment to measure patients' height and weight.

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

- There was timely access to dietetic and speech and language therapy services.

## Opportunities for improvement

- Re-screening patients for their risk of malnutrition 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
- 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 including any specific dietary requirements or if the patient required assistance. Nursing staff on night duty completed a diet sheet that detailed patients' names, bed number and dietary requirements. Nursing and catering staff told inspectors that the diet sheet was signed by nursing staff and sent to the kitchen every morning before meal service began. Inspectors observed that catering staff checked this list before distributing meals to ensure that patients received the correct meal. Inspectors observed that midday meals were also labelled with patients' bed numbers.



Hospital managers told inspectors that in July 2016, an audit was conducted to ascertain if all patients were receiving the correct meal. Findings from this audit resulted in improved communications between dietetic and catering staff. Inspectors observed speech and language therapy guidelines displayed at patients' bedsides. On the day of inspection, all patients who spoke with inspectors stated that they always received the correct meal.

## **Patients safety incidents in relation to nutrition and hydration**

Hospital managers and staff told inspectors that there was a system in place for reporting and reviewing patient safety incidents and complaints at the hospital. All incidents and complaints regarding nutrition and hydration care were reviewed at the Nutrition Steering Committee and this was recorded in the minutes of meetings reviewed by inspectors. The minutes recorded that six patient safety incidents were reported and reviewed and four written complaints received from patients in relation to nutrition and hydration in 2016. Hospital managers told inspectors that in response to complaints from patients the evening snack and drinks round was being reviewed to improve the timing of this snack for patients.

## **What worked well?**

- There was a system in place to ensure patients received the correct meal.

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

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

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

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

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

## **Nutrition Steering Committee**

At the time of inspection, the hospital had a Nutritional Steering Committee, which hospital managers reported was established prior to 2009. The hospital's Quality Improvement Manager chaired this Committee. It had agreed terms of reference that detailed the purpose, membership of the group frequency of meetings and record keeping. The aim of the Committee was to implement systems to ensure that all patients admitted to hospital receive high quality nutrition and hydration care and to oversee the implementation of national guidelines. <sup>(4)</sup>

Hospital managers told inspectors that the Nutrition Steering Committee reported into the hospital's Quality and Safety Executive Committee on a quarterly basis and escalated any concerns or risks for review at the weekly operational meetings held by the hospital's senior management team.

The Committee had met seven times between February 2016 and September 2016. The Terms of Reference for the Committee were updated in August 2016 and the Committee planned to meet on a quarterly basis from this date. The next meeting of the Committee was scheduled to take place in February 2017. The membership of the Committee included representatives from catering, nursing, speech and language therapy, dietitians and domestic services. However, there was no medical representative or pharmacist on the Committee in line with national guidelines. <sup>(4)</sup>

Inspectors requested and reviewed copies of agendas and minutes for the last six committee meetings; all meetings had been minuted. There was a record of the topics discussed, actions required and persons responsible for completing the actions in the minutes. The inspection team found that the Committee functioned well and had a clear plan for how the nutrition and hydration needs of patients in the 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.<sup>(1)</sup>

During the inspection, inspectors were told that there was a system in place for staff to access policies on the hospital's computer network and hard copies were available on the ward. The hospital had a number of policies including a nutrition and hydration policy, a policy on protected mealtimes and a policy on screening patients for their risk of malnutrition. Hospital managers told inspectors that the fasting policy was being reviewed at the time of inspection.

## 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> Hospital managers told inspectors that the hospital had purchased a computer software package to analyse the nutrient content of the patients' menus and had commenced analysis of the modified consistency diets and high calorie, high protein diets. An audit of portion sizes was also in progress at the time of inspection.

Inspectors were provided with copies of audits relevant to nutrition and hydration care completed at the hospital in 2016. These audits included monitoring compliance with completion of nursing care assessments relevant to nutrition and hydration, recording of patients' weights and completion of the MST screening tool. Inspectors viewed the July and November 2016 MST audit results, and noted that compliance with the completion of MST documentation was 50% on both occasions. The audits indicated further work is required to drive improvement in this area. Compliance with recording patients' weight increased from 50% in July 2016 to 75% in November 2016.

The hospital had also undertaken an audit of meal order sheets in July 2016 to ascertain the correct therapeutic diets had been ordered for patients. This audit found that high calorie, high protein diets were not always ordered for patients who required them. In November 2016, an audit of the nutritional intake of patients on high calorie, high protein diets found that half of patients on these diets were not meeting their individual calorie requirements. In response to these findings, hospital

managers told inspectors that when dietitians reviewed any new patients who required high calorie, high protein diets, they emailed the Catering Manager on a daily basis outlining patients' requirements to ensure the correct diet was ordered. The hospital planned to repeat this audit in 2017.

An observational audit of compliance with modified consistency diets and fluid consistency recommendations was also undertaken over a two week period from July to August 2016. This audit identified that overall compliance with modified consistency diets and modified consistency fluids was found to be 70%. In response to this finding, training on modified consistency diets and fluids was planned for nursing and healthcare staff.

In October 2016 an observational audit on one ward was undertaken to assess if patients who required assistance received it. Findings from this audit indicated that all patients who required assistance were seen to receive it either from nursing staff, healthcare staff or visitors.

Overall, inspectors found that the hospital had completed a number of audits in relation to nutrition and hydration. However, the hospital needs to progress with the analysis of the nutrient content and portion sizes of all patients menus in line with national guidelines. <sup>(4)</sup>

## **Evaluation of patient satisfaction**

Hospital managers told inspectors that the hospital carried out patient meal satisfaction surveys twice a month across the hospital. Inspectors viewed the survey questionnaire and findings from these surveys from October 2015 to January 2017. The survey included questions on food choice and presentation, food temperature, portion size, replacement meals and staff attitudes. Inspectors found on reviewing the findings of the patient surveys for 2016 that 547 patients reported they were satisfied with the food and meal service and were complimentary about the food and catering staff. The negative comments reported in the patient surveys mainly related to the temperature of the tea and replacement meals. Hospital managers told inspectors that they had implemented a vegetarian option on the daily menu for patients in response to feedback.

Overall, inspectors found that the hospital was closely monitoring patients' satisfaction and experience of food and mealtimes and were responsive to the findings of the surveys.

## Quality improvement initiatives

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

- The introduction of protected mealtimes on general wards.
- Picture menu book to improve communication for patients with communication difficulties.
- Development and implementation of policies to standardise nutrition and hydration care.
- Improved the selection of evening snacks for patients on high calorie, high protein diet and texture-modified diets.

## What worked well?

- The hospital had an established Nutrition Steering Committee that had implemented a number of quality improvement initiatives to support nutrition and hydration care of patients.
- The hospital had conducted a number of audits in nutrition and hydration care.
- The hospital regularly sought patients' feedback on their satisfaction with meals and food service.

## Opportunities for improvement

- Progress with the analysis of the nutrient content and portion size of all patient menus.
- Progress with the implementation of the hospital's policy on MUST screening and review and implementation of the hospital's fasting policy.

## 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

On the day of inspection, hospital managers and nursing staff told inspectors that nine training sessions had been provided to nursing staff on the wards in relation to the use of the MUST screening tool in 2016 in advance of its implementation in 2017. Training records reviewed by inspectors showed that the majority of nursing staff working in the medical and surgical wards had attended this training.

Hospital managers told inspectors and catering staff confirmed that they received regular training sessions on therapeutic and texture-modified diets. However, the hospital did not provide any training relevant to nutrition and hydration care for medical staff.

## What worked well?

- MUST training was well attended by nursing staff.
- Catering staff received training on therapeutic and texture-modified diets.

## 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 Midland Regional Hospital Portlaoise had implemented a number of quality improvement initiatives relating to nutrition and hydration. The hospital had an established Nutrition Steering Committee in place that played a key role in raising the importance of the provision of good nutrition and hydration care across the hospital and had implemented a number of quality improvement initiatives.

The hospital routinely screened patients for the risk of malnutrition within 24-hours of admission to hospital using MST and had implemented screening on all adult inpatient wards. Inspectors reviewed a small sample of patient healthcare records and found that nursing staff were screening patients on admission; however, not all patients were rescreened weekly in line with national guidelines.<sup>(4)</sup> The hospital had developed a policy on screening patients for their risk of malnutrition using the MUST tool and should progress with the implementation of this policy.

The hospital had developed and implemented a protected mealtimes policy and inspectors observed and patients confirmed that non-essential interruptions to patients meal times were minimal.

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. The majority of patients who spoke with inspectors were satisfied with the quality of food and drinks that they received while in hospital. All patients including those on therapeutic and texture-modified diets were offered a choice of meals. Inspectors observed that patients who required assistance were offered assistance in a timely manner.

Inspectors found that the Nutritional Steering Committee had carried out a number of audits on aspects of nutrition and hydration care. The hospital needs to progress with auditing the nutrient content and portion size of meals and focus on improving compliance with screening patients for their risk of malnutrition in line with national guidelines.<sup>(4)</sup> The hospital needs to continue to develop and implement policies relevant to nutrition and hydration care. This includes reviewing the fasting policy and implementing the MUST screening policy.

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 Nutritional Steering Committee must focus on re-screening of all patients for their risk of malnutrition, and progress with the analysis of the nutrient content of all patient menus. The hospital must implement a

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structured approach to audit nutrition and hydration care to ensure continuous improvement. The hospital should continue to monitor patients' satisfaction with meals and food service and use patients' views to inform current and future quality improvements in the area of nutrition and hydration care.



## References

1. Health Information and Quality Authority. *National Standards for Safer Better Healthcare*. Dublin: Health Information and Quality Authority; 2012. [Online]. Available from: <http://www.hiqa.ie/standards/health/safer-better-healthcare>
2. Health Information and Quality Authority. *Report of the review of nutrition and hydration care in public acute hospitals*. Dublin: Health Information and Quality Authority; 2016. [Online]. Available from: <http://www.hiqa.ie/publications/report-review-nutrition-and-hydration-care-public-acute-hospitals>
3. Health Information and Quality Authority. *Guide to the Health Information and Quality Authority's review of nutrition and hydration in public acute hospitals*. Dublin: Health Information and Quality Authority; 2016. [Online]. Available from: <http://www.hiqa.ie/publications/guide-health-information-and-quality-authority%E2%80%99s-review-nutrition-and-hydration-publi-1>
4. Department of Health and Children. *Food and Nutritional Care in Hospitals guidelines for preventing Under-Nutrition in Acute Hospitals*. Dublin: Department of Health and Children; 2009. [Online]. Available from: [http://www.lenus.ie/hse/bitstream/10147/85517/1/undernutrition\\_hospital\\_guidelines.pdf](http://www.lenus.ie/hse/bitstream/10147/85517/1/undernutrition_hospital_guidelines.pdf)





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