Hospital Caterers Association Leadership and Development Forum 2017
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Olive Macleod, Chief Executive, The Regulation and Quality Improvement Authority (RQIA)

Thank you for inviting me to your Association's Annual National Leadership and Development Forum.

My name is Olive Macleod, and I was appointed as Chief Executive of the Regulation and Quality Improvement Authority (or RQIA) last July. I am a nurse by training and have many years' experience working in Scotland, Canada, and in Northern Ireland.

RQIA has a similar role to other health and social care regulators that our national audience may be more familiar with - such as the Care Quality Commission – CQC in England, the Care Inspectorate in Scotland and Healthcare Inspectorate Wales.

We were established 12 years ago this month, bringing together four regional Regulation and Inspection Units into a single organisation, with a wider remit, and an increase in the range of services subject to our regulation and review.

We inspect a wide range of services – including care homes and day care settings, mental health and learning disability wards, and hospitals. We also conduct reviews of health and social care services including hospital and community services.

We have a team of around 70 inspection staff who, each year, conduct over two and a half thousand inspections of a full range of health and social care services.

In every aspect of our work, we believe that public confidence in the safety, quality and availability of health and social care services in Northern Ireland is assured through RQIA's independent, proportionate and responsible regulation.

Through our ongoing programme of inspections and reviews, we promote quality improvement; challenge poor performance; safeguard the rights of all those using health and social care services in Northern Ireland; and inform the public through publication of all our reports.

Through RQIA's regulatory activities, we make an independent assessment of a wide range of health and social care services, to determine if the care being delivered is safe, effective and compassionate. We also consider whether these services are well led, and meet the required standards.

Our approach to inspection is underpinned by the Better Regulation Commission's principles of good regulation, and the Hampton Principles, which state that regulation should be: transparent; accountable; proportionate; consistent and targeted – with the ultimate aim of driving improvement in the quality and safety of services.

During our inspections we engage with: staff members; those availing of the services; friends and relatives; and visiting professionals, including - doctors, social workers, allied health professionals, and care managers.

Where a service provider fails to meet the required standards, or is in breach of regulations, RQIA will take appropriate enforcement action to drive improvement. Any such intervention aims to be proportionate to the identified and assessed risk, in line with the principles of good regulation.

We have an ongoing programme of review, developed through consultation with service users, the public and other key stakeholders. Our reviews include those initiated by RQIA, and others commissioned by the Northern Ireland Department of Health or the Health Minister.

In planning and reporting our findings, we focus on whether care is safe, effective and compassionate; and the quality of leadership within a service. We identify areas of good practice and issues requiring improvement, and we make recommendations to drive improvements.

Hospitals

If I can move to the area of most relevance to everyone here today – hospital settings.

When in hospital, patients are relying on the care of a multi-disciplinary team with a wide range of specific roles and duties. Doctors and nurses direct and deliver the course of treatment required for treatment and recovery, supported by auxiliary nurses and health care assistants. They are also supported by a large team of allied health professionals including physiotherapists and occupational therapists who are tasked with supporting patients in their rehabilitation and reablement.

The support staff in hospitals also play a very important role – from porters transporting patients and equipment from department to department; to cleaning staff ensuring that the environment is kept free from the risk of infection. In addition, the role of all those involved in catering is of vital importance – from preparation to serving and assisting patients with their meals to ensure they are getting the nutrition they need, which is essential in supporting recovery.

So what is RQIA's role in assessing the performance of hospitals? In 2014, RQIA was tasked by the Health Minister to commence an ongoing programme of unannounced inspections at acute hospitals - to provide public assurance; and promote trust and confidence in the delivery of services. To provide a clear view of the overall performance of each clinical area inspected, we: examine the hospital environment; observe practice; speak to patients, families and staff; and examine evidence including: patient records, policies and other relevant documentation.

RQIA inspection teams include both peer reviewers - doctors, nurses, pharmacists, ambulance staff, allied health professionals and support services engaged in the daily delivery of health and social care elsewhere in Northern Ireland; and lay assessors - who bring a fresh insight and public focus to our inspections.

To date, we have published reports of our unannounced inspections on Northern Ireland's five major acute hospitals, and we are currently conducting an ongoing programme of unannounced inspections at smaller hospitals across Northern Ireland.

We consider nutrition and hydration under the heading "Is care effective?"
A key part of these inspections is observation – we look to see whether patients have access to fresh water at the bedside or within easy reach; and we observe meals and mealtimes in each ward or clinical area we visit. During each inspection, we talk to staff and to patients, and we review relevant documentation.

It is of particular significance that we are not just observing practice in traditional wards, but also in Emergency Departments where very vulnerable and ill patients are awaiting assessments and treatment before being admitted to the hospital or sent home.

So what do we look for, and what do we see?

We are looking for well-run and well led services that meets the specific needs of every patient, and supports them in their recovery. This includes: protected mealtimes; appropriate staffing for supervision, coordination and assistance at mealtimes; staff preparing patients for their meal, including - toileting, hand hygiene, moving obstacles; all staff participating in the collection of food trays after a meal to accurately identify patients' intakes at mealtimes; accurate recordings of food and fluid intakes; and appropriate prescribing and administration of nutritional supplements. Good communication between all disciplines of staff on their patient's nutritional needs is vital, as it is where this breaks down that problems may emerge.

And, in answer to my second question - we see a wide range of practices – much of it very good – including examples of best practice, but also areas where improvements are required, or more thought needs to be given to patient's nutrition and hydration.

To date, in the wards we have inspected we have seen good menu choices and provision for specialised diets – however, this can be more of a challenge in emergency departments. In certain hospitals they have meals available throughout the day to meet the particular needs of patients, and supplies of sandwiches available during the evening and at night. If a patient requires a snack, the staff can supply tea and toast throughout the day. Simple measures such as jugs of fresh water with easy reach of patients were also observed.

We have also seen examples of good practice where staff can identify patients who need extra assistance at mealtimes. A butterfly symbol can be used to identify patients with dementia. Others use coloured napkins or trays to discreetly identify patients who require some assistance with eating, but this is not a fool proof method! One system, which we particularly like, is a colour coded dinner plate symbol – red, amber or green – on the electronic patient information board – to indicate the level of assistance – if any – required.

In terms of areas for improvement – in certain cases we have seen disruption of mealtimes by staff taking bloods, carrying out cleaning, or breakfast being interrupted by medical ward rounds. Where catering staff are responsible for clearing trays, there is a missed opportunity for nursing staff to monitor and record patients' food and fluid intakes or to identify patients who require further assistance with eating.

Emergency Departments are very different from hospital wards, but access to food and fluids is no less important. In our inspections we have seen examples of these needs being met, with meals available and patients encouraged to drink fluids regularly. We have also noted that snacks or snack boxes are available outside normal hours.

In one of our smaller hospitals – Lagan Valley in Lisburn - they have introduced a self-service beverage trolley with complimentary biscuits for patients and their relatives

However, examples of concerns in ED include no-one with overall responsibility for the supervision and coordination of meals; insufficient nursing staff to provide the meal service; meal choice can be limited; patients not being encouraged to drink fluids regularly, and fluid charts not being updated suitable; tables not available and patients balancing their meals on their knees.

All our inspection reports are publicly available on our website – www.rqia.org.uk.

In our reports we highlight examples of good and indeed best practice and areas for improvement. To drive the required improvement in care for everyone availing of hospital services in Northern Ireland we make recommendations for improvement, ask the hospital management for a report on how it will address these concerns, and we follow these up at our next inspection.

Since we have completed our inspections of the large acute hospitals across Northern Ireland, we have seen evidence of shared practice, with some of the smaller hospitals picking up on and addressing our recommendations from our earlier reports.

I would also encourage everyone here today to look at the resources available on RQIA's website www.rqia.org.uk, including the self-assessment tools to assess your own work areas to help identify best practice and areas for improvement – I believe you would find it a valuable and rewarding exercise.

The role of catering staff in a hospital setting is often forgotten or overlooked, however, we believe that their contribution is vital to the ongoing wellbeing of patients and their recovery. An effective multidisciplinary partnership between medical, nursing, allied health professionals, and support staff – including all those involved in catering is essential in ensuring that the care we see is safe, effective and compassionate.

In conclusion, RQIA is a professionally driven organisation, and through every aspect of our work we will continue to drive quality improvement across health and social care for all those availing of these services in Northern Ireland – in partnership with the multidisciplinary staff working in this sector - including our hospitals. Thank you.

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