

Hydration in Care Homes

A practical resource pack to support
the hydration of care home residents



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Foreword

As life expectancy increases a growing number of people will be living with illness and disability. Many will require support in a resident care setting. A fundamental care need for care home residents is ensuring that they consume enough fluids every day.

Dehydration is an important problem in older people because ageing affects how the body manages water and reduces the thirst reflex. In addition, conditions such as dementia or physical frailty may affect their ability to drink and increase the amount of support they need from staff.

The I-Hydrate project has explored how hydration care is delivered in two care homes by working together with staff, residents and their relatives. It included the design and testing of changes to systems of care in order to increase the amount of fluids consumed by residents. The aim of this resource pack is to share some of the learning from the I-Hydrate project. It includes practical ideas aimed at increasing resident fluid consumption, and how to make changes to care delivery. We hope that sharing the strategies in this toolkit will enable other care homes to benefit from our learning and improve the quality of the hydration care they provide for their residents.

[The I-Hydrate Team](#)



Introduction

This resource pack brings together strategies aimed at optimising the hydration of older people residing in care homes. It is arranged in four sections:

Section 1: Hydration and the care home environment

This section explores dehydration and why older people are particularly vulnerable to this problem. We consider the care home environment itself and how the structure of care may adversely affect the amount of fluid residents drink.

Section 2: Improving practice and Plan-Do-Study-Act cycles

We look at factors which need to be considered when planning changes in how care is delivered, and some useful methods for introducing and testing new approaches.

Section 3: Strategies to improve hydration

This section describes strategies which were developed during the I-Hydrate project. It explains the aim of each strategy, what resources are needed to carry them out and some of the factors that are important to consider in getting the strategies to work in practice.

Section 4: Training your staff

This section includes training ideas and materials for improving the knowledge of care home staff about the importance of hydration and supporting resident fluid intake.

Appendices

- Examples of posters to promote hydration
- Example of a Drinks Menu
- Forms for monitoring hydration care
- Questionnaires for residents
- Links to resources about quality improvement methods



This icon means that there is a video exploring a topic in more detail.

What was the I-Hydrate project?

The I-Hydrate project aimed to improve the hydration of frail older people residing in care homes. It was a collaborative project between staff in two care homes in London and researchers from the University of West London. The overall aim of the project was to optimise the amount of fluid consumed by residents.

The project involved:

- Understanding current hydration practice through interviews with staff and residents, and observations of care in order to identify where hydration care could be enhanced
- Establishing a team of care home staff (including managers, registered nurses and healthcare assistants) to design, develop, test and implement strategies to improve fluid provision for residents
- Planning and testing each strategy on a small scale to see how it worked in practice, and identifying what adjustments might be necessary to ensure benefit to residents

Find out more about the I-Hydrate project at: <https://www.uwl.ac.uk/i-hydrate>



Section 1:

Hydration and the care home environment



Why is hydration important?

How much should we drink each day?

The recommended minimum amount of fluid adults, including older people, should consume each day is 1500ml. This means drinking 8 to 10 glasses or mugs of fluid every day. Some foods can be used to boost fluid intake as they contain large amounts of fluid, such as soup, custard, fruit, ice cream and jelly.

What is dehydration?

Water from fluids is required by the body in order to function properly. We lose fluid from the body all the time, when we breathe, sweat, or eliminate waste such as urine and faeces. Dehydration occurs when the amount of fluid taken in is insufficient to replace fluids lost.

Dehydration may develop over a few hours or days, but it is usually avoidable. Common signs of dehydration are:

- Headache
- Dark urine
- Dry mouth
- Confusion

Consequences of dehydration can be severe and may include:

- Delirium
- Falls
- Constipation
- Urinary tract infections (UTI)
- Chest infections
- Admission to hospital
- Increased risk of pressure ulcers
- Medication toxicity

Why are older people susceptible to dehydration?

Older people are particularly vulnerable to developing dehydration due to physiological changes associated with ageing. These include deterioration in kidney function, not having a sense of thirst and a reduction in muscle mass where most water in the body is stored. A decline in physical state (e.g. arthritis, poor mobility, loss of sight), cognitive impairment and/or swallowing difficulties may also influence older people's ability to obtain and consume fluids.



[Introduction to hydration](#)



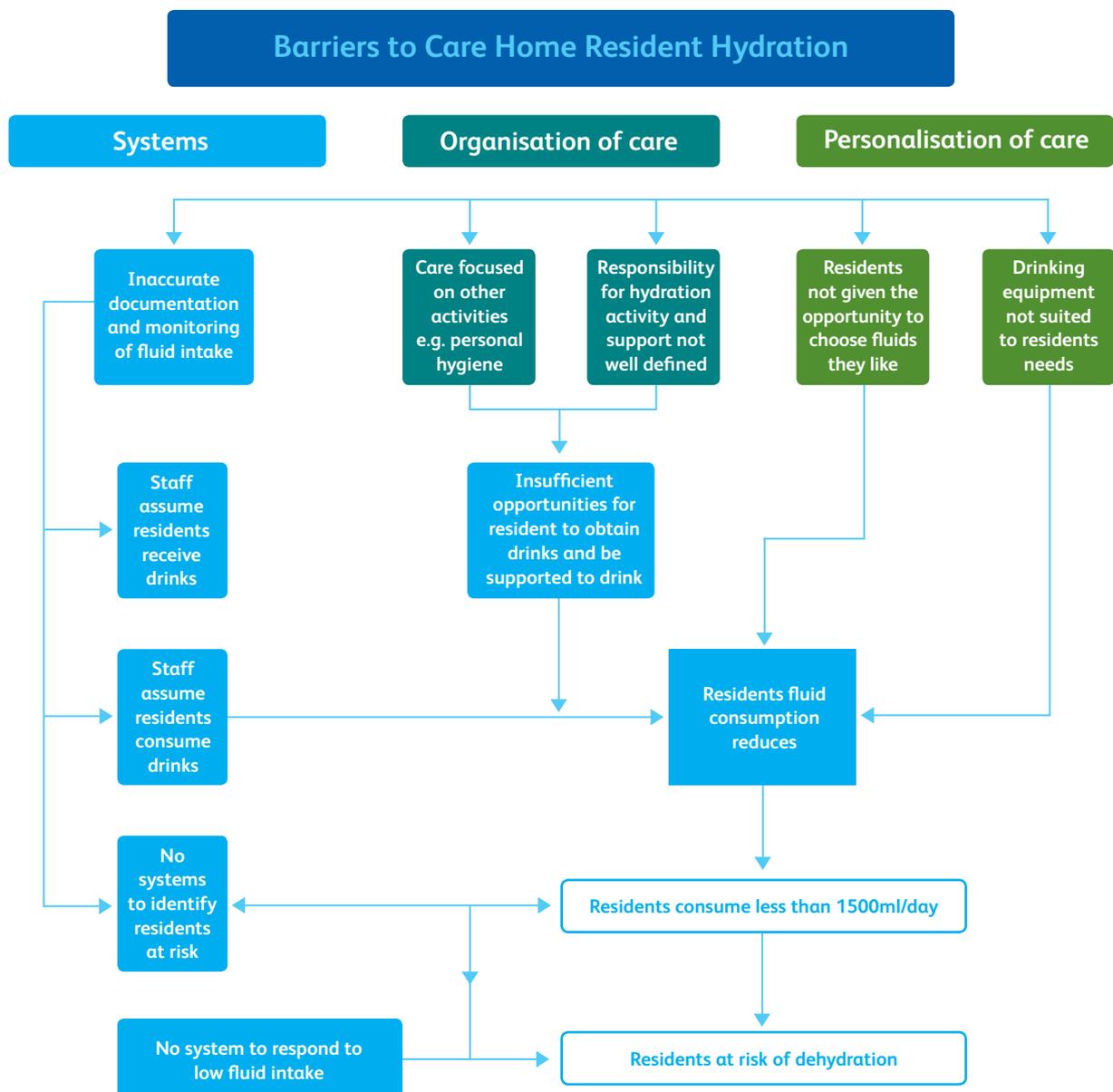
Dehydration in care home residents

Why might older people residing in care homes be more at risk of dehydration?

Hydration care in care home settings is complex and challenging, with many care home residents dependent on staff to provide them with all of their

fluids throughout the day. The I-Hydrate project explored some of the barriers which may lead to residents consuming inadequate amounts of fluids.

These are shown in this diagram:



Exploring hydration care in your home

Ensuring that all residents drink enough every day can be difficult. The care needs of residents and the way care is delivered can have a large effect on the amount of fluid residents are offered and consume. The following section will help you to think about

how care is currently organised and delivered in your home. This is the first step when thinking about making improvements. The next sections will then suggest how you might introduce changes to practice and provide some ideas about strategies which could improve hydration care.

Step 1: Reviewing hydration care

It is easy to assume that your residents get enough to drink. Therefore, it is a good idea to observe what currently happens in your home and consider where care might be improved. This can help you to identify which strategies would be of most benefit to the residents in your care.

This may be as simple as observing a mealtime and noting down what works well and what could be improved. You can do this by collecting data on the number of drinks residents receive and when. *Appendix 1* has an example of a form to help you do this.

Consider the experiences of different types of residents; those in their own rooms, those with swallowing difficulties or special diets, and those who need help to eat or drink. Do they get enough drinks? How are they supported to drink?

Step 2: Deciding what might help

Think about who is involved in supporting resident hydration at the moment. These are the people who will need to be involved in the project. Work with your staff to design possible improvements to how care is delivered. Ask your staff, residents and their families if they have any ideas which they think might improve hydration care.

You will need to bear in mind constraints such as staff time as this will help you to make changes which are both practical and sustainable. This pack provides information about some strategies which you may like to try.

Step 3: Testing the proposed change

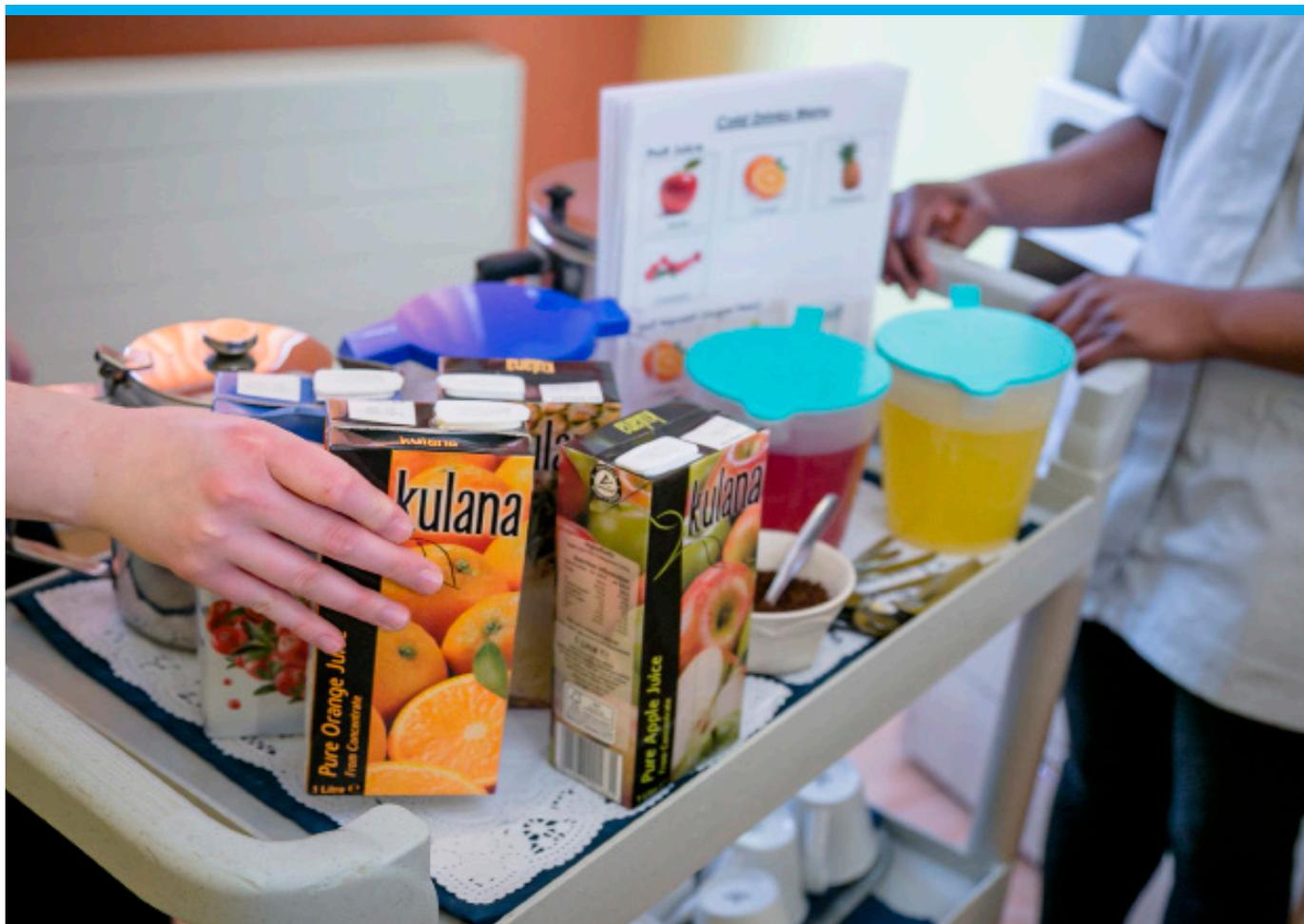
To begin with you need to test how a proposed change might work. Try out the change on a small scale first, e.g. on one day with a few residents and staff.

Don't worry if an idea doesn't work first time, you can apply what you find to another trial. An approach that we suggest using is called Plan-Do-Study-Act. These are further explained on *page 21*. These trials will need careful planning, for example allocating responsibilities to staff and ensuring the correct resources are available for the activity to be completed.

Step 4: Embedding change

Once a strategy has been demonstrated to work, you can plan to make it part of the routine of care. This will involve briefing staff on its introduction and explaining the activities they will need to carry out. It is also important to educate staff to help them understand why this change is an improvement on existing care practice.

Think about who will monitor whether the activity takes place and how senior staff might continually promote and support new practice to ensure improvement is sustained.



A typical day in a care home

What does hydration care in a care home look like?

There are generally seven times during the day when residents have the opportunity to receive fluids, the timings of which will vary depending on how care is organised in different care homes. During some of these times other care activities (e.g. personal care, mealtimes) will also be taking place. This can affect whether staff provide fluids for all residents and whether they give support to those who need assistance to drink.

The table below shows what a typical day looked like in the two care homes we worked with. This shows that unless each resident consumes at least two drinks (or a drink plus a fluid rich food) at each opportunity, they are unlikely to consume the minimum recommended daily intake of 1500ml.

Time	Care Tasks	Fluids Served
6 – 8am Early Morning	Personal care and some residents transferred to lounge/dining room. Medication round.	No formal drinks round; some residents who can drink independently offered a drink.
8 – 10.30am Breakfast	Breakfast served, staff assist residents to eat. Personal care. Medication round.	Drink given with meal (tea, coffee or juice), fluid-rich foods (porridge, cereal).
10.30 – 12pm Mid-morning	Residents washed and dressed, some transferred to lounge.	Drinks round at 11am; some residents who can drink independently offered a drink, mainly given a cup of tea.
12 – 3pm Lunchtime	Lunch served, staff assist residents to eat. Medication round.	Drink given with meal (water or squash), fluid-rich foods (yoghurt, ice cream).
3 – 5pm Mid-afternoon	Staff assist residents with personal care. Activities carried out by Activities Co-ordinator.	Drinks round at 3pm; some residents offered a drink, mainly given a cup of tea.
5 – 7pm Dinnertime	Dinner served, staff assist residents to eat. Medication round.	Drink given with meal (water or squash), fluid-rich foods (soup, yoghurt).
7 – 10pm Evening	Staff assist residents with personal care. Residents transferred from lounge to bedrooms. Medication round.	Drinks round at 8pm; hot drink served for those awake and able to drink independently.

What happens in your care home?

Time	Care Tasks	Fluids Served
6 – 8am Early Morning		
8 – 10.30am Breakfast		
10.30 – 12pm Mid-morning		
12 – 3pm Lunchtime		
3 – 5pm Mid-afternoon		
5 – 7pm Dinnertime		
7 – 10pm Evening		

Think about how care is organised in your home...

- Are staff focused on different activities at different times of the day?
- Are all residents offered a drink at different times of the day?
 - Think particularly about residents in their own rooms or those needing assistance to drink
- How are staff allocated to support and monitor hydration for individual residents?
- How could the number of times residents are offered fluids be increased in your home?
- What could be done to ensure all residents consume enough fluids?

Know your residents

It can be a challenge to ensure older residents drink the minimum 1500ml each day. During the I-Hydrate project we found that when looking at residents' ability to consume fluids they generally fell into one of three categories:

- Independent
- Needs prompting
- Needs assistance

We also found that a resident's needs could change within a single day, from one day to another, or over longer periods of time. A resident's location can also impact their level of need. For instance a resident may be able to eat and drink independently when sat up at a table but need assistance once they are in bed. In addition, we found that many residents who were considered by staff to be independent drinkers would have benefited from prompting in order to optimise their fluid intake.

This indicates that it is important to frequently assess residents' needs in order to ensure they receive the correct level of support.

Independent

Can drink independently without support or encouragement



Needs prompting

Can drink independently but requires verbal encouragement to consume their drink



Needs assistance

Relies on staff for the provision and consumption of drinks



Know your residents

Can you think of residents who fit into these hydration categories in your home? How many of each resident type do you care for? Here's an example from the I-Hydrate project and a blank table for you to complete:

I-Hydrate		Your home	
Type of resident	Number of residents	Type of resident	Number of residents
Independent	15	Independent	
Needs prompting	6	Needs prompting	
Needs assistance	12	Needs assistance	
<i>Total number of residents:</i>	33	<i>Total number of residents:</i>	

Think about the residents in your home:

- Can all of your independent drinkers ask staff for drinks? If not, how do they receive drinks?
- What help is given to residents who need prompting to drink?
- What help is given to residents who need assistance to drink?
 - *Is the same level of help given at different points during the day when fluids are offered?*
- How do you know that all residents are getting enough to drink?
 - *Who records this? Is this information monitored and acted upon if needed?*



Find out what residents think about hydration

Finding out what your residents think can help you to tailor hydration care to best suit their needs. Some examples of questions you could ask your residents or their family/friends are:

- What do you usually like to drink?
- Are there any types of drinks that you don't enjoy?
- What times of day do you like a drink?
- Do you like different drinks at different times of day (e.g. coffee after meals)?
- Would you prefer your drinks to be served before, with or after a meal?
- Do you like your drinks in a certain type of glass or cup e.g. a beaker or your own mug?
- Have your drinking habits changed since you came to the home e.g. type of drinks you have, frequency of drinks?

We used these questions to ask older care home residents about their experiences of hydration care. You can see the questionnaire we used in *Appendix 2*.



Here are some areas which were important to residents:

Having a choice of drinks:

"I am not always being given what I like"

Having a drink frequently:

"Sometimes I feel like a nice cup of tea, but I don't ask for it because they are so busy..."

Having a drink at a time they prefer:

"I like a cup of tea first thing in the morning, I wake up early but sometimes don't get tea until later"

Receiving frequent toileting assistance:

"Sometimes I avoid drinking because I'm worried about incontinence"

Eating and drinking

As we age we may find it more difficult to eat and drink independently. There are a number of reasons why this can happen:

- A loss of motor skills, such as difficulty transferring food from the plate to the mouth.
- Cognitive impairment, such as dementia, can cause confusion about how to use eating utensils or how to eat food.
- Swallowing difficulties (dysphagia) impacts the physical ability to swallow food and/or fluids safely.

Some care home residents are reliant on care staff to assist them to eat and drink all their food and fluids. Assisting residents to eat and drink is a fundamental care task which ensures residents consume enough to avoid malnutrition and dehydration. It is also important to remember that eating and drinking are social activities.

It is important for care staff to enable residents to remain as independent as possible otherwise residents may lose the skills they currently have. Even the smallest of actions, such as lifting food to one's mouth once it is on the cutlery, allows a resident to feel some level of control and independence.



Positioning and helping residents to drink

Strategies to support residents to eat and drink

Communication during mealtimes

It may be helpful to talk through your actions during mealtimes. This could include describing the kind of food which is being offered, explaining what action you are doing (e.g. "here's the tea") and what the resident needs to do next (e.g. "now swallow").

Hand over hand / hand under hand feeding

Care staff can use their hand to guide the residents hand to pick up the food on the utensil and guide it to their mouth. Alternatively the carer can put the resident's hand over their hand and guide the food for the resident. Both strategies act as cues for the resident to understand the task of eating. The goal of this is to increase the resident's strength and improve their eating skills.

Pacing

Allow residents plenty of time to eat and drink at their own pace so they do not feel rushed. This is especially important for residents who have swallowing difficulties.

Adapted cutlery

It may be useful to try adapted cutlery with some residents. These are shaped so they are angled towards the mouth and/or have large lightweight handles to allow them to be held more easily.

The environment

Although not always possible, residents are likely to benefit from being in a dining room during mealtimes. Sitting at a table with other residents offers the opportunity for socialising with others and as others eat which may stimulate eating and drinking behaviours.

Swallowing difficulties

What are swallowing difficulties?

Dysphagia (difficulty swallowing) is common in older people. Residents with Parkinson's disease, dementia or who have had a stroke often develop problems swallowing. Difficulty swallowing can lead to food and fluid entering the airway and lungs. This can cause coughing, choking, chest infections, and over time can lead to malnutrition or dehydration.

Common signs of swallowing difficulties:

- Coughing or choking while eating or drinking.
- Spillage of food or fluid from the mouth.
- A 'gurgly' wet voice when eating or drinking.
- Persistent drooling.
- Poor chewing or control of food or fluid in the mouth.

Managing swallowing difficulties

Residents with dysphagia should have an assessment by a Speech and Language Therapist (SALT) and are likely to have a management plan for eating and drinking. It is important to follow the advice provided in the plan when delivering care. Always alert senior members of staff if you have concerns about a resident with dysphagia or think a resident may need a SALT assessment.

The SALT or Occupational Therapist (OT) may recommend the following:

- Certain head positions when eating and drinking (e.g. chin down posture).
- Thickened drinks - always check the level of thickener required (see IDDSI Framework on *page 18*).
- Modified diet (e.g. soft or puree diet).
- Specialist eating and drinking cutlery and cups.
- Specific ways of physically assisting someone to drink and how and when they might need prompting.

Generally it is important to ensure residents are:

- Fully awake and alert before drinking.
- Sat upright and out of bed, if possible, ready to eat or drink.
- Given plenty of time to eat or drink; check the resident has swallowed before offering more food or fluid.

Fluid thickeners

Some residents with swallowing difficulties will be prescribed fluid thickeners by their GP, usually following a recommendation by the SALT. Thin liquids sometimes pose a risk for residents with dysphagia because they flow quickly in the mouth and throat. This means they do not have much time to engage their swallowing reflex and protect their airway from the fluid. Fluids which are thickened move slower, giving the resident more time to swallow.

Not all residents diagnosed with swallowing difficulties will need thickened fluids. Thickener is usually the last option after more practical strategies have been tried.



Swallowing difficulties (dysphagia)

The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework

There is now a new system for defining fluid thickness. The new recommended consistencies are:

Level 1: Slightly Thick

Level 2: Mildly Thick (previously Stage 1 'syrup')

Level 3: Moderately Thick (previously Stage 2 'custard')

Level 4: Extremely Thick (previously Stage 3 'pudding')

Thickened fluids

Drinks are thickened by adding thickening powder. There are different brands of thickener, some are starch-based and some gum-based, each requiring a different method of preparation. On each container there will be

a guide to the amount of thickener which needs to be added to a defined amount of fluid to bring it to the recommended level or consistency according to the IDDSI framework.

Level of thickened fluid

Level 2 Mildly Thick

Stage 1: 'Syrup'

- Easily pourable
- Similar consistency to single cream, thin syrup
- Can be drunk from a cup



Level 3 Moderately Thick

Stage 2: 'Custard'

- Slightly thicker, drizzles when poured
- Similar consistency to honey
- Can be drunk from a cup



Level 4 Extremely Thick

Stage 3: ' pudding'

- Not pourable
- Similar consistency to yogurt
- Needs to be taken with a spoon



Preparing thickened fluids

Starch-based thickener

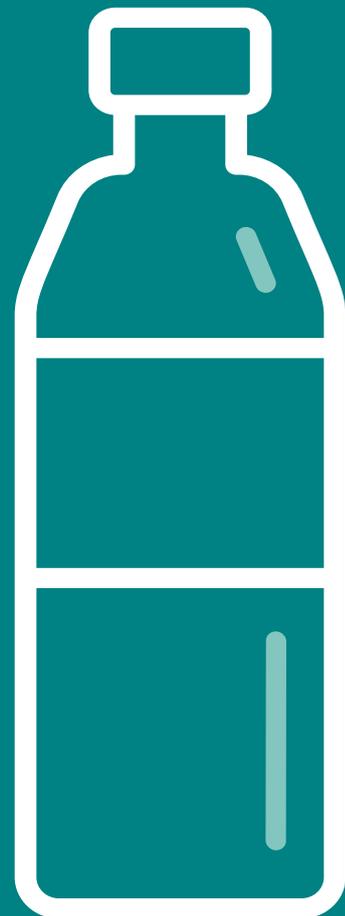
1. Know the size of the vessel you are using
2. Pour the drink into the vessel
3. Add the required amount of thickener
4. Stir for at least 30 seconds until combined
5. Leave to stand for 1 minute before serving

Gum-based thickener

1. Know the size of the vessel you are using
2. Add the required amount of thickener
3. Pour the drink into the vessel
4. Stir until dissolved
5. Leave to stand for a few minutes before serving

Section 2:

Improving practice and Plan-Do-Study-Act cycles



How to get started

Preparing to make change

The systems of care where you work may have been established for a long time, this can make them complex, and sometimes difficult to change. Improving hydration is likely to require adaptations to be made to current work patterns and the involvement of all members of the care team.

The questions below will help to explore your team's readiness for change:

- Do senior/managerial staff support the initiative?
- Are there individuals who will take responsibility for introducing changes?
- Do staff members understand why change is needed?
- Do we have the resources we will need? For example, staff time to monitor and support the activity, training and education, communication materials and equipment.

Who is involved in making change a success?

It is important that staff at all levels within an organisation who are planning to improve their service are involved in the process. Involving staff in the planning and implementation of change can help to embed new practice and achieve sustained change.

Creating a team which includes staff at all levels can help promote engagement and ownership of any changes. Teams will need to set clear goals and be championed by a senior member of staff.

Roles of team members in supporting change:



**Senior
Managers**

- Promote the importance of hydration across the organisation.
- Facilitate system change to promote hydration.
- Support Managers/Nurses in encouraging change.



**Unit
Managers/
Nurses**

- Involve care staff in planning and decision making.
- Establish, promote and monitor activities.
- Define staff roles and responsibilities in supporting hydration.



**Healthcare
assistants**

- Suggest where changes to practice could be made.
- Identify potential facilitators/barriers.
- Help test changes to practice and provide feedback.



**Catering and
domestic staff**

- Suggest where changes to practice could be made.
- Help test changes to practice and provide feedback.



**Residents
and relatives/
friends**

- Suggest where changes to practice could be made.
- Participate in supporting resident hydration where possible.

Testing change: Plan-Do-Study-Act cycles

Care will be organised differently between homes, with each having its own unique challenges. Therefore when thinking about changing practice it is important to adapt ideas to suit the local context. Carrying out *Plan-Do-Study-Act (PDSA)* cycles is one way of introducing changes in practice. They are designed to be used in repeated cycles or 'tests of change'. This approach is important in complex care settings, such as care homes, as any problems or barriers can be identified and addressed during each PDSA cycle. This helps to ensure that strategies to improve hydration can be successfully embedded in practice and sustained.

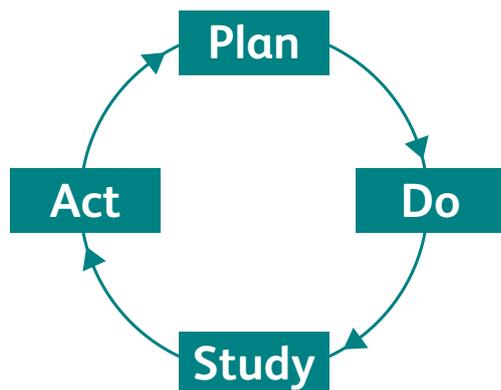
What are the steps in a PDSA cycle?

Plan: Plan the change, including what data will be collected

- What is the aim of the change?
- What will happen and for how long?
- What resources/equipment are needed to complete the activity?
- What can be measured to see if the change is successful?
- Make predictions: what will the change will achieve?

Do: Carry out the change

- Communicate clearly to staff and inform them of their responsibilities, explain why the change is being tested and the importance of their role in providing feedback about how it went.
- Record what happened.
- Gather feedback from staff, residents and relatives involved in carrying out the change.



Study: What were the results?

- Compare the data collected during the change with the predictions.
- Reflect on what was learnt: What worked well? What did not work well?
- Identify where improvements in practice were made.

Act: Are there any changes to be made based on the findings?

- Decide if the activity needs modification and re-testing.
- Plan a repeat PDSA with the modifications.
- If the test is successful then plan how to embed the change into routine practice.

Plan Do Study Act planning tool

PDSA title: Protected Drinks Time

New PDSA Linked to a previous PDSA (title: _____)

What are we going to do?	Person responsible	When to be done?	Where to be done?	For how long?
Test PDT on Tuesday	Sheela	3pm	Daffodil	5pm

What prompted this change?

Who are we going to involve?

Staff? If yes, who?

Residents? If yes, who?

Anybody else? If yes, who?

How long will the change be tested for?

How will the impact of the change be measured?

routinely collected measures

one-off measures

staff feedback

resident feedback

Think about measurement

Why is measurement important?

Measurement is an important part of the PDSA cycle because it helps to show whether changes to practice have improved hydration care. Measures can be focused on both the amount of fluid consumed, and the opinions of staff, residents and family members. It is a good idea to use existing measures where

possible, this allows you to easily compare data from before and after the change.

You can also consider new measures which are more directly linked to the proposed change to practice and which are easy to collect. Here are some ideas about what you could measure:

The number of residents who receive a drink at each drinking opportunity during the day

The amount of fluid residents consume at each drinking opportunity or across one day

The type of drinks that are served to residents

The number of residents that are offered a choice of drink and when they are offered one

Whether each resident receives the assistance or prompting they need to consume their drink

Feedback from residents, staff and family members about the change to practice

It is helpful if the chosen measures are linked to the overall aim of the PDSA cycle, some examples are as follows:

Change and aim	Possible measures	What can this tell us?
Example 1: Drinks Menu To offer choice and support to residents so they can choose what they want to drink (See <i>Page 29</i>)	The number of residents who are shown the Drinks Menu	Whether each resident is given a choice of drink
	The type of drinks chosen and consumed	If the change affects the types of drinks resident choose and consume
	Feedback from staff and residents about using the Drinks Menu, e.g. can residents easily read and understand the menu?	If there are any practical problems when using the Drinks Menu
Example 2: Protected Drinks Time To structure fluid delivery, ensure all residents receive and consume at least one drink (See <i>Page 31</i>)	The number of residents who received a drink	Whether all residents received a drink and who is not given one
	The number of drinks served to each resident	Whether residents received more than one drink
	Whether each resident receives the assistance or prompting they need to consume their drink	Whether staff are providing enough assistance or prompting to support fluid intake for all residents

Things to consider when planning a PDSA...

Who will be involved in the activity?

Who will be responsible for making sure the activity takes place?

What resources do you need?
For example: drinking equipment,
drink stock, someone who can
support and monitor the activity

Do you need to liaise with other
staff? For example: catering staff
to ensure required equipment and
drinks are available

Things to consider when planning a PDSA... (continued)

How will you communicate with your staff and residents about the change?

How will those involved in the activity be informed about what they are expected to do?

How will you measure whether the change improved care?

How will you let staff, residents and their relatives know whether the change was effective?

Example of a Plan-Do-Study-Act cycle

This is an example of a PDSA carried out during the I-Hydrate project when introducing a Drinks Menu.

Appendix 3 has a template that you can use to plan your own tests of change.

Stage	Activity
Plan	<p>Trial the new Drinks Menu with residents in the lounge during the 3pm drinks round.</p> <p>Prediction: All residents will be given a choice of drink, residents may drink more when they are supported to choose the drink they prefer, resident satisfaction may improve.</p> <p>Measures to be used: Number of residents shown the menu, number of drinks each resident receives, resident fluid intake, feedback from residents and staff. This will be compared to data collected from a previous 3pm drinks round.</p> <p>Who will collect data? One Healthcare Assistant.</p> <p>Tasks to do before activity:</p> <ul style="list-style-type: none"> • Talk to catering to ensure all drinks on the menu will be available on the day of the trial. • Print copies of the Drinks Menu. • Plan the activity with the Unit Manager and a Healthcare Assistant: What will staff need to do? Are there any potential barriers to the activity taking place? • Ensure care staff are aware of what their role is in the activity – create information posters and explain the change at staff handover on the morning of the trial.
Do	<p>What happened?</p> <p>The trial took place on Monday 9th May.</p> <ul style="list-style-type: none"> • Care staff were briefed before the activity by the Unit Manager. • All 12 residents in the lounge were shown the menu and asked what they would like to drink. • For two residents who could not express a choice staff chose the smoothie for them; these residents finished their drinks. • Once drinks were served in the lounge all care staff went to serve residents in their rooms.
Study	<p>The data collected in the lounge showed that compared to previous data there was:</p> <ul style="list-style-type: none"> • An increase in the variety of drinks served from two to ten. • An increase in the number of drinks served. • An increase in the average fluid intake per resident from 170ml to 200ml. <p>Observation of the activity found that:</p> <ul style="list-style-type: none"> • There were not enough copies of Drinks Menu for all Healthcare Assistants to use. • Not all the drinks were consumed as care staff left the lounge to go and serve residents in their own rooms.
Act	<p>Run a repeat trial with modifications on Tuesday 17th May.</p> <p>Tasks to do before next trial:</p> <ul style="list-style-type: none"> • Print and laminate more Drinks Menus. • Plan the activity with Unit Manager and a Healthcare Assistant: discuss how residents in the lounge can be prompted and assisted to drink e.g. could a Healthcare Assistant be allocated to remain in the lounge?

Section 3:

Strategies to improve hydration



What can you do to improve hydration?

Our research found that many residents are not offered enough fluids during the day to ensure they consume the minimum daily amount of 1500ml. We therefore worked with care home staff to design and test a number of simple strategies that aimed to improve resident hydration.

Key points from the I-Hydrate project

We found that hydration care could be improved by focusing on the following areas:

- Supporting residents to decide which drink they would like at each opportunity.
- Providing sufficient opportunities for residents to receive fluids to support adequate intake.
- Using cups, mugs and glasses that are easy to hold and pleasant to drink from.
- Safely providing support to residents who need assistance to drink.
- Prompting residents to drink the fluids they are served.
- Encouraging residents to choose more than one drink at each drinking opportunity.
- Promoting socialisation with other residents or staff whilst having a drink.
- Increasing staff understanding of the importance of hydration in this population.
- Increasing the availability of fluid rich foods.



What can you do to improve hydration? (continued)

This section describes the strategies we found that helped to improve hydration care and increase the amount of fluid residents consumed. You may need to adapt the strategies to apply them in your care setting, and careful planning will be required to make sure they work.

Six strategies are described here:

1. Drinks Menu.
2. Protected Drinks Time.
3. Mealtime Guides.
4. Additional Structured Drinking Opportunities.
5. Fluid Rich Foods.
6. Drinking Vessels.

Each strategy is explained with the following information:

- Aim of the strategy.
- Why the strategy was needed.
- What you need to perform the activity.
- Guide to carrying out the activity.
- Keys to success.



Drinks Menu

Aim of a Drinks Menu

To inform residents of the drinks available to them and ensure they are able to choose the drinks that they want. Supporting choice means residents are more likely to consume what they are given to drink.

Why use a Drinks Menu?

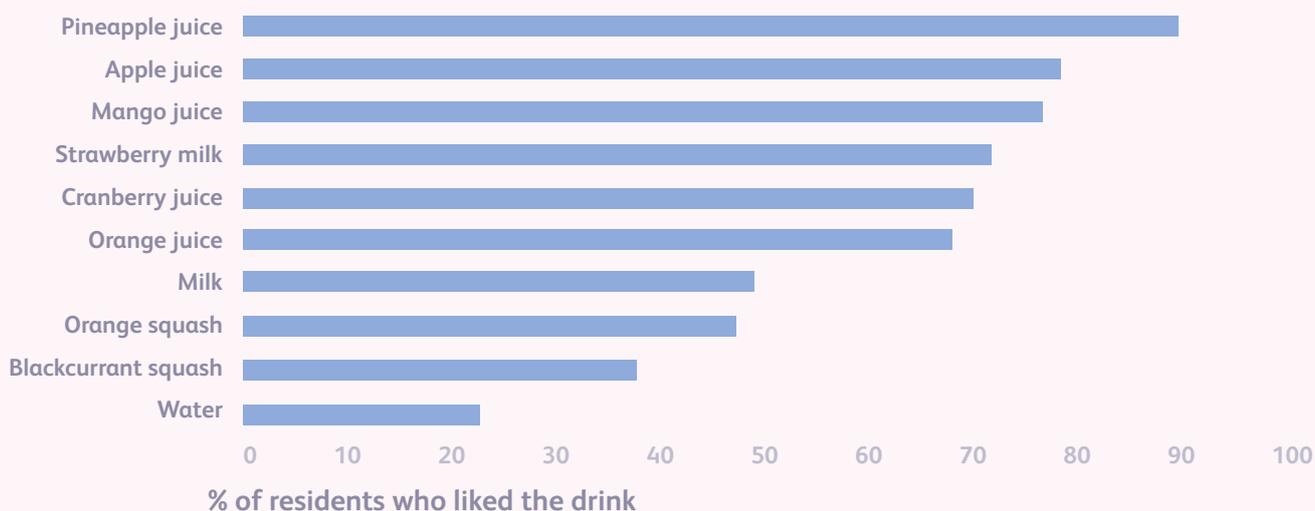
A Drinks Menu provides a communication tool for staff that helps to ensure residents receive the drink of their choice. It is important to ask residents what they would like to drink rather than make assumptions about their preferences. Remember residents may choose different drinks at different times of day.

Some residents may not be aware of, or able to remember, the full selection of drinks available to them in their care home. The Drinks Menu acts as a visual aid and allows residents with cognitive and/or speech impairment to have the opportunity to express their choice.

What do your residents like to drink?

Our research found that residents were offered a limited selection of drinks. The most frequently served drinks were tea, water and squash. We asked residents about their cold drink preferences and found they tended to prefer stronger flavoured, less acidic fruit juices rather than squash and water (see graph below). You may wish to survey the residents in your home to see what their likes and dislikes are. New drinks can then be introduced to meet the specific preferences of your residents.

Care home resident cold drink preferences



Drinks were tested by 47 residents in the care homes



Offering choice to residents

Drinks Menu (continued)

What you need

- Printed copies of a simple Drinks Menu (see *Appendix 4* for an example).
- A consistent and reliable supply of the drinks which are on the menu, you may need to liaise with your manager or catering staff to arrange this.
- Enough cups, glasses and other equipment to supply the drinks the residents choose.

Guide to introducing a Drinks Menu

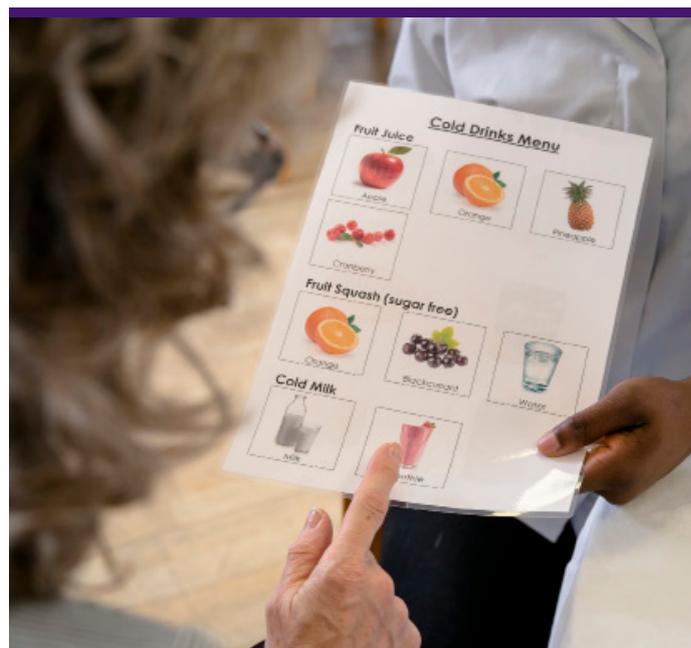
- Create a simple Drinks Menu in PowerPoint or Word showing all the drinks which are available to residents in your home; use large, bright and clear images to represent each drink.
- Print menus double sided (hot drinks on one side, cold drinks on the other) and laminate.
- Place menus in the lounge, dining room, resident bedrooms, and on the trolley if one is used to serve drinks.

If you do not use a drinks trolley already it is worth considering as it provides residents with a visual stimuli of drink choices and helps staff to provide the full selection of drinks to residents without repeated trips to the kitchen to prepare drinks.

- Ensure staff use the Drinks Menu with each resident when they are offering them a drink.
- Staff should encourage and support residents to select both a hot and a cold drink as this helps to increase the amount of fluid residents receive each day.

Keys to success

- All staff need to be informed about the introduction of a Drinks Menu and how they should use it.
- Sufficient copies of the menu are needed with dedicated areas to display and store them. Staff need to feel confident in talking with residents and supporting them to make choices. It may help if senior staff show the less experienced staff how and when to use the Drinks Menu for residents with cognitive impairment as they might find this challenging.
- Senior staff need to reinforce the use of the Drinks Menu and check care staff are taking the time to use it with residents.
- A consistent supply of all drinks on the menu is needed, with clear accountability for maintaining adequate stock levels and information about how to request missing items.



Protected Drinks Time

Aim of Protected Drinks Time

To introduce a structured approach to offering fluids and ensure that:

- All residents receive, and consume, at least one drink.
- Residents are encouraged to choose both a hot and cold drink.
- Assistance or encouragement to drink is provided to all residents who require it.

Why make a Protected Drinks Time?

Protected Drinks Time is based on the idea of Protected Mealtimes which is used in hospitals to ensure mealtimes are prioritised and those who require help to eat are assisted. During the daily routine at care homes it can be difficult for staff to find sufficient time to provide residents with the assistance, or encouragement, they need to drink. This can be a particular problem for residents who spend most of their time in their own room.

Protected Drinks Time can be used at specific points in the day, e.g. during the afternoon drinks round, where non-essential activities can be stopped and staff can focus on providing hydration care to all residents. This helps to ensure that assistance is provided for residents who require support to drink and that all residents are offered both a hot and cold drink.

Allocating each member of staff a specific role during this activity helps to make each carer's responsibilities clear and promote a team approach to delivery of hydration care. If Protected Drinks Time occurs during a period where staff breaks often take place, allocating staff to specific break times may be necessary to ensure enough staff are present to carry out the activity.

What you need

- Equipment to offer and deliver drinks to all residents e.g. mugs and glasses, a drinks trolley.
- Staff allocation sheet (for an example of an allocation sheet see *Appendix 5*).
- Copies of the Drinks Menu.
- A consistent and reliable supply of drinks (talk to catering staff if needed).
- Enough cups and glasses for residents to choose more than one drink each.



Protected Drinks Time

Protected Drinks Time (continued)

Guide to introducing Protected Drinks Time

- Choose a suitable point in the day to focus on hydration care; think about when most staff are present, this could be an existing drinking opportunity such as a drinks round.
- Allocate staff specific roles and responsibilities, this could be done each day by a Senior Healthcare Assistant or Unit Manager.
Care staff should be allocated to roles such as preparing the drinks trolley, serving and assisting residents in the lounge, and serving and assisting residents in their own rooms.
- All care staff should contribute to hydration care during the Protected Drinks Time by supporting residents to choose a drink, providing assistance or encouragement to residents to drink, and offering refills.
- Ensure the Drinks Menu is used to offer residents a choice of drinks. If you are using a drinks trolley then ensure all items on the menu are stocked on the trolley.
- Think about when special activities happen in your home, you may need to be flexible on these days and run Protected Drinks Time a bit earlier or later.

Keys to success

- Allocating each member of staff a role means that they know what their responsibilities are during Protected Drinks Time.
- Leadership from senior staff is essential to allocate staff to roles and breaks, prompt the activity and remind staff to offer drinks refills to residents.
- Staff need to be confident and competent in supporting residents to drink, especially those with swallowing or communication difficulties.
- A consistent supply of all drinks and drinking vessels, and clear accountability for maintaining adequate stock levels.

Note: In a large care home think about ordering additional equipment – would two drinks trolleys allow staff to split into two teams? This would mean each team could serve fewer residents and have additional time to assist or encourage them to drink.



Mealtime Guides

Aim of Mealtimes Guides

To provide a simple communication tool containing information specific to each resident. It documents their food and fluid preferences, and what assistance they need to eat and drink. This can be used to help care staff easily access information about individual residents' hydration needs and preferences to ensure they are met.

Why create Mealtime Guides?

Information regarding residents' needs and preferences are most often kept in their care records. These may be stored in paper files or on a computerised system. Care staff do not always have the opportunity to regularly look at these, and new or agency staff may not know how to access them.

While care staff mainly rely on verbal communication to exchange information about resident preferences, this can lead to assumptions being made. Assuming residents' preferences increases the likelihood that they will not receive their preferred food or drink, or the appropriate equipment or support needed to consume their food and drink.

The guides can be colour coded to show, at a glance, the level of assistance the resident requires. For example:

- **Blue** – able to eat or drink independently
- **Yellow** – needs prompting to eat or drink
- **Pink** – needs assistance to eat or drink

Mealtime Guides can include a brief description of the type of support the resident requires, preferred drinking vessel, and tips on overcoming specific difficulties they may have with eating and drinking. It can also include any special requirements, such as food allergies or intolerances and relevant health conditions (e.g. diabetes).

What you need

- Mealtime Guide template.
- Information about the resident to include on the Mealtime Guide, including resident photo.
- Printed and laminated copies of Mealtime Guides for each resident.

Mealtime Guide
Name: MARIE
Room: 16

Photo of Resident here

Diet
- Diabetic

Allergies
- Gluten (Celiac)

Assistance needed
- I am able to eat and drink independently
- I especially like lots of tea

Cup preferences
- Standard mugs and glasses

I usually prefer...
- Milky tea, no sugar
- Fresh juice (all types)
- Soup
- Custard

I tend not to prefer...
- Yoghurt

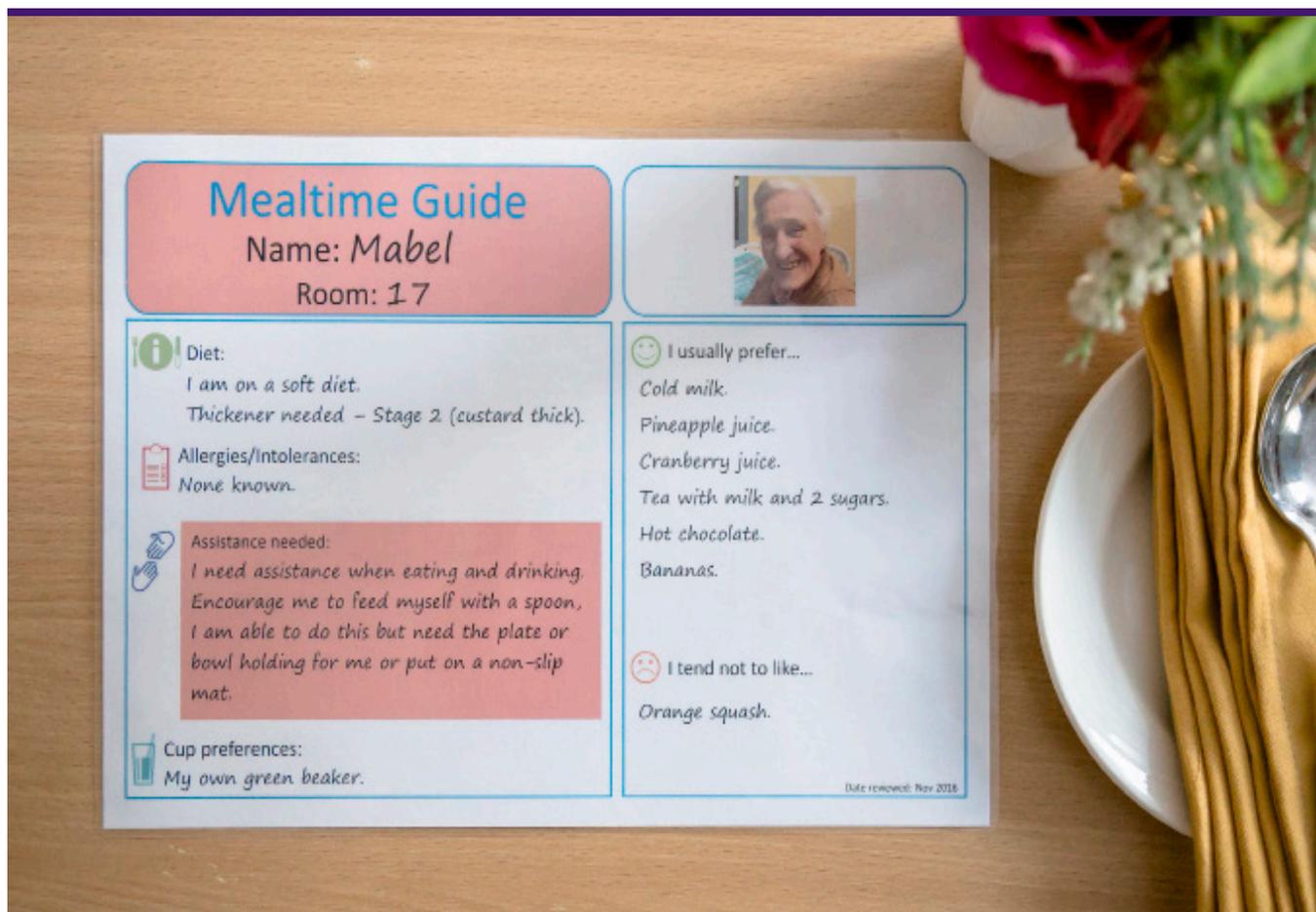
Guide to introducing Mealtime Guides

- Create a simple Mealtime Guide template using PowerPoint or Word (see Appendix 6 for an example).
- Assign care staff to gather information from care plans, the resident, their relatives and other staff about each resident's food and fluid preferences, and the type of assistance they require.
- Add this information to the Mealtime Guide.
- You may wish to use the reverse side of the guide to provide some life story information about the resident or insert an image so the guide can be turned over and used as a placemat for the resident.
- Print and laminate the guides.
- Think about where best to place the Mealtime Guides, you may wish to have copies in the dining room, resident bedrooms and on the drinks trolley.

Mealtime Guides (continued)

Keys to success

- Senior staff need to support the development of the guides.
- Staff need to be allocated to create the guides and given dedicated time to collect the information needed to complete the guides.
- Senior staff need to promote use of the guides with staff, particularly new or agency staff and other visiting healthcare professionals.
- The guides need to be regularly reviewed and updated, particularly when a resident's needs or preferences change.
- Processes need to be in place for creating a Mealtime Guide for each new resident who comes to the home.
- Staff need access to computers and printers.



Additional Structured Drinking Opportunities

Aim of creating additional structured drinking opportunities

To increase the number of drinks and the amount of fluid residents are offered across the day.

Why create additional structured drinking opportunities?

Our research identified seven opportunities during the day where residents could be offered a drink: early morning, breakfast, mid-morning, lunch, mid-afternoon, dinner and evening (see image to right). A structured activity focused on providing drinks may not be in place at each of these identified opportunities. This means some residents may not receive a drink at every opportunity, making it difficult for them to reach the 1500ml daily fluid intake target.

Increasing the number of structured opportunities in the day, and offering drinks to suit the preferences of residents helps to increase the amount they drink. For example, residents may prefer to receive particular drinks at particular times of day, such as coffee in the morning or a cup of tea following lunch and dinner.

Integrating an additional drinking opportunity into an existing care activity helps to ensure it becomes part of everyday practice. This can be particularly helpful to support fluid intake for residents who spend all, or most, of their time in their room or those who are unable to ask for a drink themselves.

Here are a couple of suggestions for providing additional structured drinking opportunities:

Drinks before breakfast:

Offer a hot or cold drink to residents who are awake in their rooms in the early morning or when they are transferred to the dining room to await breakfast.

Drinks following meals:

When residents finish their lunch or dinner the staff member clearing their plate can offer them a drink of tea or coffee.

Opportunities for Offering Drinks

For residents to drink **at least 1500ml a day** drinks need to be offered frequently.



6 – 8am
Early Morning Offer a hot and/or cold drink

8 – 10.30am
Breakfast Offer a hot and cold drink
Remember to offer drink refills

10.30 – 12pm
Mid-morning Offer a hot and cold drink

12 – 3pm
Lunchtime Offer a hot and cold drink with lunch
Offer fluid-rich desserts (e.g. custard)

3 – 5pm
Mid-afternoon Protected Drinks Time
Serve residents a hot and cold drink

5 – 7pm
Dinnertime Offer a hot and cold drink with dinner
Offer fluid-rich desserts (e.g. ice cream)



7 – 10pm
Evening Offer a drink before the resident is too tired or sleepy

Remember to offer refills of drinks throughout the day

What you need

- Pre-prepared flasks of hot tea and coffee, and a selection of drinks accessible to care staff at the required time, either prepared by catering or care staff.
- Enough clean cups and glasses to offer residents a drink at the chosen time.
- Copies of the Drinks Menu.

Additional Structured Drinking Opportunities (continued)

Guide to introducing additional drinking opportunities

- Identify the best time to introduce the additional offer of a drink. Think about how this could be built into an existing care activity.
Do staff have any ideas about when they would have time to offer residents another drink? What time would your residents prefer a drink? Ask them what they think.
- Ensure drinks can be easily and quickly prepared by care staff e.g. cups, juices, thermos flasks, tea bags, coffee and milk are accessible.

Keys to success

- Senior staff emphasise the importance of offering drinks at these additional times.
- Ensure hot and cold drinks are pre-prepared using flasks or other suitable equipment and easily accessible so that staff have everything to hand.
- Care staff also need to make time to provide assistance to residents to drink their drink.

Drinks before breakfast

- When residents awake early care staff offer them a drink in their room.
- When care staff transfer a resident to the dining room to await breakfast they offer them a drink.
- Use the Drinks Menu to find out what residents would like to drink.
- The staff member then prepares and serves the chosen drink before moving on to their next activity.

Drinks following meals

- When residents have finished eating their lunch or dinner and the staff member is collecting their plate or tray they offer them a drink.
- Use the Drinks Menu to find out what residents would like to drink.
- The staff member clears the plate or tray, then prepares and serves the chosen drink before moving on to their next activity.



Fluid Rich Foods

Aim of providing additional fluid rich foods

To increase the amount of fluid residents are offered.

Why provide additional fluid rich foods?

Some foods have a naturally high water content which means they can be used to provide additional fluids. Not only does offering fluid rich foods increase choice for residents but it may be especially useful for residents with swallowing difficulties who are unable to eat some of the snacks on offer (biscuits, cake and hard fruit).

What you need

- A selection of fluid rich foods (see table below for some ideas).
- Cutlery and crockery.

Examples of fluid rich foods

Breakfast	Porridge, cereal with milk, tinned tomatoes, yoghurt, fresh/tinned fruit.
Lunch/Dinner	Soup, gravy, stews, sauces, vegetables, broth.
Desserts	Ice cream, ice lollies, sorbet, custard, rice pudding, jelly, yoghurt, mousse, fruit puree, fresh/tinned fruit.
Snacks	Fruit and vegetables, yoghurt, fruit puree, mousse.

Guide to introducing fluid rich foods

- Review the snacks offered to residents in your home.
 - Are any of them rich in fluid? Is every resident able to eat them safely (e.g. those with swallowing difficulties or diabetes)?*
- Liaise with kitchen or catering staff to see what fluid rich foods they can provide.
- Trial different fluid rich foods with residents and find out what they prefer.
- Identify points during the day when residents could be offered fluid rich foods, e.g. during the afternoon drinks round or at bedtime.
- Ensure residents with swallowing difficulties are offered a suitable fluid rich food and receive the assistance to consume it.

Keys to success

- Senior staff need to talk to care staff about why it is useful to offer fluid rich foods.
- Senior staff need to remind care staff to carry out the activity.
- Staff need to make time to assist residents to consume the food they are provided with.

Drinking Vessels

Aim of reviewing drinking vessels

To explore residents specific needs and preferences and offer residents drinking vessels which meet these needs. This aims to promote dignity and independent drinking.

Why review drinking vessels?

Small teacups holding only 150-200ml are commonly used in care settings. These have small handles which accommodate only one finger, making them difficult for frail older people to lift and hold securely. This can result in residents using plastic beakers as they are lighter and easier to handle. Some residents may

even choose to avoid drinking as they do not like any of the vessels available.

The I-Hydrate project found that many residents preferred to use a mug compared to a teacup and saucer. The mug which was preferred by residents held around 280ml, had a large wide handle, and made of lightweight bone china. It is useful to ask residents themselves what vessels they find easier to use. This can promote independence if vessels can be sourced which suit residents' needs and preferences.

Teacup

Volume: 150ml

Resident comments:

"It's difficult to keep the balance, the cup tips and spills"

"You have to watch your fingers so as not to burn them on the cup"



Trial Mug

Volume: 280ml

Resident comments:

"I like the mug, it's lighter and has more room in it so I can have more tea"

"The wide handle is better to hold"



What you need

- Questions to ask your residents to find out about their likes/ dislikes (see the next page for some examples and *Appendix 7* for a sheet to record answers on).
- A selection of cups, mugs, glass and plastic tumblers the residents can compare with the drinking vessels already in use in your care home.
- A selection of drinks for testing cups as this helps residents to assess the weight of the vessel once it has a drink in.

Drinking Vessels (continued)

Guide to reviewing drinking vessels

1

- Talk with residents and their family/friends to explore their specific drinking needs and preferences.
 - *Would residents prefer to use a mug or a teacup? Do they prefer glass or plastic tumblers?*
- Speak to care staff and gather their views on the current drinking equipment.
- Remember specialist vessels are available for residents with swallowing difficulties. Enquire with a Speech and Language Therapist or Occupational Therapist if you think a resident would benefit from a drinking aid.

2

- Depending what you find out from residents, family and staff you can review your current mugs and cups against a selection of new mugs and cups.
- Think about testing mugs which have a large handle and are lightweight.
- Care staff can ask residents to trial a different mug each day. For example, they could do this during an existing drinks round.
- Use the questions below to explore different aspects of the vessels and ask what residents think.
- Keep a note of any other comments the residents have about the mugs and cups.

Factor	Qs to ask residents
Ease of handling: How easy it is the cup to hold, lift and drink from	Do you find the cup easy to pick up and hold? How easy is it to drink from?
Volume: The amount of fluid that the cup holds	Does the cup feel too big or too small? Does the cup hold enough fluid for you?
Feel: How it feels to touch and drink from	How does it feel to drink from?
Visual appeal: The colour, shape and design	Do you like the shape of the cup? Do you like the way the cup is decorated?

Keys to success

- Acquire a range of cups and mugs to test from suppliers who can offer a reliable and affordable source of stock.
 - You might want to review what your home currently spends on drinking vessels.*
- Choose vessels which are suitable for frail older people to handle easily.
- Think about residents with cognitive impairment, would they benefit from clear vessels so they can see the type of drink that they have? Would they prefer brightly coloured mugs which stand out?
- Ensure staff are briefed on the use of any new vessels and how to support residents to use them.

Residents living with dementia

The strategies in this resource pack can also be used for residents who have dementia, although they may need adapting to get them to work well. Residents living with dementia may experience additional challenges which affect their ability to obtain and consume fluids. This means they are likely to require further support from care staff to ensure they drink enough.

Some common concerns for these residents include:

- Swallowing difficulties
- Poor appetite

- Unable to communicate their preferences
- Unable to recognise drinks
- Difficulty remembering how to consume drinks
- Struggle concentrating on drinking
- Disrupted sleep patterns

Strategies need to be individually tailored for each resident, and may need to be reassessed and adapted over time. The approach should include both actions to increase drinking and tools to improve communication about hydration preferences and choice (see next page).



Adapting strategies for residents with dementia

Protected Drinks Time

- Focus on assisting and encouraging residents to drink during this dedicated time.
- Once a resident has started drinking, they may accept multiple drinks. This is a good time to provide refills or second drinks.

Additional Structured Drinking Opportunities

- Offer familiar drinks which residents would drink at home either before, during, or after a meal. This may encourage them to drink more, e.g. cup of tea or coffee after lunch.
- People with dementia may experience disrupted sleep. Find ways to provide drinks easily during the night or early morning. For example, place a drinks dispenser or trolley in a convenient location so that carers can quickly make a drink.

Alternatives to Drinks

- Provide plenty of fluid-rich foods such as jelly, soup and yogurts at each mealtime and/or during drinks rounds.
- Consider providing savoury snacks in the mid-afternoon to encourage residents to drink more.

Drinks Menu

- When designing a Drinks Menu make sure it is clear what drinks are being offered. Use simple images of glasses/mugs of drinks in combination with images representing the flavours (e.g. fruits, recognisable brand logos).
- People with dementia may develop a taste for sweeter drinks. Try offering hot chocolate or sweeter fruit juices and see if the resident enjoys them.
- If a resident finds a Drinks Menu overwhelming try showing them their two favourite drinks and asking which they would prefer.

Mealtime Guides

- Find out from residents, their relatives/ friends, or their care plan what their favourite drinks and preferred drinking vessels are. Record this somewhere easily accessible by staff. This helps staff to provide residents with drinks which they enjoy.
- A simple white board could be used to write down residents preferences and the level of assistance they need to help them eat and drink.



Tips for getting change to happen... and stick!

Embedding and sustaining any change in practice can be difficult. The areas we found to greatly increase success included:

1. Leadership & Culture

- Senior management support, reinforcing hydration as a priority.
- Clear communication and allocation of staff roles and responsibilities.
- Senior staff mentoring and role modelling good practice; promoting a culture of reflective practice.
- Supporting hydration care as a routine activity, and embedding it into everyday practice.

2. Training & Skills

- Developing staff competence and confidence in:
 - Positioning and assisting residents to drink.
 - Communicating with residents to support and enable choice, and recognising how these actions are related to the Mental Capacity Act.
 - Recording fluid intake accurately, knowing how and when to take action if fluid intake is low.
- Using short and focused 'on the job' training to reinforce learning and practice in the care team.

3. Equipment & Resources

- Ensuring adequate stock of drinks, fluid rich foods, thermos flasks and appropriate cups and mugs.
- Trolleys available and equipped to distribute drinks.

4. Staff engagement

- Keeping staff engaged, and informed, about any planned changes to practice both before, during, and after they have happened.
- Senior staff monitoring practice and providing feedback to care staff.
- Promoting new practice and celebrating success using posters/newsletters and at staff handovers (see *Appendix 8* for example posters).

5. Residents & Families

- Seeking views from residents and their families.
- Involving families in supporting hydration.
- Making residents and relatives aware of the importance of hydration.



Section 4:

Training your staff



Training your staff

During the I-Hydrate project care home staff indicated that they would welcome the opportunity to learn more about hydration through further training. An interactive training session was developed with content informed by observations of hydration care within the two care homes which took part in the project. This section describes the training programme which aimed to support the application of knowledge of hydration to the care home environment.

The following section describes each component of the training:

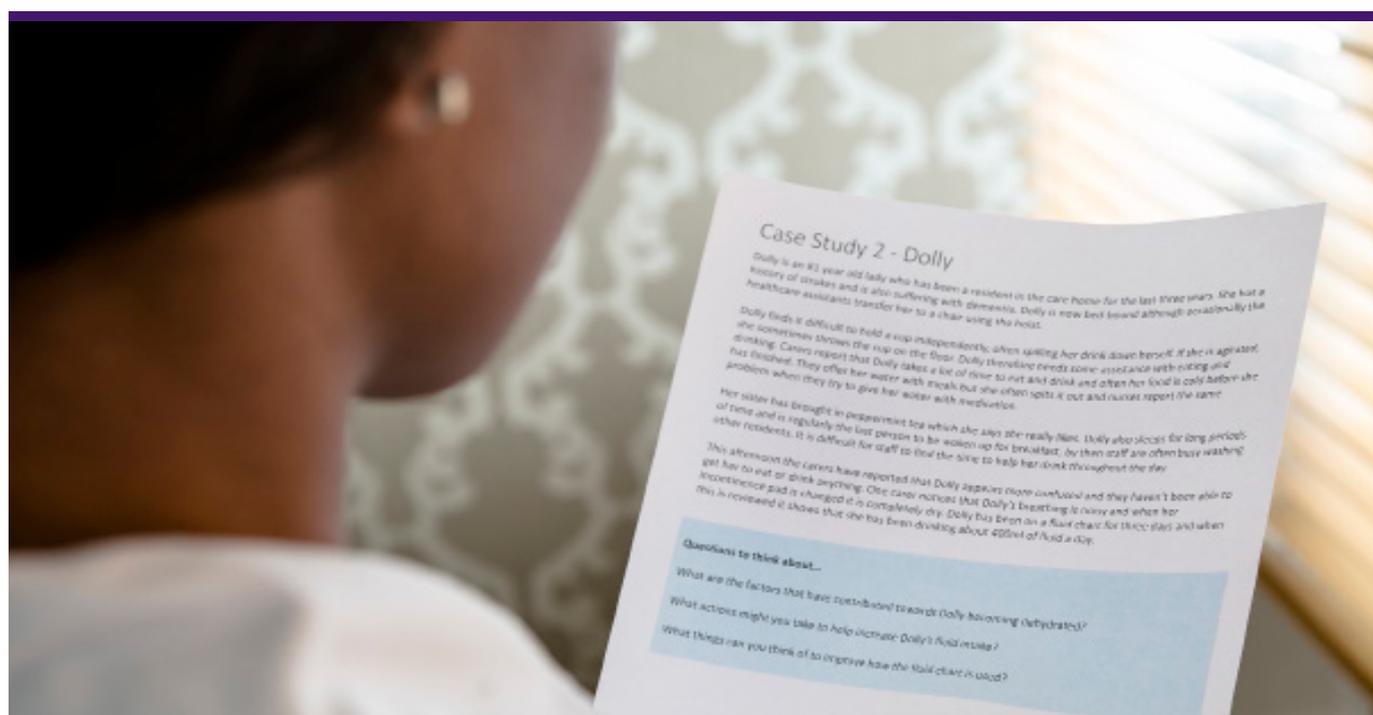
- **Exercise 1:** Emotional Mapping
- **Exercise 2:** Hydration Quiz
- **Exercise 3:** Case Studies
- **Exercise 4:** Fluid Thickeners
- **Training huddles**
- **Role modelling**

How could you deliver training?

If time and staffing allow, you may wish to set up and deliver a formal training session in a classroom setting. The training session was

designed to take approximately two hours to run. If releasing staff for a two hour training session is not feasible, each component of the training can be delivered independently as part of on-the-job training or during a staff meeting.

Formal training can be supported with brief on-the-job 'huddle' training sessions and role modelling activities with care staff where training in the classroom can be reinforced in practice. Further detail about training huddles and role modelling can be found on *pages 54-55*.



Overall learning outcomes:

- Recognise the importance of hydration in the care home setting.
- Recognise the signs and symptoms of dehydration.
- Identify reasons why care home residents are at risk of dehydration.
- Appreciate that residents have different drinking needs and preferences which may influence the amount of fluid they consume.
- How to safely provide thickened fluids for residents with swallowing difficulties.

Training component	Observed care problems aiming to address	Activity	Learning outcomes
Exercise 1: Emotional mapping	Assumptions are made about residents drink preferences; residents are not given the opportunity to choose the type of drink they prefer; choice of drinks served limited to tea, squash or water.	Participants map their own fluid and drinking vessel preferences. They discuss their own preferences and how these might relate to those of residents. Participants consider how it would feel to be reliant on others to meet their needs and preferences.	Recognise that needs and preferences are individual, should be respected and may vary over time. Understand the type of drink/ vessel offered may influence the amount of fluid residents consume.
Exercise 2: Hydration quiz	Other care tasks prioritised over hydration. Limited variety of drinks offered and lack of utilisation of fluid rich foods.	Multiple choice hydration quiz of ten questions. Answers provided and discussed in the group via a PowerPoint presentation.	Appreciate why older people are more susceptible to dehydration and recognise the signs of dehydration. Understand the importance of offering a range of drinks and fluid rich foods to support adequate hydration and dispel myths about the 'best' fluids to drink.
Exercise 3: Case studies	Poor identification of low fluid intakes and lack of communication between staff of any problems.	Discussion of a case study outlining a 'typical' resident who became dehydrated. Questions focused on identifying preventative solutions and actions.	Recognise residents who may be vulnerable to dehydration. Create action plans to address common problems and barriers to hydration.
Exercise 4: Fluid thickeners	Thickened fluids not prepared as prescribed.	Making and tasting thickened fluids to differing levels of consistency using different types of fluid.	Appreciate the role of thickened fluids in managing dysphagia. Develop practical skills in the appropriate preparation of thickened fluids. Develop understanding into the experience of residents who are prescribed thickened fluids.

Exercise 1

Emotional Mapping

What is emotional mapping?

Emotional mapping is a way of capturing, understanding and reflecting on an individual's unique experience. In the first part of the exercise, staff reflect on their favourite drinks at different time periods across the day. A facilitated discussion is then used to draw out why they like particular drinks at particular times of day.

Staff are encouraged to think about the resident experience, the importance of personal preference and whether they thought they would receive their chosen drinks at their preferred time if they were living in a care home. Encouraging staff to think about the residents' experience of drinking means they can consider the care they provide and possible areas where it could be improved.



ABOVE: Example of an emotional mapping exercise of favourite drinks by care home staff

TRY IT YOURSELF!

You will need:

- Post-it notes or printed images of different drinks.
- Flip chart or large piece of paper with different times of day written on.
- Questions for discussion.

1. Bring together a small group of staff.
2. Write a different times of day on a large piece of paper (e.g. early morning, breakfast, mid-morning, etc.).
3. Ask staff to write down on post-its or choose images of the different drinks they would consume on a typical day and stick these on the paper at the corresponding time of day that they would drink them.
4. Use questions to prompt discussion (see below).

Questions/discussion points:

Think about your own drinking habits:

- What time do you have your first/last drink? Do you always have the same thing at these times?
- Do you have any emotional attachment to a drink? E.g. it reminds you of childhood/family?
- Are the properties of your drinks important? E.g. tea very hot, not too milky, bottled or tap water?
- What happens when you do not get the drink you want? Or you cannot drink it when you want to?

Now think about the experiences of the residents in your care:

- When during the day do residents get drinks?
- Do residents get to choose what they drink and when?
- Do all residents get a drink at all possible drinking opportunities?
- How do you think residents feel about being dependent on carers to get drinks?

Similar to the previous exercise, emotional mapping can also be used to encourage staff to explore resident's experience of drinking vessels and consider whether the vessels currently provided could be improved. Staff are first asked to think about their own personal preferences when it comes to drinking vessels. This can focus on the type of vessel, material it is made from, how the vessel looks, and how they would feel if they had to drink from the vessel. Discussion then moves to the residents in the care home and what their experiences of the drinking vessels on offer in the care home may be.



ABOVE: Emotional mapping exercise of drinking vessels care home staff would and would not like to drink from

TRY IT YOURSELF!

You will need:

- Post-it notes or printed images of different vessels.
 - Flip chart or large piece of paper with 'like' and 'dislike' written on.
 - Questions for discussion.
1. Bring together a small group of staff.
 2. Write down 'like' and 'dislike' on a large piece of paper.
 3. Ask staff to write down or choose images of the different drinking vessels they would like to use and ones they would not like to use and stick these on the corresponding area on the paper.
 4. Use some questions to prompt discussion (see below).

Questions/discussion points:

- What do you like about the vessel/s you chose? What about the one/s you did not like?
- Does it matter to you what the vessel is made from (glass/ plastic or ceramic/bone china)?
- Do you have a favourite cup which you use at work or home? What is it that you like about this cup?
- Do you care about the colour, decoration and size of vessels you use?
- How would you feel if you had to drink from the vessels you do not like?

Move the focus of the discussion to the resident experience:

- How much choice do residents get about the type of drinking vessel they use?
- How might residents feel about the vessels they drink from?
- Is it easy for residents to use their own cups or mugs?
- How do you support residents who need assistance to drink?
- How are residents assessed for specialist drinking equipment?

Exercise 2

Test your hydration knowledge

Here is a quiz that you can use as part of formal training or as a quick exercise with staff during a shift. Ask your staff to complete the quiz individually. They could then swap sheets with another person to mark the answers. You can then talk through the correct answers, along with some important discussion points (*provided on the next page*).

- 1 What is the minimum amount of fluid that an older person should drink every day?
 - a) 500ml
 - b) 2000ml
 - c) 1000ml
 - d) 1500ml
- 2 What determines the amount of fluid that a person should drink every day?
 - a) Size of the person
 - b) How old the person is
 - c) Whether they are male or female
 - d) How much they eat
- 3 Which of the following makes all older people at risk of dehydration?
 - Incontinence
 - Don't like drinking water
 - Kidneys are less efficient
 - Have less muscle in their body
 - Sleep a lot
 - Have dementia
- 4 As people get older, their sense of being thirsty is...
 - a) Decreased
 - b) Increased
 - c) The same
 - d) Depends on medical condition
- 5 Is food more important than fluids for older people in care homes?
 - a) Yes
 - b) No
 - c) I don't know
- 6 Which of the following conditions could be caused by dehydration?
 - Urinary incontinence
 - Urinary tract infection (UTI)
 - Falls
 - Kidney failure
- 7 Which of the following could be signs of dehydration?
 - Drug toxicity
 - Hospital admission
 - Confusion
 - Constipation
- 8 Which of the following are good sources of fluid?
 - Strawberries
 - Orange juice
 - Ice cream
 - Custard
 - Yoghurt
 - Fizzy drinks
 - Coffee
 - Beer
 - Jelly
 - Celery
 - Tinned fruit
 - Porridge
- 9 Which older people in care homes are at the highest risk of dehydration?
 - a) Those with dementia
 - b) Totally dependent on carers
 - c) Partially dependent on carers
 - d) All residents are at risk
- 10 For which condition is it appropriate to restrict a person's fluid intake?
 - a) Incontinence
 - b) Dysphagia (swallowing difficulties)
 - c) Heart failure
 - d) Urinary tract infection (UTI)

Test your hydration knowledge: answers and discussion points

1. Correct answer is: d (1500ml)

The absolute minimum recommendation that appears in literature is 1500ml each day – this is approximately 8 to 10 glasses of fluid. Although some authorities recommend this amount to be higher.

2. Correct answer is: a (size of the person)

The larger the person the more fluid they need to consume. The other factors (age, gender, how much a person eats) can influence how much fluid people consume but they do not play an important role in determining how much fluid they should consume.

3. Correct answers are: kidneys are less efficient, and they have less muscle in their body

As we age our kidneys become less efficient meaning we lose more fluids through urine. We also lose muscle mass, where much of the water in our bodies is stored. The other factors (e.g. incontinence, don't like drinking water, sleeping and dementia) can prevent some residents from drinking sufficient amounts but these do not necessarily concern all older people.

4. Correct answer is: a (decreased)

Evidence shows that older people do not feel thirst as much as younger people, even when they are dehydrated. Some medical conditions (e.g. Alzheimer's disease) may also make this worse. Therefore it is important to offer older people drinks frequently as they are less likely to request a drink as they do not necessarily feel thirsty.

5. Correct answer is: b (no)

The human body can survive much longer without food than without fluids. Evidence also suggests that increasing fluid intakes may help people eat more.

6. Correct answers are: all

All these conditions have been linked to dehydration. If any of these occur, they may signal that a person is dehydrated.

7. Correct answers are: all

All these signs indicate that a person may be dehydrated. However, the absence of these signs does not guarantee that the resident is well-hydrated.

8. Correct answers are: all

All these can be used to increase fluid intake in residents. Fluid rich foods are a great way to encourage residents to consume more fluids. Even alcohol, if drunk in moderation, contributes to fluid intake. Research also tells us that there is no dehydrating effect of caffeine unless it is consumed at very high doses (400mg or more per day), this is about 16 cups of tea or 4 cups of coffee.

9. Correct answer is: d (all residents are at risk)

Our observations showed that even residents who can drink independently without assistance or prompting often do not consume enough fluids. Sufficient fluids, tailored to individual preferences, should be offered to all residents.

10. Correct answer is: c (heart failure)

Only a doctor can make a decision to restrict a resident's fluid consumption. Residents' fluid intake is usually restricted because of kidney or heart failure. Some conditions (e.g. UTI or incontinence) can actually be triggered or made worse by restricting fluids.

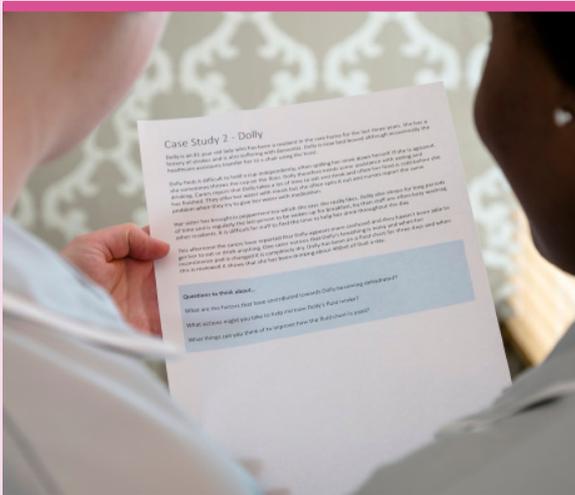
Exercise 3

Case Studies

Why use case studies?

The aim of using case studies is to allow staff to see how the complexities of real life influence decision making and consider how they might apply skills and manage a situation in their everyday work environment.

The two case studies provided here focus on residents in a care home who have become dehydrated. Their stories include common barriers to optimal hydration that can occur in the care home setting. At various points in the story, care home staff can identify where they could intervene to avoid the resident becoming dehydrated.



TRY IT YOURSELF!

You will need:

- Copies of a case study (see the next two pages for examples you can use).
 - Flip-chart and pen.
1. Bring together a group of staff and ask them to work in small groups of 3 or 4.
 2. Give them 15 minutes to read the case study and discuss the accompanying questions.
 3. Discuss the answers each group came up with.
 4. The facilitator can use a flip-chart to write down the answers. This can help to summarise the discussion, reflect what participants think and help to clarify any actions they could take.

Questions to ask staff following the case study activity:

- Thinking about the residents in your care home do you recognise any residents, either current or previous, with similar problems?
- Can you identify any other reasons the residents in your home may not drink enough?
- What can you do if you notice a resident is not drinking sufficient fluids?
- Are there any things you might do differently when you return to your workplace after thinking about what actions can be taken to avoid dehydration?

Case Study 1

Charles

Charles is a 73 year old gentleman who has been in your care home for three months. Charles has a diagnosis of dementia but he is able to eat and drink independently. He is not fussy and will drink anything that is put in front of him, although he really likes tea and apple juice. He doesn't talk much but when asked, he is able to express what he wants to drink.

Charles spends much of the day sitting in his armchair; his medication makes him sleepy so he often falls asleep in front of his meal. Because he is often drowsy, it can take him a long time to eat his meal. Sometimes, by the time he has finished his main course, the trays have been taken back to the kitchen and it is too late for him to have a dessert. Residents are usually given a tea or coffee following their meal, but Charles doesn't always get offered any because he is still

eating. The carers are then busy with other tasks and can often forget to check on him when he is finished.

The carer who does the drinks round in the afternoon doesn't like to disturb him if he is sleeping so he sometimes doesn't get a tea or coffee at this time either. At the times when he is given a drink, he doesn't always get to finish it before he falls asleep again and the drink is taken away.

Today the carer looking after Charles observes that he seems to be more lethargic than usual and a little confused. She's worried that something seems to be wrong with him and informs the nurse in charge that he appears a little 'off'. The nurse reviews the nursing notes; the records indicate that he has been constipated for the past three days and yesterday's entry indicated he had 'strong and smelly urine'.



Questions to think about...

- Do you think Charles might be dehydrated? Why do you think this?
- What are the factors that have contributed towards Charles becoming dehydrated?
- What actions might you take to help increase Charles's fluid intake?
- How could the problem of Charles not drinking enough have been picked up earlier?

Case Study 2

Dolly

Dolly is an 81 year old lady who has been a resident in the care home for the last three years. She has a history of strokes and is diagnosed with dementia. Dolly is now bed-bound although occasionally the care staff transfer her to a chair using the hoist.

Dolly finds it difficult to hold a cup independently, often spilling her drink down herself. If she is agitated, she sometimes throws the cup on the floor. Dolly therefore needs some assistance with eating and drinking. Carers report that Dolly takes a lot of time to eat and drink and often her food is cold before she has finished. They offer her water with meals but she often spits it out and nurses report the same problem when they try to give her water with medication.

Her daughter has brought in peppermint tea which she says Dolly really likes. Dolly also sleeps for long periods of time and is regularly the last person to be woken up for breakfast, by which time staff are often busy washing other residents. It is difficult for staff to find the time to help her drink throughout the day.

This afternoon the carers have reported that Dolly appears more confused and they haven't been able to get her to eat or drink anything. One carer notices that Dolly's breathing is noisy and when her incontinence pad is changed it is completely dry. Dolly has been on a fluid chart for three days and when this is reviewed it shows that she has been drinking about 400ml of fluid a day.

Questions to think about...

- Do you think Dolly might be dehydrated? Why do you think this?
- What are the factors that have contributed towards Dolly becoming dehydrated?
- What actions might you take to help increase Dolly's fluid intake?
- What things can you think of which could improve how the fluid chart is used?



Exercise 4

Fluid Thickeners

What did this section of training aim to do?

The aim of this section was to raise awareness of dysphagia (swallowing difficulties) and teach care staff practical skills in preparing thickened fluids to the differing levels of consistency. It also encouraged care staff to think about the experience of residents who are prescribed thickened fluids through taste testing different thickened drinks.

One important message was that fluid thickener is a prescribed item and should only be used for residents with a prescription. The thickened drinks must be prepared to the consistency recommended for each individual resident.

TRY IT YOURSELF!

You will need:

- Fluid thickener (use both starch-based and gum-based thickener if these are used in your home).
- Different types of fluids (e.g. coffee, water, orange juice, squash, sparkling water).
- Cups, forks and teaspoons.
- Thickened fluids poster (see *Appendix 9*).

1. Bring together a small group of staff and ask them to prepare thickened fluids in pairs to the differing levels of consistency. Use the poster for guidance (see *Appendix 9*).
2. Ask staff to taste the different thickened fluids.
3. Use the questions/discussion points below to facilitate conversation about fluid thickeners and dysphagia. You can refer back to *page 19* for guidance.

Questions/discussion points

Ask care staff about tasting the thickened drinks:

- How do the thickened fluids taste?
- Did you expect them to taste like this?
- Do you think some thickened drinks taste nicer than others?
- Do you think the amount of thickener used affects the taste of the drink?
- How does it feel to drink the thickened fluids?

Ask care staff about dysphagia:

- Why do some people need thickened fluids?
- What can happen when people with dysphagia consume fluids of normal consistency?
- Do you know about any other simple strategies which could help residents with swallowing difficulties?

Training huddles

What are training huddles?

During the I-Hydrate project short training huddles were introduced. Huddles aim to bring the team of care staff together to receive short bursts of training. These were 10 to 15 minute periods where one aspect of care would be discussed with the whole care team on shift. This approach reinforces formal training sessions and, by involving all staff, helps to encourage changes to practice.

The huddles can be focused on some of the key areas covered in the training session. They are also useful during PDSA cycles as they can be used to ensure all staff are aware of the proposed change in practice to be tested.

TRY IT YOURSELF!

You will need to:

1. Plan what topic you want to discuss with the care team.
2. Bring together all staff on shift for 10 to 15 minutes, decide when it is best to do this e.g. shortly after morning handover or in the afternoon after lunch breaks.
3. Cover a topic relevant to everyday practice (see below for some examples).
4. You could take an interactive approach e.g. asking staff to complete the hydration quiz or arranging a short role modelling activity from the Registered Nurse or Occupational Therapist.

Possible topics for huddles

Ensuring residents receive their preferred drinks

- Staff need to ask residents what they would like to drink. Discuss the full range of drinks available and how preference can change over time, or vary across the day.
- Remind staff that there is no need to restrict any type of fluid (e.g. coffee, fruit juices) unless medically indicated. Ensuring residents are drinking sufficient amounts is of most importance.

Raising awareness of the risk of dehydration in care home residents

- Discuss the signs and symptoms of dehydration and what staff can do to help residents avoid dehydration.
- Raise awareness of the importance of accurate documentation and monitoring fluids, ensuring staff know how to communicate inadequate fluid intakes to senior staff and what actions should then be taken.

Test hydration knowledge

- The hydration quiz provided on *page 48* aims to raise awareness of some common hydration issues in older people and to bust myths related to what fluids are 'good' to drink.

Role modelling

What is role modelling?

Role modelling allows senior staff demonstrate important skills and behaviour to junior staff with the aim of helping them learn and improve the care they provide. Junior staff can then emulate these care activities and behaviours and have the opportunity to receive feedback and ask any questions they may have. If senior staff regularly role model behaviour this helps to create an environment that is open to learning and improving care.

TRY IT YOURSELF!

You will need to:

1. Plan what care activity you want to demonstrate to staff, either on a one-to-one basis or in a small group. This should be something that is relevant to their everyday practice.
2. Allow time for discussion, questions and reflection on the experience.
3. Think about where you will undertake the activity. The aim is to increase staff confidence and competence without staff feeling undermined or humiliated.

Possible activities for role modelling

Supporting residents to make choices

- Discuss the importance of communication in supporting residents to make everyday decisions in accordance with the Mental Capacity Act.
- Demonstrate how to support and encourage residents to choose a drink using the Drinks Menu.
- Show how to support residents with dementia to make a choice of drink, or to make a choice in the residents' best interests if they are unable to make a decision.

Dysphagia awareness

- Discuss how to best position residents with dysphagia to eat and drink.
- Practice preparing fluids to the different levels of thickness and invite staff to taste different thickened fluids.

Positioning residents

- Show staff how to position bed-bound residents so they can eat and drink safely.

Useful resources

Hydration in care homes

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

<http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs#guidance>

The International Dysphagia Diet Standardisation Initiative (IDDSI)

<https://www.iddsi.org/>

Quality Improvement

The Handbook of Quality and Service Improvement Tools

[http://www.miltonkeynesccg.nhs.uk/resources/uploads/files/NHS % 20III % 20 Handbook % 20serviceimprove.pdf](http://www.miltonkeynesccg.nhs.uk/resources/uploads/files/NHS%20III%20Handbook%20serviceimprove.pdf)

Plan, Do, Study, Act (PDSA) cycles and the model for improvement

<https://improvement.nhs.uk/resources/pdsa-cycles/>

Quality improvement made simple

<http://www.health.org.uk/publication/quality-improvement-made-simple>

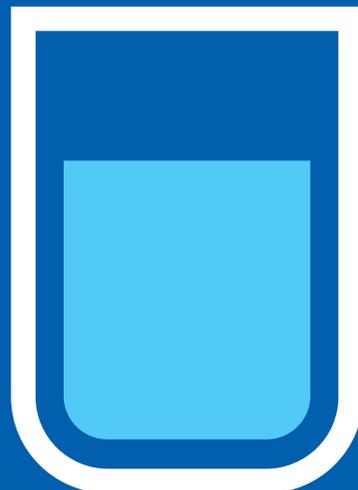
How to change practice

<https://www.nice.org.uk/media/default/about/what-we-do/into-practice/support-for-service-improvement-and-audit/how-to-change-practice-barriers-to-change.pdf>

Appendices:

1. Data collection forms
2. Resident fluid preferences
3. Plan-Do-Study-Act planning tool
4. Drinks Menu
5. Staff allocation sheet for Protected Drinks Time
6. Mealtime Guide information poster and template
7. Drinking vessel testing sheet
8. Posters to promote hydration and drinking opportunities
9. Thickened fluids poster

Note: You can find full-size copies of these documents for download at:
<https://www.uwl.ac.uk/i-hydrate>



1. Data collection forms

You can use these two forms to find out how hydration care is actually delivered in your home. This can then help you to decide where you could increase opportunities for all residents to drink.

Form A:

This form enables you to capture information about when and where residents are served drinks, and the kind of assistance they are provided with.

Form B:

This form will enable you to see for individual residents what fluids are given and consumed over a defined period of time.

Form B: Hydration care audit sheet

Date:	Home/Unit:	Start time/Stop time:	Rooms/Communal area:
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Individual observations

Whilst conducting general observations you can select 1 to 3 residents to record more detailed information. Recording this data captures how much fluid they are provided with and how much they consume, this allows you to see if residents are likely to be at risk of dehydration.

Resident 1: Independent Needs prompting Needs assistance

Time fluid served	Type of drink or fluid rich food	Amount served (approx. ml)	Amount consumed (approx. ml)	Served by? (e.g. HCA/visitor)	Amount of fluid documented in notes? (ml)
Total (ml):					

Resident 2: Independent Needs prompting Needs assistance

Time fluid served	Type of drink or fluid rich food	Amount served (approx. ml)	Amount consumed (approx. ml)	Served by? (e.g. HCA/visitor)	Amount of fluid documented in notes? (ml)
Total (ml):					

Resident 3: Independent Needs prompting Needs assistance

Time fluid served	Type of drink or fluid rich food	Amount served (approx. ml)	Amount consumed (approx. ml)	Served by? (e.g. HCA/visitor)	Amount of fluid documented in notes? (ml)
Total (ml):					

2. Resident fluid preferences

Questions to ask the resident (<i>or the resident's family/friends</i>)	
Name of resident:	
What times of the day do you like to have a drink?	
What do you usually like to drink?	
Are there any types of drinks that you don't enjoy?	
Do you like different drinks at different times of the day e.g. with meals or in the evening?	
Would you prefer your drinks to be served before, with and/or after a meal? What types of drinks do you prefer at these times?	
Do you like your drinks in a certain type of glass or cup e.g. a beaker or your own mug?	
Do you like any foods that are rich in fluid e.g. yoghurt, ice cream, fruit, jelly, custard?	
Have your drinking habits changed since you came to the home e.g. the type of drinks you have, the times you have a drink, how many drinks you have in a day?	
Are you worried about drinking too much e.g. because you feel you might not be able to get to the toilet on time?	

3. Plan-Do-Study-Act planning tool

Plan-Do-Study-Act planning tool

PDSA title: _____
 New PDSA Linked to a previous PDSA (title: _____)

Plan:

What are we going to do?	Person responsible	When to be done?	Where to be done?	For how long?

What prompted this change?

Who are we going to involve?
 Staff? If yes, who? _____
 Residents? If yes, who? _____
 Anybody else? If yes, who? _____

How long will the change be tested for?

How will the impact of the change be measured?
 Routinely collected measures: _____
 One-off measures: _____
 Staff feedback: _____
 Resident feedback: _____
 Other: _____

Predict what will happen when the change is carried out

What will improve?	What could go wrong?

Who will assess what happened?	Date/time to assess this

What preparation is needed before the change is tested:	Person responsible	When to be done?	Where to be done?	How long?

Date/time of the meeting to review this PDSA: _____

Do:

Date of the test: _____ Did the test go as planned? Yes No

Describe what happened	
Report on collected measures	Did anything else happen?

Study:

Describe how the results compared with prediction	How did this compare to previous cycle (if applicable)?
What was learnt?	How could this be done better?

Act:

What is the next step?		
<input type="checkbox"/> Adapt/develop this PDSA	<input type="checkbox"/> Test this PDSA for longer	<input type="checkbox"/> Test this PDSA on more people
<input type="checkbox"/> Introduce this as daily routine	<input type="checkbox"/> Stop this PDSA	<input type="checkbox"/> Other: _____
Describe what will happen next		

4. Drinks Menu Posters

Cold Drinks Menu



Orange juice



Cranberry juice



Apple juice



Pineapple juice



Mango juice



Fruit squash



Milk



Water



Smoothie



Hot Drinks Menu



Tea



Coffee



Horlicks



Ovaltine



Hot chocolate



Warm milk

5. Staff allocation sheet for Protected Drinks Time

Aims:

- Drinks are served from a trolley to enable residents to choose from a variety of drinks.
- Residents are offered a hot and a cold drink from the Drinks Menu.
- Ensure every resident chooses and drinks at least one drink.
- Residents are supported and encouraged to drink.
- Drink refills are offered.

Date:		
Allocation	Role	Name
HCA 1	In charge of drinks trolley	
HCA 2	Assisting with drinks trolley	
HCA 3	Remains with residents in the lounge/dining room	
HCA 4	Answering bells and assisting with drinks trolley	

HCA 1 – you will be in charge of the drinks trolley. Make sure it has copies of the Drinks Menu, all drinks stocked and enough cups for residents to have two drinks each.

HCA 2 – you will work with HCA 1 to serve drinks and assist residents to drink. Remember to offer drink refills to residents.

HCA 3 – you will remain in the lounge/dining room where you can encourage all residents to drink and assist residents who need help to drink. You can also take a drink from the trolley for yourself and drink with the residents. Remember to offer drink refills to residents.

HCA 4 – you will be available to answer resident bells when needed. You will assist the staff on the drinks trolley, helping to assist residents to drink and offering drink refills to residents.

Note: For larger homes you might want to consider using more than one drinks trolley and allocating staff to each trolley.

6. Mealtime Guide information poster and templates

Mealtime Guides

What are Mealtime Guides?

Mealtime Guides aim to help staff to quickly check residents' assistance needs and their preferences for food and drink.

The guides are colour coded:

This indicates that the resident does not need assistance to eat or drink.

Mealtime Guide		Photo of Resident here
Name: MARIE		
Room: 16		
 Diet - Diabetic	 Cup preferences - Standard mugs and glasses	
 Allergies - Gluten (Celiac)	 I usually prefer... - Milky tea, no sugar - Fresh juice (all types) - Soup - Custard	
 Assistance needed - I am able to eat and drink independently - I especially like lots of tea	 I tend not to prefer... - Yoghurt	

This indicates that the resident needs some assistance, prompting or encouragement to eat or drink.

Mealtime Guide		Photo of Resident here
Name: TIMOTHY		
Room: 24		
 Diet - Normal diet and fluids	 Cup preferences - Lightweight mug for hot drink - Plastic cup for cold drinks	
 Allergies - None known	 I usually prefer... - Tea, milk, one sugar - Coffee, black - Mango juice - Cranberry juice - Orange juice	
 Assistance needed - I like someone to sit and talk to me when I have a drink - it makes me calm and stops me pouring my drink on the floor - I eat and drink better if I am not in bed	 I tend not to prefer... - Water - Squash	

This indicates that the resident needs assistance to eat or drink.

Mealtime Guide		Photo of Resident here
Name: JEAN		
Room: 12		
 Diet - Puréed diet, Stage 2 thickened fluids	 Cup preferences - My own two-handed beaker	
 Allergies - None known	 I usually prefer... - Tea, milk, no sugar - Mango juice - Puréed fruit	
 Assistance needed - I need full assistance to eat and drink. Please explain that you are here with my food so I know it is a mealtime.	 I tend not to prefer... - Fizzy drinks	

Mealtime Guide

Name: MARIE

Room: 16

Photo of
Resident
here



Diet
- Diabetic



Cup preferences
- Standard mugs and glasses



Allergies
- Gluten (Celliac)



I usually prefer...
- Milky tea, no sugar
- Fresh juice (all types)
- Soup
- Custard



Assistance needed
- I am able to eat and drink independently

- I especially like lots of tea



I tend not to prefer...
- Yoghurt

A little bit about me

I enjoy...

being around other people, sitting in the garden and visits from my family.

I used to work as...

a shop owner.

Mealtime Guide

Name: TIMOTHY

Room: 24

Photo of
Resident
here



Diet

- Normal diet and fluids



Allergies

- None known



Assistance needed

- I like someone to sit and talk to me when I have a drink - it makes me calm and stops me pouring my drink on the floor

- I eat and drink better if I am not in bed



Cup preferences

- Lightweight mug for hot drink
- Plastic cup for cold drinks



I usually prefer...

- Tea, milk, one sugar
- Coffee, black
- Mango juice
- Cranberry juice
- Orange juice



I tend not to prefer...

- Water
- Squash

A little bit about me

I enjoy...

listening to the radio, a nice cup of tea and visits from my friends.

I used to work as...

a legal advisor.

Mealtime Guide

Name: JEAN

Room: 12

Photo of
Resident
here



Diet

- Pureed diet, Stage 2
thickened fluids



Cup preferences

- My own two-handed
beaker



Allergies

- None known



I usually prefer...

- Tea, milk, no sugar
- Mango juice
- Pureed fruit



Assistance needed

- I need full assistance
to eat and drink. Please
explain that you are here
with my food so I know it is a
mealtime.



I tend not to prefer...

- Fizzy drinks

A little bit about me

I enjoy...

watching films and attending activities in the home.

I used to work as...

a primary school teacher.

8. Posters to promote hydration and drinking opportunities

Opportunities for offering drinks

For residents to drink **at least 1500ml a day** drinks need to be offered frequently.



6 – 8am
Early Morning

Offer a hot and/or cold drink

8 – 10.30am
Breakfast

Offer a hot and cold drink
Remember to offer drink refills

10.30 – 12pm
Mid-morning

Offer a hot and cold drink

12 – 3pm
Lunchtime

Offer a hot and cold drink with lunch
Offer fluid-rich desserts (e.g. custard)

3 - 5pm
Mid-afternoon

Protected Drinks Time
Serve residents a hot and cold drink

5 – 7pm
Dinnertime

Offer a hot and cold drink with dinner
Offer fluid-rich desserts (e.g. ice cream)



7 – 10pm
Evening

Offer a drink before the resident is too tired or sleepy

Remember to offer refills of drinks throughout the day

Helping to hydrate older people

The minimum amount every adult should drink is 1500ml per day. This is around 8-10 glasses or cups.

Many older people do not realise that they are thirsty, and may need to be encouraged or assisted to drink. This means:

- Waking residents up, or reminding them to drink
- Offering residents a suitable cup
- Positioning residents so they are able to drink comfortably
- Holding the cup for someone or putting the cup into their hands



Everyone has their own drinks preferences

- Ask residents what they would like to drink
- Use a Drinks Menu to provide choice
- Offer both a hot and cold drink
- Offer drinks regularly throughout the day

Cold Drinks Menu



Hot Drinks Menu



Some foods are also a good source of fluid such as:

Custard, gravy, ice cream, jelly, cream, fruit, yoghurt, porridge, soup



9. Thickened fluids poster

Making thickened fluids

Level of thickened fluid	Description	
Level 2 Mildly Thick	Stage 1: 'Syrup' <ul style="list-style-type: none"> Easily pourable Similar consistency to single cream, thin syrup Can be drunk from a cup 	Leaves a thin coating on the back of a fork 
Level 3 Moderately Thick	Stage 2: 'Custard' <ul style="list-style-type: none"> Slightly thicker, drizzles when poured Similar consistency to honey Can be drunk from a cup 	Leaves a thick coating on the back of a fork 
Level 4 Extremely Thick	Stage 3: ' pudding' <ul style="list-style-type: none"> Not pourable Similar consistency to yogurt Needs to be taken with a spoon 	Holds its shape on a fork 

Things to remember:

1. Always check the level of thickener which each resident requires
2. Add flavour (e.g. fruit juice, squash) as plain water often tastes unpalatable
3. Ensure the resident is in an upright and comfortable position to drink safely
4. Give residents plenty of time to eat and drink so they are not rushed
5. Check the resident has swallowed before offering more food or fluid
6. Always inform senior staff if you notice a change in a resident's swallow

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