

# **Water Provision in Care Homes For Older People**



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**A survey by the Royal Society for the Promotion of Health, in  
cooperation with the Water for Health Alliance.**

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## Overview and highlights

The recommended daily intake for water according to the Food Standards Agency is between 6 and 8 glasses of water or other fluids a day. A majority of care homes recognise that there is a recommended daily intake for water, most of whom believe that the RDI is roughly between 5-6+ glasses of water a day. Most residents however, only consume 2 -4 glasses of water/fluid, a fraction of the RDI. Providers find that it is often an 'uphill' battle with residents to drink water.

Over 90% of care homes encourage residents by serving water at meals, placing water on trolleys and jugs in their rooms, through verbal encouragement and by example. However, elderly residents are still reluctant to drink water. An overwhelming 90% of care homes note that residents prefer tea, coffee, juices and other drinks to water. Providers would rather have clients consume fluids rather than nothing at all. It appears that there is some confusion between the consumption of water vs. fluids. Tea and coffee are diuretics making urination more frequent and concentrated.

When water is requested tap water is generally served, followed by water from a cooler, and lastly, bottled water. Of note, roughly 1/3 of care homes have contracts with a bottled water provider, and only a fourth of this number responded that when water is requested they provide bottled water. As for the type of water providers think is safe for clients to drink, over 600 providers responded filtered tap, followed by over 500 who answered bottled and unfiltered tap, respectively.

Whether written or verbally spoken, most care homes have neither a policy on water consumption nor do they include water consumption on each client's care plan. However, care homes do monitor their clients' water consumption through daily estimates in care notes, rough estimates and through other methods via a fluid chart. Residents are often monitored following the request of a GP, illness or noticeable lack of fluid intake. Of those who are not monitoring their clients' water consumption, the most frequent response was that 'it would not normally occur to me to do this, but it might be a good idea.'

Only half of the care homes have received advice or guidance on how to manage client hydration. They would appear to be looking to improve overall client hydration as over 90% who answered would be interested in receiving such advice if it were free of charge. Providers want advice to help improve patient hydration to reduce health problems associated with

the lack of drinking water. Most providers have recognised urinary tract infections, dehydration, constipation, confusion and kidney problems as the principle health problems associated with the lack of drinking water as well as a single mention of the effects from over hydration.

Residents' physical and mental abilities vary from care home to care home. Providers often noted that their clients have dementia or are immobile. The care homes were split on the accessibility of a cooler/dispenser to residents to those who were actually mobile to use it. Some made mention that they had no mobile clients or this has already been tried or they already have one.

## Summary of results

### Question

- 1. As far as you know, is there a recommended daily intake for water for older people?**

Yes: 538

No: 124

No answer: 79

- 2. If you believe there is an RDI do you think it is roughly:**

1	2	3	4	5	6	6+
0	8	37	80	201	107	131

- 3. Does your home have a policy on water consumption for clients?**

Yes: 195

No: 535

- 4. Does your home include water consumption on each client's care plan?**

Yes: 180

No: 542

- 5. Do you monitor your clients' water consumption?**

Yes: 494

No: 226

- 6. If you answered 'yes' to question 4, how do you monitor it?**

Daily Estimate in care notes	124
Roughly estimate, but not noted	217
Other *Mostly fluid charts	156

- 7. Do you do anything to encourage your clients to drink water?**

Yes: 668

No: 64

**8. If you answered ‘no’ to question 6, is this because:**

Encouraging clients to drink would mean a lot of additional work for little client benefit	10
It would not normally occur to me to do this, but it might be a good idea	64
The practicalities of bringing water to patients outside mealtimes are too complicated	2
We have no readily accessible water supply staff could use to obtain water for clients	2
It might lead to staff having to take clients on many more toilet trips	2

**9. Can you estimate how many glasses of water your clients drink, on average, each day?**

None	1	2	3	4	5	6	6+
9	57	130	164	153	75	47	42

**10.If your clients request water, do you normally give them**

Tap Water: 606

Bottled Water: 44

Cooler: 194

**11.Does your home have a supply contract with a bottled water provider?**

Yes: 175

No: 580

**12.Have you ever received any advice or guidance on how to manage clients’ hydration?**

Yes: 386

No: 343

**13.Would you be interested in receiving such advice if it was available free of charge?**

Yes: 659

No: 53

**14.Do you associate any particular health problems with lack of drinking?**

Yes: 713

No: 20

**15. Do you think your clients usually prefer tea, coffee, juice or other drinks to water?**

Yes: 679

No: 15

**16. Which of the following do you think is safe to give residents?**

Unfiltered Tap: 515

Filtered Tap: 639

Bottled: 590

**17. If your home had a water cooler/dispenser accessible to clients, do you think those who were mobile would use it?**

Yes: 309

No: 372

**Additional comments****Question****3. Does your home have a policy on water consumption for clients?****Yes**

“Only so far as staff have instructions to push fluids quite strongly, particularly clear fluids.”

“No formal policy, however, the staff do encourage the residents to drink water.”

“No, just fluids, not water specifically. Water always given with medication and offered as a choice of drink with meals.”

“All clients must have a daily intake of fluids – water, tea, squash etc. of 5-6 glasses daily. A fluid balance chart is kept for at-risk clients.”

“Only in as much as drinks will be made available throughout the day on request and staff are trained to realise the importance of fluids for clients and in the case of some of our clients who are unable to convey their requirements for a drink, jugs of water are in place in order to ensure correct intake per day.”

“We do not have a written policy. Residents are given at least 5-6 glasses of fluids.”

**No**

“No policy is in place, residents are encouraged at all time for health reasons.”

“But we encourage fluid intake as much as possible.”

**6. If you answered ‘yes’ to question 4, how do you monitor it?**

“Roughly estimate on fluid chart.”

“Noted in the case of very sick residents, diabetes or those with urinary infections.”

“Fluid charts when clients appear to not be taking in enough or are ill.”

“We only monitor it if there is a specific problem e.g. Risk of urinary tract infection or if clients have dementia/a medical problem and they need to be encouraged to drink.”

“If clients refuse any fluids or have a condition that warrants regular fluid intake recording we use fluid intake and output personal charts.”

“ We do not have a policy, but we have a good practice guidelines for residents to drink up to 3-4 glasses of water daily.”

“All staff are aware that water should be offered at each intervention at least. Water jugs are filled as required and changed daily. If there is doubt about intake we use a fluid balance sheet.”

**7. Do you do anything to encourage your clients to drink water?  
If so, please give examples:**

**Yes:** 668

“Add various juices to flavour.”

“Constantly asking if clients require drinks extra to set times. (not necessarily water, other fluids).”

“Yes. Water cooler in lounge, water jugs in each room kept in fridge, cold drinks on tables and trolleys.”

“Vary fluids, i.e. tea, coffee, squash. Advise them water will assist to flush their system, make them feel better.”

“Verbal encouragement from care staff.”

“Supply fresh water in jugs to every resident. In hot weather keep water ice cold in fridge for use when required. Refill supplies whenever

requested or observed that supply has been used. Give verbal encouragement to independent users. Give regular offers of water to dependant residents.”

“One glass with medication, at least one glass at lunchtime.”

“Dilute juice available and give at all times.”

“By offering drinks more especially in hot weather.”

“Offer little and often, dilute with juice distract with conversation at time of encouraging a drink.”

“1. Provide fluids that is liked by the individual 2. Hour fluids round and tea etc. 3. Education of staff and service users.”

“Water jugs are put into each clients rooms daily. Any client who is not drinking well or giving cause for concern are put on hourly fluids and amounts drank noted.”

“Give clients fruit squash every day more when weather is hot.”

“Water only offered at lunchtime and encouraged at supper – other fluids may be had on request with meal.”

“small amounts of various sugar free squashes added to it.”

“We try to encourage fluids as often as we can. We will encourage water or orange juice etc.

### **No**

“ They can decide on their own.”

“At present we have no need to encourage any of our clients. We always reiterate the importance of fluid intake.”

### **14. Do you associate any particular health problems with lack of drinking?**

#### **Yes: 713**

“U.T.I., complications and other infections, added concern for those with heart failure, kidney problems, constipation.”

“toxicity of medication if dehydrated, constipation, urinary tract infections, confusion.”

“Dehydration leading to renal failure and ultimately death.”

“Too much water can also give rise to problems – kidneys not able to cope, dilution of electrolytes in blood. Please ensure you give a full picture and that this survey/report is not one sided.”

“dehydration, leading to kidney failure. Development of pressure sores and other problems with skin integrity. Increased problems with urinary system/function.”

Any other information you wish to give us about your clients’ water consumption?

“We tried bottled water, most it got consumed by staff, clients were not interested.”

“Most elderly frail clients refuse to drink water because it’s hard for them to get to the toilet. It’s difficult to help them see the benefits.”

“On the basis of this survey I have organised the contract of a water cooler. This form is very useful and I am using it for our staff information and NVQ Training.”

“Clients restrict due to ‘urinary’ obsession and concern. They think tea etc. is adequate. This is a big area of concern for us.”

“Most of the residents say they prefer tap water to bottle water.”

This age group appears to be reluctant to drink water – preferring 10-12 cups tea a day. Even in hot weather, chilled drinks are not drunk.”

“I do not want a water cooler.”

“Water is more freely taken when offered with a juice to flavour.”

“We encourage residents to drink plenty but it is about choice and control their own independence.”

“Residents are sometimes reluctant to drink water as they are worried about having to go to the toilet too often or having accidents.”

“Because many of our residents are forgetful or have dementia we ensure that everyone is offered and encouraged to drink at frequent intervals with additional fluid offered in hot weather.”

“It is always an uphill battle to get elderly folk to drink sufficient water as they worry about wetting the bed, frequent visits to the loo etc. Constant encouragement is needed!”

“It is very difficult to persuade those with a continence problem to drink more – they are not able to grasp the concept that by insufficient fluid intake increases the problem.”

“care staff within this home are taught the benefits of adequate hydration as part of their basic training. Clients also benefit from such education consequently on the whole intake of water is adequate.”

## **Top 10 Ailments Recognition**

1. Urinary Tract Infections
2. Dehydration
3. Constipation
4. Confusion
5. Kidney Failure
6. Skin
7. Fatigue
8. Renal Failure
9. Headaches
10. Dizziness/Fall