



Water and Healthy Ageing Hydration Best Practice Toolkit for Care Homes

4 Frequently asked questions

Q1. After their lifelong experience of drinking tea and coffee rather than water, how can I get my residents to enjoy and ask for water?

A1. Of course it is a free choice if a resident will not consume water, but increasing consumption is often just a matter of good presentation of tap water, and carers can and should set the tone. Often residents will agree to make improved health choices if they are helped to understand the benefits. Have a look at the facts and tips included in this toolkit for ideas (*factsheet 9*). Do remember that one of the reasons for leading change is that nowhere in public health guidance will you find caffeinated, high-sugar soft drinks and fizzy drinks recommended.

Q2. How should I serve tap water to make it taste as good as possible?

A2. Taste tests have shown that tap water is enjoyed when it is served cool – not too cold, not warm – and that it must be fresh. If clear water is not enough and it's a question of adding a taste, simply adding a flavoured ice cube, a fresh sprig of mint or a slice of fruit will often lift the visual and taste sensation. Serving tap water through water coolers can make a feature of water provision, and it allows the water to be served chilled or at a regular temperature. Be cautious when offering squash or cordials. They are very useful when they are well diluted and fortified (i.e. with Vitamin C), and they can be provided sugar-free. However, avoid serving strong, high-sugar solutions – they can often become too strong before they are the required taste for a resident's palate.

Q3. What can I do if residents insist on drinking mostly hot drinks?

A3. That's fine as long as they are drinking plenty of appropriate fluids. For hot drinks, promoting hot water with pieces of fruit in it works well. If you feel you have to provide other drinks, avoid strong and caffeinated drinks and offer caffeine-free and low-sugar options instead. Quality of life is vital, so it is not a case of drinking water or drinking nothing, but it is important that residents, and indeed staff and visitors, have access to healthy options. At one tenth of a penny for each litre, tap water will also drastically cut your home's expenditure on less healthy drinks.

continued over>



Q4. Is tap water safe to drink?

A4. Yes. The UK mains tap water supply is totally safe to drink and of extremely high quality – one of the best in the world. In taste tests across the UK, people can rarely tell the difference between bottled water and tap water if they are served the same way (fresh and cool). Always make sure that the tap water you are serving is fresh from the mains and not from stored water tanks. If in doubt about the water quality in your building, always check with your local water company first.

Q5. Do I need to filter or treat my tap water before I serve it to drink?

A5. No. The tap water you receive is carefully monitored and tested and is supplied ready to drink straight from the tap. Sometimes filters will polish the taste slightly, but the same effect can normally be achieved by leaving the water to stand. Adding a little ice or chilling the water in the fridge will help take away any chlorine taste.

Q6. If my residents drink more water, will they have an increased toilet function?

A6. Yes, for a while, and that's a very positive change. Residents will use the toilet more often if they drink more, and while there are perceived problems in the extra effort of going more often, there is also a lack of awareness of the serious ill-effects of not drinking enough and not going to the toilet enough. Residents can be embarrassed to make it known that they need to go to the toilet, but when shown the health facts, they can see that it can be more embarrassing and traumatic to suffer the effects of poor hydration, such as falls, bed-wetting, bedsores, urinary tract infections (UTIs) and many other conditions.

As a guide, try not to provide late night drinks (after 6pm). Instead, start residents drinking early with a fresh glass of water. Promote the fact that water 'flushes through' the system and helps to prevent kidney stones, UTIs and constipation. Increased toilet function may also help reduce the need for medication. For more information, see the medical evidence on the leaflets '*Wise up on water!*' that are included in this toolkit.

continued over>



Q7. How do I provide for residents who cannot serve themselves?

A7. Residents should be given access to fresh tap water throughout the day so that they can drink as often as they wish. This is especially important for those who cannot choose to serve themselves and those who have an impaired thirst response. Providing options for residents to help themselves is vital. There are many ways to achieve this, including providing regular covered jugs of fresh tap water at bedsides and tables, having mains-fed water coolers at accessible heights, serving water regularly and giving residents their own water vessels. When providing water as a beverage, residents will want a dignified way of taking their drink. Paper cups, plastic cups, drinking tubes and larger sports bottles are often unappealing. Above all, however, make sure that even the least mobile have access to healthy choices.

Q8. To save water wastage, should I wait until the water jugs are empty before I serve more water?

A8. No. There are many ways to save water in the care home, but hanging on to unappetising water is not one of them. Keep changing the jugs regularly (at least three times a day – before each meal, and more if possible) so that drinking water is always available, appealing, fresh and cool. The left over tap water from the jugs can be put to excellent use in watering residents' gardens, topping up vases of flowers and maintaining lawns. Ten litres of tap water will only cost you around one penny, so refill as often as you can.

Q9. Is there proof that introducing positive hydration will benefit residents and the operation of the care home?

A9. Yes. Water is an essential nutrient and dehydration is frequent in the elderly. As you will find in this toolkit, there is evidence that improving water intake:

- reduces constipation and subsequent medication
- reduces confusion (with reduced risks of falls and fractures)
- reduces headaches
- reduces urinary tract infections
- improves skin integrity and reduces the risk of pressure sores
- improves blood pressure
- reduces consumption of unhealthy caffeine, alcohol, soft drinks and sparkling drinks
- reduces the cost of providing other commercial beverages.

continued over>



Q10. How much water should residents drink?

A10. The most helpful answer is “more than they do now”. Surprisingly, while we know a great deal about the requirements of the other main nutrients (fats, proteins etc.), the government does very little to promote our primary nutrient. Most professionals agree that around 8 decent-sized glasses a day is about right. That’s around 2 litres. What we do know is that most people, especially older people, drink nowhere near that amount, and mild dehydration is very common. It is vital to encourage older people (and staff) to drink more. Within reason and with a balanced diet, it is difficult to drink too much water.

Q11. Is it true that the colour of urine can be used as a guide to how much water to drink?

A11. As a general rule, this is a very useful guide to good hydration. Urine that is plentiful, odourless and pale in colour generally indicates that a resident is well hydrated. Dark, strong-smelling urine could be a sign of too little water. However, since a few medical conditions, certain medicines and some vitamins can add colour to urine, it is best to use this method only as a guide. Monitoring fluid intake is definitely the best way forward.

Q12. What is the recommendation for drinking water provision in the Care Standards?

A12. At this time, Care Standard 15 only recommends that hot and cold drinks and snacks be available throughout the day and offered regularly (*factsheet 8*). It is likely that this will change to include water provision when the Standard is reviewed in 2006. This toolkit has been produced to help develop best practice outside of regulations and standards. Drinking enough water is fundamental to good health and dietary practice. It is the right thing to do for the well being of residents and staff.