



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration at Cork University Hospital.

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

Date of on-site inspection: 28 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 Cork University Hospital on 28 February 2017 by authorized persons from HIQA, Dolores Dempsey-Ryan, Noreen Flannelly-Kinsella, Gillian Hastings, Paul Dunbar, and Noelle Neville between 09:25hrs and 16:10hrs.⁽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 three wards during the midday meal to check first-hand that patients received a good quality meal service, had a choice of food and that they were provided with assistance with eating if required. Inspectors observed one meal, spoke with 15 patients, their relatives when present and 16 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, and whether patients had their meals interrupted for non-essential reasons.

Meal service and timing of meals

Catering services at the hospital were provided by in-house staff. A cook-fresh food production system was in place and meals were centrally plated.* The mealtimes reported in the hospital's self-assessment questionnaire, were as follows:

- Breakfast: 8.00am - 9.00am
- In between meal snack: 10.00am - 10.30am
- Midday meal: 12.00pm - 1.30pm
- In between meal snack: 1.00pm - 2.00pm
- Evening meal: 4.00pm - 5.30pm
- Late-evening snack: 8.00pm - 9.30pm

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⁾ These mealtimes were confirmed by ward staff and five patients who spoke with inspectors with the exception of one of the wards visited by inspectors where breakfast was served at 08.50hrs. Inspectors found that the

* 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.

hospital was not adhering to best practice guidelines with a four hour interval between the end of each main meal and the beginning of the next.

Inspectors spoke with 15 patients regarding the spacing and timing of mealtimes. Ten patients told inspectors that they were satisfied with the mealtimes and five patients stated they were not satisfied with the timing of meals. One of the five patients said that the breakfast was served too late; two patients said that the midday meal was served too early and another two patients said that the evening tea was too early. This reflects the findings of a patient food service survey, which the hospital conducted, in 2016.

Hospital managers told inspectors that the hospital had not implemented protected meal times and did not plan to do so in the immediate future as doing so would be present a challenge for a busy model 4[†] hospital such as Cork University Hospital. However, this does not reflect the findings from other model 4 hospitals inspected by HIQA where the principles of protected mealtimes were implemented fully or in part to reduce non-essential interruptions during meals, and allow patients to eat undisturbed.

On the day of inspection, inspectors observed a number of interruptions to mealtimes, for example, medication rounds, patients going for tests, visitors, ward cleaning and healthcare professionals talking with patients with the exception of the speech and language therapist who conduct mealtime reviews in context of dysphagia management.

Of the 15 patients who spoke with inspectors, three patients experienced no interruptions to mealtimes, eight patients said that their meals had sometimes been interrupted and four said it rarely happened.

Overall, inspectors concluded that the hospital should review the timing of patients' meals taking into account patient feedback, and the implementation of protected mealtimes to reduce unnecessary interruptions to patients' mealtimes across hospital wards.

[†] *Model 4* hospitals provide 24/7 acute surgery, acute medicine, and critical care and also provide tertiary care and in certain locations, supra-regional care.

Choice and variety of food

The hospital stated in its completed self-assessment questionnaire that menu options were made available to patients via a menu card, and also outlined verbally by staff.

On the day of inspection, hospital managers and ward staff told inspectors that healthcare assistants completed an individualized menu order card for some of the patients detailing the patient's name, bed number and meal requested and some of the patients filled in their own menu card. Meal orders were taken the day before the meal was served, for example, the menus for Wednesday's meals were outlined to patients on a Tuesday. A special request form was completed to accommodate patient's preferences if patients requested options other than what was available on the menu.

Inspectors viewed the weekly menu on offer to patients on standard and therapeutic diets, and noted that there were two to five choices on the menu each day for the midday and evening meal. Patients who spoke with inspectors confirmed this.

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 while patients on a texture-modified soft diet were offered two meal choices each day, patients on mince-moist, pureed or liquidized texture-modified diets were offered no meal choice for the midday or evening meal. Hospital managers told inspectors that they planned to review texture-modified meal options in 2017.

Inspectors viewed the texture-modified menus and noted that one of the two options offered to patient's on a soft diet for the evening meal was scrambled egg every day. Patients on mince-moist diet were also offered scrambled egg as the only meal option for the evening meal four days a week. Inspectors viewed a number of different texture-modified meals on the day of inspection for the midday meal and noted that they appeared appetizing.

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

Overall, inspectors found that choice was limited or absent for patients on some texture-modified diets. The hospital should ensure that all patients including those on texture-modified diets are offered a choice for all meals.

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 between the last meal of the day and breakfast the following morning. Hospital managers and ward staff told inspectors that there were two snack rounds, which included a mid-morning snack at 10.30am and evening snack from 8pm. Patients were offered a number of snack options, which included yogurt, fruit, biscuits, brown bread, cream crackers and cheese for their mid-morning and evening snack round.

Dietitians recorded information regarding which patient required high protein, high calorie snacks on a snack list each day. Catering staff used this information to prepare snacks, which were labelled with the patient's name for each ward. Healthcare assistants or nursing staff also recorded information regarding which patients required snacks on the ward's daily bed list, which had a section to record patients' dietary needs.

All the 15 patients who spoke with inspectors confirmed that they were offered snacks, which included biscuits, yogurt, fruit or cheese and crackers for their mid-morning and evening snack round. Two of the 15 patients who experienced swallowing difficulties told inspectors that they were offered a limited choice of snacks because of their swallowing difficulty, for example, yogurt. Two patients told inspectors that they were often hungry between the evening meal and breakfast the following morning as the evening meal was served too early. One of these two patients stated that their family brought in a scone every night for their evening snack.

Overall, inspectors concluded that patients were offered snacks as part of the enhanced beverage round. However, some patients found that there was a long period of time between the last meal of the day and breakfast the following morning.

Missed meals

Hospital managers and ward staff, told inspectors that the hospital had a system in place to cater for patients who missed a meal. Ward staff could contact the kitchen for a replacement hot meal between 12.30pm to 2.30pm and between 4.30pm to

6.30pm. Patients were also offered other options such as salad, tea, toast, sandwich or a snack when the kitchen was closed.

Fourteen of the 15 patients who spoke with inspectors said they never missed a meal and one patient who had missed breakfast told inspectors that they had been facilitated with 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 catering staff told inspectors that catering staff would always endeavour to meet the dietary needs of any patients ethnic, religious and cultural backgrounds, once their needs or requests are made known to catering staff. For example, halal[¥] meals including vegetarian and vegan meals were available to these patients.

Assistance

The hospital stated in its completed self-assessment questionnaire that assistance from nurses and healthcare assistants to support patients at mealtimes was sometimes available.[§]

The system in place to identify which patients required assistance included a section in the nursing assessment, which detailed a patient's special dietary requirements, or

[¥] 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.

if they required help with meals. This information was communicated verbally to nursing staff and healthcare assistants during shift handovers. In addition, if a patient was assessed by a speech and language therapist, a laminated sign called a swallow care plan was placed over their bed detailing information on the type of diet and assistance a patient required.

Nursing staff and healthcare assistants on the three wards visited told inspectors that staff breaks were scheduled after patient's mealtimes to ensure staff were available to offer assistance to patients with their meals, but that delays in providing assistance could sometimes occur due to a shortage of nursing staff. Hospital managers also confirmed that there could be a delay in the timing of assistance offered to patients due to staff shortages and they planned to recruit additional staff for one of the ward areas visited by inspectors.

Nursing staff and healthcare assistants told inspectors that if there was a delay in assisting a patient with a meal, which resulted in the patient's meal going cold, they could phone the kitchen for catering staff to send up another hot meal for this patient. Inspectors observed the midday meal and noted that patients were positioned comfortably prior to the meal and they were provided with dining aids where needed.

Inspectors observed that a number of patients required assistance on the day of the inspection and those that required assistance were observed being assisted by nurses and healthcare assistants in a timely manner. Assistance was offered with chopping up of food, opening of food packages and with feeding.

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 15 patients about their views on the quality of food provided in the hospital. All patients who spoke with inspectors spoke positively about how the food tasted. For example, most patients described the food as "well cooked", "hot", and "good variety". However, one patient who was positive about the taste of the food said that the portion sizes were small. While 13 patients said that hot food was always served hot, two patients said that the food was not always served hot. Inspectors observed meals as they were being served, and noted that the food was served in an appetising way.

Hydration and availability of drinks

On the day of inspection, inspectors observed that drinking water was readily available to patients with jugs and glasses of water within easy reach of patients. Hospital managers and ward staff told inspectors, that water jugs were replaced, and filled with fresh water in the morning and refilled as required. Nursing staff also told inspectors that sometimes nurses or healthcare assistants would refill the water jugs in the evening. All patients confirmed this to be the case on the day of inspection.

Inspectors observed patients being offered soup, tea, coffee or milk with their midday meal. Inspectors viewed the hospital's food and fluid survey carried out in July 2016 and noted that 95% of patients said that drinking water was always available.

What worked well?

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

Opportunities for improvement

- The hospital should review the timing of meals in line with feedback given by patients to inspectors and in the patient food service survey 2016.
- Reduction of unnecessary interruptions to mealtimes across hospital wards.
- Patients on texture-modified diets should be offered a choice of meals.

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 15 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. Eight of the 15 healthcare records reviewed included a nursing assessment of the patient's nutrition and hydration care completed within 24-hours of admission; the remaining seven healthcare records were partially completed.

Hospital managers told inspectors that all wards in the hospital were screening patients for their risk of malnutrition in line with the hospital's policy and procedure on screening. This policy stated that all adult patients should undergo nutritional assessment within 4-6 hours of admission to hospital. This included recording the patients' weight, height, body mass index (BMI), and asking the patient three nutritional screening trigger questions. If a patient answered yes to any one of the nutrition screening trigger questions then the patient was screened using the validated MUST screening tool.

Inspectors concluded that not all patients were being screened for their risk of malnutrition using a validated screening tool and this should be a key area of focus for the hospital following inspection.⁽⁴⁾

Of the 15 healthcare records reviewed by inspectors, two patients had a MUST screening tool completed. One patient's MUST tool was completed within 24-hours of admission and the second patient's MUST tool was completed after 24-hours of admission. Of these two patients, one patient was in hospital for over one week and was not rescreened in line with national guidelines.

Nursing staff told inspectors that all patients were weighed on admission and re-weighed weekly. Of the 15 healthcare records viewed by inspectors, seven patients were weighed within 24-hours of admission and five patients were not weighed, two patients were weighed after 24-hours and one patient was not weighed for medical

reasons. Nine healthcare records belonged to patients who had been admitted for more than one week and four of these patients were re-weighed.

Inspectors reviewed fluid intake and output charts in the healthcare records. Of the 15 healthcare records reviewed, 14 contained fluid intake and output charts. Of these 14 healthcare records, 13 had quantitative measures documented as recommended in national guidelines and 10 of these were fully completed and up-to-date. Nine healthcare records contained food charts, seven of which used semi-quantitative measures and were fully completed and up-to-date.

Equipment for screening

During this inspection, inspectors observed that 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. Such weighing equipment was easily accessible and while most of the equipment had been calibrated, some weighing equipment had not 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. As outlined in the hospital's policy and procedure on nutrition screening, patients' requirement for dietetic referral was determined by the patients' clinical team. Hospital managers told inspectors that the referral system in the hospital was electronic and dietitians accepted referrals from medical staff.

Nursing staff on one ward visited told inspectors that a patient who had a MUST score of two or more following a MUST screening assessment was routinely referred to a dietitian by the medical team and all patients with a swallowing difficulty on the stroke ward were seen by the dietitian.

Hospital managers and ward staff told inspectors that patients were seen promptly by the dietitian. The hospital used a priority rating system to prioritise referrals and patients could go on an in-patient priority waiting list depending on their priority rating. Patients who were deemed low priority for assessment by a dietitian could be

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

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discharged home without being seen. Hospital managers told inspectors that these patients were offered an appointment at the outpatients' department or referred to their general practitioner for referral to the community dietitian.

In six of the 15 healthcare records reviewed, inspectors found a documented assessment of the patient by a dietitian. Two of these patients were seen on the same day as referral, one patient was seen within 48-hours of referral and one patient was referred the day before the inspection and had not yet been seen. It was not possible to determine the referral date to the dietitian for two patients.

Nine patient healthcare records contained a patient swallowing assessment by a speech and language therapist. Of these nine, two patients had been seen on the day of referral, two patients had been seen within 48-hours referral and two patients were seen after 48-hours of referral. It was not possible to determine the referral date to the speech and language therapist for three patients.

Hospital managers and nursing staff told inspectors that nursing staff on the stroke ward were trained in the use of a swallow screening tool for stroke patients only. Medical staff or nursing staff trained in the use of a swallow screening tool for stroke patients only carried out swallow screening using this tool when required at the weekends and outside of normal working hours.

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

What worked well?

- Staff had access to appropriate equipment to measure patients' height and weight.
- The majority of food and fluid charts were complete.

Opportunities for improvement

- All patients should be screened for their risk of malnutrition, using a validated screening tool within 24-hours of admission to hospital, and re-screened weekly in line with national guidelines. ⁽⁴⁾
- A nursing assessment of patients' nutrition and hydration should be carried out within 24-hours of admission.
- Weighing patients on admission and re-weighing as necessary.

- The calibration of weighing equipment on a yearly basis or as per manufacturer's instructions.

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, housekeeping 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. These included the following:

- Nursing assessment documentation.
- Nursing and healthcare assistant handover.
- Instructions from the speech and language therapist displayed on a swallow care plan over some of the patients' beds with information, which detailed fluid and diet modifications necessary to maximise swallow safety and minimise aspiration risk. This plan also detailed the level of assistance required, optimal positioning and swallow strategies for these patients.
- Over bed signage with the patient's name and diet required.
- Menu cards on the patients' trays which outlined the patients' meal order and bed number.
- Patient bed list which had a section to record patients' dietary requirements.

Ward staff told inspectors that healthcare assistants deliver menu cards to patients each day, assist patients with completing of the menu card if required or verbally communicated the menu choices to the patient. Catering staff deliver the meal trolley to the ward. Nursing staff or healthcare assistants confirm each meal order on the meal trolley by cross checking the menu card against the patient bed list before household and or catering staff deliver the meal to the patient bedside. This was to ensure that the patient received the correct meal ordered.

Each of the 15 patients who spoke with inspectors stated that they had always received the correct meal. On the day of inspection, inspectors observed that patients who required specific diets received the correct meal.

Inspectors viewed the findings of the patient food service survey carried out in November 2016 and noted that 94% of patients received their meal choice ordered in 2016 compared to 79% in 2015.

Patients safety incidents in relation to nutrition and hydration

Hospital management reported that there were no high-risk incidents reported in relation to nutrition and hydration care in the last 12 months.

Ward staff told inspectors about one minor incident, which had been reported in the last 12 months where a patient on a texture-modified diet received the incorrect consistency meal. This was because of a change made to the type of texture-modified diet after the menu order was taken, as it was practice to take the meal orders the day before the meals were served. The revised menu plan had not been communicated to all relevant staff in a timely manner. This incident did not result in serious harm to the patient.

Hospital managers told inspectors that the hospital had one nutrition and hydration complaint in 2016 that related specifically to the provision of therapeutic snacks to a patient. Following this complaint, each ward was notified by the catering department that specific snacks were available for patients on a therapeutic diet.

Hospital managers told inspectors that the hospital had a system for reporting patient safety incidents and a process for ensuring that incidents were reviewed through the relevant medical or surgical directorate, the risk manager and the quality and safety committee. However, hospital managers told inspectors that nutrition and hydration related incidents and complaints were not a standing item on the Nutritional and Catering Project Team agenda.

What worked well?

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

Opportunities for improvement

- Patient safety incidents and complaints in relation to nutrition and hydration should be reviewed through the hospital's governance structure to include the Nutritional and Catering Project Team meetings.

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

At the time of inspection, the hospital had a Nutritional and Catering Project Team, which was established in April 2014. The Operations Manager chaired this project

team. Hospital managers told inspectors that the chair of the project team reported into the Senior Management Team of Cork University Hospital.

The Nutritional and Catering Project Team had agreed terms of reference that detailed the purpose, objectives, membership, roles and responsibilities of the team and frequency of meetings. The purpose of this project team was to oversee the implementation of the national guidelines on nutrition care.⁽⁴⁾ Inspectors noted that the terms of reference had no approval date recorded. Hospital managers told inspectors that there was representation on this project team from all disciplines of staff as recommended in the national guidelines with the exception of a pharmacist and this project team aimed to meet monthly to two monthly.

Inspectors requested copies of agendas and minutes for the last six meetings of the Nutritional and Catering Project Team and were provided with three copies of the agendas and minutes of the meetings. This project team had met three times between September 2016 and January 2017. There were no records of attendance at these meetings, but there was a record of discussion with regard to organisation and governance, hospital food and the food service system with a named person to action each item. However, inspectors viewed the Nutrition and Catering Project Team action plans for January and April 2016, and noted that while these plans also had a lead person or persons assigned to take responsibility for each action, there were no timelines with regard to completion of these actions. As such, a number of actions were ongoing since 2015 with no identified target date for completion. In addition, there were no clearly defined nutrition and hydration care objectives set out in the plan for 2016 or 2017.

Overall, inspectors concluded from the information provided that the Nutrition and Catering Project Team should review the process for recording the completion of action plans to reflect how current practice relating to nutrition and hydration care is compliant with national guidelines and reflects progress with the implementation of these guidelines.

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 found that the hospital had a system in place for staff to access policies on the hospital's electronic information system. The hospital had a policy and procedure for nutrition screening and management of nutritional

status of adult in-patients, a policy and guidelines on pre-operative fasting in adults, policy and procedure on feeding dependent patients and a draft nutrition and hydration policy. The hospital did not have a policy on protected mealtimes.

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 completed audits of the nutrient content and portion size of meals of the standard menus and planned to analyse the texture-modified menus. Inspectors were given copies of the most recent analysis carried out in 2016. Hospital managers told inspectors that they planned to change the standard menu to a high protein, high calorie menu and launch these menus with their healthy eating menus in March 2017.

Inspectors were provided with copies of other completed audits in relation to nutrition and hydration care. These included the following:

- snack audit carried out on one ward
- enhanced beverage round audit of the contents of the snack trolleys
- nutrition metrics.

The hospital completed monthly nutrition metrics audits, which consisted of 12 questions and one of these related to the completion of the nutrition-screening tool if it was appropriate.

Inspectors viewed the nutrition metrics findings for January 2017 on one of the wards visited. Inspectors noted the six patients' healthcare records had been audited and the question on the completion of the nutrition-screening tools was recorded as not being applicable for these six patients. However, the nutrition metric overall result was 94% despite the fact that not all patients were being screened for their risk of malnutrition using a validated screening tool.

Overall, inspectors found that the hospital had audited the nutrient content and portion size of the standard menus in line with national guidelines. However, the hospital should implement the screening of all patients for their risk of malnutrition

using a validated screening tool and audit compliance with the screening assessment. This should be a key area of focus for improvement by the hospital following this inspection.

Evaluation of patient satisfaction

Hospital managers told inspectors that the hospital had carried out a patient food service survey in 2016 and had previously carried out a patient food service survey in 2015 and 2011. Patients were asked 14 questions which included questions on meal choice offered, suitable amount of food received and mealtimes, and how would you rate hospital food to a friend. Inspectors were provided with copies of the patient food service survey results for January 2015 and November 2016. Inspectors viewed the findings and noted that there was an improvement in how patients rated the choice of meals offered from 88% in 2015 to 93% in 2016 and in how patients rated the hospital food to a friend from 45% in 2015 to 69% in 2016.

Similarly, the findings of the hospital's food and fluid survey carried out on seven wards in July 2016 highlighted that 94% of patients rated the variety of meals offered as excellent or good and 78% of patients were happy with the hospital's mealtimes. However, 22% of patients were not happy with the mealtimes.

Hospital managers told inspectors that catering staff visit the wards throughout each week to get feedback from patients on the meal service. Inspectors viewed the catering staff ward check list to confirm this.

Inspectors concluded that the hospital should review the timing of meal in line with feedback provided by patients in the patient food service survey November 2016.

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:

- Compliance of texture-modified diets with national descriptors.⁽⁵⁾
- Introduction of an enhanced beverage snack trolley service.
- Introduction of a snack list.
- Introduction of over bed signage to record information such as the patient's name and diet required.

What worked well?

- The hospital had developed a number of policies relevant to nutrition and hydration care.

Opportunities for improvement

- The hospital must continue to conduct regular audits of quality improvement initiatives including auditing the screening of all patients for their risk of malnutrition using a validated tool.
- The hospital should continue to audit the nutrient content and portion size of all menus as per national guidelines.

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 nurses, care assistants and catering staff through lectures and workshops.

On the day of inspection, hospital managers told inspectors that nursing staff were provided with training on the Malnutrition Universal Screening Tool (MUST) as part

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of their induction and training was ongoing for existing nursing staff. This was confirmed by nursing staff on one of the wards visited. However, on the second ward visited, nursing staff told inspectors that they were not released due to staff shortages to attend training on MUST screening.

Hospital managers and healthcare assistants told inspectors that healthcare assistants attended an education programme in relation to dysphagia. In addition, the Speech and Language Therapist Manager with the Catering Officer provided training on the new menus for modified consistency diets to ward staff on each ward. An external training consultant provided training to nursing staff and healthcare assistants on thickening fluids with the introduction of a new thickening product.

Household staff who spoke with inspectors said that they were provided with training by the dietitian and the speech and language therapist on the snack round. Household staff, catering, nursing staff and healthcare assistants were provided with education sessions by the dietitian and the speech and language therapist on texture-modified diets.

Hospital managers told inspectors that the hospital held an education awareness day in April 2016 for staff in the hospital to raise awareness amongst staff in relation to nutrition and hydration care. Speakers from dietetics, speech and language therapy, catering and operations management presented at this event.

What worked well?

- Training was provided to a number of ward staff on texture-modified diets.

Conclusion

The inspection team found, on the day of inspection, that Cork University Hospital had implemented some quality improvement initiatives relating to nutrition and hydration. The hospital had a Nutritional and Catering Project Team in place since April 2014.

The hospital had a policy and procedure on the screening of patients for their risk of malnutrition, which stated that all adult patients should undergo nutritional assessment within 4-6 hours of admission to hospital. This included recording the patients' weight, height, body mass index (BMI), and asking the patient three nutritional screening trigger questions. If a patient answered yes to any one of the nutrition screening trigger questions then that patient was screened using the validated MUST screening tool. Consequently, inspectors concluded that not all patients were being screened for their risk of malnutrition using a validated screening tool. The hospital should proceed with the implementation of screening and rescreening for all patients in the hospital using a validated screening tool in line with the national guidelines.⁽⁴⁾

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. However, some patients told inspectors that mealtimes especially the evening meal was served too early.

There were a number of menu choices available for patients on standard and therapeutic diets. However, patients on a number of texture-modified diets had no choice. This should be a key area of focus for the hospital following this inspection.

Inspectors observed that patients who required assistance were offered assistance in a prompt manner. However, hospital managers and nursing staff on all three wards visited by inspectors said that delays in providing assistance could sometimes occur due to a shortage of nursing staff. Patients told inspectors that there were unnecessary interruptions to mealtimes and inspectors observed interruptions by hospital staff and visitors on all three wards inspected. This is an area for improvement which the hospital should review to reduce unnecessary interruptions to mealtimes in line with national guidelines.

The hospital had developed a number of policies relevant to nutrition and hydration care and had also carried out a number of patient food service surveys to determine patients' experience of the food service in recent years.

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The hospital had carried out nutrition metric audits on aspects of nutrition and hydration care. The hospital should now ensure that all patients are screened for their risk of malnutrition using a validated tool on admission and this process should be audited to measure compliance with the validated screening tool.

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 and Catering National Project Team must encourage and support improvements in screening all patients for their risk of malnutrition using a validated tool, and continue to implement a structured system to audit nutrition and hydration care. A key feature of this process is the evaluation of patients' experience of nutritional and hydration care and using patients' feedback to drive improvement relating to mealtime interruptions, choice of texture-modified diets and timing of meals.

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