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Resource Pack Index

This resource pack is for care homes who have signed up to the ‘hydrate in Care Homes’ project. Below is a list of resources to support you to deliver improved hydration in a care home setting.

These include:

1. Hydration briefing
2. The Hydrate Charter
3. Latest Relevant Regulations
4. Social Care Institute for Excellence Information
5. Staff: What you Need to Know about Hydration
6. Care Home Managers: Top Tips for Good Hydration
7. Advice on Drinking Behavior
8. Hydration Based Activities
9. Hydration Policy Checklist
10. Promotional material and Hydration Awareness Quiz
11. Recording Template
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13. Useful Contact Numbers
14. Reference page
15. Additional Resources

April 2016

Acknowledgement: This resource pack has been updated from the original version developed by N East Hants and Farnham CCG in May 2014
1. Hydration Briefing

Overview
“hydrate in care homes” is a project which was initially developed by North East Hampshire and Farnham Clinical Commissioning Group. It has been developed further by Kent, Surrey and Sussex Academic Health Science Network, based on lessons learnt and the latest research. It aims to improve hydration among people living in residential and nursing homes. In addition some participating homes will be helping to validate the ROC dehydration risk screening tool.

Our Mission Is to reduce illness and unnecessary hospital attendance amongst our care home residents by supporting residential and nursing home staff to establish accessible regular individual drinking regimes.

Hydrate’s Charter
“HYDRATE in Care Homes” team has asked all care homes to sign up to The Hydrate Charter.

This includes:

1. Improving hydration awareness for staff and residents.
2. Encourage optimum hydration though the use of individualized drinking regimes to meet the hydration needs of all residents.
3. Ensure there is access to clean drinking water and hot drinks 24 hours a day.
4. Reassure residents that prompt assistance with all toilet needs will be provided.
5. Provide agreed data to the Improvement Practitioner to demonstrate the impact of the project.

In order for the care homes to sign up to the Charter they will need to have:
- Provided agreed pre-project data
- A hydration policy which can be updated to fulfill the latest best practice
- At least one nominated member of staff to become a hydration champion.
- Details on provision of easy regular access to water and other drinks in their care home setting.

Who is Hydrate in Care Homes is aimed at?
All staff in residential and nursing homes.

Project Benefits
- The project will provide:
- Training sessions provided by the Improvement Practitioner to support healthy hydration practice.
- Best practice on the most effective methods of increasing hydration for the frail and elderly.
- Promotional material
• Ongoing support from the Improvement Practitioner
• A bespoke "HYDRATE in care homes” resource pack and copies of training sessions.
• Facilitation through the locality Care Home Forums or equivalent organisations to promote sustainability.
2. The Hydrate Charter

I, the undersigned agree to participate in the “HYDRATE in care homes” project. This will include:

1. Improving hydration awareness for staff and residents.
2. Encouraging optimum hydration by meeting the hydration needs of all residents.
3. Ensuring there is access to clean drinking water and other drinks 24 hours a day.
4. Reassuring residents that prompt assistance with all toilet needs will be provided.
5. Providing agreed data to the Improvement Practitioner to demonstrate the impact of the project.

Signed: 

Print Name: 

Role: 

Care Home Name: 

Date: 

Definition of optimum hydration

A term that allows for the fact that there is no absolute recommended oral intake due to many individual variables and which also includes the level of care required to represent a person’s best interest.

This is achieved when an individual has sufficient fluid intake to balance their normal day to day fluid loss and any unexpected losses, which enables the body to maintain healthy hydration levels to support their physical and mental health and well-being. In addition it is when the correct level of personal, nursing and medical care has been provided and all efforts have been made to give the necessary support to help and encourage an individual to drink adequate amounts; with kindness, dignity and compassion in order to prevent the onset of ‘avoidable’ dehydration.

Campbell and O’Callaghan Oct 2015
3. Latest Relevant Regulations


**Prioritise People**

**Section 1: Treat people as individuals and uphold their dignity**

To achieve this, you must:

1.1 Treat people with kindness, respect and compassion
1.2 Make sure you deliver the fundamentals of care effectively
1.3 Avoid making assumptions and recognise diversity and individual choice
1.4 Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay, and
1.5 Respect and uphold people’s human rights.

The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions. It includes making sure that those receiving care have adequate access to nutrition and hydration, and making sure that you provide help to those who are not able to feed themselves or drink fluid unaided.

For full details please visit: [www.nmc.org.uk/standards](http://www.nmc.org.uk/standards)

**Care Quality Commission: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14**

The intention of this regulation is to make sure that people who use services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment.

To meet this regulation, where it is part of their role, providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.

People must have their nutritional needs assessed and food must be provided to meet those needs. This includes where people are prescribed nutritional supplements and/or parenteral nutrition. People’s preferences, religious and cultural backgrounds must be taken into account when providing food and drink.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or a person using the service is exposed to significant risk of harm. In these instances, CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other regulatory action.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.
4. Social Care Institute for Excellence

Dignity in Care

Hydration Recommendations

- Encourage people to drink regularly throughout the day. The Food Standards Agency recommends a daily intake of eight glasses of water or other fluids.
- Provide education, training and information about the benefits of good hydration to staff, carers and people who use services, and encourage peer-to-peer learning.
- Provide promotional materials to remind people who use services, staff and carers of the importance of hydration.
- Ensure there is access to clean drinking water 24 hours a day.
- If people are reluctant to drink water, think of other ways of increasing their fluid intake, for example with alternative drinks and foods that have a higher fluid content, (e.g. breakfast cereals with milk, soup, and fruit and vegetables).
- If people show reluctance to drink because they are worried about incontinence, reassure them that help will be provided with going to the toilet. It may help some people to avoid drinking before bedtime.
- Comment on Urine colour in these recommendations. The latest research shows that urine colour is NOT a reliable guide to an older person’s hydration status. However, very small quantities of dark, strong-smelling urine could be an indicator of severe dehydration -but there may be other causes that should be investigated. (Hooper et al 2015)

Dignity in Care - Key Points from Research

- Evidence suggests that good hydration can help prevent falls, constipation, pressure sores, kidney stones, blood pressure problems and headaches.
- Poor hydration is shown to contribute to obesity, depression, inactivity and fatigue and to prolong healing and recovery.
- There is evidence to suggest that dehydration can increase mortality in stroke patients and prolong hospital stays for patients with community-acquired pneumonia.
- For some older people the sensation of feeling thirsty may be impaired and may not be an accurate indicator for good hydration particularly for people who have had a stroke and those with dementia.

Following a study of four care homes, Anglian Water launched the Health on Tap campaign (2008) to improve hydration for older people in care homes. The key findings of the study were:

1. Availability, visibility and reminders were some of the key factors to drinking more water.
2. After a regime was introduced and a water cooler installed, anecdotal evidence from one home reported: a 50 per cent reduction in falls; a greater than 50 per cent reduction in the number of residents taking laxatives; and a decrease in GP call-outs and urinary infections.
3. There were language barriers for some staff, with 50 per cent not having English as a first language.
4. Hydration does not feature as a specific training topic in its own right.
5. Residents' fear of increased toilet trips was the main barrier to drinking more water (the report states: ‘Once the bladder had adjusted and was able to hold more volume, toilet trips soon settled down to pre-trial levels.’)
6. Peer-to-peer learning, rather than formal training, plays a large role in the knowledge and working habits of staff.
7. Knowledgeable and committed managers generate positive results.
8. Visual and mental impairments were a problem for many residents, with a high dependency on care staff to instigate water intake.
9. Staff said they would like promotional materials for themselves, residents, and their families, to remind them of the importance of hydration.
10. The ability to spread and share good practice was seen as very important.
5. Staff: What you need to know about hydration

How much to HYDRATE?
Fluid requirements are very individual, impacted by a variety of factors including but not limited to:

- Body size
- Health
- Environment

As a general rule of thumb we need a minimum of 2 litres a day

Aim for 6-8 glasses of fluid per day
(In reality this can be very challenging so aim for optimal hydration-the best intake you can encourage and assist a resident to achieve even if it is not 6-8 drinks/day.)

All fluid counts, (except alcohol), including water, tea, coffee, milk and fruit juice

Traditional signs and symptoms of Dehydration
These are non-specific, especially in frail elderly people. Research shows there is no single diagnostic sign or symptom for dehydration. Those highlighted below may be useful in combination with low fluid intake (DRIE study 2015)

<table>
<thead>
<tr>
<th>Acute Signs/Symptoms</th>
<th>Long Term Signs/Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thirst</td>
<td>Constipation</td>
</tr>
<tr>
<td>Headache</td>
<td>UTI's</td>
</tr>
<tr>
<td>Dry mouth/lips</td>
<td>Increased risk of falls</td>
</tr>
<tr>
<td>Tiredness</td>
<td>Pressure sores</td>
</tr>
<tr>
<td>Feeling dizzy or lightheaded</td>
<td>Reduced clinical outcomes</td>
</tr>
<tr>
<td>Very small amounts of dark coloured,</td>
<td>Reduced quality of life</td>
</tr>
<tr>
<td>concentrated urine</td>
<td></td>
</tr>
<tr>
<td>Dry inflexible skin</td>
<td></td>
</tr>
<tr>
<td>Confusion</td>
<td></td>
</tr>
<tr>
<td>Poor fluid intake/missing drinks</td>
<td></td>
</tr>
</tbody>
</table>

Good hydration practice

- Resident's food and drink preferences should be established and communicated to all staff
- Make regular drinking part of the normal routine. Offer drinks regularly at every contact you have with the resident.
- Drinks should be freely available at all times and within easy reach and sight
- Appropriate temperature and appearance
- Identify residents who need assistance to drink
- Use appropriate aids-helps promote independence
Other things to note

- Some patients will need gentle prompting
- Identify patients who are at risk of dehydration and know when to start a fluid intake chart/contact GP
- Be aware of residents which seem to be coping-reassess needs regularly
- Promote importance of hydration to both staff and residents
- Hydration Champions
- Education and training sessions for staff and residents
- Promote and display the work your care home is doing. Encourage involvement and interest.

If a resident has an alcoholic drink, encourage them to also have a non-alcoholic drink to provide hydration

Get creative to improve hydration

High fluid foods all contribute valuable fluid which include:
- ice-lollies
- jelly and milk puddings
- pureed fruit
- cut up water rich fruit or vegetables such as melon and cucumber soups

Get creative with drinks:
- Fizzy vs flat water
- Ice cubes and straws
- Add flavouring for taste and colour
- Use a variety of drinking vessels and glasses

Tying together with MUST:
It is possible you will identify a resident as both at risk of dehydration and malnutrition. For these residents it is important to encourage them with 'nourishing fluids' which provide both fluid and extra calories. Examples of these include:
- glass of milk, (full fat)
- hot chocolate and horlicks
- milkshakes and fruit smoothies
- tea's and coffee with plenty of milk and sugar
- prescribed supplements

Troubleshooting

Many residents may need reassurance to change their drinking behaviour. For example, they might think that drinking more will worsen their incontinence and they may worry they are troublesome to staff. So, what can you do?
- Encourage involvement of family or friends
- Encourage drinking as a social opportunity
- Visual cues can help prompt patients to drink, e.g. water jugs or coolers in plain sight

It can take time to establish a new routine but be sure to encourage every sip - it all adds up to increasing fluid intake.
When a fluid intake chart is used, it is meaningless if the data is inaccurate and could give the impression of better hydration than is actually being achieved. Sometimes using a chart for a short period of time when there is concern rather than routinely, can be more effective.

When to start a fluid intake chart

1. If you have a new resident to help assess their hydration needs
2. If a resident is exhibiting any signs/symptoms suggesting possible dehydration
3. If fluid intake is observed to be low
4. If a resident is showing signs of a urine infection
5. It has been requested by a medical professional

In addition a GP referral should be considered if the resident is unwell. The chart should be continued for 3 days initially and continued if needed. Bearing in mind the additional 20% of the daily fluid intake that comes from diet, adding a food intake chart may be useful to help fully assess hydration.

Take action

If the fluid intake chart shows that a resident is having problems drinking an adequate amount, adapt their drinking regime to help overcome this and ensure all involved staff are aware of the changes in their care plan.

Tips from the previous HYDRATE project care homes:

- It is often more effective to offer a drink rather than ask if the resident would like one.
- Encourage the residents to drink a full cup of water/squash at medication rounds.
- Educate staff in their choice of language e.g. not ‘would you like’ instead ‘I have made you’.
- Introduce extra drink rounds between breakfast and lunch, and between lunch and supper as a social drinking activity on top of the usual rounds.
6. Care Home Managers: Top Tips for Good Hydration

Ensure tap water is the main source of drinking water
If possible, install mains fed water coolers. You will always have clean, chilled water without having to order and lift heavy refill bottles. It is better for the environment and for budgets. Alternatively have cold water dispensers readily available throughout the home. Make water an alternative drink during meal and refreshment times served with ice, fruit or mint leaves.

Information on other fluids
Many older people prefer drinking tea/coffee. They cannot be expected to change their habits just because they now live in a care home, change will take time. General fluid intake aiming for about 2 litres per day (6-8 glasses depending on size of glass) should be promoted with a selection of hot/cold drinks offered throughout the day and whenever requested.

Establish a drinking regime in daily care routines
Jugs of chilled, appetising water should be available 24 hours a day in residents' rooms and elsewhere. Include an individual's hydration needs in Care Plans and ensure these are reassessed weekly or when circumstances change. Ensure fluid intake is monitored and staff act on any concerns. Have regular drinks rounds and encourage every contact to become an opportunity to give a resident a drink. Encourage hydration based activities.

Staff Hydration
Encourage staff to drink fluids during their shift, and if possible with the residents. This will serve as a reminder to check hydration requirements for those they care for. This helps prompt the residents and promotes good staff hydration. They will perform better if they are well hydrated themselves.

Match this regime to individual's abilities
Reluctant drinkers can be helped by offering certain foods with high fluid content. See drinking behaviour sheet for further advice.

Dealing with problems
We believe time spent in prevention means less time dealing with problems. Good hydration is about preventing and combating symptoms of dehydration. Constipation is one symptom. It is easier to administer regular drinking water to prevent this than laxatives to treat it. If laxatives like lactulose and movicol are used, remember, they will not be effective without residents drinking extra fluid. Drinking more fluid creates a flush through the bladder, reducing its susceptibility to infection and thus reducing the need for antibiotics.

Visual prompts and reminders
Put up posters, make badges and use reception areas to promote good hydration to visitors.

Address fears about extra toilet trips and reassure residents that this is not a problem
This is often more a perception than reality. Expect one or two extra trips a day at the start of a regime. It settles to a normal and/or regular pattern. Residents should be assured that visiting the toilet more is not a problem to staff.
Make your regime and the importance of good hydration part of staff induction and on-going training
Share knowledge with colleagues and make sure any health benefits are noted and promoted. Use the materials in this pack or develop your own. Ensure your hydration policy reflects best practice.

Involve relative’s visitors and any other organisations who have contact with the home
Promote the fact that you have adopted this charter and explain the importance of drinking water. Display information and materials in reception, on your website and in your literature. Ask visitors to promote water to residents and encourage other organisations to get involved.

Hygiene Issues
Remember that water is a food product and should not be stored for longer than 24 hours. As with all other good hygiene practice ensure the highest standards apply to drinking water
7. Advice on Drinking Behaviour

Persuading older people to drink is not as easy as many people assume. It needs understanding of the individual, persuasion and good communication skills to provide optimal hydration which matches an individual needs and maintains their dignity.

Aids do not necessarily replace the standard cup or glass. Staff need to encourage and enable residents to drink from these where at all possible, to maintain their dignity and pleasure in drinking in a manner similar to other residents. Lighter weight cups and jugs may be helpful. Aids should only be considered when this is a residents preferred choice or when they have been assessed by a nurse to have a high risk of spillage. If aids are used these should be normalised as much as possible.

Positive Influences

- Availability of drinks - everywhere, at any time, at the right temperature and of the right type.
- Help and support while drinking. Staff having the time to make residents comfortable, encourage and put drinks in their hands.
- Pleasure from drinking - it helps swallowing and chewing and makes mouths feel pleasant.
- Social interaction- drinking with others is part of everyday life and is usually enjoyable.
- Reassurance to residents that there is prompt toileting support. Residents should be reminded that improving hydration will NOT cause extra toileting in the long term. WE MUST DITCH THIS MYTH!
- Concentrated urine from poor hydration irritates the bladder and makes incontinence and frequency worse.
- Understanding the importance of drinking and getting into a regular drinking habit.

Negative Influences

- Physical incapacity- fragility, poor grasp, reduced sense of taste and thirst (common in the elderly), too ‘tired’.
- Cognitive impairment so people forget to drink.
- Fear of incontinence and frequency - this is a major factor for many older people.
- Perceived lack of staff time; Residents 'don't want to be a bother'.
- Hydration aids not used effectively or not available when required.
- Drinking is seen as a nuisance or a chore (Godfrey et al June 2011) so creates negative responses when offered a drink.
- Residents with challenging behaviour who have negative responses to most suggestions and interventions.

This problem solving tool may be a useful way of thinking about residents who have difficulty in drinking.
<table>
<thead>
<tr>
<th>Type of drinking behaviour</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Can drink</strong></td>
<td></td>
</tr>
<tr>
<td>Unaware of how much they should drink every day</td>
<td>Education of resident.</td>
</tr>
<tr>
<td>Drinks independently but forgetful so requires prompting</td>
<td>Individual regular regime with or without aids to help prompting.</td>
</tr>
<tr>
<td><strong>Can’t drink</strong></td>
<td></td>
</tr>
<tr>
<td>Increased risk of choking or swallowing problems</td>
<td>SALT input required</td>
</tr>
<tr>
<td>Unable to drink independently</td>
<td>Appropriate assistance and possible aids which still maintain dignity.</td>
</tr>
<tr>
<td><strong>Won’t drink</strong></td>
<td></td>
</tr>
<tr>
<td>Lifelong sippers who have never drunk much</td>
<td>Gradual approach with education and support that aims to address the long standing reasons for this.</td>
</tr>
<tr>
<td>Fear of urinary incontinence or increased frequency</td>
<td>Reassurance about support for toileting needs and advice from continence team if required. Empathy and understanding of concerns with maintenance of dignity and independence. Education that improved hydration will not cause increased urinary frequency in the long term.</td>
</tr>
<tr>
<td>Refusal to drink; for example clamping mouth shut or spitting fluids out, often linked to dementia</td>
<td>Consider the causes for this; Worsening dementia, physical, emotional and environmental problems or changes. Consider: right people, right place, right drink. Regular drinking regime/fluid chart, use of old social behaviours.</td>
</tr>
<tr>
<td><strong>Last few days of life</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialist advice required.</td>
</tr>
</tbody>
</table>
8. Hydration based Activities

These suggestions aim to educate staff and residents about the importance of good hydration and provide the opportunity to have fun and sample a wide variety of drinks and food with a high fluid content.

People are more likely to have a drink with others in a social situation. Research published this year has shown that having a strong social element around eating and drinking improved the quality of life for people with dementia (Abdelhamid et al 2016)

Remember food can also contribute valuable fluids.

Examples of high fluid content foods include:

Fruit: including apples, blueberries, cranberries, grapefruit, melon oranges, pears, pineapple, plums, raspberries and watermelon.

Vegetables: include cucumber, carrots, celery, tomatoes, lettuce, and squash

Themes for each week day

- **Mocktail Mondays**- see recipes overleaf. Smoothie making
- **Teatime Tuesdays**- Formal social drinking events for example themed tea parties using china crockery, picnics and celebration teas
- **Watery Wednesdays**- Tasting sessions on water based drinks such as different types of teas, juices, squash, fruit teas or infusions.
- **Thirsty Thursdays**- Making or tasting sessions for lollipops and milkshakes. Have a film afternoon with Ice Lollies & Ice creams.
- **Fruity Fridays**- Fruit bowl tastings. Different coloured fruit jelly making in shaped vessels making the jellies look like something else.
- Theme the drinks trolley for the day with different coloured cups/ glasses/Jugs or drinks.
Activity: Hold a mock-cocktail making event with your residents!

We have provided you with a selection of recipes to give you some ideas. Involve the residents when making these recipes!

<table>
<thead>
<tr>
<th>Peach Passion Smoothie</th>
<th>Mulled Apple Juice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ingredients</strong>: 15oz sliced peaches, 4 scoops of vanilla ice cream, half a cup of orange juice and a small dash of milk</td>
<td><strong>Ingredients</strong>: 1 litre of apple juice, strips of orange peel, one cinnamon stick and 3 cloves</td>
</tr>
<tr>
<td><strong>Method</strong>: Use a blender and whizz until smooth</td>
<td><strong>Method</strong>: Simmer ingredients for 5-10 minutes. Remove cinnamon stick, cloves and orange peel. Sweeten with honey or sugar and serve hot.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chocolate Cocktail</th>
<th>Tangy Tomato</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ingredients</strong>: 210ml of milk in a pan, one 150g chocolate bar 75ml of vanilla syrup and ice.</td>
<td><strong>Ingredients</strong>: 3 cups of tomato juice, 2 tablespoons lemon juice, 2 teaspoons horseradish sauce, 2 teaspoons Worcestershire sauce.</td>
</tr>
<tr>
<td><strong>Method</strong>: Add the milk and chocolate to the pan and melt through. Allow the chocolate and milk mixture to cool in a bowl in the fridge for 1 hour. Before serving add the vanilla syrup. Serve over ice. For variety you can try this recipe with a few drops of peppermint essence.</td>
<td><strong>Method</strong>: Mix the ingredients well and serve over ice. Garnish with celery. If residents would like their drink with a fiery kick, they can add a drop or two of tobasco sauce to heat things up!</td>
</tr>
</tbody>
</table>
## 9. Hydration Policy Checklist

**Suggested Checklist from Staffordshire.gov**

<table>
<thead>
<tr>
<th>No:</th>
<th>Check Point</th>
<th>(Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the care home assessing each resident’s nutritional and hydration status and the methods being used.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Does the care home record outcomes from nutritional and hydration screening and assessment in a resident’s care plan, the care home ensures that the identified actions are put in place (including appropriate referrals, where required) and care plans are regularly reviewed.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Steps are being taken by the care home to encourage residents to drink sufficient amounts of fluid.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Steps are being taken by the care home in order to ensure it provides a tasty, nutritious, varied and balanced diet and drinks, which are nutritionally adequate and account for residents’ needs and preferences, supports individual choice and promotes sustainability.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The home ensures that residents are encouraged to eat and drink independently where possible in a dignified manner in an environment in which they feel comfortable. Where residents are unable to eat and drink independently, the home ensures that residents are fed in a dignified manner.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>The home is encouraging sharing of good practice with residents and their family members to ensure that family members are aware of the importance of eating and drinking well for residents' health.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>The home is committed to offering general training to its care staff in relation to food, nutrition and hydration.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>The home has a nutrition and hydration co-ordinator / link worker,</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>The home has good links to health professionals / partners to ensure that residents needs in relation to food, nutrition and hydration can be met (e.g. Dietitians, residents’ GPs, Speech and Language Therapists, Dentists, Pressure Sore specialists and Occupational Therapists).</td>
<td></td>
</tr>
</tbody>
</table>
Example of a Hydration Policy from ABC Care Homes

ABC Care Homes believe that access to high-quality meals, snacks and drinks and to a full system of nutritional assessment and support is a fundamental right of our residents. In particular the service understands the importance of adequate nutrition and hydration and will take all practical measures to ensure that our residents benefit from a high standard of nutritional care.

The service understands that the provision of safe and effective nutritional care, including hydration, is a legal requirement under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which states that the registered person must, so far as reasonably practicable, ensure that residents are protected from the risks of inadequate nutrition and dehydration.

The organisation understands hydration to refer to the drinking of adequate amounts of fluid to keep the body healthy. It recognises that having an adequate fluid intake is an important part of maintaining a balanced diet and is essential for health and wellbeing. In this respect the organisation is aware that the Food Standards Agency recommends a daily intake for an adult of six to eight glasses of water or other fluids (about two litres), and that most people do not drink anywhere near that amount, particularly the elderly.

In adult social care settings, severe dehydration makes frail people more vulnerable to infections, dizziness and confusion, and to falls, from which many never fully recover. Studies in care settings where a campaign of positive encouragement to drink water has been run have identified a number of positive outcomes, including fewer urinary infections and fewer falls.

Procedure

Hot and cold drinks will be made available and accessible throughout mealtimes and throughout the day. This will include fresh water, tea and coffee and whatever personal drinks choices particular residents have. To this aim care and kitchen staff will ensure that preferences like and dislikes are recorded and updated frequently.

Fresh water will always be available and will be presented in an accessible and attractive way. Staff should ensure that water is fresh and cool by changing it daily and more frequently as required. residents who are not able to serve themselves will be provided with fresh water by their bedside or chair side and will be offered help to drink if they need it.

Sweetened squash or fizzy drinks will not be routinely provided for all residents but will be provided to individuals if requested.

Residents will not be expected to wait for a mealtime in order to eat or drink and will be assisted by staff to have a drink of their choice whenever they wish.

The importance of good hydration will be actively promoted to residents and their families and visitors. Partnership working will be encouraged with residents, their families and visitors to optimize good hydration.

All new residents will have a nutritional assessment conducted on admission, which will include an assessment of their hydration needs and this will be reviewed monthly or more frequently as required.

Assessments will be carried out by a senior member of staff with appropriate training in MUST scoring and skills and will be recorded in the residents plan of care.

Any new resident with special nutritional needs identified during assessment will be, with their agreement, referred to an appropriate specialist service.
Each resident will be asked for their individual food and drink preferences as well as their cultural, religious or health needs and these will be taken into account when planning menus and when making drinks available.

Specialist menus and therapeutic diets will be provided as required and indicated in individualized plans of care, including parenteral nutrition.

When a resident is identified as being at risk of poor nutrition or dehydration they will have their food and drink intake monitored and be provided with help to reduce the risks as necessary, including additional advice and support and, where necessary, referral for specialist help and assessment.

Eating and drinking difficulties, or a need for assistance when eating or drinking, will be identified within each resident’s care plan and a plan of assistance agreed with both the resident and their relatives, where necessary.

For any resident with a need for assistance with eating and drinking, reasonable arrangements will be made to help them to feed themselves with dignity, including the provision of special eating aids and special food preparation.

Staff will be alert to any difficulties that a resident is having with regards to their nutrition or hydration and will report any worries or concerns to a senior member of staff.

Care staff should be alert to urine colour as a possible indication of hydration level although the latest research suggests this is not reliable in older people. Small amounts of dark, strong-smelling urine could be an indicator of poor hydration but there this finding is not diagnostic and other causes should be investigated. (DRIE Study 2015)

Where a requirement is identified for additional help or advice the resident will be referred to a suitable expert such as a dietician or speech and language therapist.

Residents will be provided with information on what constitutes a balanced diet to address any risk of poor nutrition and/or dehydration, which will help them make an informed decision about the type and amount of food and drink they need.

Where a resident is reluctant to drink enough water/fluid and this is having a negative effect on their health, the service will consider other ways of increasing their fluid intake that are more acceptable to them, e.g. through breakfast cereals with milk, soup, and fruit and vegetables.

Where residents have worries about possible incontinence related to increased hydration, especially at night, care staff should reassure them that help will be provided with going to the toilet. In such cases it is best not to encourage the resident to drink close to bedtime. Instead they should be encouraged to drink little and often during the day.

**Implementation**

All staff are responsible for the implementation of this policy. Overall responsibility for ensuring that the policy is implemented, monitored and reviewed rests with the registered manager.

**Training**

All new staff are encouraged to read this policy as part of their induction process. All staff will be
trained about the importance of good hydration when they are trained about nutrition. Those with specific duties and responsibilities under the policy will be offered additional training.

Signed: ___________________________ Date: ______________
Sample menu for providing adequate fluids within the care home

<table>
<thead>
<tr>
<th>Time</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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</thead>
<tbody>
<tr>
<td><strong>Early Drink</strong></td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
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<tr>
<td><strong>Breakfast</strong></td>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
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<tr>
<td></td>
<td>Fruit juices</td>
<td>Fruit juices</td>
<td>Fruit juices</td>
<td>Fruit juices</td>
<td>Fruit juices</td>
<td>Fruit juices</td>
<td>Fruit juices</td>
</tr>
<tr>
<td></td>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
</tr>
<tr>
<td></td>
<td>Toast or Bread</td>
<td>Toast or Bread</td>
<td>Toast or Bread</td>
<td>Toast or Bread</td>
<td>Toast or Bread</td>
<td>Toast or Bread</td>
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<tr>
<td></td>
<td>Preserves</td>
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<td>Preserves</td>
<td>Preserves</td>
<td>Preserves</td>
<td>Preserves</td>
</tr>
<tr>
<td></td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
</tr>
<tr>
<td><strong>Full glass of water given out with early morning medication</strong></td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
</tr>
<tr>
<td><strong>Mid Morning</strong></td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>Roast lamb and mint sauce/Poached salmon &amp; parsley sauce</td>
<td>Pork/Vegetable casserole/Tuna and pasta bake</td>
<td>Steak and kidney pie/Grilled plance &amp; lemon sauce</td>
<td>Chicken &amp; white wine sauce/Shepherds pie/Creamed potatoes</td>
<td>Lancashire Hot Pot/Cod Mornay Parsley potatoes</td>
<td>Fried Cod/Cauliflower cheese Chips/mashed potatoes</td>
<td>Boiled bacon &amp; pease pudding/Fish pie</td>
</tr>
<tr>
<td></td>
<td>Roast/new potatoes</td>
<td>Creamed potatoes</td>
<td>Boiled potatoes</td>
<td>Mixed vegetables/broccoli Spotted dick &amp; custard</td>
<td>Parsley potatoes</td>
<td>Boiled potatoes</td>
<td>Boiled potatoes</td>
</tr>
<tr>
<td></td>
<td>Broccoli/parsnip</td>
<td>Carrots/Peas</td>
<td>Green Beans/leeks</td>
<td>Yogurt jelly</td>
<td>Parsley potatoes</td>
<td>Peas/sweetcorn</td>
<td>Carrots/swede</td>
</tr>
<tr>
<td></td>
<td>Apple pie &amp; custard</td>
<td>Lemon Meringue pie</td>
<td>Rice Pudding</td>
<td>Tea or coffee</td>
<td>Banana Custard</td>
<td>Fruit Compote &amp; custard</td>
<td>Bread and butter pudding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td></td>
<td></td>
<td>Yoga Yogurt jelly</td>
<td>Peach melba</td>
</tr>
<tr>
<td><strong>Water and fruit squashes/cordials available throughout the morning in the residents lounge</strong></td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
</tr>
<tr>
<td><strong>Water and fruit squashes/cordials served with meal</strong></td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
</tr>
<tr>
<td><strong>Water and fruit squashes/cordials available throughout the afternoon in the residents’ lounge</strong></td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
<td>Tea/Coffee/Juice Smoothie/Milkshake</td>
</tr>
<tr>
<td><strong>Evening</strong></td>
<td>Cheese and tomato flan &amp; salad/Sandwiches (salmon/egg)</td>
<td>Welsh rarebit &amp; tomato/ Sandwiches (sardines/ham)</td>
<td>Sausage and baked beans on toast/ Sandwiches (cheese with marmite/tuna)</td>
<td>Jacket potato (tuna or cheese) Sandwiches (ham/egg)</td>
<td>Macaroni cheese &amp; tomato/sandwiches (bacon/turkey)</td>
<td>Ham with mixed salad/Sandwiches (salmon/chicken)</td>
<td>Broccoli &amp; cheese flan with salad/ Sandwiches (egg/pilchards)</td>
</tr>
<tr>
<td></td>
<td>Peaches &amp; cream</td>
<td>Cherry flan &amp; cream</td>
<td>Peaches &amp; cream</td>
<td>Apricot and almond tart</td>
<td>Sherry trifle</td>
<td>Lemon cheesecake</td>
<td>Chocolate cake</td>
</tr>
<tr>
<td></td>
<td>Tea or coffee</td>
<td>Tea or coffee</td>
<td>Tea or coffee</td>
<td>Tea or coffee</td>
<td>Tea or coffee</td>
<td>Tea or coffee</td>
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</tr>
<tr>
<td><strong>Late-evening</strong></td>
<td>Milky drinks Biscuits</td>
<td>Milky drinks Biscuits</td>
<td>Milky drinks Biscuits</td>
<td>Milky drinks Biscuits</td>
<td>Milky drinks Biscuits</td>
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</tbody>
</table>
10. Promotional Material and Hydration Awareness Quiz

This is a copy of the Water UK best practice hydration awareness quiz - this may be useful in your care home. The use of water is emphasized but for drinking other suitable non-alcoholic fluids can replace this.

Care Homes have found their residents have enjoyed doing the hydration quiz (see Toolkit section 10)

The quiz also provides an opportunity for care home staff to ask their residents for ideas on hydration both through menu changes and types of drinks offered.

If you would like to explore the toolkit further, the reference is stated in Section 14
Hydration awareness quiz – for residents and staff

(Photocopy this sheet and tick off your answers. Correct answers are on the reference page.)

1. What is the chemical name for drinking water?
   a. H₂O
   b. C₁₀
   c. He₃

2. How many glasses of water should you drink each day for good health?
   a. 1-2
   b. 3-4
   c. 6-8

3. How much of your body is made up of water?
   a. 75%
   b. 40%
   c. 15%

4. How long can you live without water?
   a. About one week
   b. About one month
   c. About one year

5. What is another name for water that is safe to drink?
   a. Portable
   b. Potable
   c. Passable

6. For the price of one cup of coffee, how many litres of fresh drinking water can you get directly from your tap?
   a. 1 litre
   b. 10 litres
   c. 100 litres
   d. 1,000 litres (or more)

7. Which drink would be best to drink to protect your teeth and gums?
   a. Fizzy cola
   b. Coffee
   c. Water
8. How should you drink your daily water intake?
   a. All at once
   b. Little sips regularly
   c. Big mouthfuls

9. How much water does simply breathing in and out use up each day?
   a. A pint
   b. A glass
   c. A bath-full

10. Which of these is not a possible sign of dehydration?
    a. Headache
    b. Irritability
    c. Tiredness
    d. Sprained ankle

11. We get some water from our food and drink. From which of the following should we not get our water intake?
    a. Decaffeinated tea
    b. Weak squash
    c. Fruit juice
    d. Alcohol
Hydration best practice - care home water audit

Photocopy this sheet and then tick off and count up the statements you can answer with a 'Yes'. Scores are analysed over the page.

- You are clear about the benefits of improving water provision in your care home.
- You have clear strategy to promote water provision and consumption.
- You consulted and involved the rest of your team.
- You are clear about what you want your hydration strategy to achieve.
- You have a simple and clear code of conduct for providing water.
- You have decided how and where water will be provided.
- You have managed to make water available to able bodied residents and staff throughout the day.
- You have managed to make water available to less able bodied residents and staff throughout the day.
- You are actively encouraging consumption of water for residents.
- The residents are regularly informed about the health benefits of drinking more water.
- The residents have been consulted for their ideas on how water might be promoted and consumption increased.
- You have a procedure for recording whether residents drink enough.

Your strategy allows for increased promotion of water:

- In hot weather.
- When residents exercise.
- When residents are outside the care home, on trips or visits.
- You have established a system to ensure all the water facilities are cleaned (including cups, glasses and jugs).
- Residents can ask for and access toilet facilities when they need them.
- The toilet facilities are well maintained and regularly cleaned.
- You have planned how you will now monitor and evaluate the impact of improved water provision on residents.
How did you do?

Count up the number of boxes you have ticked and assess your current practice.

Score

0-5 You are underway but more work needs to be done. To make sure you and your residents get the health benefits of good hydration, you and/or your team should retrace your steps and look again at the areas you could not tick off. What needs to be changed to improve your score?

6-10 Well done on getting this far! With this score you will soon be on the way to establishing a successful strategy for promoting water. You can use the toolkit factsheets and checklists to work out where you can implement change and you will soon be able to help improve your residents’ hydration and wellbeing.

11-14 You have come this far and are approaching the score for hydration best practice. With so much achieved, it is now simply a case of refining your efforts and looking at the individual areas for change.

15-19 Congratulations, you have done very well and will now be making a real difference to the health and wellbeing of your residents. If you did not score full marks, talk to your team about the areas you missed and how you can take the last few steps to hydration for all.
11. Recording Template

<table>
<thead>
<tr>
<th>Month</th>
<th>Falls</th>
<th>Number of Falls</th>
<th>Fracture</th>
<th>Number of Fracture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-18</td>
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<td>Feb-18</td>
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<td>Mar-18</td>
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<td>Apr-18</td>
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<tr>
<td>Dec-18</td>
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</tbody>
</table>

- Falls: Number of falls recorded per month.
- Number of Falls: Total number of falls recorded for the month.
- Fracture: Number of fractures recorded per month.
- Number of Fracture: Total number of fractures recorded for the month.
12. Innovative Approaches

We would like you to contribute to the development of best hydration practice in our locality. Tell us about any successful innovations you have introduced at your care home so good ideas can be spread to other homes.

Examples of different types of innovation:

- Use of different hydration aids
- Use of hydration aids in a different way
- Use of own promotional material
- Use of promotional material in a different way
- Hydration promotion meeting
- Change in routine drinking regime
- Change in fluids offered
- Change in way fluids offered

Details of innovation

Date Started

What made the innovation successful?

How did you measure this success?

What difference has it made generally?

What influenced the development of this innovation?

Do you have any pictures to capture your innovation?

Please return this sheet to:
# 13. Useful Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address/Website</th>
<th>Telephone No.</th>
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</tbody>
</table>
14. References

- DRIE Study 2015 -Dehydration Recognition in our Elders Study SEE ADDITIONAL RESOURCES
- Godfrey H et al, 1211 Scoping Study of hydration care of older people. IJNS(2012) 49:10 1200-
- Health on Tap: Anglian water, 2008-www.anglianwater.co.uk-
- Social Care Institute for Excellence: www.scie.org.uk
- Staffordshire County Council www.staffordshire.gov.uk
- The “water is a basic nutrient of the human body and is critical to human life” quote from World Health Organisation - www.who.int/water sanitation health/en
- Water UK-www.water.org.uk. Water for Healthy Ageing Hydration Best Practice toolkit for Care Homes Oct 2005

[Little tips regularly A pint 5poured ankle, Alcohol Pale Yellow/lear
Answers: H 10 6-8 glasses, 75% About one week, Potable 1,000 litres (or more), Water]
15. Additional Resources

Nutrition and Hydration Week [http://nutritionandhydrationweek.co.uk/](http://nutritionandhydrationweek.co.uk/)
Nutrition and Hydration Week’s mission is to create a global movement that will reinforce and focus, energy, activity and engagement on nutrition and hydration as an important part of quality care, experience and safety improvement in health and social care settings. The website has newsletters and information on various initiatives from care homes and other organisations.

British Dietetic Association Food Facts [https://www.bda.uk.com/foodfacts/home](https://www.bda.uk.com/foodfacts/home)
The BDA Food Fact Sheets are written by dietitians to help advise the best ways to eat and drink to keep your body fit and healthy, including for certain medical conditions. The information is correct at the time of publishing, and undergoes periodic reviews to comply with the Information Standard and ensure up-to-date evidence.

Bournemouth University Eating and Drinking well; supporting people living with dementia [https://www.youtube.com/watch?v=dIYPTTibTO8&feature=youtu.be](https://www.youtube.com/watch?v=dIYPTTibTO8&feature=youtu.be)
This video highlights to care home staff how to improve their practice and develop their knowledge and skills to provide better eating and drinking for people living with dementia.

European Hydration Institute [www.europeanhydration institute.org](http://www.europeanhydration institute.org)
This Institute provides free information and educational material which now includes free online learning modules.

DRIE HOME driestudy.appspot.com
Dehydration Recognition in our Elders Study is primarily care home based. University of East Anglia. Various useful resources and newsletters are available.

ENRICH (Enabling Research In Care Homes) [www.enrich.nihr.ac.uk](http://www.enrich.nihr.ac.uk)
Supported by National Institute for Health Research. Excellent toolkit on research in care homes which explains the benefits and challenges.

Nursing Times [www.nursingtimes.net](http://www.nursingtimes.net) Nov 2014 On line hydration training module (free to subscribers) Naomi Campbell Hydration Lead Nurse Peninsula Community Health-CIC.

Simple Measures [www.alliancelocal.co.uk](http://www.alliancelocal.co.uk)
Can be purchased via Alliance representative AndyBeman@alliancelocal.co.uk
Tel: 0844 844 4300

Free open access series of podcasts for all healthcare professionals working with older adults. These present the evidence base, recent advances and established best practice / wisdom in healthcare for older adults. Each episode will review an aspect of caring for older adults from the perspective of our MDT faculty. Link to a podcast on hydration [https://www.buzzsprout.com/54305.rss](https://www.buzzsprout.com/54305.rss)
2. The Hydrate Charter - for us to keep

I, the undersigned, agree to participate in the HYDRATE in care homes project. This will include:

1. Improving hydration awareness for staff and residents.
2. Encouraging optimum hydration by meeting the hydration needs of all residents.
3. Ensuring there is access to clean drinking water and other drinks 24 hours a day.
4. Reassuring residents that prompt assistance with all toilet needs will be provided.
5. Providing agreed data to the Improvement Practitioner to demonstrate the impact of the project.

Signed: 

Print Name: 

Role: 

Care Home Name: 

Date: 

Definition of optimum hydration

A term that allows for the fact that there is no absolute recommended oral intake due to many individual variables and which also includes the level of care required to represent a person’s best interest.

This is achieved when an individual has sufficient fluid intake to balance their normal day to day fluid loss and any unexpected losses, which enables the body to maintain healthy hydration levels to support their physical and mental health and well-being. In addition it is when the correct level of personal, nursing and medical care has been provided and all efforts have been made to give the necessary support to help and encourage an individual to drink adequate amounts; with kindness, dignity and compassion in order to prevent the onset of ‘avoidable’ dehydration.

Campbell and O’Callaghan Oct 2015
<table>
<thead>
<tr>
<th>Article 1</th>
<th>Article 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you don’t want to use columns highlight both this box and the box next to it, right click and select “Merge Cells”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Article 3</th>
</tr>
</thead>
</table>
# Hydrate Top Tips

## Hydrate in Care Homes Team Contact Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah O'Callaghan</td>
<td>Hydrate Project Lead</td>
<td>s.o'<a href="mailto:callaghan@nhs.net">callaghan@nhs.net</a></td>
<td></td>
</tr>
<tr>
<td>Frances Scott</td>
<td>Improvement Manager</td>
<td><a href="mailto:Frances.Scott@nhs.net">Frances.Scott@nhs.net</a></td>
<td>07880 051808</td>
</tr>
<tr>
<td>Laura Perkins</td>
<td>Hydration Improvement Practitioner Costal West Sussex</td>
<td><a href="mailto:Laura.Perkins6@nhs.net">Laura.Perkins6@nhs.net</a></td>
<td>07867 461750</td>
</tr>
<tr>
<td>Anna Clayton</td>
<td>Hydration Improvement Practitioner Guildford and Waverley</td>
<td><a href="mailto:Anna.Clayton2@nhs.net">Anna.Clayton2@nhs.net</a></td>
<td>07767 670167</td>
</tr>
<tr>
<td>Fiona Waters</td>
<td>Hydration Improvement Practitioner Crawley, Horsham and Mid Sussex</td>
<td><a href="mailto:Fiona.Waters3@nhs.net">Fiona.Waters3@nhs.net</a></td>
<td>07799 583322</td>
</tr>
<tr>
<td>Louisa Popplewell</td>
<td>Hydration Improvement Practitioner Thanet</td>
<td><a href="mailto:Louisa.Popplewell@nhs.net">Louisa.Popplewell@nhs.net</a></td>
<td></td>
</tr>
</tbody>
</table>

Don’t forget to take a look at our website for useful information and resources [http://tiny.cc/iigady](http://tiny.cc/iigady)
Remember:

Drinking 6 – 8 cups of fluid a day will help keep your body hydrated

Find out more: www.kssahsn.net/livingwellforlonger
Email: frances.scott@nhs.net
Phone: 0300 303 8660
Dehydration: possible signs

- eating/drinking less
- small amounts of dark coloured urine
- headaches
- tiredness
- dry mouth or dry lips
- lack of concentration
- confusion
- constipation
- urinary tract infections (UTIs)

Find out more: www.kssahsn.net/livingwellforlonger
Email: frances.scott@nhs.net
Phone: 0300 303 8660
Which cup is right for you?

Staying hydrated could mean thinking about the type of cup offered.

Find out more: www.kssahsn.net/livingwellforlonger
Email: frances.scott@nhs.net
Phone: 0300 303 8660
CARE about hydration

Correct treatment

Adequate hydration and nutrition

Responsive and empathetic care provision

Effective outcomes for residents

Find out more: www.kssahsn.net/livingwellforlonger

Email: frances.scott@nhs.net

Phone: 0300 303 8660
# A-Z of Hydration Activities

## Why Activities?

Activities are a great way to educate staff and residents about the importance of good hydration while having lots of fun with different drinks and food with high fluid contents.

## Activity Ideas

<table>
<thead>
<tr>
<th>Letter</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Afternoon Tea – hold an afternoon tea party. Remind people that tea is a good hydrating drink. Invite staff, friends and family to come and enjoy a cup of tea together.</td>
</tr>
<tr>
<td>B</td>
<td>Bar – turn a corner of the home into a bar, serving a variety of non-alcoholic and alcoholic drinks. Encourage people to have a non-alcoholic drink alongside alcohol. Beach Party – have a themed party, a great chance to show off your mocktail making skills with some grass skirts and sunglasses.</td>
</tr>
<tr>
<td>C</td>
<td>Coffee morning or afternoon – maybe invite friends and relatives. Use the opportunity to highlight that coffee is a good hydrating drink, especially if made with lots of milk. Cordials – try different types of squash and cordials. Do residents have a particular favourite? Cups – Collect lots of different cups and mugs and have a trial session. Do some residents prefer a particular cup?</td>
</tr>
<tr>
<td>D</td>
<td>Drink of the day – have a different special drink on offer each day, this could be a fruit juice, milkshake, smoothie, mocktails, fruit tea... there are masses of possibilities! Drinks Trolley – Make sure your activities and choices go to people who choose to remain in their rooms. The rattle of a drinks trolley can bring back memories.</td>
</tr>
<tr>
<td>E</td>
<td>Enjoy a drink together – take some time to sit down with residents and have a drink and a chat. This can be of particular benefit to people who choose to remain in their rooms. Modelling drinking can also be very helpful to residents with dementia.</td>
</tr>
<tr>
<td>F</td>
<td>Fun with Fruit – fruits are a great source of hydration. Have a tasting session of different fruits, including exotic fruit, or invite residents to help make a fruit salad from chopped fruit.</td>
</tr>
<tr>
<td>G</td>
<td>Garden Party – take food and drinks outside to enjoy the great outdoors. Invite friends and family, why not try some special drinks on the day. Glasses – give residents the choice of different glasses to drink from. Would they prefer fruit juice from a wine glass? Are some glasses easier to drink from than others?</td>
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<tr>
<td>H</td>
<td>Hydration games and puzzles – make sure residents and staff are aware of the importance of good hydration through games and puzzles. Have you downloaded Hydration Bingo or the word search from the Hydrate in Care Homes project website?</td>
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<tr>
<td>I</td>
<td>Ice cream van – see if your local ice cream van will include your home on their route once a week. Ice cream floats – try making these delicious drinks with residents.</td>
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<tr>
<td>J</td>
<td>Jellies – a great fun source of hydration! Make jellies with residents of different flavours using different shaped moulds.</td>
</tr>
<tr>
<td>K</td>
<td>Kebabs (fruit and vegetables) – have a fun activity making fruit or vegetable kebabs from pre-cut chunks. Maybe try chocolate dips and sweet sauces with fruit kebabs and mayonnaise, salsa and other dips with vegetables.</td>
</tr>
</tbody>
</table>

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Don’t forget to take into account food allergies, swallowing difficulties and individual resident preferences when planning and hosting activities.

*Produced as part of the Kent Surrey Sussex Academic Health Science Network, Hydrate in Care Homes Project*  
www.kssahsn.net/Livingwellforlonger
| L | Lollies – ice lollies are great for keeping cool and hydrated in hot weather. You could make ice lollies with residents by freezing fruit juice, smoothies and mocktails. |
| M | Mocktails – fruit, milk, yoghurt, fruit juice, syrups… mix them up and see what happens! You could hold a mocktail design competition with residents or have a mocktail of the day. Would staff from a local cocktail bar visit to help run an activity session? Milkshakes – great for hydration and for people who are struggling to eat enough. |
| N | Name that drink – see if residents can identify different drinks, maybe just from the smell or from the taste as well. Can people tell the difference between different brands of tea? |
| O | Orange juice – fruit juices are great for hydration. Try making fresh orange juice with residents by squeezing oranges. It doesn’t have to just be oranges, try other fruits like watermelon in blender or juicer or taste different juices like pineapple or tomato juice. |
| P | Pub night – go down the pub for a drink, or bring the pub to your residents! Try incorporating classic pub games like darts or skittles. Encourage residents to have a non-alcoholic drink alongside alcoholic drinks. |
| Q | Quiz time – have you tried the hydration quiz in the Hydrate in Care Homes resource pack? (Answers in section 14 of the pack) Maybe try a quiz on fruit and vegetables, teas, fruit juices or other hydration related topics. |
| R | Reminiscence – food and drink can bring back strong memories. Ask residents if there are any drinks that have a particular significance for them. This can be a great conversation starter during any of these activities. |
| S | Smoothies – Blitz up fruit and vegetables on their own or with yoghurt or milk to make delicious smoothies. Soup – ask residents for ideas of the different flavours of soup they would enjoy and try soup making as an activity. In cold weather why not offer soup in the afternoon or evening? |
| T | Tasting sessions – residents and staff could try different flavours of squash, fruit juice, teas, coffees, fruit, vegetables, soups and any other drinks and hydrating foods. |
| U | Understanding – make sure everyone in the care home understands the importance of hydration. Discuss the facts and figures in the Hydrate in Care Homes project leaflet and ask residents for their suggestions to improve hydration. |
| V | Vegetables – don’t forget vegetables as a great source of hydration! Would residents like to grow some of their own vegetables, either inside or in a garden? Serve a classic dinner party favourite of dips and chopped vegetables, such as cucumber, carrots and celery. This could be a great conversation starter about residents’ memories of hosting or attending dinner parties. |
| W | Water – one of the best sources of hydration! Hold a tasting of flavoured waters, or maybe offer sparkling water with squashes or cordials in a wine or champagne glass. Elderflower cordial works particularly well. |
| X | Xylophone – make watery music with a home-made xylophone of glasses filled with different amounts of water. Try different glasses for different notes. Make sure you all have a drink after the musical fun. |
| Y | Yoghurts – a great hydrating snack, particularly for people who need a soft or puree diet. Why not make yoghurts at home with a yoghurt maker and starter culture? Or try different flavours of yoghurts. |
| Z | Zzzz - bed time drinks. Hold a tasting session with residents trying different malted drinks, hot chocolates and cocoa’s. What drink would your residents prefer to drink before bed? |

Don’t forget to take into account food allergies, swallowing difficulties and individual resident preferences when planning and hosting activities

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# Dementia

## How Does Dementia Affect Hydration?

Dementia can affect someone’s ability to keep adequately hydrated in many different ways. Dehydration can cause headaches, increased confusion and urinary tract infections which can all worsen the symptoms of dementia. Below we explore these problems and consider tactics to try and overcome these. You may also find the ‘Reluctant Drinkers’ factsheet useful.

### Cognitive Difficulties

Dementia can cause difficulty in seeing/recognising drinks and knowing what to do with them. It can also affect an individual’s ability to concentrate on the task of drinking.

**Consider:**
- Using coloured liquids in clear glasses or coloured cups
- Explaining and prompting when offering a drink
- Using pictures when asking what they would like to drink
- ‘Little and often’ approach with fluids if concentration is an issue

### Physical/Motor Difficulties

People with dementia may struggle to drink from a regular cup/glass. Try experimenting with other cups/glasses that you might already e.g. different colours, different weights, to see if there is something that the person prefers to drink from. Take a look at our factsheet on [drinking aids](#) to find out more about specialist equipment which can overcome a number of physical issues.

Chewing and swallowing can also become problematic for people with dementia. Take a look at our factsheets on ['Oral Health'](#) and ['Dysphagia'](#) for more information.

### Sensory Difficulties

The sensations of thirst, temperature and taste decrease generally as we get older. However, these changes can be particularly marked in a person with dementia, which may impact significantly on their fluid intake and potentially alter their preferences for different types of drink.

**Consider:**
- Sweeter drinks e.g. juices, squashes, milkshakes, as development of a taste for sweet food and drink is common in people with dementia
- Making drinks appealing by using different tastes, colours and smells
- Offering salty snacks to increase the feeling of thirst
- Offering a variety of drinks at different temperature; however be aware of very hot drinks
- Offering hydrating foods such as fruit, yogurt, custard

Remember that tastes change; keep trying new ideas, even things they may not have liked before.

### Behavioural Difficulties

A person with dementia may refuse to drink or spit it out. The reasons behind this can be very difficult to identify if they are unable to communicate; they might dislike the drink, but equally they may be unsure what to do with it, they may feel rushed/frustrated or dislike being assisted.

**Consider:**
- The environment; does a relaxed, social environment work for them or does the person require a quiet space away from distractions? Remember not to put pressure on them to drink as this will cause more stress and anxiety; wait until they become more calm
- Using positive encouragement, perhaps encouraging the person to get involved in serving drinks (if appropriate)
- Night-time snacks and drinks if the person tends to be awake during the night
Choosing Drinking Aids

Reduced grip, tremor, pain or stiffness in arms, shoulders or neck, reduced sensation or vision can all lead to difficulty using a cup or mug. Where possible try to find out how the resident feels about using an aid. If the person is embarrassed or doesn’t like how the aid looks or feels it may make them drink less rather than more. Match the aid to their abilities (which can vary day to day).

Here is some advice around drinking aids, courtesy of the Disabled Living Foundation.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Suggested Aid</th>
<th>Available from</th>
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<tr>
<td>Reduced strength or coordination leading to risk of spillage</td>
<td>You’ll all be familiar with the feeding beaker and lid. These can be useful where the resident They come with different spout sizes. The smaller spouts are suitable for fluids such as tea, coffee and water whilst the wider spouts are good for soup/thicker fluids. Foodcare direct sell beakers in a range of colours. They sell spouted lids as well as lids that you can use a straw with. Wade sell ceramic cups, with a spout, with or without handles for extra stability, enabling the user to control the flow of liquid.</td>
<td><a href="http://www.foodcaredirect.com">www.foodcaredirect.com</a>  <a href="http://www.abilitysuperstore.com">www.abilitysuperstore.com</a> <a href="http://www.nrshealthcare.co.uk">www.nrshealthcare.co.uk</a></td>
</tr>
<tr>
<td>Weak grip or slight tremor</td>
<td>Lightweight bone china cup with two handles</td>
<td></td>
</tr>
<tr>
<td>Reduced grip or sensation in the hand / reduced coordination</td>
<td>Cups or mugs with large handles allow the person to use the whole hand to grip the handle or mug.</td>
<td><a href="http://www.foodcaredirect.com">www.foodcaredirect.com</a></td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Loss of sensation in the hands or slowness of movement</td>
<td>An insulated cup will help keep the contents warm for longer than a standard cup. Some come with a lid.</td>
<td><a href="http://www.nrshealthcare.co.uk">www.nrshealthcare.co.uk</a></td>
</tr>
</tbody>
</table>
| Stiffness in the arms, shoulders or neck, weak grip        | A simple flexible drinking straw can be more acceptable alternative to a spouted cup. Wider straws can allow thicker liquids to pass through, but will need more suction to draw the liquid up the straw (DLF). | }
<table>
<thead>
<tr>
<th>Stiffness in the arms, shoulders or neck</th>
<th>Angled or cut-out cups have a rim that is lower at the back. They allow a person to drink from the cup without having to tilt their head back or raise their arms as far as they may need to with a normal cup.</th>
<th><a href="http://www.nrshealthcare.co.uk">www.nrshealthcare.co.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not able to suck strongly on a straw</td>
<td>A straw with a one-way valve will prevent the liquid from flowing back down the straw between sips. NRS sell the original Pat Saunders Straw.</td>
<td><a href="http://www.nrshealthcare.co.uk">www.nrshealthcare.co.uk</a></td>
</tr>
<tr>
<td>Reduced coordination, tremor or reduced vision</td>
<td>The Strawberri holds a standard straw securely against the side of a glass or cup allowing the user to drink hands free. It works too in fizzy drinks where the straw can often fall out of the glass. It’s reusable and dishwasher safe. Sold as packs of 5 or 10.</td>
<td><a href="http://www.essentialaids.com">www.essentialaids.com</a></td>
</tr>
<tr>
<td>Reduced strength or restricted movement in hands and arms</td>
<td>A smaller lightweight half litre jug. It also has the benefit of presenting less of a challenge to drink.</td>
<td><a href="http://www.foodcaredirect.com">www.foodcaredirect.com</a></td>
</tr>
</tbody>
</table>

These suppliers are not recommendations – just suggestions of where you can get some further information. The Disability Living Foundation have created a great website which provides free, impartial information and advice on daily living products.

We would love to hear about any new equipment that you have found useful in improving hydration – please send details to your Improvement Practitioner. The next page contains recommendations that we have already received from various homes participating in the project.
# Recommendations from Hydrate Care Homes

<table>
<thead>
<tr>
<th>Equipment / Aid</th>
<th>Supplier Info</th>
<th>Recommended by</th>
</tr>
</thead>
</table>
| Easy grip coloured tumblers with optional lids and handles | [www.otstores.co.uk/d/colourful_sure_grip_cups](http://www.otstores.co.uk/d/colourful_sure_grip_cups) | **Sharne Duck**  
Manager of Pelham House, Cuckfield |
| Coloured opaque beakers with lids                         | [www.careshop.co.uk](http://www.careshop.co.uk)                              | **Nicky Ambler**  
Manager of Ashton Leigh and Ashton Grange Care Homes, Horsham |
| Coloured felt coasters                                    | [https://www.amazon.co.uk/FilU-Premium-Coasters-select-color/dp/B016AFAB8A/ref=sr_1_2?ie=UTF8&asid=1488607111&sr=8-2&keywords=tsk+design](https://www.amazon.co.uk/FilU-Premium-Coasters-select-color/dp/B016AFAB8A/ref=sr_1_2?ie=UTF8&asid=1488607111&sr=8-2&keywords=tsk+design) | **Sandy Winchester**  
Hydration Champion at Woodbine Manor, Bognor Regis |
| Coloured silicone coasters                                | [https://www.amazon.co.uk/Accesssor-tech-Silicone-Button-Coaster-Beverage/dp/B00JRBCG5U](https://www.amazon.co.uk/Accesssor-tech-Silicone-Button-Coaster-Beverage/dp/B00JRBCG5U) | **Megan Marsh and Dawn Loureiro**  
Hydration Champions at Compton House, Horsham |
| Safe sip silicone lids that fit most cups and are used with a straw | [https://www.safe-sip.com/collections/all](https://www.safe-sip.com/collections/all) | **Hayley Birrell**  
Hydration Champion at Rosedale Residential Home, Horsham |
Hydration Activity Ideas

Time for Tea!

Summary
Hold an afternoon tea party with your residents and their relatives. You could tie this in with resident birthdays’, current events, Royal Celebrations, seasonal celebrations, and other events.

Resources Needed
- Teapots, tea cups and saucers. If you don’t have any why not ask residents’ relatives if they have any unwanted cups and saucers. If not try local charity shops.
- Cake stands – these could be metal, china or cardboard
- Table cloths and napkins
- Decorations – e.g. bunting, flowers, or other table decorations. Could residents help to make these?

Food selection. What would your catering team like to make?
- A selection of cakes – either individual cakes or larger cakes cut into slices
- Finger sandwiches with a variety of fillings.
- Scones with cream and jam

Drink selection
- Tea! Offer a selection of teas such as Every day tea, Earl Grey, Oolong, Rooibos, Green Tea
- Milk, sugar and artificial sweeteners

Don’t forget to take into account food allergies, swallowing difficulties and individual resident preferences when planning and hosting your activity.

Produced as part of the Kent Surrey Sussex Academic Health Science Network, Hydrate in Care Homes Project

www.kssahsn.net/Livingwellforlonger
Time for Tea!

Planning and Setting Up

Speak to your manager and catering team to set a date and time to hold your tea party. Identify where you will hold your party – it could be inside or outside. Plan the menu and drinks you will serve. Invite staff, residents and their relatives to the party. You could send out invitation cards to make it extra special. On the day remind residents’ in advance about the tea party. Lay out your table cloth, decorations, food and drink. Greet your guests and encourage them to enjoy the tea and snacks! Don’t forget to include residents who remain in their rooms; bring the tea party to them so they can join in too.

Conversations and Important Messages

Encourage everyone at the Tea Party to drink plenty of tea! Remind people that tea counts as a hydrating beverage. Do people prefer tea out of a china cup? Would any of your residents drink better if their everyday drinks were from a tea cup? Does anyone have strong memories of tea parties? Or garden parties? What is everyone’s favourite tea?

Taking It Further

Why not plan regular tea parties? You could have a different theme for each party, maybe colours (pink, purple, yellow) and choose different food and drinks for each event. Or maybe you could link each party to a different event, such as Royal Ascot, Easter, Wimbledon, or The Ashes. As an alternative to an afternoon Tea Party why not have a Coffee Morning and try different coffees, like lattes, cappuccino, iced coffee – remember coffee counts towards your 8 drinks a day.

Don’t forget to take into account food allergies, swallowing difficulties and individual resident preferences when planning and hosting your activity.

Produced as part of the Kent Surrey Sussex Academic Health Science Network, Hydrate in Care Homes Project www.kssahsn.net/Livingwellforlonger
Hydration Activity Ideas

Top Tea Tasting

Summary
Try different types of tea with your residents to:

1. Encourage everyone to try lots of different teas!
2. Remind people that tea counts as a hydrating beverage.
3. Can the residents identify the tea flavour by smell? What memories do the different smells create? What flavours does everyone enjoy? Would any residents like a different hot drink on a regular basis?

Don’t forget residents who choose to remain in their own rooms; take the tasting to them.

Can anyone tell the difference between different tea bags? You could try PG Tips®, Typhoo®, Tetley®, Yorkshire Tea®, Twinings® and supermarket own brands as well as loose leaf tea.

Taking It Further
Would your residents like a wider choice of hot drinks? Could you arrange for different types of tea to be available on a regular basis?

You could hold tastings of other drinks, such as fruit squashes and fruit juices to see what drinks your residents prefer.

Don’t forget to take into account food allergies, swallowing difficulties and individual resident preferences when planning and hosting your activity.

Produced as part of the Kent Surrey Sussex Academic Health Science Network Hydrate in Care Homes Project
http://www.kssahsn.net/
# Hydration Bingo

<table>
<thead>
<tr>
<th>8</th>
<th>Say “I have made this drink for you”</th>
<th>Apples</th>
<th>Poor Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>Light-headedness</td>
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<td>Confusion</td>
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<tr>
<td>Have a drink with residents</td>
<td>Swallowing Difficulties</td>
<td>Dementia</td>
<td>Melon</td>
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<td>Porridge</td>
<td>Diarrhoea</td>
<td>Water</td>
<td>Hot weather</td>
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<td>Vomiting</td>
<td>Headaches</td>
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<td>Urinary Tract Infections</td>
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<tr>
<td>Tomatoes</td>
<td>24 hour access to drinks</td>
<td>1 week</td>
<td>Depression</td>
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</tbody>
</table>

With thanks to Nicola Howles, Dietitian, at South Staffordshire & Shropshire Healthcare NHS Foundation Trust.
Hydration Bingo

How to Play:
1. Give all participants a copy of the hydration picture card (all players have the same card!)
2. Ask questions one at a time
3. Players call out the answers and everyone strikes off the picture as you confirm the answer is correct. Everyone is a winner!

Questions:
1. What is one of the six basic nutrients?
   Water
2. How many 200ml glasses of fluid should we be aiming to drink each day?
   8
3. Circle 3 things which good hydration will help prevent:
   Confusion, Urinary Tract Infections, Falls
4. What percentage of your body is made up of water?
   60%
5. Circle 3 circumstances when it is important to consume extra fluids:
   Diarrhoea, Vomiting, Hot weather
6. Circle 3 early symptoms of dehydration:
   Light-headedness, poor concentration, headaches
7. What percentage of our daily fluid intake comes from the food we eat?
   20%
8. Circle 3 groups of care home residents who are at particular risk of dehydration:
   People with dementia, depression, swallowing difficulties
9. How long can we survive without water?
   1 week
10. Which foods are good sources of fluid?
    Apples, Porridge, Melon, Tomatoes
11. What 3 practical things can you do to help residents to drink more?
    Saying “I have made this drink for you”
    Having a drink with residents
    Access to hot drinks day and night
Hydration Wordsearch

The word HYDRATION appears 15 times in the wordsearch below. Can you find them all?

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Adapted and used with permission from Hydration Champions at Avon House Care Home, Worthing with many thanks.
**Oral Health**

### Why Worry About Oral Health?
Maintaining good oral health is essential for enabling care home residents to eat, talk, socialise and be free from mouth pain. There is also evidence to show that poor oral health is a factor in the development of a number of illnesses. Below are our top tips for brushing teeth, looking after dentures and dealing with dry mouth which is a common problem in older people.

#### Teeth Brushing
- Gently brush teeth twice a day using a soft toothbrush and fluoride toothpaste.
- Minimise intake of sugary foods/drinks after brushing.
- Ask the resident how they prefer to have their teeth brushed; standing next to them and supporting the head is often the most natural way, ideally in front of a sink.
- Clean gaps between the teeth with interdental brushes or dental floss.

#### Denture Care
- Ensure dentures are cleaned thoroughly on a daily basis using a soft brush.
- Ideally leave dentures out overnight and store in a labelled denture pot in cool water.
- Denture soaking tablets are available but are not a substitute for brushing.

#### Dry Mouth (Xerostomia)
Dry mouth (also known as xerostomia) is a condition which affects the flow of saliva, causing the mouth to feel dry. Most people will experience this to some degree as they get older, although certain diseases and medications can also cause symptoms. Having a persistently dry mouth can lead to increased risk of tooth decay, oral thrush, sore mouth, altered taste sensation and problems with chewing and swallowing amongst other issues.

**DO:**
- Sip cold water or sugarfree squash between and during mealtimes; this will help moisten food and aid the digestive process.
- Chew sugarfree gum or suck a small number of sugarfree sweets between meals to stimulate saliva production.
- Contact a dentist or general practitioner who may prescribe special dry mouth toothpaste and salivary replacement gels if problems persist.

**AVOID IF POSSIBLE:**
- Fizzy/sugary drinks, boiled sweets/toffees, alcohol and smoking.
- Too much tea and coffee, particularly between meals, as caffeine can dry the mouth.
- Overuse of salt and spices which can dry the mouth.

### When To Seek Professional Advice
A dental professional should be consulted if any of the following occur:
- A resident persistently refuses to accept oral care.
- An ulcer that does not heal within 2 weeks – all ulcers should be recorded and monitored.
- Reported or suspected mouth pain (note changes in behaviour, refusal to eat/drink).
- Bad breath.
- Bleeding or wobbly teeth (signs of gum disease).
- Poorly fitting dentures (can have significant impact on communication and eating/drinking).

Acknowledgements: Michael Wheeler (MSc BEd (Hons) Cert Ed RDH, Health Education England Mouth Care Matters Team), Jackie Sowerbutts (Public Health Sponsor NHS England), Devika Vacher and Katie Humphreys (both Dental Core Trainees in Dental Public Health, Health Education England)
# Reluctant Drinkers

## What Causes Reluctance to Drink?
There are many reasons why people become ‘reluctant drinkers’ including changes in cognitive ability/dementia, fear of frequency and incontinence, fear of being a burden on staff, reduced thirst sensation with age and lack of awareness of the importance of good hydration.
Below are some tips that may help overcome these barriers.

### Think...RESIDENT
- Observe/assess the level of assistance and encouragement the resident needs to drink
- Speak with the resident if you are able to or perhaps their family – do they need reassurance or further support regarding their concerns? Use empathy, take time to understand their concerns and find solutions...and stay positive!
- Remember that poor hydration can cause problems with increased urgency/frequency to urinate as the bladder becomes irritated if it is not flushed through frequently

### Think...CARE
- Take time to prompt and assist e.g. by placing cup in hands, by having a drink with the person (socialising and mirroring actions can be very helpful, particularly in dementia)
- Offer the resident a prepared drink rather than asking if they would like to have one
- Does the resident prefer certain carers, or perhaps they drink better around friends and family? Use this to your advantage where you can
- Establish a regular (possibly quite frequent) drinking regime
- Wake up resident during day time drink rounds
- Make the most of the times when the resident is most alert and willing to drink
- Ensure adequate mouthcare is carried out regularly
- Discuss concerns with colleagues and ensure strategies that work are shared
- Use fluid charts to record intake and handover to following shift
- Refer to other healthcare professionals if required e.g. GP/Community Matron review, Speech & Language Therapist for swallowing/communication assessment

### Think...DRINK
- Find out preferred drinks but try new ones too as tastes change as we get older. Drinks that are sweet or have strong flavours are often popular e.g. juices, cream soda, milkshakes
- Increase calories by offering drinks made with full fat milk/cream or use over the counter supplements e.g. Complan, Meritene Energis
- Offer foods with a high water content, e.g. melon, ice-lozies, jellies, soups
- Stimulate appetite using chilled drinks or perhaps some salty snacks

### Think...ENVIRONMENT
- Some people benefit from a social environment to drink more
- However some may benefit from a quieter environment with fewer distractions
- Use the most appropriate cup/dinking aid for dignity and independence
- Make sure tables are not overloaded with lots of drinks as this can be overwhelming
- Ensure jugs and cups/mugs are not too heavy to lift and are within easy reach

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Also see online publications including:
- [www.carehomes.co.uk](http://www.carehomes.co.uk)
- [www.chmonline.co.uk](http://www.chmonline.co.uk)
- [www.caretalk.co.uk](http://www.caretalk.co.uk)

If you successfully generate a write-up in any publication, ensure you promote it within your home and on your website. Also include details in any communications with family and relatives.
Dysphagia

Who is affected?

Dysphagia is the medical term for swallowing difficulties. It is thought to affect:
- around 40% of care home residents
- 60% of those suffering from dementia
- may also be present in stroke patients

Signs/Symptoms of Possible Swallowing Problems

- Residents storing food in their mouths, losing food/saliva from mouths
- Reduced appetite and oral intake
- Coughing - especially after eating or drinking
- Need to clear throat
- Shortness of breath whilst eating*
- Nasal regurgitation of foods or fluids
- Wet/gurgly/bubbly voice after eating or drinking
- Temperature spikes
- Dehydration

*could also be due to a respiratory problem/COPD - 60% of COPD patients have dysphagia

Who Do I Ask For Help?

A Speech and Language Therapist (SALT) will provide an initial assessment of an individuals’ swallowing ability and will work with a care home to form a resident-specific action plan which may include information on appropriate texture of food/fluid, appropriate equipment or assistance.

Always contact your local SALT or another healthcare professional if you are concerned that a resident may have developed a swallowing problem, or if you need advice about appropriate treatment plans.

Top Tips

- Always sit residents upright when eating or drinking
- Use “sip, chin tuck, swallow”
- Feed slowly and in small amounts
- Maintain good oral hygiene
- Ensure residents are supervised at all times when eating or drinking
- Consider environment (music, setting etc.) to increase intake of food or drink
- Encourage independence and self-feeding going for as long as is possible; Use overhand feeding if necessary
- Use recommended utensils if required (sip control beakers or straws)

Thickeners

If an individual is struggling to swallow fluids, a thickener may be recommended by the SALT.

- Introduce different consistencies of thickener as per SALT recommendations and always follow manufacturer guidelines
- Flavoured drinks (cordials) or milkshakes are often better tolerated, than tea, coffee or water when using thickeners
- Always leave drinks to thicken and/or cool for appropriate length of time prior to serving

Please refer to National Food and Fluid descriptors for dysphagia management for further information. This factsheet is not a substitute for guidance from your local SALT team or other healthcare professional.
Healthy hydration for older people: the importance of drinking enough
What is healthy hydration?

Water makes up over two-thirds of a healthy human body. Having enough water helps people stay healthy. It brings mental and physical health benefits and helps regulate body temperature. It lubricates joints and eyes, aids digestion, flushes out waste and toxins, and keeps skin healthy.

What is dehydration?

Dehydration is when your body loses more fluid than you take in. When the water content of the body is below normal, it upsets the balance of minerals (salts and sugar). This affects how well the body functions.

Why is hydration so important for older people?

As we grow older, our bodies change and we can be more likely to suffer from dehydration. For instance, our kidneys do not work as well, we are less aware of when we’re thirsty or we might find it physically more difficult to drink.

What are the long term effects of not drinking enough water?

Not drinking enough can affect our health and stop us feeling well. It can also lead to serious infections (such as urinary tract infection), make other illnesses worse or lead to physical injury as a result of a fall.
How much should we drink?

Aim for between six to eight drinks per day. Water, milk, tea, coffee and fruit juice all count.

Alcohol doesn’t count because it can actually make the body more dehydrated.

How are we helping care home residents have good hydration?

This care home is taking part in the Hydrate in Care Homes project to help care homes ensure that their residents are well hydrated. This means drinking enough fluid to help keep their body healthy.

Each care home taking part has a Hydration Champion. Each champion is a member of staff who has been specially trained in hydration. They can train other staff so that the whole team can help improve hydration for their residents.

How does Hydrate in Care Homes work?

Care homes taking part in Hydrate in Care Homes are committed to encouraging residents to drink enough. The aim is to consume between six and eight drinks every day and to have a variety of drinks available at any time.

All residents have their ability to drink independently assessed. This includes checking to see if they need help to drink, if they need reminding to drink and if they have any swallowing difficulties.

The assistance and support each individual needs will then be part of their care plan.
Hydrate in Care Homes has developed from an initial project in North East Hampshire and Farnham Clinical Commissioning Group that took place from May 2014 to July 2015.

It aims to reduce the number of:

- Falls
- Neck of Femur fractures as result of a fall
- UTIs (urinary tract infections)
- Associated admissions into an acute hospital.

It improves hydration awareness among staff and supports them to help older people avoid dehydration.

**Kent Surrey Sussex Academic Health Science Network**

- speeds up the spread of existing best practice
- accelerates the identification and adoption of the best new innovations
- strengthens collaboration.

We are one of 15 Academic Health Science Networks across England.

We work with members and partners for better health, better care and better value.

Our major areas of work include supporting more effective and sustainable services for older people, system leadership support, industry engagement, and quality and safety improvement.

**Contact us**

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