



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

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

Date of on-site inspection: 13 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.

Table of Contents

Introduction.....	6
Findings	8
Theme 1: Person-centred care and support	8
Theme 2: Effective Care and Support	14
Theme 3: Safe care and support	14
Theme 5: Leadership, governance and management	17
Theme 6: Workforce	23
Conclusion.....	24
References	26

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.

Health Information and Quality Authority

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 on the 13 February 2017 by authorized persons from HIQA, Dolores Dempsey-Ryan and Noreen Flannelly-Kinsella between 09:40hrs and 16:17hrs.⁽¹⁾

The hospital submitted a completed self-assessment questionnaire in August 2015 as requested by HIQA of all public acute hospitals (with the exception of maternity and paediatric services). References to this are included in this report where relevant.

Inspectors visited two wards during the midday meal to check first-hand that patients received a good quality meal service, had a choice of food and that they were provided with assistance with eating if required. Inspectors observed one meal, spoke with five patients and 11 members of staff, including managers. During the inspection, inspectors used specifically developed observation, interview and record review tools to help assess the quality of care given to patients in acute hospitals, with the focus on nutrition and hydration.

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

Findings

Theme 1: Person-centred Care and Support

Healthcare that is person-centred respects the values and dignity of service users and is responsive to their rights, needs and preferences. The *National Standards for Safer Better Healthcare*⁽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 interruptions.

Meal service and timing of meals

A local external provider provided the food service to the hospital. A cook-fresh food production was in use where food was prepared off site and transported in a heated food trolley to Monaghan Hospital. This food was then, centrally plated in a designated ward kitchen by catering staff in the hospital.*

The mealtimes reported in the hospital's self-assessment questionnaire were as follows:

- Breakfast: 08.15am-8.45am
- Snack: 11.00am-11.15am
- Midday meal: 12.00pm-12.30pm
- Evening meal: 4.00pm-4.30pm
- Evening tea/coffee: 7.00pm -7.15pm

* 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.

Health Information and Quality Authority

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 and nursing staff told inspectors that breakfast was served from 8.15am to 9am, lunch was served from 12.15pm to 1pm and the evening meal was served from 4.15pm to 5pm. Inspectors found that the 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 meal.

Inspectors spoke with five patients regarding the spacing and timing of mealtimes and four patients told inspectors that they were satisfied with the mealtimes. One patient said that the morning snack round was too early.

Hospital managers and ward staff told inspectors that they had a draft protected mealtime policy in place and had implemented protected mealtimes.[†] On the day of inspection, inspectors visited two wards, which had implemented protected mealtimes and ward staff told inspectors that it worked well.

Inspectors observed no interruptions to the midday meal on these wards and all five patients, who spoke with inspectors, reported that their meals were not interrupted.

Choice and variety of food

The hospital stated in its completed self-assessment questionnaire that menu options were verbally outlined to patients using menu cards.

On the day of inspection, ward staff confirmed that healthcare assistants verbally communicated the menu choices to patients the day before the meal was served, for example, the menus for Wednesday's meals were outlined to patients on a Tuesday. Healthcare assistants completed an individualized menu order card for each patient detailing the patient's name, bed number and meal requested.

Hospital managers, catering and nursing staff told inspectors that patients were offered two to three choices for their midday meal and three choices for the evening meal which included a hot meal, salad or sandwiches.

Inspectors viewed the weekly menu plans that rotated on a three weekly cycle. Patients were offered three choices for the midday and evening meals including a

[†] 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.

Health Information and Quality Authority

variety of desserts. Inspectors noted that patients could also choose the portion size of their meals.

All patients interviewed on the day of inspection confirmed that they were offered a number of choices for their midday and evening meals. Ward staff told inspectors that if patients did not like the choices offered, they could order something else, such as scrambled eggs.

Texture-modified diets[†] include meals that are suitable for patients with swallowing difficulties of varying severity. They should include options for patients who require soft, minced and moist, smooth pureed and liquidised diets.⁽⁴⁾ Hospital managers and ward staff told inspectors that patients on the soft and mince-moist texture-modified diets were offered two choices from the standard menus and these would be processed by the central kitchen to meet the correct consistency. However, patients on pureed diets were offered a limited choice.

Hospital managers and catering staff told inspectors that the hospital sourced some of the pureed meals from an external company to offer patients more choice, however, patients were offered one main dish and if they expressed dissatisfaction with this option, they were offered a dessert pudding. Hospital managers told inspectors that they planned to review the pureed diet menu options for these patients in 2017.

Overall, inspectors found that while patients on normal or therapeutic diets had a number of choices for their midday and evening meal, there was only one meal option for patients requiring pureed diets. The hospital should ensure that all patients 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 of time 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 at 7pm. Patients were offered soup or a hot drink for their mid-morning snack and were offered a variety of snacks, which included sandwiches, buns, cake, milk puddings, yogurt or fruit for their evening snack round. All five patients who spoke with inspectors confirmed this.

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

Missed meals

Hospital managers and ward staff told inspectors that the hospital had a system in place to cater for patients who missed a meal. Patients were provided with a snack, which included sandwiches if they were travelling out of the hospital for an appointment.

Catering and nursing staff told inspectors that a hot meal could be kept aside in the ward kitchen for a short period of time for a patient who was absent from the ward during the meal service. Ward staff could also contact the local external provider who prepared meals off site for the hospital or the hospital canteen for a hot meal.

Hospital managers and catering staff told inspectors that after the kitchen closed at 4.30pm, staff could provide patients with alternative options such as a scrambled or a boiled egg, tea, toast or a dessert pudding. One of the five patients who spoke with inspectors confirmed this. Four of the five patients told inspectors that they never missed a 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's completed self-assessment questionnaire stated that there were options for patients from different ethnic, religious, and cultural backgrounds. On the day of inspection, hospital managers and ward staff confirmed that ethnic, religious, and cultural food options could be provided if required. Halal[¥] food was available. 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.[§] They also reported that there was a system in place to identify patients requiring assistance at mealtimes.

On the day of inspection, hospital managers and ward staff told inspectors that information regarding which patients required assistance was communicated as follows:

- identified through the nursing assessment on admission and recorded in the nursing assessment documentation
- staff could identify which patients required assistance by observing if the assistance code was ticked on a sign over the patient's bed
- verbally communicated during nursing and healthcare assistants' handover.

In addition, hospital managers and ward staff told inspectors that they planned to introduce coloured placemats and napkins to identify patients who required assistance with meals. Inspectors viewed the minutes of the Nutritional Steering Committee meeting from January 2017 and the hospital's quality improvement plan 2015-2017 and noted that the use of coloured placemats and napkins had been discussed at this meeting.

On the day of inspection, inspectors observed discreet symbols placed on over the bed signage that alerted staff to which patients required assistance on both of the wards visited.

Hospital managers and ward staff told inspectors that patients go to a dining room for their midday and evening meal where patients could eat their meals in a communal area instead of at their bedside. Ward staff told inspectors that it was practice to take laminated signs detailing information on the type of assistance some patients required with fluids and special diets to the dining room and hang this information on the wall behind the patients' chairs to ensure that these patients received the correct meal and assistance required. Inspectors observed this practice on the day of inspection.

Inspectors observed a dining room where three to five patients sat at each table. On one of the wards visited, a nurse or a healthcare assistant sat at each table and was observed offering supervision, assistance and encouragement to patients to eat their

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

meal. On the second ward visited where the patients were more independent with eating and drinking, inspectors observed nursing staff and healthcare assistants supervising the meals in the dining room.

Inspectors observed that patients were positioned comfortably prior to their meal in the dining room, and were provided with dining and feeding aids including adaptive cutlery where needed. Inspectors observed good social interaction between patients and ward staff and a number of patients were asked if they wanted gravy with their meal or a glass of milk. There were no interruptions observed during the midday mealtime, the atmosphere was relaxed and a number of patients appeared to enjoy the conversation at the tables.

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 being centrally plated by catering staff on one of the wards visited from a heated food trolley provided to the hospital by a local external provider. Inspectors observed meals as they were being served, and noted that the food was served in an appetising way.

Inspectors spoke with five patients about their views on the quality of food provided in the hospital. All five patients who spoke with inspectors spoke positively about how the food tasted. For example, patients described the food as “fresh”, “good amounts” and “tasted nice”.

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 with fresh water in the morning and evening and both wards had water coolers. The patients that spoke with inspectors confirmed this.

Inspectors observed patients being offered tea, coffee or milk with their midday meal. Inspectors observed a water cooler in the patients' communal dining room.

What worked well?

- Patients were offered a variety snacks between meals.
- There was a system in place to identify patients who required assistance with meals.
- Patients spoke positively about the quality and taste of the food.
- Water jugs were replenished with fresh water twice during the day.

Opportunities for improvement

- The hospital should ensure that all patients are routinely offered a choice of meals including those patients that require textured-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 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

Inspectors reviewed the healthcare records of six 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. 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.

Health Information and Quality Authority

Nursing staff told inspectors that Cavan General Hospital and Monaghan Hospital shared the same nursing assessment documentation. This meant that a patient's healthcare record and nursing assessment documentation accompanied the patient on transfer between these hospitals. All of the six patient healthcare records reviewed by inspectors included a nursing assessment of nutrition and hydration completed within 24-hours of admission. However, inspectors were not assured that all patients who had been transferred between Cavan General Hospital and Monaghan Hospital had the nursing assessment of their nutritional status re-evaluated on transfer as there was no section in the nursing documentation to confirm this.

The hospital had a draft Malnutrition Screening Tool (MST) protocol on screening patients for their risk of malnutrition which outlined the procedure for recording MST and the requirement for nursing staff to record body mass index (BMI). Hospital managers and nursing staff told inspectors that both medical wards were screening patients for their risk of malnutrition. Nursing staff told inspectors that it was practice to screen all patients on admission and re-screen weekly using the MST tool which formed part of the hospital's Pressure Ulcer Assessment Tool.

Of the six healthcare records reviewed by inspectors, five healthcare records had a completed MST including a record of the patients' BMI and weight within 24-hours of admission and one healthcare record had a completed MST including a record of the patients' BMI and weight after 24-hours of admission. Four of the healthcare records belonged to patients who were in hospital greater than a week and all four patients were re-screened.

Of the six healthcare records reviewed, none contained fluid intake and output charts or food charts as they were not required for these patients.

Overall, inspectors found that the hospital was screening and rescreening patients for their risk of malnutrition and patients were being weighed on admission to hospital.

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. Equipment for weighing and measuring

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

patients' height was easily accessible on both wards. However, not all equipment observed by inspectors indicated that they had been calibrated within the last 12 months.

Patient referral for specialist assessment

Hospital managers and nursing staff told inspectors that all patients were reviewed by the dietitian within two or three days of admission and that all patients had timely access to a dietitian. Nursing staff told inspectors that patients with a MST score of two or more were routinely referred to a dietitian and nursing staff could refer patients to the dietitian.

All of the six healthcare records reviewed by inspectors had a documented assessment of the patient by a dietitian irrespective of their MST screening score on admission. Of these six healthcare records, two were seen by the dietitian within 24-hours of admission, two were seen within 48-hours of admission and two patients were seen within 72-hours of admission.

Four of the patient healthcare records reviewed belonged to patients who were referred for swallowing assessments by a speech and language therapist. Of these four patients, two were seen within 72-hours, and two were seen within eight working days of the referral. The reason given to inspectors, for the delay in response to these referrals by a speech and language therapist was that these patients were categorized as the low priority for assessment. In addition, hospital managers and nursing staff told inspectors that some patients transferred to Monaghan Hospital from other acute hospitals had a swallow assessment completed prior to transfer. Hospital managers told inspectors that additional speech and language therapist's hours were recently agreed to ensure that patients were seen within a timely manner.

What worked well?

- The hospital was screening and re-screening patients for their risk of malnutrition on admission in both wards visited.
- Staff had access to appropriate equipment to measure patients' height and weight.

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 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
- Over the bed signage where discrete colour code symbols were ticked to identify patients on a standard, nutrient dense or renal diet
- Instructions from the speech and language therapists were also displayed on a second sign over some of the patients' beds with information on texture-modified diet and fluid consistency requirements to ensure that patients received the correct diet

Health Information and Quality Authority

- A menu order card was placed on the patients' meal trays which outlined the patients' name, meal ordered and bed number.

Healthcare assistants helped patients to complete a menu card each day and could refer to a special diet folder beside some of the patient's beds to ensure that the correct meal was ordered.

Inspectors observed meals being centrally plated by the catering assistants on one of the wards visited. The catering staff placed the meal with the menu order card onto the patients' trays, which outlined the patients' name, meal ordered, and bed number. Inspectors observed catering staff checking some of the menu order cards against information recorded by the speech and language therapist on the kitchen white board to ensure that those patients assessed by the speech and language therapist received the correct meal.

Each of the five 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 a texture-modified meal received the correct meal.

Patients safety incidents in relation to nutrition and hydration

There was a system in place for reporting incidents relating to nutrition and hydration at Monaghan Hospital. Hospital managers reported that there had been three patient safety incidents reported in relation to nutrition and hydration care in 2016. While, two of these incidents related to the wrong diet being given to patients, a third incident related to a patient receiving the correct meal, but of the wrong consistency for their evening meal. Inspectors were told that none of these reported incidents resulted in serious harm to the patients involved.

Hospital management told inspectors about a number of quality improvement initiatives that had been implemented following the incidents and these included:

- The review of meal choices offered to patients.
- Menu order cards to be filled by healthcare assistants as they received a report at shift handover on the patient's dietary requirements.
- Additional training sessions for all ward staff on texture-modified diets and dysphagia training.
- Meal audit completed June 2016.

There were no written complaints received from patients in relation to nutrition and hydration in 2016.

What worked well?

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

Theme 5: Leadership, Governance and Management

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

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

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

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

Nutrition Steering Committee

Monaghan Hospital had a Nutritional Steering Committee, which was set up in 2015 and the hospital's site manager chaired this committee. Hospital managers told inspectors that Monaghan Hospital's Nutritional Steering Committee was a sub-group of the Cavan Monaghan Hospital's Nutritional Steering Committee and meets two monthly. The chair of Monaghan Hospital's Nutritional Steering Committee and the chair of the Cavan Monaghan Hospital's Nutritional Steering Committee were members of both Committees.

Health Information and Quality Authority

Monaghan Hospital's Nutritional Steering Committee had agreed terms of reference that detailed the membership, roles and responsibilities of the Committee, meetings and record keeping. Hospital managers told inspectors that there was representation on this Committee from all disciplines of staff as recommended in the national guidelines with the exception of a pharmacist and a medical representative, which they planned to review.

Inspectors requested copies of agendas and minutes for the last six meetings of the Committee. This Committee had met six times between January 2016 and January 2017, meetings were well attended, and there was a record of discussion and agreed outcomes. Monaghan Hospital's Nutritional Steering Committee shared a quality improvement plan with the Cavan Monaghan Hospital's Nutritional Steering Committee dated from August 2015 to January 2017. Each area of focus on the quality improvement plan had a lead person or persons assigned to take responsibility for completion of each action. Key areas of focus included; nutritional screening, education, assistance at mealtimes, snack rounds, menus, analysis of nutrient content, policies, audits, over bed signage boards and incident reporting. Most areas of focus had detailed notes on progress to date with some yet to be commenced.

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. During the inspection, inspectors found that the hospital had hard copies of policies available to staff to reference on the two wards visited.

The hospital had a policy on Adult Oral and Enteral Nutrition, a draft protocol on Malnutrition Screening Tool (MST) and a draft policy on protected mealtimes. Inspectors noted that the Adult Oral and Enteral Nutrition had not been revised since 2011 and contained information on a different screening tool which was not relevant to the screening practice on the wards visited. The hospital had a draft protocol on the MST tool, but this draft protocol had yet to be signed off through the hospital's governance structures.

Inspectors concluded that the hospital needs to continue to develop, review and implement policies in relation to nutrition and hydration care to guide staff and standardize nutrition and hydration care and the 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 Cavan Hospital had purchased a computer software package to analyse the nutrient content of the patients' menus across both hospital sites and had commenced analysis of some of the menus. Inspectors noted that information regarding progress made with the analysis of nutritional content of recipes across both hospitals was recorded in the minutes of Monaghan Hospital's Nutritional Steering Committee in January 2017.

Inspectors were provided with copies of audits relevant to nutrition and hydration care completed at the hospital in 2016. These audits included monitoring compliance with the completion of nursing nutritional assessment documentation relevant to nutrition and hydration care. The audit tool comprised 12 questions and these questions were related to the recording of the patients' weight, height and body mass index (BMI) within 24-hours of admission, completion of the Malnutrition Screening Tool (MST) score, referral to dietitian and evidence of weekly re-screening of patients for their risk of malnutrition.

Inspectors viewed the nutritional assessment audit results of both wards visited, and noted that compliance with the completion of the MST screening tool scores in August and December 2016 was 100% for one of the wards visited and increased from 90% to 100% on the second ward visited. Documented weekly re-screening of patients using the MST tool was 100%, while compliance with recording of patients' weights increased from 80% to 90% on one ward and from 90% to 100% on the second ward.

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

Hospital managers provided inspectors with copies of the meal audit results of June 2016 for both wards visited. The audit tool comprised five questions relating to mealtimes. Inspectors viewed the audit findings of the two wards visited. Findings indicated that the majority of patients received the correct meal.

Overall, inspectors found that the hospital had audited compliance with their MST screening tool. However, the audit of the nutrient content and portion size of food has yet to be completed in line with national guidelines. 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 carried out patient satisfaction surveys in 2015 and planned to commence a patient satisfaction survey in 2017. Inspectors were provided with a copy of the hospital's patient satisfaction survey for 2015. Three of the twenty-seven questions related to patients' satisfaction with the food service. This satisfaction survey finding stated that 70% of patients rated the overall quality of the food as either excellent or very good with 30% of patients rating it as good. Sixty per cent of patients rated the temperature of hot meals as either excellent or very good with 40% of patients rating it as good. While recommendations related to other findings in the survey, there were no recommendations made with regard to continuous improvement of the food service.

Quality improvement initiatives

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

- Introduction of protected mealtimes on all wards.
- Introduction of a dining room to facilitate a communal dining experience and improve enjoyment at lunchtime for patients.
- Malnutrition Screening Tool (MST) to screen patients for their risk of malnutrition.
- Introduction of symbols displayed discretely on over the bed signage to communicate information regarding patients that required assistance with meals and other dietary requirements.
- Introduction of a white board on one of the hospital's ward kitchens to communicate information to catering staff on texture-modified diets to ensure that patients received the correct meal when meals were being centrally plated
- Introduction of a snack trolley service.

Health Information and Quality Authority

- Establishment of a 'Patient Service User' panel across both Monaghan and Cavan Hospital sites to carry out meal tasting of standard and modified texture diets and report their findings to the hospital's General Manager.

What worked well?

- The hospital had established a Nutrition Steering Committee, which had implemented a number of quality improvement initiatives.

Opportunities for improvement

- The hospital needs to progress with the development and implementation of policies in relation to nutrition and hydration care to guide staff and standardize nutrition and hydration care at the hospital.
- The hospital must continue to conduct regular audits of quality improvement initiatives including auditing the nutrient content 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 catering staff involved in nutrition and hydration care through lectures and workshops.

On the day of inspection, hospital managers and nursing staff told inspectors that training was provided for nursing staff and healthcare assistants in relation to the MST tool by a dietitian. Inspectors viewed the attendance records for 2016 and noted that this training was well attended.

The speech and language therapist provided nutrition and dysphagia training to catering, nursing staff and healthcare assistants. Inspectors viewed attendance records for July 2016 and noted that this training was well attended. In addition, an external company provided training in relation to the thickening of fluids.

Hospital managers told inspectors that nursing staff and healthcare assistants received training in relation to nutrition and hydration care as part of their induction programme.

What worked well?

- The hospital provided specific training to catering, nursing staff and healthcare assistants, which was well attended.

Conclusion

The inspection team found, on the day of inspection, that Monaghan Hospital had implemented a number of quality improvement initiatives relating to nutrition and hydration care for patients. The hospital had a Nutrition Steering Committee in place that played a key role in raising the importance of the provision of good nutrition and hydration care. Inspectors found that the hospital was screening and re-screening patients for their risk of malnutrition.

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 positive about the quality of food they received and choice of meals offered. However, not all patients on texture-modified diets were always offered a choice of meal. Inspectors observed that patients who required assistance with meals were offered it in a prompt manner. There were systems in place to ensure patients received the correct meals and inspectors noted that the hospital had reviewed a number of incidents relating to nutrition and hydration care, allowing greater opportunities to learn and improve practice.

Inspectors found that the hospital had audited compliance with screening patients for their risk of malnutrition and planned to progress with auditing the nutrient content of food and portion sizes. The hospital conducted a patient satisfaction survey in 2015, which included questions on the patients' experience of mealtimes. The hospital had developed some policies relevant to nutrition and hydration care. However, the hospital needs to progress with the review and approval of nutrition and hydration policies to standardize nutrition care.

The hospital's Nutrition Steering Committee must continue to implement quality improvement initiatives to improve nutrition and hydration practices, and support the screening of all patients for risk of malnutrition. The hospital had conducted audits in relation to nutritional assessment documentation, but needs to continue to audit quality improvement initiatives.

A key area of focus following this inspection is for the hospital to complete analysis of the nutrient content and portion size of all menus as per national guidelines to ensure that nutrition and hydration care continues to improve. The hospital should continue to use patients' views in relation to nutrition and hydration care to inform and direct change and to reinforce good practices where they exist.

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