



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration at Cavan General Hospital, Cavan.

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

Date of on-site inspection: 14 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.⁽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 Cavan General Hospital on 14 February 2017 by authorized persons from HIQA, Siobhan Bourke, Dolores Dempsey-Ryan, and Noelle Neville, between 09.25hrs and 15.15hrs.⁽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 nine 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*⁽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 and centrally plated food production system was in use.* The mealtimes reported in the hospital's self-assessment questionnaire were as follows:

- Breakfast: 8.15am - 8.50am
- Midday meal: 12.15pm - 1.00pm
- Evening meal: 4.45pm - 5.45pm

Hospital managers and catering staff told inspectors that the evening meal service had been changed to 5pm. There should be four hours or more between the end of each main meal and the beginning of the next, and mealtimes should be spread out to cover most of the waking hours.⁽⁴⁾ Inspectors found that the hospital was not adhering to best practice guidelines with a four hour interval between the three main meals of the day as there was less than four hours between the end of breakfast and the beginning of the midday meal. Inspectors spoke with nine patients

* 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.

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

Protected mealtimes[†] had been implemented across all hospital wards since November 2013. However, inspectors were told that the policy on protected mealtimes was awaiting final sign off by hospital managers. Inspectors observed no interruptions to patients during their midday meal in the two wards inspected. A protected mealtime barrier was placed at the entrance to both wards informing staff and visitors that the mealtime was in progress on the wards. Ward staff told inspectors that protected mealtimes usually worked well and reported that medication rounds and tests or procedures which were deemed to be non-essential were not carried out during mealtimes. Eight out of the nine patients who spoke with inspectors stated that their meals were rarely or never interrupted.

Choice and variety of food

The hospital stated in its completed self-assessment questionnaire that menu options were outlined to patients verbally and using a menu card. This was confirmed by patients and staff on the day of inspection. Ward staff told inspectors that patients ordered their midday and evening meals the day before the meal was served. For example, patients ordered their meals on Monday for Tuesday.

Inspectors viewed the weekly menu plan that rotated on a two weekly menu cycle and noted that there was a variety of food options available to patients for the midday and evening meal. The main meal of the day was served in the evening at the hospital since 2013. Hospital managers told inspectors 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, catering staff and nursing staff told inspectors that if patients did not like the choices offered, they could order an alternative.

[†] 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.

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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 patients requiring texture-modified diets had the same choices as patients on a standard menu. Inspectors observed a number of texture-modified diets, ordered by patients for the midday meal, on the day of inspection, which appeared appetizing.

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.⁽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. Catering and nursing staff told inspectors that tea and coffee was served between breakfast and the midday meal as a midmorning snack and inspectors observed this on the day of inspection. Milkshakes were also offered midmorning to patients who required a nutrient dense diet three days a week. Catering and nursing staff told inspectors that there was an evening snack round that began in the hospital at 7pm where a selection of hot drinks, biscuits, cakes, fruit, yogurts and sandwiches were available. This was confirmed by patients who spoke with inspectors.

Missed meals

Hospital managers and catering staff told inspectors that there was a system in place to cater for patients who missed a meal. Inspectors were told that if nursing and catering staff anticipated that a patient would be absent from the ward during mealtimes, a meal could be kept for the patient and reheated when required, or the patient could have a salad. In addition, sandwiches were available in the ward kitchens for patients who missed a meal. On the day of inspection, seven of the nine patients told inspectors that they never missed a meal. Two patients who missed a meal told inspectors that they received a replacement meal.

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

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's completed self-assessment questionnaire stated that menu options for patients from different ethnic, religious, and cultural backgrounds were not available. However, on the day of inspection, hospital managers, catering and nursing staff confirmed that ethnic, religious, and cultural food could be provided to patients if required. Halal[¥] meals were available if requested. The nursing assessment documentation included a section to identify any special dietary needs for patients on admission. 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 mostly available.[§]

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. Hospital managers and ward staff told inspectors that information regarding which patients required assistance was communicated during nursing and healthcare assistant handover. Inspectors observed discreet symbols on over the bed signage that alerted staff to which patients required assistance and this symbol was also observed on the whiteboard at the nurse's station on one of the wards inspected. Catering staff told inspectors and inspectors observed that texture-modified diets were served first to patients so that nursing staff could assist patients who required it 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.

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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 assistants in a timely manner. 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. All nine patients who spoke with inspectors said they did not require assistance.

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

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 catering staff serving meals, which were centrally plated from a food trolley. Inspectors observed meals as they were being served, and noted that the midday meal was served in an appetizing way.

Inspectors spoke with nine patients about their views on the quality of food provided in the hospital. All nine patients who spoke with inspectors said that hot food was served hot at mealtimes and spoke positively about how the food tasted and the food service. However, one patient said that the "tea could be hotter" and another patient said that they would like "a cup of tea after dinner".

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 every morning by catering staff and refilled as required by nursing and healthcare staff during the day. Patients who spoke with inspectors confirmed this. In general, inspectors were satisfied that patients had access to sufficient hydration throughout the day.

What worked well?

- The hospital had implemented protected mealtimes across the hospital.
- Patients who required assistance were observed to receive it in a timely manner.

- 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 inspections about how they identified and monitored patients who were at risk of malnutrition and or dehydration.

Patient assessment and malnutrition screening

The healthcare records of 10 patients were reviewed by inspectors on the day of inspection. This was a small sample size and did not involve a representative sample of the healthcare records of all patients at the hospital. The inspection team focused, in particular, on patients who were at risk of malnutrition, had been referred to a dietitian and or required a specific therapeutic diet. All 10 healthcare records reviewed, included a nursing assessment of nutrition and hydration completed within 24 hours of admission.

The hospital had a protocol on screening patients for their risk of malnutrition using the Malnutrition Screening Tool (MST), which outlined the procedure for recording MST and the requirement for nursing staff to record body mass index (BMI). Hospital managers and nursing staff told inspectors that all wards in the hospital were screening patients for their risk of malnutrition.

Of the 10 healthcare records reviewed by inspectors, eight had a fully completed MST assessment within 24 hours of admission. Of the remaining two healthcare records, one patient did not have a BMI or MST score completed for a valid clinical reason. The second patient had the MST tool partially completed.

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Nursing staff told inspectors and the hospital protocol stated that patients should be re-screened every week using the MST tool. Four healthcare records belonged to patients who were in hospital for longer than one week. Of these four records, three patients had been re-screened.

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

Overall, inspectors found that the hospital was screening patients for their risk of malnutrition and weighing patients on admission to hospital. However, fluid intake and output records were not always fully completed and up-to-date.

Equipment for screening

During this inspection, inspectors observed that the two wards visited had access to weighing scales, chair scales, hoist scales (for more frail and dependent patients), stadiometers[◇] and measuring tapes. Such weighing equipment was easily accessible and 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. Nursing staff told inspectors that patients with a MST score of two or more were referred to the dietitian. Patients on the medical ward could also be referred to the dietitian following weekly review by the multidisciplinary team. The referral system at the hospital was paper based and dietitians accepted referrals from nursing and medical staff.

In eight of the 10 healthcare records reviewed, inspectors found a documented assessment of the patient by a dietitian. These healthcare records belonged to patients who were referred with MST scores of two or more and referred from the multidisciplinary team meeting. One of these patients was seen on the same day as referral, while four patients were seen within 24 hours of referral and two were seen

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

within 48 hours of referral. It was not possible to determine the referral date to the dietitian for one patient.

Four patient healthcare records contained a patient swallowing assessment by a speech and language therapist. Of these four, three patients had been seen on the day of referral and one patient was seen within 24 hours of referral.

Hospital managers and nursing staff told inspectors that nursing staff on the Stroke Unit were being trained on nurse led swallowing assessment and that two nurses had completed this training and were assessed as competent to undertake screening.

Overall, inspectors were satisfied that patients had good access to dietetic and speech and language therapy services.

What worked well?

- A nursing assessment of patients' nutrition and hydration needs was completed within 24 hours of admission.
- The hospital was screening patients for the risk of malnutrition on admission in all wards.
- Staff had access to appropriate equipment to measure patients' height and weight.
- There was timely access to dietetic and speech and language therapy services.

Opportunities for improvement

- Accurate and complete recording of fluid charts.

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:

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- 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

Hospital managers, nursing and catering staff told inspectors about the systems in place for communicating the dietary needs of patients. On admission, nursing staff documented information regarding patients' nutrition and hydration needs in the nursing admission and assessment notes. Nursing staff completed over the bed signage for each patient that was colour coded to identify standard diets, nutrient dense diets and renal diets. Fluid restriction, fluid consistency grades and texture-modified diet requirements for patients were also displayed discreetly on over the bed signage. Nursing and catering staff also informed inspectors that any extra information regarding patients dietary needs or preferences were noted on a ward kitchen white board and inspectors observed this on the day of inspection.

Catering staff used coloured trays for different menu types; for example meals for patients who required nutrient dense diets were served on a red tray. Inspectors observed that completed patients' menu cards, with patients' name and bed number was also placed on the tray as another method to ensure patients received the correct meal. Eight of the nine patients who spoke with inspectors stated that they had always got the correct meal while one patient said they did not get what they had ordered on one occasion. On the day of inspection, inspectors observed that patients who required specific diets received the correct meal.

Patients safety incidents in relation to nutrition and hydration

There was a system in place for reporting incidents relating to nutrition and hydration at the hospital. Hospital staff and management reported that five patient safety incidents were reported by staff in relation to nutrition and hydration in 2016. These incidents included patients not receiving oral nutritional supplements as prescribed, management of enteral feeding incidents and non-adherence to speech and language therapy recommendations. None of the reported incidents resulted in serious harm to the patients involved.

Hospital managers told inspectors that the hospital had one complaint relating to nutrition and hydration care in 2016.

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.⁽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

The hospital had a Nutritional Steering Group that was chaired by the Director of Nursing. Hospital managers told inspectors that a nutritional committee had been in place at the hospital since the 1990s, however, it had been reorganised in 2014 to form the Nutritional Steering Group. The Nutritional Steering Group had three sub

groups; namely the catering subgroup, the nursing and multidisciplinary subgroup and the Monaghan Hospital subgroup that carried out the operational work of the Group. Hospital managers told inspectors that these three subgroups provided updates to the Nutritional Steering Group.

The Nutritional Steering Group had agreed terms of reference that detailed the purpose, membership, roles and responsibilities of the group and its members, and meetings and record keeping. The aim of the Group was to oversee the provision of all aspects of appropriate nutrition care to patients, with an emphasis on prevention and treatment of malnutrition.

Hospital managers told inspectors that the Nutritional Steering Group reported into the Quality and Safety Executive Committee. The membership of the Group included representatives from nursing, dietitians, speech and language therapy, catering, nurse practice development and hospital management. However, there was no medical representative or pharmacist on the Group in line with national guidelines.⁽⁴⁾

Inspectors requested and reviewed copies of agendas and minutes for the last six meetings; all meetings had been minuted. The Group had met six times between March 2016 and January 2017. There was a record of the topics discussed, actions required and persons responsible for completing the actions in the minutes. Actions included areas such as policy development, menus, audits and complaints. The inspection team found that the Group functioned well and had a 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.⁽¹⁾

During the inspection, inspectors observed that there was a system in place for staff to access policies on the hospital's electronic information system and hard copies were available on the ward. The hospital had no overall nutrition and hydration policy but had a guideline on adult oral and enteral nutrition that had not been reviewed since June 2012. The hospital had a fasting for surgery policy that was under review at the time of inspection. Inspectors viewed a draft protected mealtime policy and a draft Malnutrition Screening Protocol that were awaiting final sign through the hospital's governance structures.

Overall inspectors found that the hospital needed to progress with the review and approval 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 had purchased a computer software package to analyse the nutrient content of patients' menus across the hospital. Inspectors were told that while some menus had been analysed, dietetic and catering staff had recently been allocated to complete the analysis of the entire hospital menu and audit of portion sizes. This was planned to begin in March 2017 and due to be completed within a 12 week timeframe.

Inspectors were provided with copies of audits relevant to nutrition and hydration care completed at the hospital in 2015 and 2016. These audits included the following;

- Nutritional assessment audits undertaken in October 2015, July 2016, October 2016 and December 2016
- Fluid intake and output charts audit in 2016
- Protected mealtime audit in October 2015.

Inspectors viewed the nutritional assessments audits carried out in the hospital during 2016 and noted improvements achieved between July and December 2016 where the competition of MST scores increased from 90% to 96%. Documented weekly re-screening of patients using the MST tool increased from 50% to 77%, while referral to dietitian for MST scores greater than two increased from 80% in July 2016 to 100% in December 2016. The audit also found an improvement in compliance with completion of over the bed signage regarding patients' dietary requirements from 79% to 87%. Hospital managers told inspectors that the audit findings were reviewed by the nursing and multidisciplinary sub-group for action and it was planned to repeat the audit in February 2017.

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The hospital had also audited protected mealtimes on several wards. An audit of protected mealtimes carried out in one ward in October 2015 demonstrated that improvements were required. For example, barriers indicating mealtimes were not in place at the ward entrance.

An audit of fluid intake and output charts was carried out on one ward during 2016. This audit was conducted on a small sample of patient healthcare records and noted that while all patients were correctly commenced on an intake and output chart on admission, the results showed that certain sections of the intake and output charts were not recorded according to the hospital's standard operating procedure. This corresponded with inspector's findings which noted that half of a small sample of fluid intake and output charts viewed were not fully completed and up-to-date.

In addition, hospital managers told inspectors that nursing documentation including care plans were audited on a monthly basis as part of the HSE Nursing and Midwifery Quality Care-Metrics.

Overall, inspectors found that the hospital had audited a number of areas relating to nutrition and hydration care. The hospital should build on this culture of audit to ensure that key areas identified in the audits for improvement are addressed. However the hospital needs to progress with the audit of the nutrient content and portion size of all patient menus in line with national guidelines. ⁽⁴⁾

Evaluation of patient satisfaction

Hospital managers told inspectors that they conducted a patient satisfaction survey in September 2015 and had commenced one for 2017. Three questions in this survey focused on the temperature, quality and amount of food patients received. Inspectors reviewed a copy of the findings from the 2015 survey where the findings from 36 respondents were as follows;

- 84% of respondents rated the food temperature as excellent, very good or good
- 92% rated the food quality as excellent, very good or good
- 92% of respondents rated the amount of food as excellent, very good or good.

The survey also included open ended questions on areas for improvement and temperature of tea was identified as an area for improvement from the survey. Hospital managers told inspectors that in response to this finding, the temperatures

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of the boilers had been checked and there was no issue identified. The results of the 2017 patient survey were not available at the time of inspection.

Hospital managers told inspectors that the hospital had a service user panel to provide patient feedback and in response to feedback from the service user panel, improvements were made to food services in the Emergency Department. Overall, inspectors found that the hospital had a system in place to get patient feedback regarding their satisfaction with food and food services at the hospital.

Quality improvement initiatives

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

- Protected mealtimes had been introduced in the hospital.
- The introduction of an evening snack round.
- Malnutrition Screening Tool (MST) was introduced to screen patients for the risk of malnutrition.
- Over the bed signage was developed to ensure patients receive the correct therapeutic or texture-modified diet.
- The introduction of a white board in the hospital's ward kitchens to communicate information to catering staff on texture-modified diets to ensure that patients received the correct meal.
- A service user panel was consulted to provide patient feedback on nutrition and hydration care.

What worked well?

- The hospital had an established Nutrition Steering Group 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 sought patients' feedback in relation to 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 in line with national guidelines
- The hospital needs to review and finalize policies and guidelines relevant to nutrition and hydration care at the hospital.

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 care assistants, nursing and catering staff through lectures, workshops and workbooks.

On the day of inspection, hospital management and ward staff told inspectors that nursing staff and healthcare assistants receive training in relation to the Malnutrition Screening Tool (MST) as part of the HSE Pressure Ulcer Collaborative^{**}. Nursing staff

^{**} Pressure Ulcers to Zero is a large scale improvement healthcare collaborative that began in February 2014 and is supported by the Health Service Executive (HSE) and the Royal College of Physicians Ireland (RCPI), through the National Quality Improvement Programme.

who spoke with inspectors confirmed that they attended this training and records viewed by inspectors indicated that this training was well attended by nursing staff. The hospital also held stroke study days in 2016 where dietitians and speech and language therapists provided education on nutrition and hydration care.

There were four induction days held for nursing staff during 2016 at which the dietitians provided information to staff in relation to nutrition and hydration. Catering and healthcare staff told inspectors that were provided with information in relation to nutrition and hydration care from dietitians and speech and language therapists. Hospital management told inspectors that dietitians provided education and updates related to nutrition care for medical staff at induction and grand rounds^{††}.

What worked well?

- Training was provided to medical, catering and nursing staff and healthcare assistants on nutrition and hydration care at the hospital.

^{††} Grand rounds are formal meetings where physicians and other clinical support and administrative staff discuss the clinical case of one or more patients. Grand rounds originated as part of medical training.

Conclusion

The inspection team found on the day of inspection that Cavan General Hospital had implemented a number of quality improvement initiatives relating to nutrition and hydration. The hospital had an established Nutritional Steering Group 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 their risk of malnutrition within 24 hours of admission to hospital using the MST tool and had implemented screening on all wards.

HIQA recognised 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 they received while in hospital. All patients including those on therapeutic and texture-modified diets were offered a choice of meals. Inspectors were satisfied that there was a system in place to ensure that those patients who required assistance or encouragement with meals received it in a timely manner.

The hospital had developed some policies relevant to nutrition and hydration care. However, the hospital needs to progress with the review and approval of nutrition and hydration policies to standardize nutrition care and meal service provision at the hospital.

Inspectors found that the Nutritional Steering Group had carried out a number of audits on aspects of nutrition and hydration care including nutritional assessment documentation, fluid intake and output charts and protected mealtimes. 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 Nutritional Steering Group must continue auditing of nutrient content and portion sizes of all patient menus and progress with the review and approval of policies relating to nutrition and hydration care. Patients' views in relation to satisfaction with meals and food service should continue to be evaluated to inform and direct change and to reinforce current and future quality improvements in the area of nutrition and hydration care.

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