Report of the unannounced inspection of nutrition and hydration at Roscommon University Hospital

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

Date of on-site inspection: 8 March 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](http://www.hiqa.ie)). In that report the following four key areas for improvement were identified:

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

Following the publication of the national report, HIQA commenced a programme of unannounced inspections in public acute hospitals in Ireland (with the exception of paediatric and maternity services) to continue to monitor compliance with the *National Standards for Safer Better Healthcare* in relation to nutrition and hydration care for patients.\(^1\) 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.](http://www.hiqa.ie)

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.
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 prioritised 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 Roscommon University Hospital on 8 March 2017 by authorised persons from HIQA, Siobhan Bourke and Noelle Neville, between 09.20hrs and 15.40hrs.\(^{(1)}\)

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 one ward 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 six patients, their relatives when present and eight 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 fresh and centrally plated food production and delivery system was in use.\(^*\) The mealtimes reported in the hospital’s self-assessment questionnaire were as follows:

- Breakfast: 7.45am-9.30am
- Midday meal: 12.30pm-13.30pm
- Evening meal: 4.45pm-5.30pm

On the day of inspection, nursing staff and catering staff told inspectors that breakfast was served from 8.00am and the evening meal was served at 4.30pm. 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.\(^4\) 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. Inspectors spoke with six patients regarding the spacing and timing of mealtimes and five patients told inspectors that they were satisfied with the mealtimes, while one patient told inspectors that the midday meal was served too early.

\(^*\) 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 managers and nursing staff told inspectors that the hospital had implemented protected mealtimes\(^\dagger\) in 2013 and had a protected mealtimes policy that was awaiting final sign off by hospital managers. Hospital managers and nursing staff told inspectors that an announcement was made before meal times on the hospital’s public address system to inform staff and visitors about protected mealtimes. Nursing staff and hospital managers told inspectors that the hospital planned to place barriers at ward entrances to improve compliance with protected mealtimes in the coming weeks and this was recorded in the minutes of the Nutrition and Hydration Steering Committee. Inspectors observed no interruptions to patients during their midday meal on the ward inspected. Patients who spoke with inspectors confirmed that they experienced no interruptions during their meals.

**Choice and variety of food**

The hospital stated in its completed self-assessment questionnaire that menu options were outlined verbally to patients and by the use of menu cards. This was confirmed by catering staff and patients on the day of inspection. Catering staff told inspectors that on the ward inspected, menus were given out to patients or explained verbally the day before the meal was served, for example, the menu choices for Thursday were given to patients on Wednesday. Catering staff told inspectors that patients on the other ward at the hospital ordered their meals on the same day that they were served.

Inspectors viewed the weekly menus available for patients on standard and therapeutic diets. The hospital had a two weekly menu cycle and there were two choices on the menu each day for the midday meal and three choices each day for the evening meal. The midday meal had a fish dish option or meat choice each day. The evening meal options consisted of sandwiches, salads and a hot option on some evenings, however, one of the options for the evening meal was scrambled egg every day. Patients who spoke with inspectors confirmed that they were offered choices for their meals.

\(^\dagger\) 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.
Texture-modified diets\(^\d\) 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.\(^{4}\) Inspectors viewed the texture-modified diet menus and noted that there was only one meal option available for the midday and evening meal. Hospital managers told inspectors that they were in the process of improving the taste and choices for patients on texture-modified diets and had sourced texture-modified meals from an external supplier. This was recorded in the minutes of the Nutrition and Hydration Committee meetings.

Hospital managers told inspectors that all menus were being reviewed to ensure that menus and portion sizes were standardised. Inspectors viewed copies of the revised evening menu and picture menus that were being developed for patients with communication difficulties.

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 soup and bread or tea was offered to patients as a midmorning snack. Tea or coffee was offered at 2.30pm and between 8pm and 9pm an evening snack with hot drinks, biscuits and cakes was available. Custard and yogurts were offered as snacks for patients who required a texture-modified diet.

Overall, inspectors found that while patients who required a standard or therapeutic diet were offered choices for their midday and evening meal, there was only one option available for patients who required a texture modified diet. The hospital should ensure that all patients are offered a choice at mealtimes.

**Missed meals**

Hospital managers and catering staff told inspectors that there was a system available for patients who missed a meal. Catering staff could ring the main kitchen until 6pm to replace a meal for patients when necessary. Two patients who spoke with inspectors had missed a meal during their admission at the hospital and both patients told inspectors that they had received a replacement meal.

\(^\d\) 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. 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 self-assessment questionnaire that there was no menu option available for patients from different ethnic, religious and cultural backgrounds. However, at the time of inspection this had been addressed and Halal meals could be catered for if requested.

**Assistance**

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

Hospital managers and nursing staff told inspectors that information regarding patients who required assistance with mealtimes was communicated verbally at nursing and healthcare assistant handover and was documented in the nursing assessment documentation. Hospital managers told inspectors if the number of patients who required assistance exceeded current nursing and healthcare staffing levels that extra healthcare assistants would be added to the roster to ensure that all patients could be assisted in a timely manner. Visitors were also able to visit the ward if they were providing assistance to their relatives with meals. On the day of inspection, a number of patients were seen to require assistance and were observed to receive it from nursing and healthcare assistant staff in a timely manner.

Inspectors observed the midday meal and noted that patients were positioned comfortably prior to the meal and dining and feeding aids were provided as required. There was good social interaction between patients and nursing and healthcare assistant staff.

§ Halal food refers to meat prepared as prescribed by Islamic law.

** The self-assessment questionnaire offered the following four options to answer the question on the availability of support: always; mostly; sometimes; never.
Patients’ experience of meal service – food quality

All patients have a right to safe, nutritious food and the provision of meals should be individualised and flexible. On the day of inspection, inspectors observed catering staff serve meals that were centrally plated from a food trolley. The midday meal appeared appetising and catering staff provided glasses of milk to patients with their meals.

Inspectors spoke with six patients about their views on the quality of food provided in the hospital. All six patients who spoke with inspectors said that hot food was served hot at mealtimes and spoke positively about how the food tasted. Some patients described the food as “fresh”, “tasty” and “good quality food”. However, one patient told inspectors that the “tea could be hotter” when served.

Hydration and availability of drinks

On the day of inspection, inspectors observed that drinking water was readily available to patients with jugs of water and glasses within easy reach of patients. Hospital managers, nursing staff and catering staff told inspectors that water jugs were refilled with fresh water three times 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?

- A system was in place to provide patients with a replacement meal.
- There was a system in place to identify patients who required assistance or encouragement with meals.
- Patients spoke positively about the quality and taste of food.
- Water jugs were replenished and refilled with fresh water three times during the day.

Opportunities for improvement

- The choice of meals for patients who require texture-modified diets.
Theme 2: Effective Care and Support

Effective care and support in healthcare means consistently delivering the best achievable outcomes for people using a service in line with best available evidence. In the context of effective care and support for patients, this means that nutrition and hydration care is evidence-based, planned, coordinated and delivered to meet individual patient’s initial and ongoing needs. It means assessing patients’ risk of malnutrition using a validated assessment tool, monitoring aspects of their nutrition and hydration care and referring patients who are at risk of malnutrition to a dietitian for further specialised input. National guidelines recommend that screening for risk of malnutrition should be carried out on every patient within 24 hours of admission. (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 six 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.

The inspection team found that the hospital had a structured nursing assessment for all admitted patients. All of the six healthcare records reviewed by inspectors included a nursing assessment of patients’ nutrition and hydration requirements within 24 hours of admission.

Hospital managers and nursing staff told inspectors that the hospital had implemented the MUST screening tool and associated screening standard operating procedure across the hospital. This procedure recommended that patients are screened for their risk of malnutrition within 24 hours of admission to the hospital and re-screened weekly thereafter as recommended in national guidelines. (4)

Of the six patient healthcare records reviewed by inspectors, all had the hospital’s MUST screening tool completed within 24 hours of admission.

All of the six patient healthcare records belonged to patients that had been admitted for more than one week. Of these six patients, all were re-screened weekly in line with the hospital’s policy and national guidelines. (4)
Overall, inspectors found that the hospital had implemented screening patients for their risk of malnutrition and it was evident that patients were re-screened weekly in line with hospital policy.

Of the six records reviewed, two had fluid balance charts. Two of the fluid balance charts used quantitative measures and one was completed and up-to-date. Two of the records reviewed contained food charts and both used semi-quantitative measures and were completed and up-to-date as recommended in national guidelines.^(4)^

**Equipment for screening**

During this inspection, inspectors observed some of the required equipment used to screen patients for the risk of malnutrition was in place. This included weighing scales, chair scales, hoist scales (for more frail and dependent patients), stadiometers◊ and measuring tapes. However, not all equipment observed by inspectors had a record indicating that they had been calibrated within the past 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 policy, patients who had a nutritional screening score of two or more using the MUST tool were referred to a dietitian. Referrals were recorded on a paper based system and a dietitian accepted referrals from medical and nursing staff.

Hospital managers and ward staff reported that patients were seen promptly by the dietitian. Five of the six healthcare records reviewed belonged to patients who had a documented assessment by a dietitian. Of these five patients, two patients were seen by the dietitian on the same day as referral, two patients were seen by the dietitian within 24 hours of the referral and one patient, who was referred for poor appetite, was seen over 48 hours from the time of referral.

Three healthcare records belonged to patients who had a documented assessment by the speech and language therapy service and two of these patients were seen on the same day as referral. It was not possible to determine the referral date for one

◊ A device for measuring a person’s height.
long-stay patient due to archiving of their healthcare records but inspectors were satisfied that this patient received regular review by the speech and language therapist. Hospital managers and staff told inspectors that patients referred to the Speech and Language Therapist were seen in a timely manner.

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

**What worked well?**

- A nursing assessment of patients’ nutrition and hydration needs was carried out within 24 hours of admission.
- Patients were screened for their risk of malnutrition within 24-hours of admission and re-screened weekly in line with national guidelines.
- There was timely access to dietitian and speech and language services for patients.

**Opportunities for improvement**

- 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, healthcare assistants and catering staff told inspectors that they had a number of systems in place to communicate patients’ dietary needs between staff to ensure that patients received the correct meals. On admission, nursing staff documented information regarding patients’ nutrition and hydration needs in the nursing admission and assessment notes, including any specific dietary requirements.

Nursing staff and catering staff told inspectors that a diet sheet with patients’ names, bed numbers and dietary requirements was sent to the main kitchen every morning. Nursing staff also documented patients dietary requirements on over the bed signage and instructions from speech and language therapist were displayed over patients’ beds with information on texture-modified diet requirements. This was viewed by inspectors on the day of inspection.

Hospital managers and catering staff told inspectors that the main kitchen had a white board that was updated by the speech and language therapist and dietitian on a daily basis that outlined patients’ dietary requirements. 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.

All patients who spoke with inspectors stated that they always received the correct meal.

Patients safety incidents in relation to nutrition and hydration

There was a system in place for reporting patient safety incidents relevant to nutrition and hydration care. Hospital staff and management reported that there had been four patient safety incidents reported in the previous 12 months. The reported incidents included nutritional screening not being calculated correctly, where patients who were at high risk of malnutrition were recorded as being of medium risk. Hospital managers told inspectors that none of the reported incidents resulted in harm to the patients involved.

Hospital managers told inspectors that they had received two complaints in the previous 12 months and both of these complaints were due to a delay in the evening snack round due to staffing issues but that this had been addressed.

What worked well?

- There were systems in place to ensure patients received the correct meals.
Theme 5: Leadership, Governance and Management

The National Standards for Safer Better Healthcare describe a well-governed service as a service that is clear about what it does and how it does it.\(^{(1)}\) 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 stated in its self-assessment questionnaire that it did not have a nutritional steering committee. However, since the submission of the questionnaire, the hospital had established a Nutrition and Hydration Steering Committee in December 2015. The Director of Nursing chaired this Committee and a medical consultant was the co-chairperson.

It 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 Committee was to ensure that all patients at the hospital received nutritional care and support to meet their needs and preferences in line with national guidelines.\(^{(4)}\)

Hospital managers told inspectors that the Committee reported to the hospital’s senior management team every three months. Inspectors requested and reviewed
copies of agendas and minutes of meetings for the last six meetings; all meetings had been minuted. All relevant disciplines were represented on the committee and attended meetings. There was a record of discussion and action plans. Each action plan had a lead person assigned to each action. Action plans included improving compliance with protected meal times, reviewing patient menus, updating over the bed signage, developing policies and guidelines, agreeing audit and training plans. The inspection team found that the Committee 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. The hospital had a MUST screening policy that was implemented in June 2016. A protected mealtime policy was developed and was awaiting final sign off by hospital managers. Hospital managers told inspectors that a fasting guideline and an overall nutrition and hydration guideline were in development.

The hospital needs to progress with the approval and implementation of these nutrition and hydration policies to standardise 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 commence analysis of nutrient content of patients’ menus at the hospital. On the day of inspection, hospital managers told inspectors that the hospital was revising patient menus and had standardised recipes and portion sizes for the evening meal. Inspectors were informed that the evening menus would be analysed first, followed by the rest of the patient menus once the recipes were
standardised. Hospital managers told inspectors that texture-modified diets were provided by a supplier external to the hospital and these meals had a documented nutrient content that was in line with national guidelines. (4)

Copies of an audit undertaken in April 2016 to evaluate documentation practices regarding weights and MUST screening was provided to inspectors. This audit found that 98% of patients had their weight documented in the nursing admission notes and 92% of patients had their MUST screening tool completed.

Hospital managers told inspectors that they had commenced monthly audits to assess compliance with the accuracy and completion of MUST scores since October 2016. Inspectors were provided with copies of these audits from both inpatient wards which demonstrated improvements with completion of the MUST screening tool from 89% to 94% on the ward inspected and improvements from 75% to 91% on the hospital’s other ward. Accuracy in the calculation of MUST scores was also audited with improvements noted from 65% to 87% on the ward inspected and from 70% to 90% on the other ward. Each monthly audit had a documented action plan to improve compliance.

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 planned regular audits of malnutrition screening and had developed this plan to include improving the accuracy in the calculation of MUST scores as well as completion of malnutrition screening to improve practice. The hospital needs to now progress with the analysis of the nutrient content and portion size of all patient menus and continue with the regular audits of compliance with nutritional screening.

**Evaluation of patient satisfaction**

Hospital managers and nursing staff told inspectors that they conducted patients’ surveys to ascertain patients’ experiences of food and drink at the hospital every six months. Copies of the findings from these surveys for January 2017 and August 2016 were provided to inspectors. The surveys consisted of 12 questions which included questions on the choice for each meal, availability of missed meals, assistance, the taste, temperature and appearance of meals. The survey also had an additional comments section for respondents to complete.

Overall, the findings from the two surveys indicated that the majority of patients were satisfied with the choices at meal times, the service provided by the catering
staff and appearance of meals. The comments section of the survey was mainly complimentary, however, three negative comments in the January 2017 survey related to the temperature of food and tea.

**Quality improvement initiatives**

Hospital managers and nursing staff told inspectors about a number of quality improvement initiatives implemented in relation to nutrition and hydration that included the following;

- Development and implementation of nursing assessments, care plans and evaluation documents that included MUST screening tool in 2016
- Improving compliance with protected mealtimes
- Revising menus to standardise recipes for standard and therapeutic menus
- Developing policies and guidelines relevant to nutrition and hydration care
- Improving over the bed signage to identify patients with specific dietary requirements and assistance
- Providing training to nursing, healthcare staff, catering staff and medical staff.

**What worked well?**

- The hospital had an established Nutrition Steering Committee that had implemented a number of quality improvement initiatives to support nutrition and hydration care of patients.
- The hospital had conducted a number of audits of nutrition and hydration care, including audits on screening patients for their risk of malnutrition.
- The hospital regularly sought patients’ feedback in relation to their satisfaction with the food and meal service provided.

**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 progress the development and implementation of policies in relation to nutrition and hydration care to guide staff and standardise nutrition care and meal service provision 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 no training was provided to staff involved in nutrition and hydration care with the exception of catering staff who receive training in the preparation of special/restrictive menus.

On the day of inspection, hospital managers told inspectors that nursing staff and healthcare assistants received mandatory training in relation to the use of the MUST tool. This was confirmed by nursing staff on the day of inspection. Catering staff told inspectors that they received training from the speech and language therapist in relation to the care of patients with swallowing difficulties. Catering staff were also provided with training from the dietitian on modified consistency diets. Inspectors viewed these training records and found that they were well attended. Hospital managers told inspectors that medical staff received nutrition and hydration related information during induction.

What worked well?

- Structured and specific training on nutrition and hydration was well attended by staff involved in patient care.
Conclusion

The inspection team found on the day of inspection that Roscommon University Hospital had implemented a number of quality improvement initiatives relating to nutrition and hydration. The hospital had established a Nutrition and Hydration Steering Committee in December 2015 and this Committee played a key role in raising the importance of the provision of good nutrition and hydration care across the hospital.

The hospital routinely screened and re-screened patients for their risk of malnutrition within 24 hours of admission to hospital using the MUST 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. However, inspectors found that while patients on standard and therapeutic diets were offered a choice at mealtimes, this was not available to patients on texture-modified diets.

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 development of fasting guidelines and an overall nutrition and hydration policy to standardise nutrition care and meal service provision at the hospital.

Inspectors found that the Nutrition and Hydration Steering Committee had regularly audited compliance with nutritional screening at the hospital and had recently expanded their audit of compliance to include compliance with accuracy in calculation and completion of MUST scores. However, the hospital needs to progress with the analysis of the nutrient content of all patient menus in line with national guidelines. Inspectors found that the hospital regularly sought patients’ views on the food and meal service.

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 Nutrition and Hydration Steering Committee must progress with auditing of nutrient content and portion sizes of all patient menus and progress with the development and approval of policies relating to nutrition and hydration care. A
key feature of this process is the evaluation of patients’ experience of nutritional and hydration care and using patients views to inform and direct change or to reinforce good practices where they exist.
References


