



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

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

Date of on-site inspection: 24 August 2016

About the Health Information and Quality Authority

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

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

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

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Introduction

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

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

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

The aim of the unannounced inspections is to determine how hospitals assess, manage and evaluate how they meet individual patients' nutrition and hydration needs in the hospital as observed by the inspection team and experienced by patients on a particular day. It focuses on the patient's 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 the University Hospital Limerick on 24 August 2016 by authorized persons from HIQA, Siobhan Bourke, Aoife Lenihan, Dolores Dempsey-Ryan and Conor Dennehy, between 09:45hrs and 15:10hrs.⁽¹⁾

The hospital submitted a completed self-assessment questionnaire in September 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 19 patients, their relatives when present and 15 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 reasons.

Meal service and timing of meals

In-house staff provided catering services at the hospital. A cook-fresh food production system was in place and a combination of meals that were centrally plated and buffet style at the patient's bedside was in use.* The mealtimes reported in the hospital's self-assessment questionnaire, and confirmed by patients and staff on the day of inspection, were as follows:

- Breakfast: 8.15am - 8.55am
- Midday meal: 12.00pm - 12.45pm
- Evening meal: 4.15pm - 4.50pm

There should be four hours or more between the end of each main meal and the beginning of the next, and mealtimes should be spread out to cover most of the waking hours.⁽⁴⁾ Catering staff told inspectors that the main meals were served between the times stated in the completed self-assessment questionnaire with 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. Buffet style at the patient's bedside involves serving meals onto plates from mobile buffet trolleys at the patient's bedside.

exception of one ward visited where the evening meal was served at 5.00pm. Inspectors found that the hospital was not adhering to national guidelines with a four hour interval between the three main meals of the day. Inspectors spoke with 19 patients regarding the spacing and timing of mealtimes. All five patients on one ward visited were satisfied with the mealtimes; this ward had the evening meal served at 5.00pm. Nine patients on the other two wards inspected told inspectors that they were not satisfied with the mealtimes telling inspectors that the midday meal and the evening meal were served too early.

Hospital managers and nursing staff told inspectors that the hospital had developed a guideline for staff on the management of meals and mealtimes that promoted protected mealtimes[†] but this practice had yet to be implemented.

Of the 19 patients who spoke with inspectors, 11 patients experienced no interruptions to mealtimes, four said interruptions rarely occurred, four other patients said they experienced interruptions, for example, from doctors visiting them and nurses checking blood pressure. Inspectors saw cleaning on one ward during mealtime. Moreover, nurses did medication rounds on all three wards during the midday meal observed by inspectors. Inspectors also observed medical staff talking with patients at their bedside while they were eating their midday meal.

Choice and variety of food

Menu options were verbally outlined to patients as stated in the hospital's completed self-assessment questionnaire. Inspectors viewed the weekly menu plans which rotated on a four weekly basis and noted there was a variety of food options available to patients for breakfast, midday and the evening meal.

On the day of inspection catering staff told inspectors that they verbally communicated the menu choices to patients the day before the meal was served, for example the menu for Tuesday's meal was verbally outlined to patients on Monday afternoon. All patients who spoke with inspectors said that they were offered two to three choices for the midday meal and the evening meal. Patients told inspectors that they were offered a choice of hot meal, sandwich or salad for the evening meal. One patient commented that there was a great selection on offer. Catering staff told

[†] 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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inspectors that patients were offered a choice of two meal options for the midday meal (for example on the day of inspection, cottage pie or breaded chicken) and a vegetarian option was also available. Inspectors noted that there was a fish option on the menu one day every week and that creamed potato was served every day over the four week menu. The evening meal had a hot option (for example sausage, bacon and beans) six days a week. However, it was noted by inspectors that the menu for the evening meal was the same every week, for example bacon, sausage and tomato was on the menu every Monday. Catering staff told inspectors that they were planning to introduce picture menus to help patients who required them when choosing their meal.

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⁾ Catering staff informed inspectors that patients who required a texture-modified diet had a hot and cold choice for each meal. If a patient did not like a particular food type, for example chicken, catering staff wrote this on the diet sheets to inform kitchen staff so that an alternative could be arranged. Hospital managers informed inspectors that smooth pureed diets were sourced externally and there was a plan to increase choices available for patients on these diets.

Inspectors observed that for the midday meal texture-modified diets had all food types separated on the plates. However, staff told inspectors that for the evening meal the food was mixed together. Different foods in texture-modified menus should be separated on the plate, and not mixed together as mixing some food types, for example peas and carrots, can result in an unappetising colour.

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 told inspectors that snacks were offered in all wards in the evening and in some wards in the morning and mid-afternoon.

Inspectors asked patients if they were offered snacks. Patients on all three wards inspected told inspectors that a late evening snack of tea and a bun was provided by catering staff. Inspectors observed signs over beds indicating if patients required high calorie, high protein snacks. Patients who were advised to have extra snacks by

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

dietitians told inspectors that they received these. Hospital managers told inspectors that the hospital was trying out an evening snack trolley round on one ward, in response to feedback from a patient survey. This service offered sandwiches, cheese, muffins, biscuits and fruit as an evening snack at 7pm.

Missed meals

Catering and nursing staff told inspectors that the hospital had a system in place to cater for patients who missed a meal. For example, if a patient missed a meal during the meal service, catering staff on one ward told inspectors that meals could be held for a short time period on the ward or replacement meals could be sought from the kitchen or canteen. If the main kitchen was closed, catering and nursing staff said that patients were offered tea and toast, salad or sandwiches. Three patients who reported missing a meal told inspectors that they received a replacement meal.

Catering for patients with ethnic, religious and cultural dietary needs

The *National Standards for Safer Better Healthcare* state that patients should experience healthcare that respects their diversity and protects their rights.⁽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 menu options available for patients from different ethnic, religious and cultural backgrounds. Hospital managers told inspectors that patients who required Halal[§] meat could be catered for but that there was limited choice for these patients. Catering and nursing staff confirmed that Halal meals were available and catering staff informed the main kitchen by writing it on the diet sheet sent from the ward. Vegetarian meals were also available on the daily menu.

Assistance

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

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

available.** Hospital managers told inspectors it was the responsibility of the clinical nurse manager on each ward to allocate nursing and healthcare staff to assist patients who required it. However, nursing staff reported that it was a challenge – because of staffing shortages, and the increasing numbers of patients who require assistance – to always assist patients in a timely manner. Nursing staff told inspectors that nurses communicated with each other which patients needed assistance at each nursing handover and they documented it in the patient’s nursing care plan. Catering staff told inspectors they relied on nursing staff to inform them of patients requiring assistance and that there was no system in place to alert catering staff to these patients. As a result, meals were served to all patients at the same time, which meant that if a number of patients required assistance, staff might not be able to assist them in a timely way.

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. Bed tables were observed by inspectors to be free from clutter and within reach of patients. Inspectors observed nursing and healthcare attendants assisting most patients who required assistance with eating and drinking and encouraging patients to eat. However, one patient who required full assistance with eating and drinking was observed to have to wait five minutes for this help and while waiting pulled the contents of the bed tray causing the food to spill on the floor. Nursing staff then immediately attended to this patient’s needs.

Inspectors observed another patient who required full assistance with eating and drinking receive it from a staff member who was standing instead of sitting at the same level as the patient. While the inspector observed good social interaction between the patient and the carer, this practice is not patient-centred or conducive to an enjoyable eating experience for patients.

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 meals as they were being served and found that food was served in an appetizing way.

Inspectors spoke with patients about their views on the quality of food provided in the hospital. All 19 patients who spoke with inspectors said that food was served

** The self assessment questionnaire offered the following four options to answer the question on the availability of support: always; mostly; sometimes; never.

hot. Seventeen patients spoke positively about how the food tasted. For example, some patients described the food as “good quality food”, “like food you would have at home”. One patient who required a special order diet told inspectors that staff were excellent and get “whatever you want”. Two patients told inspectors that they would like bigger portions. However, two patients told inspectors that they did not like the food, especially the main midday meals.

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. Catering staff told inspectors that the water jugs were replaced with fresh water by healthcare assistants in the morning and replaced with fresh water as required by healthcare assistants and nursing staff. Patients that spoke with inspectors confirmed this.

Inspectors were told by nursing staff on two of the wards visited that a healthcare assistant did a mid-morning drinks round offering patients milk, water or juice. However, inspectors were told that this was dependant on the workload of the healthcare assistant and other duties each day. Inspectors were also informed that catering staff did a drinks round mid-morning and mid-afternoon on the third ward visited. Hospital managers told inspectors that a regular drinks round had been implemented on four wards by catering staff and there was a plan to implement this on other wards in the hospital.

What worked well?

- All patients on a standard diet were offered a choice of meals.
- Most patients spoke positively about the quality and taste of food.

Opportunities for improvement?

- The spacing and timing of meals.
- Reduce unnecessary interruptions to mealtimes across the hospital wards.
- Food types in texture-modified meals should be served separately and not mixed together.
- The system in place for staff who served meals to patients to identify which patients who required assistance with meals.

- Ensure timely assistance for all patients who required assistance with 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 inspection about how they identified and monitored patients who were at risk of malnutrition and or dehydration.

Patient assessment and malnutrition screening

The inspection team found that the hospital had a structured nursing assessment for all admitted patients. Inspectors reviewed the healthcare records of 15 patients 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. All 15 patient healthcare records reviewed by inspectors included a nursing assessment of nutrition and hydration within 24 hours of admission; fourteen were completed in full and one was partially completed. In general, inspectors found that the documentation around this assessment was detailed. In addition, if patients required a specific therapeutic diet, this was noted in the nursing assessment.

The hospital had a policy on screening patients for their risk of malnutrition. All three of the wards visited by inspectors were screening patients for malnutrition using the Malnutrition Universal Screening Tool (MUST) tool. This is the tool recommended in the national guidelines.⁽⁴⁾ Hospital managers told inspectors that all wards in the hospital were screening patients. It was hospital policy to screen patients for their risk of malnutrition within 24 hours of admission to the hospital, and to re-screen weekly thereafter as recommended by national guidelines.⁽⁴⁾

Of the 15 healthcare records reviewed, 11 had been screened for their risk of malnutrition using the MUST tool within 24 hours of admission while the remaining four patients were screened outside of this time period. Of these four patients, two had documented valid clinical reasons why screening was not completed within 24 hours.

The MUST tool required the recording of patients' weight, height and BMI (body mass index). Inspectors noted that, although a final MUST score was documented in the 15 patient healthcare records reviewed; patients' height was not documented in nine records nor was BMI recorded in six records. As a result it would be difficult for the hospital to audit the correct calculation of the MUST score if these values are not clearly documented.

Nine of the 15 healthcare records reviewed by inspectors showed that the patients had been admitted for more than one week. As such, according to hospital policy on screening for malnutrition, these patients should have been re-screened. Of these nine records, four patients were re-screened while there was no evidence that the remaining patients had been re-screened in line with hospital policy.

Of the 15 records reviewed, 12 had fluid balance charts. Of these 12, quantitative measures were used in 11 of the fluid balance charts reviewed. However, none of the fluid balance charts seen by inspectors were fully completed and up-to-date. Seven healthcare records contained food charts. Five of these seven food charts used semi-quantitative measures as recommended by the national guidelines.⁽⁴⁾ One of the food charts was not fully completed and up-to-date while the remaining chart had only been commenced on the day of inspection.

Overall, inspectors found the hospital was screening patients for the risk of malnutrition within 24 hours of admission to the hospital. However, over half of the patients reviewed who had been in hospital for over one week had not been re-screened.

Equipment for screening

During this inspection, inspectors observed some of the required equipment used to screen patients for their risk of malnutrition. This included weighing scales, hoist scales, chair scales (for more frail and dependent patients), stadiometers[◇] and measuring tapes. None of the wards visited had access to standing scales but did

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

have access to chair and hoist scales. All such equipment had been recently purchased or had been calibrated within the previous 12 months. The three wards visited also had access to stadiometers and measuring tapes to measure height.

Patient referral for specialist assessment

As part of the on-site inspection, inspectors reviewed the systems in place to refer patients to dietetic or speech and language therapy services. As per hospital policy, patients who had a MUST score of two or more were referred to a dietitian and referrals were made via a computerized system. Nursing staff told inspectors that they did not have access to this electronic referral system and therefore could not refer patients directly to the dietitian, even if patients were deemed at high risk of malnutrition by the MUST tool and warranted an assessment by a dietitian. Nurses had to instead ask medical staff to refer patients which could delay referral. This was confirmed by hospital management.

Of the 15 healthcare records reviewed, 10 contained a documented assessment of the patient by a dietitian. Of these 10 patients, six had been seen by the dietitian on the same day of referral and two other patients were seen within 24 hours. It was not possible to determine the referral date for the remaining two patient healthcare records reviewed.

Seven patient records contained assessments by a speech and language therapist for a swallowing assessment. Speech and language assessments were highlighted in the healthcare records with a red sticker. Of the seven, four were seen on the same day of referral and three were seen within 24 hours of the referral.

Nursing staff who spoke with inspectors indicated that there was no difficulty in accessing dietitian or speech and language services for patients. 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 carried out within 24 hours of admission.
- The hospital was screening patients for their risk of malnutrition on admission in all wards.
- Staff had access to appropriate equipment to measure patients' height and weight

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

Opportunities for improvement?

- Re-screening patients every week for their risk of malnutrition in line with national guidelines.
- Accurate and complete recording of food and 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:

- 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

The hospital had a number of methods for communicating the dietary needs of patients. On admission, staff documented information regarding a patient's nutrition and hydration needs in the nursing admission and assessment documentation including any specific dietary requirements. Nursing staff told inspectors that information regarding patients' specific diets was communicated verbally to catering staff.

Inspectors also observed signage over some patients' beds. This provided information on patients' specific dietary needs such as if a patient was fasting, was on a specific therapeutic diet or required a certain texture-modified diet. Hospital staff told inspectors that these signs were updated by nursing staff and speech and

language therapists. Ward staff who spoke with inspectors indicated that they used such signs to ensure that patients received the correct meal. However, the hospital should be cognisant of patient confidentiality when using signage over patients' beds to communicate information about a patient.

When taking patients' meal orders catering staff used a diet sheet which referenced patients' bed numbers but not their names. This diet sheet provided space for patients' meal choices to be recorded as well as space to indicate any special diets that a patient was on. This sheet was then sent to the main kitchen while a copy would be kept at ward level which was referred to by catering staff when handing out meals. On one ward inspectors were told that the nurse in charge checked and signed this sheet before it was sent to the main kitchen.

Of the 19 patients spoken with, 18 confirmed to inspectors that they received the correct meal at mealtimes. The remaining patient told inspectors that while on a low fat diet, one of the meals presented to them did not meet this requirement. A member of nursing staff observed this error and an appropriate low fat meal was provided.

However, despite the methods in operation for communicating the dietary needs of patients, it was clear from speaking to ward staff and hospital management that there was a reliance on individual staff knowledge of patients' needs and vigilance to ensure that patients received the correct meal. This may not be an effective way of ensuring patients always get the correct meal.

Patients safety incidents in relation to nutrition and hydration

Hospital staff and management reported that there had been no patient safety incidents or written complaints received from patients in relation to nutrition and hydration in the last 12 months.

Opportunities for improvement?

- A more effective system of communication to ensure that patients get 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 Nutrition Hydration and Food Committee, which was set up in December 2014 and currently chaired by the hospital's Dietitian Manager. It had agreed terms of reference that detailed the purpose, objectives, reporting structures, membership and key tasks of the Committee. The purpose of the Committee was to support the improvement of standards and patient experience of nutritional care at the hospitals in the University of Limerick Hospital Group.

Hospital managers told inspectors that the Nutrition Hydration and Food Committee reported to the Executive Management Team and that membership was in keeping with the national guidelines. Inspectors requested and reviewed copies of minutes and agendas for the last six meetings; all meetings had been minuted. The Committee's terms of reference noted that the committee aimed to meet ten times per year. From review of the information provided in the minutes, it was evident that the Committee had met seven times between October 2015 and July 2016; the

frequency of meetings was in line with the Committee's terms of reference. The membership of the Committee included representatives from all the hospitals in the University of Limerick Hospital Group and there was nursing representatives from all directorates in the hospital. A medical representative and a speech and language therapist were listed on the terms of reference for the Committee. Hospital managers informed the inspection team that a speech and language therapist did attend but only on request due to staffing levels. However, on review of the minutes provided, there was no medical representative or speech and language therapist in attendance at these meetings as recommended in national guidelines.⁽⁴⁾

The Nutrition Hydration and Food Committee had identified key areas that needed to be addressed by the hospital by conducting a gap analysis against the HIQA self-assessment questionnaire. Key areas of focus included;

- nutritional screening
- developing a nutrition screening policy
- developing a meal and mealtimes policy
- improving access to snacks and drinks for patients
- improving communication of patients' needs between catering, nursing and healthcare professionals.

Each of these key areas had a lead person assigned, detailed actions required, who was responsible for each action and a timeframe, all of which were outlined in an action log.

The inspection team found from reviewing documentation, interviewing management and talking with ward staff that the aim of the Committee was clear. Moreover, there was evidence of progress on the key aspects of patients' nutritional care identified by the Committee.

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 viewed the hospital's policies relevant to nutrition and hydration and found that the hospital had a system in place for staff to access policies on the hospital's electronic information system and in hard copy in folders on the wards visited.

The hospital had a number of policies including a policy for screening patients for their risk of malnutrition and patients fasting pre-surgery. There was also a guideline outlining the process for referral to allied health professionals including dietitians and speech and language therapists and guidelines for management of inpatients for dietetic staff. The hospital also had a policy for the management of meals and 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⁾ The hospital reported in its self-assessment questionnaire that an analysis of the nutrient content of the standard menu was undertaken in 2015. Inspectors were given a copy of the report detailing the results and findings from this audit. This report concluded that the protein content and some micronutrient content (calcium, Vitamin D, Vitamin B and C) of the normal standard diet was less than recommended by the national guidelines.⁽⁴⁾ The report outlined that following the findings of the analysis, dietetic and catering staff implemented changes to the standard menu. For example, fortifying porridge, soup and potatoes with full fat milk, making soup with vegetable stock and offering fruit juice on the menu. The report stated that the standard menu was re-analysed and showed these changes improved compliance with the recommendations. Modified consistency diets had not been reviewed.

Inspectors were provided with copies of completed audits in relation to compliance with its policy to screen patients for the risk of malnutrition on admission to hospital. All inpatient wards in the hospital had an audit conducted in December 2015. Overall the audit found that;

- 65% of patients were being screened for malnutrition using MUST within 24 hours of admission
- 67% of patients were being re-screened weekly
- 89% of patients who were screened as high risk had their results communicated to the medical team for action.

It was recorded in the minutes of the Nutrition Hydration and Food Committee reviewed by inspectors, that the findings of the MUST audit had been communicated to ward staff and this was verified by inspectors who spoke with ward staff.

Inspectors were also provided with copies of audits of the implementation of a specific tool for assessment and review of malnutrition in patients with renal disease.

Overall, the inspectors found that there was a positive culture of auditing and evaluating aspects of nutrition and hydration care at the hospital. To further develop this, the Nutrition Hydration and Food Committee should develop a programme of regular audits and or key performance indicators specifically measuring nutrition and hydration outcomes for patients to build on progress made and identify any areas requiring further improvement.

Evaluation of patient satisfaction

Hospital managers reported that they had carried out an annual patient satisfaction survey focused on food and meals across the hospital group in December 2015 and inspectors were provided with a copy of the survey report. The aim of the survey was to ask patients to rate the hospital food and check if patients;

- were offered a choice of meals at mealtimes
- were provided with assistance if needed
- were having food brought in from home and, if so, why?

Patients had been given four options to rate the food including very good, good, fair and poor. The survey report outlined that questionnaires were given to five patients selected at random in all inpatient wards at University Hospital Limerick. The questionnaire had a section for patients to provide comments on the food and mealtimes, which was also analysed.

The results were based on 44 responses and indicated that approximately three quarters of patients rated the food as good (13) or very good (19) while one quarter rated the food as fair (11) or poor (1).

Forty-three out of the 44 patients replied that they always receive a choice at meals while one patient replied that they get a choice sometimes. Twenty nine patients rated the help they received (all other patients replied that this did not apply to them) and of these, 28 of the 29 replied that they always get enough help from staff to eat their meals, while one patient replied that they sometimes get enough help.

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The comments reported in the survey by patients were mainly positive with comments like “very good”, “excellent”, “staff very accommodating”. However, many patients commented about the timing of the meals, especially the timing of the evening meal as being too early and the availability of snacks.

One third of patients replied that they had food brought from home and from analysis of the comments reported in the survey by patients, vegan meals, gluten-free snacks, fruit and homemade sandwiches and cakes were some examples of what patients stated that they brought from home.

In response to the survey findings, hospital managers told inspectors that the evening mealtime on four wards had been moved out to 5.00pm including one of the wards inspected. Inspectors verified this time change by talking to staff and patients.

The hospital were trialling an evening snacks trolley on two wards which provided patients with a choice of sandwiches, muffins, biscuits and fruit at 7.00pm each evening. Hospital management told inspectors that there was a plan to roll this service across all the wards within two years.

The hospital reported that they also informally evaluated patient satisfaction with the food service whereby catering officers visited the patients on the wards and asked them if they were satisfied with the food. The responses received from patients were documented and some of these comments, shown to inspectors during the on-site inspection, were mainly positive.

Overall, inspectors found that the hospital had a system to evaluate and respond to patients’ experience of the meals and food provided at the hospital.

Quality improvement initiatives

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

- Evening snack round providing sandwiches, muffins, cakes, yogurts, fruit and cheese on two wards, with a plan to roll out across the hospital within two years.
- Regular drinks round provided by catering on two wards with a plan to roll out across the hospital for all wards.
- The hospital had implemented a full midday meal and evening meal service for patients in the Emergency Department.

- The hospital had purchased adapted cutlery which could be used in all wards in the hospital.

What worked well?

- The hospital had a well established Nutrition Food and Hydration Committee that had implemented a number of improvements in the nutrition and hydration care of patients.
- The hospital had conducted a number of audits in nutrition and hydration care including analysis of nutrient content of standard menus and audit on screening patients for their risk of malnutrition.
- The hospital conducted an annual survey of patient experiences of meals and was responsive to the survey findings to improve nutrition and hydration care.

Opportunities for improvement?

- The hospital needs to develop a system of regular audit and measurement of nutrition and hydration outcomes for patients to build on progress made and identify any areas requiring further improvement.

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 staff through lectures, workshops and the release of policies, procedures and guidelines. The hospital also indicated that catering staff received training in the preparation of special and restrictive menus.

On the day of inspection, hospital managers told inspectors that training was provided in-house by the hospital's dietitians and speech and language therapists, on an ongoing basis, in areas such as use of the MUST tool and texture-modified diets. Ward staff who spoke with inspectors confirmed this on the day of inspection. All nursing staff confirmed that they had received training on the use of MUST and inspectors saw relevant training records.

Inspectors viewed a schedule of nutrition training for catering staff for 2015 and 2016. This schedule included topics such as texture-modified diets, renal diets and vegetarian diets. Inspectors viewed training schedules provided by speech and language staff at induction and on the inpatient wards that were well attended by nursing and catering staff. Although some members of catering staff told inspectors that they had received training in some of these topics, others had not. For example, one member of catering staff said they had not received any training in texture-modified diets while another said they had worked at the hospital for many years and had not received any training in relation to nutrition and hydration.

What worked well?

- The hospital had structured and specific training on nutrition and hydration in line with national guidelines for all staff involved in patient care.

Opportunities for improvement?

- Ensure that all staff attend the training programme on nutrition and hydration provided at the hospital.

Conclusion

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

The hospital routinely screened patients for the risk of malnutrition within 24 hours of admission to hospital using MUST tool and had implemented screening on all wards. Inspectors reviewed a small sample of patient healthcare records and found that nursing staff were screening these patients on admission to assess their risk of malnutrition in line with hospital policy. However, weekly re-screening was not always carried out. This should be a key area of focus for improvement by the hospital following this inspection.

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. Most patients were satisfied and complimentary about the choice, taste and temperature of the food and drinks available. However, some patients told inspectors that mealtimes especially the evening meal was too early. All patients on standard diets were offered a choice of meals. Nonetheless, this choice was limited for patients on texture-modified diets.

Inspectors observed that not all patients who required assistance were offered assistance in a prompt manner and there was no system in place to alert catering staff as to which patients needed assistance with meals. Patients told inspectors that there were unnecessary interruptions to mealtimes from hospital staff and visitors and this practice was observed by inspectors on all three wards inspected.

Inspectors found that the hospital had developed a number of policies relevant to nutrition and hydration. Inspectors found that the hospital had conducted a number of audits in relation to aspects of nutrition and hydration care, including analysis of the nutrient content of standard menus and audits on screening patients for their risk of malnutrition. The hospital had also conducted a survey of patients' experiences of mealtimes and had responded to these findings to improve nutrition and hydration care for patients.

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 Nutrition Hydration and Food Committee must encourage

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and support improvements in screening patients for their risk of malnutrition, and expand the programme of audit of nutrition and hydration care. A key feature of this process is for the hospital to continue the evaluation of patients' experience of nutritional and hydration care and using patients views to inform and direct current and future quality improvements in the area of nutrition and hydration.

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