Healthy hydration for older people: resources pack
Resource Pack Index

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

These include:

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

July 2017

Acknowledgement: This resource pack has been updated from the original version developed by N East Hants and Farnham CCG in May 2014, and subsequently by KSS AHSN in May 2016.
1. Hydration Briefing

Overview

"Hydrate in Care Homes" is a project which was initially developed by North East Hampshire and Farnham Clinical Commissioning Group. It was further extended by Kent, Surrey and Sussex Academic Health Science Network, who ran a successful 6 month pilot with 4 CCGs (inc. Guildford & Waverley) in 2016. It is now being rolled out by Guildford & Waverley CCG. It aims to improve hydration amongst people living in residential and nursing homes.

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

Hydrate’s Charter

“HYDRATE in Care Homes” team has asked all care homes to sign up a 10 point Hydrate Charter.

This includes:

1. Improving hydration awareness for staff and residents.

2. Encourage optimum hydration though the use of individual drinking regimes to meet the hydration needs of all residents.

3. Ensure there is access to clean drinking water and hot drinks 24 hours a day.

4. Reassure residents that prompt assistance with all toilet needs will be provided.

5. Provide agreed data to the Improvement Practitioner to demonstrate the impact of the project

In order for the care homes to sign up to the Charter they will need to have:

- A hydration policy which can be updated to fulfill the latest best practice
- At least two nominated members of staff to become hydration champions.
- Details on provision of easy regular access to water and other drinks in their care home setting.
Who is Hydrate in Care Homes is aimed at?

All staff and residents in residential and nursing homes. The aim is to train a minimum of 2 Staff members per care home. These Hydration Champions will then cascade best practice and implement improvements across their individual care setting.

Project Benefits

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

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

<table>
<thead>
<tr>
<th>Hydrate in Care Homes Charter</th>
<th>Achieved</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appoint and facilitate the training of a minimum of 2 Hydration Champions. Ensure champions are permanently in post and support them as they drive to consistently improve best practice in your Care Home</td>
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<tr>
<td>• Use your IP to appoint and re-train new champions should existing staff members leave their post</td>
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<tr>
<td>2. Provide opportunities for Hydration Champions to cascade learning’s and maximise awareness amongst staff members &amp; residents alike</td>
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<tr>
<td>• Use handovers, team meetings, inductions and staff observations as opportunities to share best practice</td>
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<tr>
<td>3. Include a Hydration Status/Risk Assessment in every resident Care Plan and update this at regular intervals</td>
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<tr>
<td>• Ensure all staff are aware of resident preferences and needs including whether physical support or encouragement is required with drinking</td>
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<tr>
<td>4. Establish a Hydration Policy for your Care Home with attached practical &amp; easy to comprehend guide to best practice</td>
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<tr>
<td>5. Ensure staff provide reassurance and prompt support regarding the toileting needs of all residents</td>
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<tr>
<td>6. Provide residents and staff with 24/7 access to a varied range of hot and cold drinks and create a culture where staff feel able to drink alongside residents</td>
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<tr>
<td>7. Review presentation, range, receptacles and timings of any drinks on offer. Maximise variety and frequency of drinks rounds.</td>
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<tr>
<td>• Not forgetting the inclusion of hydrating foods</td>
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<tr>
<td>8. Create a rolling activities plan, building hydration opportunities into all daily &amp; social activities</td>
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<tr>
<td>• Remember the activity itself can involve hydration (e.g. residents making fruit kebabs, shot bingo etc.) or if residents are less inclined/unable to physically partake in activities, a more passive activity (e.g. listening to music, watching slide shows) can provide an additional opportunity to hydrate residents with food or drinks (remember when residents are relaxed/in a social setting they are more likely to drink.)</td>
<td></td>
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<tr>
<td>9. Maximise opportunities for residents to hydrate within daily duties &amp; checks; creating up to 10 opportunities for residents to hydrate per day</td>
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<tr>
<td>• Outside of set drinks rounds, consider every touch point with a resident as an opportunity to offer food or drink and ensure ALL staff are trained in accordance with this.</td>
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<tr>
<td>10. Monitor and record results and feedback monthly data to Hydration Improvement Practitioner</td>
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</table>
Definition of optimum hydration

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

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

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

The Nursing and Midwifery council 2015-Revised Code for Professional Standards of Practice and Behaviour for nurses and midwives.

Prioritise People

Section 1: Treat people as individuals and uphold their dignity

To achieve this, you must:

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

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

For full details please visit: www.nmc.org.uk/standards

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

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

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

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

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or a person using the service is exposed to significant risk of harm. In these instances, CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other regulatory action.
CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

4. Social Care Institute for Excellence

Dignity in Care

Hydration Recommendations

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

Dignity in Care - Key Points from Research

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

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

1. Availability, visibility and reminders were some of the key factors to drinking more water.
2. After a regime was introduced and a water cooler installed, anecdotal evidence from one home reported: a 50 per cent reduction in falls; a greater than 50 per cent reduction in the number of residents taking laxatives; and a decrease in GP call-outs and urinary infections.

3. There were language barriers for some staff, with 50 per cent not having English as a first language.

4. Hydration does not feature as a specific training topic in its own right.

5. Residents' fear of increased toilet trips was the main barrier to drinking more water (the report states: ‘Once the bladder had adjusted and was able to hold more volume, toilet trips soon settled down to pre-trial levels.’)

6. Peer-to-peer learning, rather than formal training, plays a large role in the knowledge and working habits of staff.

7. Knowledgeable and committed managers generate positive results.

8. Visual and mental impairments were a problem for many residents, with a high dependency on care staff to instigate water intake.

9. Staff said they would like promotional materials for themselves, residents, and their families, to remind them of the importance of hydration.

10. The ability to spread and share good practice was seen as very important.
5. Staff: What you need to know about hydration

How much to HYDRATE?

Fluid requirements are very individual, impacted by a variety of factors including but not limited to:
- Body size
- Health
- Environment

As a general rule of thumb we need a minimum of 2 litres a day
Aim for 6-8 glasses of fluid per day
(In reality this can be very challenging so aim for optimal hydration-the best intake you can encourage and assist a resident to achieve even if it is not 6-8 drinks/day.)

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

Traditional signs and symptoms of Dehydration

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

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

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

Other things to note

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

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

Get creative to improve hydration

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

Get creative with drinks:
- Fizzy vs flat water
- Ice cubes and straws
- Add flavouring for taste and colour
- Use a variety of drinking vessels and glasses
Tying together with MUST:
It is possible you will identify a resident as both at risk of dehydration and malnutrition. For these residents it is important to encourage them with 'nourishing fluids' which provide both fluid and extra calories. Examples of these include:
- glass of milk, (full fat)
- hot chocolate and Horlicks
- milkshakes and fruit smoothies
- tea's and coffee with plenty of milk and sugar
- prescribed supplements

Troubleshooting

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

It can take time to establish a new routine but be sure to encourage every sip - it all adds up to increasing fluid intake.

When a fluid intake chart is used, it is meaningless if the data is inaccurate and could give the impression of better hydration than is actually being achieved. Sometimes using a chart for a short period of time when there is concern rather than routinely, can be more effective.

When to start a fluid intake chart

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

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

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

Tips from the previous HYDRATE project care homes:

- It is often more effective to offer a drink rather than ask if the resident would like one.
- Encourage the residents to drink a full cup of water/ squash at medication rounds.
- Educate staff in their choice of language e.g. not ‘would you like’ instead ‘I have made you’.
- Introduce extra drink rounds between breakfast and lunch, and between lunch and supper as a social drinking activity on top of the usual rounds.
- Consider a hydration risk assessment for all residents and highlight their level of risk in the front of care plans. NB: Some residents may be high risk because of the physical support they require with drinking, though others may be high risk due to the level of encouragement they require to drink.
6. Care Home Managers: Top Tips for Good Hydration

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

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

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

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

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

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

**Address fears about extra toilet trips and reassure residents that this is not a problem**
This is often more a perception than reality. Expect one or two extra trips a day at the start of a regime. It settles to a normal and/or regular pattern. Residents should be assured that visiting the toilet more is not a problem to staff.

**Make your regime and the importance of good hydration part of staff induction and on-going training**
Share knowledge with colleagues and make sure any health benefits are noted and promoted. Use the materials in this pack or develop your own. Ensure your hydration policy reflects best practice.

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

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

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

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

Positive Influences

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

Negative Influences

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

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

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

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

Remember food can also contribute valuable fluids.

Examples of high fluid content foods include:

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

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

**Themes for each week day**

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

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

<table>
<thead>
<tr>
<th>Peach Passion Smoothie</th>
<th>Mulled Apple Juice</th>
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<tbody>
<tr>
<td><strong>Ingredients:</strong></td>
<td>15oz sliced peaches, 4 scoops of vanilla ice cream, half a cup of orange juice and a small dash of milk</td>
</tr>
<tr>
<td><strong>Method:</strong> Use a blender and whizz until smooth</td>
<td>1 litre of apple juice, strips of orange peel, one cinnamon stick and 3 cloves</td>
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<td></td>
<td><strong>Method:</strong> Simmer ingredients for 5-10 minutes. Remove cinnamon stick, cloves and orange peel. Sweeten with honey or sugar and serve hot.</td>
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<table>
<thead>
<tr>
<th>Chocolate Cocktail</th>
<th>Tangy Tomato</th>
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<tbody>
<tr>
<td><strong>Ingredients:</strong></td>
<td>210ml of milk in a pan, one 150g chocolate bar 75ml of vanilla syrup and ice.</td>
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<tr>
<td><strong>Method:</strong> Add the milk and chocolate to the pan and melt through. Allow the chocolate and milk mixture to cool in a bowl in the fridge for 1 hour. Before serving add the vanilla syrup. Serve over ice. For variety you can try this recipe with a few drops of peppermint essence.</td>
<td><strong>Ingredients:</strong> 3 cups of tomato juice, 2 tablespoons lemon juice, 2 teaspoons horseradish sauce, 2 teaspoons Worcestershire sauce. <strong>Method:</strong> Mix the ingredients well and serve over ice. Garnish with celery. If residents would like their drink with a fiery kick, they can add a drop or two of tobasco sauce to heat things up!</td>
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# 9. Hydration Policy Checklist

Suggested Checklist from Staffordshire.gov

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

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

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

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

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

Procedure

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

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

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

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

The importance of good hydration will be actively promoted to residents and their families and visitors. Partnership working will be encouraged with residents, their families and visitors to optimize good hydration.
All new residents will have a nutritional assessment conducted on admission, which will include an assessment of their hydration needs and this will be reviewed monthly or more frequently as required.

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

Any new resident with special nutritional needs identified during assessment will be, with their agreement, referred to an appropriate specialist service.

Each resident will be asked for their individual food and drink preferences as well as their cultural, religious or health needs and these will be taken into account when planning menus and when making drinks available.

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

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

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

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

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

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

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

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

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

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

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

Training

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

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

<table>
<thead>
<tr>
<th>Early Drink</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
<td>Tea or juice</td>
</tr>
</tbody>
</table>

**Full glass of water given out with early morning medication**

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
<td>Cereals/porridge</td>
</tr>
<tr>
<td>Fruit juices</td>
<td>Fruit juices</td>
<td>Fruit juices</td>
<td>Fruit juices</td>
<td>Fruit juices</td>
<td>Fruit juices</td>
<td>Fruit juices</td>
</tr>
<tr>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
<td>Egg and Bacon</td>
</tr>
<tr>
<td>Toast or Bread</td>
<td>Toast or Bread</td>
<td>Toast or Bread</td>
<td>Toast or Bread</td>
<td>Toast or Bread</td>
<td>Toast or Bread</td>
<td>Toast or Bread</td>
</tr>
<tr>
<td>Preserves</td>
<td>Preserves</td>
<td>Preserves</td>
<td>Preserves</td>
<td>Preserves</td>
<td>Preserves</td>
<td>Preserves</td>
</tr>
<tr>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
</tr>
</tbody>
</table>

**Water and fruit squashes/cordials available throughout the morning in the residents lounge**

<table>
<thead>
<tr>
<th>Mid Morning</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
</table>

**Water and fruit squashes/cordials served with meal**

<table>
<thead>
<tr>
<th>Lunch</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pork/Vegetable casserole/Tuna and pasta bake</td>
<td>Pork/Vegetable casserole/Tuna and pasta bake</td>
<td>Pork/Vegetable casserole/Tuna and pasta bake</td>
<td>Pork/Vegetable casserole/Tuna and pasta bake</td>
<td>Pork/Vegetable casserole/Tuna and pasta bake</td>
<td>Pork/Vegetable casserole/Tuna and pasta bake</td>
<td>Pork/Vegetable casserole/Tuna and pasta bake</td>
</tr>
<tr>
<td>Creamed potatoes</td>
<td>Creamed potatoes</td>
<td>Creamed potatoes</td>
<td>Creamed potatoes</td>
<td>Creamed potatoes</td>
<td>Creamed potatoes</td>
<td>Creamed potatoes</td>
</tr>
<tr>
<td>Carrots/Peas</td>
<td>Carrots/Peas</td>
<td>Carrots/Peas</td>
<td>Carrots/Peas</td>
<td>Carrots/Peas</td>
<td>Carrots/Peas</td>
<td>Carrots/Peas</td>
</tr>
<tr>
<td>Lemon Meringue pie</td>
<td>Lemon Meringue pie</td>
<td>Lemon Meringue pie</td>
<td>Lemon Meringue pie</td>
<td>Lemon Meringue pie</td>
<td>Lemon Meringue pie</td>
<td>Lemon Meringue pie</td>
</tr>
<tr>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
<td>Tea or Coffee</td>
</tr>
</tbody>
</table>

**Water and fruit squashes/cordials available throughout the afternoon in the residents lounge**

<table>
<thead>
<tr>
<th>Mid-afternoon tea</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iced fancies</td>
<td>Iced fancies</td>
<td>Iced fancies</td>
<td>Iced fancies</td>
<td>Iced fancies</td>
<td>Iced fancies</td>
<td>Iced fancies</td>
</tr>
<tr>
<td>Fairy cake</td>
<td>Fairy cake</td>
<td>Fairy cake</td>
<td>Fairy cake</td>
<td>Fairy cake</td>
<td>Fairy cake</td>
<td>Fairy cake</td>
</tr>
<tr>
<td>Lemon Cake</td>
<td>Lemon Cake</td>
<td>Lemon Cake</td>
<td>Lemon Cake</td>
<td>Lemon Cake</td>
<td>Lemon Cake</td>
<td>Lemon Cake</td>
</tr>
<tr>
<td>Fruit Scone</td>
<td>Fruit Scone</td>
<td>Fruit Scone</td>
<td>Fruit Scone</td>
<td>Fruit Scone</td>
<td>Fruit Scone</td>
<td>Fruit Scone</td>
</tr>
<tr>
<td>Ginger cake</td>
<td>Ginger cake</td>
<td>Ginger cake</td>
<td>Ginger cake</td>
<td>Ginger cake</td>
<td>Ginger cake</td>
<td>Ginger cake</td>
</tr>
<tr>
<td>Banana cake</td>
<td>Banana cake</td>
<td>Banana cake</td>
<td>Banana cake</td>
<td>Banana cake</td>
<td>Banana cake</td>
<td>Banana cake</td>
</tr>
</tbody>
</table>

**Water and fruit squashes/cordials served with meal**

<table>
<thead>
<tr>
<th>Evening</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheese and tomato flan &amp; salad/ Sandwiches (salmon/egg)</td>
<td>Cheese and tomato flan &amp; salad/ Sandwiches (salmon/egg)</td>
<td>Cheese and tomato flan &amp; salad/ Sandwiches (salmon/egg)</td>
<td>Cheese and tomato flan &amp; salad/ Sandwiches (salmon/egg)</td>
<td>Cheese and tomato flan &amp; salad/ Sandwiches (salmon/egg)</td>
<td>Cheese and tomato flan &amp; salad/ Sandwiches (salmon/egg)</td>
<td>Cheese and tomato flan &amp; salad/ Sandwiches (salmon/egg)</td>
</tr>
<tr>
<td>Peaches &amp; cream</td>
<td>Peaches &amp; cream</td>
<td>Peaches &amp; cream</td>
<td>Peaches &amp; cream</td>
<td>Peaches &amp; cream</td>
<td>Peaches &amp; cream</td>
<td>Peaches &amp; cream</td>
</tr>
<tr>
<td>Tea or coffee</td>
<td>Tea or coffee</td>
<td>Tea or coffee</td>
<td>Tea or coffee</td>
<td>Tea or coffee</td>
<td>Tea or coffee</td>
<td>Tea or coffee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Late-evening</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milky drinks Biscuits</td>
<td>Milky drinks Biscuits</td>
<td>Milky drinks Biscuits</td>
<td>Milky drinks Biscuits</td>
<td>Milky drinks Biscuits</td>
<td>Milky drinks Biscuits</td>
<td>Milky drinks Biscuits</td>
</tr>
</tbody>
</table>
10. Promotional Material and Hydration Awareness Quiz

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

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

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

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

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

1. What is the chemical name for drinking water?
   a. H₂O
   b. C₁O
   c. He₃

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

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

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

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

6. For the price of one cup of coffee, how many litres of fresh drinking water can you get directly from your tap?
   a. 1 litre
   b. 10 litres
   c. 100 litres
   d. 1,000 litres (or more)
7. Which drink would be best to drink to protect your teeth and gums?
   a. Fizzy cola
   b. Coffee
   c. Water

8. How should you drink your daily water intake?
   a. All at once
   b. Little sips regularly
   c. Big mouthfuls

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

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

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

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

☐ You are clear about the benefits of improving water provision in your care home.

☐ You have clear strategy to promote water provision and consumption.

☐ You consulted and involved the rest of your team.

☐ You are clear about what you want your hydration strategy to achieve.

☐ You have a simple and clear code of conduct for providing water.

☐ You have decided how and where water will be provided.

☐ You have managed to make water available to able bodied residents and staff throughout the day.

☐ You have managed to make water available to less able bodied residents and staff throughout the day.

☐ You are actively encouraging consumption of water for residents.

☐ The residents are regularly informed about the health benefits of drinking more water.

☐ The residents have been consulted for their ideas on how water might be promoted and consumption increased.

☐ You have a procedure for recording whether residents drink enough.

Your strategy allows for increased promotion of water:

☐ In hot weather.

☐ When residents exercise.

☐ When residents are outside the care home, on trips or visits.

☐ You have established a system to ensure all the water facilities are cleaned (including cups, glasses and jugs).

☐ Residents can ask for and access toilet facilities when they need them.

☐ The toilet facilities are well maintained and regularly cleaned.

☐ You have planned how you will now monitor and evaluate the impact of improved water provision on residents.
How did you do?

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

Score

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

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

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

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

### Monthly Monitoring of Key Outcome Measures

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Home</th>
<th>Number of Beds</th>
<th>Number of falls</th>
<th>Number of falls that resulted in injury</th>
<th>Number of falls that resulted in fracture</th>
<th>Number of falls that resulted in fracture &amp; fall related injury</th>
<th>Number of falls that resulted in fracture, fall related injury &amp; death</th>
<th>Total number of falls</th>
<th>Number of falls that resulted in death</th>
<th>Number of fatalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-18</td>
<td></td>
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<tr>
<td>Feb-18</td>
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<tr>
<td>Mar-18</td>
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<td>Apr-18</td>
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<td>May-18</td>
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<tr>
<td>Jun-18</td>
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<td>Jul-18</td>
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<td>Aug-18</td>
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<tr>
<td>Sep-18</td>
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<td>Oct-18</td>
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<tr>
<td>Dec-18</td>
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</tbody>
</table>

**Note:** This template is used for recording key outcome measures in care homes. It helps in monitoring the number of falls, injuries, and fatalities to improve safety and care practices.
12. Innovative Approaches

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

Examples of different types of innovation:

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

Details of innovation

Date Started

What made the innovation successful?

How did you measure this success?

What difference has it made generally?

What influenced the development of this innovation?

Do you have any pictures to capture your innovation?

Please return this sheet to:
13. Useful Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address/Website</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisa Popplewell</td>
<td><a href="mailto:Louisa.Popplewell1@nhs.net">Louisa.Popplewell1@nhs.net</a></td>
<td>07880 458010</td>
</tr>
<tr>
<td>Hydration Improvement Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anna Larkham</td>
<td><a href="mailto:Anna.Larkham@nhs.net">Anna.Larkham@nhs.net</a></td>
<td>07824 547327</td>
</tr>
<tr>
<td>Lead Community Nutritional Management Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guildford &amp; Waverley CCG</td>
<td><a href="http://www.guildfordandwaverleyccg.nhs.uk">www.guildfordandwaverleyccg.nhs.uk</a></td>
<td>01483 405450</td>
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<tr>
<td>Surrey Information Point</td>
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<td>Health Surrey</td>
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<td></td>
</tr>
</tbody>
</table>
14. References

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

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

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

**Bournemouth University Eating and Drinking well; supporting people living with dementia** [https://www.youtube.com/watch?v=dYPTTibTO8&feature=youtu.be](https://www.youtube.com/watch?v=dYPTTibTO8&feature=youtu.be)
This video highlights to care home staff how to improve their practice and develop their knowledge and skills to provide better eating and drinking for people living with dementia.

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

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

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

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

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

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