

Hydration Champion Team Training Manual

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Part 4 of DrinKit

(<https://www.uea.ac.uk/groups-and-centres/uea-hydrate-group>)

Making Drinking Fun

Hydration Champion Team Training Manual

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The Hydration Champion Team Training Manual is an outline training manual. It aims to develop teams of hydration champions in several care homes. Teams can adapt and develop this training to improve and enhance staff knowledge about hydration care in their own working environments.

The DrinkKit

The '**DrinkKit**' is a four-part guide developed collaboratively with care home staff from eleven care homes in Norfolk and Suffolk, UK.

Part 1 - The Making Drinking Fun Activities & Engagement Toolkit. It is an activity-based toolkit for use in care homes, to support residents to drink well. It was developed as part of the Making Drinking Fun study.

Part 2 - The Drinks Diary. The Drinks Diary is a tool to enable residents to record their own drinks intake.

Part 3 - The 1-hour Hydration Training for all care home staff. The 1-hour training is the format for a training session designed to enable all care staff to be involved in supporting residents to drink well.

Part 4 – (this document), The Hydration Champions Team Training Manual. The training manual is a training kit to use over several months and with several care homes. It works to develop teams of hydration champions in each of the care homes. Teams can adapt and develop this training to improve and enhance staff knowledge about hydration care in their own working environments.

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A Training Manual: for Training Care Home Hydration Champion Teams

This manual consists of plans for a set of training sessions on drinking and hydration in care homes. This is all about fluid (though we do mention alcohol too).

The training takes place over 4 months and trains 4 members of staff (one activities co-ordinator, one member of care staff, one of managerial staff and one of catering staff) from each of 4-6 care homes (16-24 participants overall). Each participant attends 18 hours of training, some sessions are for all staff, some for the separate professions only. This allows development of Hydration Champion teams (of 4 staff) within each care home, and also develops support and sharing of good practice for each professional group between homes.

The best ideas in the training will come from the participants – they know how to help their residents drink well. There are also some specific interventions that we have found in our research that are particularly helpful – so you need to make sure that these ideas are also integrated into the training. As a facilitator your job is to draw out these great ideas and help the participants to realise them in the care home setting – to help the residents and staff of this care home to drink well and stay healthy and hydrated.

Your participants will need to observe and consider facilitators and barriers to drinking in their own care homes, plan ways to support drinking (supporting the facilitators and overcoming the barriers) for both residents and staff, implement these plans, observe the results and adjust as necessary, and work with all care staff and managers in their care homes to best support drinking. The key approach is not to make drinking a nasty task (like taking your medicine) but to use the social, reminiscence and sensory aspects of drinking to make drinking fun and pleasurable.

The training pack is not perfectly formatted, but there is some colour coding. Activities and session headings are colour coded as follows:

- **Combination of several or all staff – pink**
- **Activities Coordinators only – green**
- **Care staff only – purple**
- **Managerial staff only – red**
- **Catering staff only – turquoise**

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Aims of the training

Training aims: To optimise drinks intake and make drinking fun in care homes by increasing knowledge and changing practice.

1. For all attendees:

- a. To develop and communicate own goals for the course.
- b. To understand the problems around drinking in residential, nursing and dementia care for older adults.
- c. To consider the positive aspects of drinking – the social, sensory and reminiscence aspects – that make drinking pleasurable.
- d. To become an active Hydration Champion, and a member of an active team of Hydration Champions, for your own care home

2. For managerial staff:

- a. To discuss problems and potential solutions with other care home managers.
- b. To work with other managers and staff at the same home to develop, try out, assess and normalise strategies to promote healthy drinking in residents.
- c. To work with other managers and staff at the same home to develop, try out, assess and normalise strategies to promote healthy drinking in staff.
- d. To promote healthy drinking with other managerial staff.
- e. To develop standards for own care home on practices around drinking for staff and older adults.

3. For care staff:

- a. To discuss problems and potential solutions with other care staff.
- b. To work with other care staff at the same home to develop, try out, and assess strategies to promote healthy drinking in residents.
- c. To work with managers and other staff, at the same home to develop, try out, and assess strategies to promote healthy drinking in residents.
- d. To promote healthy drinking with other care staff.
- e. To work with residents to ensure they understand the importance of drinking well, and that they may not feel thirsty even if they don't drink enough.
- f. To support management staff in developing standards for own care home on practices around drinking for staff and older adults.

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4. Activities coordinators:

- a. To discuss problems and potential solutions with other activities coordinators.
- b. To develop, try out, and assess strategies to promote healthy drinking and socialising in residents within the activities programme.
- c. To work with managers and other staff, at the same home to develop, try out, and assess strategies to promote healthy drinking in residents
- d. To work with residents through activities to ensure they understand the importance of drinking well, and that they may not feel thirsty even if they don't drink enough
- e. To support management staff in developing standards for own care home on practices around drinking for staff and older adults

5. For catering staff:

- a. To discuss problems and potential solutions with other catering staff.
- b. To work with other catering staff at the same home to develop, try out, and assess strategies to promote healthy drinking in residents.
- c. To work with managers and other staff, at the same home to develop, try out, and assess strategies to promote healthy drinking in residents.
- d. To promote healthy drinking with other catering staff.
- e. To improve the provision of a good variety of excellent, personalised drinks in appropriate glasses, cups and mugs to residents.
- f. To work with residents to ensure they understand the importance of drinking well, and that they may not feel thirsty even if they don't drink enough.

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Short outline plan

Hours	Week	Activity co-ordinators	Care staff	Management staff	Catering staff
3	Week 1	AC1	C1	M1	CAT1
2	Week 2	AC2			
2	Week 3		C2		
2	Week 4			M2	
2	Week 5				CAT2
3	Week 6	AC3	C3	M3	CAT3
2	Week 7	AC4			
2	Week 8		C4		
2	Week 9			M4	
2	Week 10				CAT4
3	Week 11	AC5	C5	M5	CAT5
2	Week 12	AC6			
2	Week 13		C6	M6	
2	Week 14				CAT6
3	Week 15	AC7	C7	M7	CAT7

AC: activities coordinator

C: care staff

M: managerial staff

CAT: catering staff

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Outline plan including key focus and activities for each meeting

Hours	Week	Activity co-ordinators	Care staff	Management staff	Catering staff
3	Week 1	Meeting each other, baseline assessment and introduction to drinking & dehydration <ul style="list-style-type: none"> • own aims • quiz • assessing own drinks intake • assessing a residents intake 			
2	Week 2	Activities – what they are, what they can achieve, support needed <ul style="list-style-type: none"> • experiential planning an activity 			
2	Week 3		Roles of carers around drinks & drinking – where can we make a difference? <ul style="list-style-type: none"> • experiential – recent drinks enjoyed • analysis – routine care home drinks sufficient for residents 		
2	Week 4			Roles of managers around drinks & drinking – where can we make a difference? <ul style="list-style-type: none"> • scenarios – what management input is needed? • discussion of staff drinking habits 	
2	Week 5				Roles of catering staff around drinks & drinking – where can we make a difference? <ul style="list-style-type: none"> • quiz on fluid content of drinks • analysis – routine care home drinks sufficient for residents
3	Week 6	More on drinking and health, strengths & weaknesses around drinking in our own care home, a joint plan <ul style="list-style-type: none"> • experiential – giving a resident a drink • sharing learning between professions 			
2	Week 7	Activities & drinking – making a difference			

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		<ul style="list-style-type: none"> • using the MDF Toolkit • experiential running an activity (lemonade making) 			
2	Week 8		Working with others to change practice, drinking priorities for our care home <ul style="list-style-type: none"> • experiential – watching & reinforcing good practice • experiential – brief sharing of info around drinking (huddle) • experiential – difficult conversations 		
2	Week 9			Staff drinks intake – why it matters, how to alter it <ul style="list-style-type: none"> • experiential – recent drinks enjoyed • Analysis - is routine care home drinks provision sufficient for residents? 	
2	Week 10				Making drinking more pleasant – variety and attractiveness: <ul style="list-style-type: none"> • planning – creating a list of hydrating drinks • Making drinks even more attractive
3	Week 11	Working as a team in our care home, experience of loss of hearing, sight and touch <ul style="list-style-type: none"> • experiential – work as a care home team and develop hydration plan to take to home manager • experiential – experience loss of hearing, sight and touch during a typical care home activity • share learning between professions 			
2	Week 12	Activities for hard to reach groups – individuals, those with dementia, men <ul style="list-style-type: none"> • experiential 1:1 activity in pairs 			
2	Week 13		Continence & support with the toilet <ul style="list-style-type: none"> • meet local continence advisor 	Continence & support with the toilet <ul style="list-style-type: none"> • meet local continence advisor 	

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			<ul style="list-style-type: none"> • case studies – difficulties with toilets • discussion about supporting good toilet experiences 	<ul style="list-style-type: none"> • case studies – difficulties with toilets • discussion about supporting good toilet experiences 	
2	Week 14				Special needs in drinking – thickened and fortified drinks <ul style="list-style-type: none"> • experiential – thickened drinks • experiential – fortified drinks
3	Week 15	Plans to take forward in our care home <ul style="list-style-type: none"> • share learning within each home between professions • update plans for improving hydration in each care home • goodbye and share contact details • present course certificates to each participant 			

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Meeting week 1, Introduction and getting to know each other

Participants: all trainees (AC1, C1, M1, CAT1) and all trainers

Duration: 3 hours

Aims

- ❖ AC's, care staff, catering staff and managers to get to know each other, and trainers
- ❖ participants to understand the focus of the training
- ❖ Some basics of hydration and older adults
- ❖ Participants to develop and communicate own goals for the course.
- ❖ Baseline knowledge and practice assessment from all participants
- ❖ To begin to understand the problems around drinking in residential, nursing and dementia care for older adults.

Key training points:

- ❖ This baseline session is to help the participants get to know each other and start to understand the importance of drinking and hydration for older people
- ❖ Key activities include:
 - Contact details, dates, times, places for training
 - Baseline assessment
 - Thinking about how much staff drink, how much residents drink
 - Setting tasks to complete in the care home

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Plan:

Time & goal	Activity	Materials needed	Who responsible
-15 to 0 mins	As participants arrive welcome them, introduce yourself and get them to help themselves to a variety of hot and cold drinks and snacks	<i>Drinks & snacks</i> <i>Check email address & phone for each participant (1A)</i>	
0 to 15 mins	Getting to know each other – trainers and participants introduce ourselves and discuss our experience of drinking in care homes	none	
15 to 20 mins	Our plan for this training	<i>Give participants info on dates, places and our details (1B) and training goals (1C)</i>	
20 to 30 mins	What would you like to get out of the training?	Commitment & goals (1D) to fill in, then discuss	
30 to 50 mins	Baseline assessment	Baseline assessment (1D) to fill in, collect then discuss	
50 to 70 mins	Tea, coffee, cold drinks & snacks for all (also social, cigarette & toilet break)	<i>Drinks & snacks</i>	
70 to 90 mins	Each person write down what they drank yesterday Use cups and mugs to work out how much each drank. “Did you drink enough to keep you well hydrated yesterday? If not, how could you drink more today?”	Drinks records (1E) Set of cups, measuring jug, water	
90 to 110 mins	Now choose a resident who drinks normally (not loads, not very difficult) – fill in the chart for them, did they drink enough?	<i>Use the final (right hand) column of 1E.</i>	
110 to 120 mins	What are the health effects for residents who don't drink enough? Ask the group for their thoughts – make sure the following are noted: acute dehydration, unplanned hospitalisation, UTI, AKI, constipation, pressure areas, slower recovery from infection, increased risk of stroke, falls, confusion		

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<i>Time & goal</i>	<i>Activity</i>	<i>Materials needed</i>	<i>Who responsible</i>
120 to 125 mins	Get into groups by care home, spend 5 minutes writing down your best tips on ways to help residents (can be specific residents, 1F) to drink well – what works? Sharing this – each group gives their best tips	<i>Helping with Drinking (1F)</i> <i>Pens and flip chart paper</i>	
125 to 145 mins	Keep participants grouped by care home – between you work out the drinks timetable in your home – when are residents offered drinks? Does every resident get one? who might be missed? How big is each drink? This is part of baseline assessment (1G).	Care Home Drinks Schedule (1G)	
145 to 160 mins	Talk on dehydration (1H)	PowerPoint talk (1H) plus handouts	
160 to 175 mins	Discuss and agree homework tasks for each participant (1I)	Homework (1I)	
175 to 180 mins	Thank everyone, remind them of next meeting day and place, finish and depart		

During training:

Collect in completed handouts 1A, 1D, 1G, and keep a copy of the tips on flip chart after 1F.

After session:

- Make an appropriate version of 1A including trainers contact details (omitting details where permission not given) then print out for participants over next few weeks.
- Take copies of 1D and 1G, return to participants at next meeting (to go in participant file)
- ***Type up tips to help residents drink, copy for participants at next few meetings.***

Handouts for Meeting 1

1A Hydration champions training course – contact details (1 copy for group)

Name	Role	Home	Email (to contact you about the course)	Phone (mobile - to contact you about the course)	Please tick if you are happy for your email & phone number to be shared with other participants

We will only use your email address and phone number to contact you about the course – we will not share your details with anyone else (except the other participants if you tick the final column), and won't contact you about anything else using these details. We will destroy your contact details 6 months after the course has finished, unless you continue to work with us on other issues.

Handout 1B Hydration champions training course info

(1 copy per participant)

Handout to include:

1. Names and contact details of trainers
2. Contact for giving late notice of being unable to attend
3. Dates, times and places for AC training sessions
4. Maps (if appropriate)

Handout 1C Hydration champions training course Aims

(1 copy per participant)

Aims for Hydration Champions Training course (for managerial staff, care staff, catering staff and activities co-ordinators)

Print out the list of course aims and objectives for each staff group (pages 5-6), and distribute this to the participants.

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Hydration champions training

1D. Baseline participant goals and knowledge **(1 copy per participant, collect in completed sheets)**

Thank you for joining us on the **Hydration champions training**.

The point of this course is to improve drinking in older people in your care home. For this reason, what we would like from you is:

- Attending all of the training sessions (or 5 of the 7 sessions at least) – so that you have the best chance to gain from the course
- Use the training to think about drinking in older residents, to think about how to help them drink well, and to reflect on how we could achieve that even better in our own home
- Communicate your thoughts with other staff in your home, and put some of the changes you think will help in place in your care home
- Work on course material in your own care home between our training sessions

I understand what is asked of me, and will do my best to do what is asked of me

Your signature

Your name

Date.....

Care Home

What we offer:

- If you attend at least 5 of the 7 sessions, and complete the final assessment, we will give you a certificate of training that describes your 18 hours of training
- A chance to meet others who share your role, to network as well as develop your ideas about how to improve drinking in older residents
- A chance to become part of an expert team in your home on drinking and hydration
- You will become a Hydration Champion

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What I want from the training

Please tell us what you would like from this training for yourself, for your work and for your care home:

1. What would you like for yourself personally from this course?
2. What would you like for yourself professionally – perhaps in terms of skills or expertise - from this course?
3. What would you like for your residents or your care home from this course?
 - a. Residents
 - b. Care home
4. Might you like to be an author of the training kit? **Yes / No** comments:
5. Is there anything else you would like from the course? If so, please say what here?
6. What name would you like on your certificate? We will use this for middle names, spelling etc, so please write clearly:

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Some questions about drinking and hydration.

Please do your best with these questions – but you are welcome to say “I don’t know” if you are unsure. We don’t expect you to know all of this! We will ask you these questions again at the end of the course to see what you have learnt:

1. a. Does your home ever **assess whether your residents are well hydrated**?
 - ☐ Yes
 - ☐ No
 - ☐ Not sure

b. if yes, how?

c. If a resident is **not drinking enough, what happens next** in your home?
2. How much fluid should older **women** drink every day (at least)?
.....L orml orpints orcups/mugs I don’t know
3. When do residents get their **first drink of the day** in your care home?
4. Is drinking **coffee** helpful in keeping older people hydrated?
 - ☐ Yes
 - ☐ No
 - ☐ Not sure
5. If a new member of staff in your care home has a **concern about how well a resident is drinking**, who would they take that concern to?

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6. You are concerned about whether an older resident is drinking enough. They tell you that they **don't feel thirsty**. Does this reassure you that they are okay and not dehydrated?
- ☐ Yes
 - ☐ No
 - ☐ Not sure
7. a. When drinks are brought for residents during the afternoon **are any residents ever left out?** Tick any that apply
- ☐ Residents visiting the toilet
 - ☐ Residents who are in their own bedrooms
 - ☐ Residents who have gone out for the afternoon
 - ☐ Residents in the garden
 - ☐ None of the above
 - ☐ Any other residents (who?)
 - ☐ Not sure
- b. If a resident is left out **who might notice?**
- c. If a resident is left out (and misses a drink) **what is done about it?**
8. For older adults who can drink alcohol does **whisky** contribute to good hydration?
- ☐ Yes
 - ☐ No
 - ☐ Not sure
9. If a member of care staff in your home can't get a resident to drink well **who would they turn to for advice** on how best to help that resident drink better?
10. How much fluid (minimum) should older **men** drink every day?
-L orml orpints orcups/mugs I don't know
11. On a normal Tuesday afternoon in your care home, **what drinks can your residents choose from?**

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12. In Norfolk care homes roughly **how many older residents are dehydrated** at any one time?

- ☐ 1 in every 3 residents (33%)
- ☐ 1 in every 5 residents (20%)
- ☐ 1 in every 10 residents (10%)
- ☐ 1 in every 20 residents (5%)

13. What **equipment** does your home have to help a resident who finds drinking difficult because they have **a tremor**?

14. a. When a resident **takes part in an activity** in your care home do they:

- ☐ Drink more than usual
- ☐ Drink less than usual
- ☐ Drink the same as usual
- ☐ Not sure

b. **who makes any drinks** for a resident during an activity? Tick any that apply

- ☐ The activities coordinator
- ☐ Catering staff
- ☐ Member of care staff
- ☐ Other (who?)
- ☐ Not sure

15. For older adults who can drink alcohol does **beer** contribute to good hydration?

- ☐ Yes
- ☐ No
- ☐ Not sure

16. In your role as a manager / care worker / activities coordinator (circle your role) suggest **3 ways** that you could help older people with dementia who are not drinking well **to drink more**:

i. I would....

ii. I would....

iii. I would....

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17. a. What are the two **best times to help older people to drink more fluid**? **Tick two** boxes below for times you think would be best to work on:

- ☐ Early morning to breakfast time
- ☐ Mid-morning to lunchtime
- ☐ Mid-afternoon to the evening meal
- ☐ During the evening and overnight
- ☐ With medication

18. You have a new resident with dementia who doesn't communicate well. In your care home (now) how do you find out **what type of drinks to offer** them, how much sugar they like, what type of cup they like best?

19. If you notice that **a resident is refusing drinks and drinking poorly** one afternoon:

- what would **you** do about it?
- who would you **tell** about it?
- what would **the home** do about it?

20. One of your residents tells you they need the toilet, and you know they need help to get there. You are in the middle of helping another resident.

- a. What do you say to the resident?
- b. What do you do?
- c. How long is the resident likely to wait before getting to the toilet?

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21. Which of the following characteristics of older residents means that they are likely to need to drink more? (Tick as many as you think apply)

- ☐ Poor cognition or dementia
- ☐ Older
- ☐ Female
- ☐ Needing any type of diabetic medication
- ☐ Unable to walk very far
- ☐ Newer residents

Thank you for completing this questionnaire – we will give you back a photocopy at the next meeting.

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Handout 1E. What you drank yesterday
(1 copy per participant)

Your name:

Think about what you drank yesterday. Then write down all your drinks:

When	What and how much	
First thing in the morning		
With breakfast		
Between breakfast and lunchtime		
With lunch		
Between lunch and tea time		
With your tea (evening meal)		
After your tea		
Before bed		
During the night		

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Handout 1F. Helping with drinking **(1 copy per care home)**

Think of a resident you know quite well and imagine that for some reason they are not drinking well at present. Think about what you might do to help them drink as much as they need to.

Now get together in a group of 3 or 4

1. Nominate a scribe,
2. share your ideas about how to help residents drink well, and
3. scribe writes down your ideas for helping residents to drink well below:

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Handout 1G. Care home drinks schedule

(1 copy per care home, collect in once completed)

Care home name:

Think about what drinks are offered to your residents:

When	What is offered	Usual cup, mug or glass	Volume	What happens if a resident misses a drink?
First thing in the morning				
With breakfast				
Between breakfast and lunchtime				
With lunch				
Between lunch and tea time				
With your tea (evening meal)				
After your tea				
Before bed				
During the night				
Total volume drunk				

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Is your average resident, who gets most of the drinks offered, drinking enough?

■ EFSA (European Food Safety Authority) recommend adequate fluid intakes (AIs):

- Women: 1.6L per day from drinks (1600ml each day, almost 3 pints)
- Men: 2L per day from drinks (2000ml each day, 3½ pints)
- This is for adults of all ages, including older adults

When you have completed the table overleaf discuss the following:

- Are there some drinks missed by some residents?

a) If so, which times?

b) Which residents?



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Handout 1H. Drinking & dehydration talk

(1 copy of the talk, one handout per participant)

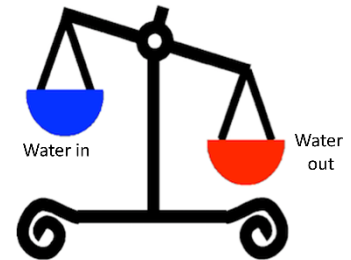
PowerPoint slides – drinking and dehydration

Drinking & Dehydration



What is dehydration?

- When we don't drink enough fluid the amount of fluid in our body falls.
- This is dehydration.
- Dehydration happens when fluid intake is less than fluid losses.



Some effects of dehydration on health

- Unplanned hospital admissions
- Confusion & delirium
- Pressure ulcers
- Poor wound healing
- Constipation
- Urinary tract infections (UTIs)
- Heat stress, infections, kidney stones
- Drug toxicity
- Stroke
- Falls
- Deaths
- Disability

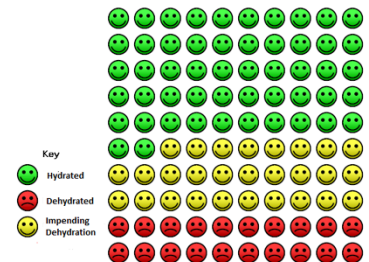
DRIE study Dehydration Recognition In our Elders

How many older people living in UK long-term care are dehydrated?

► 20% are dehydrated

► 1 in every 5 older people is dehydrated

► A further 28% are at risk of dehydration (have impending dehydration)



Hooper L, Bunn DK, Downing A, Jimoh FO et al. *J Geront Med Sci A*. doi: 10.1093/gerona/glv205

Dehydrated: serum osmolality >300mOsm/kg
Impending dehydration: 295-300mOsm/kg
Hydrated: 275 to <295mOsm/kg

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DRIE study Dehydration Recognition In our Elders

Older people most likely to be dehydrated:

Those with

- ▶ poorer cognitive function
- ▶ any diabetic medication

All those living in care homes were at risk.

Most with dehydration were not thought at high risk of dehydration by care staff.



Hooper L, Bunn DK, Downing A, Jimoh FO et al. *J Geront Med Sci A*. doi: 10.1093/gerona/glv205

Why dehydration?



- Older people usually don't feel thirsty – so if they drink too little they don't know.
- DRIE advisory groups (care home residents) have told us that they sometimes drink too little:
 - To avoid visiting the toilet so often (day or night)
- Dementia may mean people forget to drink, or think they have drunk.
- Reduced social contact reduces social drinks.
- Physical access may be limited.

De Castro JM. *J Gerontol* 1992;47:321-33

Fluid –how much?



European guideline:

Men: 2.0L/d of drinks

Women: 1.6L/d of drinks



Food: 20 -30%
Drinks: 70- 80%

Men: 8 half-pint glasses or **14 teacups**
Women: 6 half-pint glasses or **11 teacups**

Fluid – what drinks count?

All drinks are great at providing fluid, including coffee, tea, shandy, fruit juice, milk, squash, milky drinks, soups, Bovril, oxo, water, cola, lemonade, beer, milk shakes etc.

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Dehydration prevention – summary

- ❖ **1 in every 5** older people in care homes are dehydrated
- ❖ Older people with **diabetes or poor cognition** are most at risk – but all older people are at risk
- ❖ Older people usually **don't feel thirsty** when dehydrated – so don't know they need to drink more
- ❖ **All drinks** (except strong alcohol) help to keep us hydrated – we don't have to drink water
- ❖ Men need to drink **at least 2L (3 ½ pints) each day**
- ❖ Women need to drink **at least 1.6L (almost 3 pints) daily**
- ❖ Activity times are great times to help older people drink.
- ❖ The **more drinks residents are offered** the more they drink
- ❖ Offer drinks first thing in the morning – before breakfast
- ❖ Offer plenty to drink with medications

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Practical 1I. Activities to carry out between today and next meeting – for Activity coordinators

(1 copy per participant)

Your name:

Care home:

1. Note 5 examples of good practice around drinks and drinking for residents (good practice of any member of staff or visitor):

a. Example:

b. Example:

c. Example:

d. Example:

e. Example:

2. During an activity note how much each of 3 residents attending drinks ...

- How many cups or mugs of drink?
- What was the volume of each cup or mug?
- How much was left?
- So how much was drunk (in ml)

Find out how much these 3 residents would have drunk if they had not attended your activity (assess the same things in those residents when they are not attending an activity)

Resident A:

How much drunk during activity:

How much drunk during the same time of day when not in an activity:

Resident B:

How much drunk during activity:

How much drunk during the same time of day when not in an activity:

Resident C:

How much drunk during activity:

How much drunk during the same time of day when not in an activity:

Are residents drinking more when they attend your activities? If not, why not?

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Practical 1m. Activities to carry out between today and next meeting – for care staff

(1 copy per participant)

Your name:

Care home:

Note 5 examples of drinks that residents really seem to enjoy. Note the example and any reasons why that particular drink was enjoyed so much:

a. Example:

b. Example:

c. Example:

d. Example:

e. Example:

Measure fluid in usual cups and mugs and glasses for this care home. Fill the mugs and cups as though you were giving a drink to a resident (often not as full as you would fill it for yourself).

- Usual care home mug volume:
- Usual care home cup volume:
- Usual care home glass volume:
- Other vessels: specify vessel: volume:
- Other vessels: specify vessel: volume:
- Other vessels: specify vessel: volume:

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Practical 1N. Activities to carry out between today and next meeting – for managerial staff

(1 copy per participant)

Your name:

Care home:

Note 5 examples of good practice around drinks and drinking for residents (good practice of any member of staff or visitor):

f. Example:

g. Example:

h. Example:

i. Example:

j. Example:

Choose 2 members of staff and find out how much they drink during a normal shift (ask them what they drank, have a chat and/or ask them to complete a Drinks Diary during the shift)

Staff member 1:

- What did they drink during the shift?
- How much was drunk during shift?
- When did they drink during the shift?
- What was the duration of their shift?
- Was there a time when they wanted a drink but could not have one? (if yes, when and why?)

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- Were there any times they didn't finish a drink? (if yes, when and why?)
- Any other comments?

Staff member 2:

- What did they drink during the shift?
- How much was drunk during shift?
- When did they drink during the shift?
- What was the duration of their shift?
- Was there a time when they wanted a drink but couldn't have one? (if yes, when and why?)
- Were there any times they didn't finish a drink? (if yes, when and why?)
- Any other comments?

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Practical 10. Activities to carry out between today and next meeting – for catering staff

(1 copy per participant)

Your name:

Care home:

Number of drinks. Map out the usual pattern of drinks offered directly to residents during a normal day. Fill in how many drinks are offered at each time of day. Do not assume residents drink any of the fluid in jugs left out in bedrooms or dayrooms (many residents do not drink any of these).

Now observe your residents! Do any residents miss any of these drinks? Do some residents miss the pre-breakfast drink? Do some sleep in the afternoon, so miss the afternoon drinks round? Do some not have medications that need a drink?

Time	Number of drinks offered	Note whether any of these drinks are ever missed for individual residents
Before breakfast		
During breakfast		
During the morning		
During lunch		
Immediately after lunch		
During the afternoon		
With the evening meal		
Directly after the evening meal		
During the evening		
Drinks with pills		
Total number of drinks offered		

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Generic plan for Meetings in weeks 2-5, 7-10, 12-14

Participants: single staff groups, different staff depending on week

Duration: 2 hours

This is the generic timetable for the 2-hour meetings:

- ❖ Where discussions are suggested: the facilitator needs to encourage and facilitate, and give your participants time. You don't need to tell them much - let most ideas flow from your participants. Just make sure the key ideas have all been picked up by the end (if not, add them in).
- ❖ Where experiential sessions are suggested: the facilitator's role is to support participants to become immersed in the experience, then to return them to the present and discuss the experience. Discuss how this experience feels, and also what it means for supporting drinking in care homes.

<i>Time</i>	<i>Activity</i>	<i>Materials needed</i>	<i>Who responsible</i>
-15 to 0 mins	As participants arrive they help themselves to a variety of hot and cold drinks and snacks – these remain available throughout the session	<i>Drinks & snacks</i>	
0 to 10 mins (10mins)	Discussion: Each participant to summarise what they learnt from the last session, and discuss any changes around drinking in their home. Feedback from Practical work agreed at last meeting. Any questions or issues?		
10 to 30 mins (20mins)	Activity - Discussion session	Activity A (eg 2A, 3A, 4A, 5A etc)	
30 to 90 mins (60mins)	Activity – Experiential or activity session	Activity B (eg 2B, 3B, 4B, 5B etc)	
90 to 110 mins (20mins)	Practical work: Plan activities to carry out in the care home between this week and our next meeting	Activity C (eg 2C, 3C, 4C, 5C etc)	
110 to 120 mins	Summarise session, make sure everyone knows where and when the next two meetings will be, thank participants for their input. Finish and depart.		

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Week 2 Discussion topics & Activities

Title for week 2: Activities – what they are, what they can achieve, support needed

Participants: Activities Coordinators

Activity: experiential planning of an activity

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Activity 2A - Discussion activity for week 2 – for Activity coordinators **20 minutes**

Getting to know each other – we introduce ourselves and discuss our role as activity coordinators in more depth.

Discussion between participants, including:

- What do we do?
- How often?
- When?
- How many hours do you work as an AC each week?
- Do I have other roles in the home too?
- How are activities chosen, planned in, organised?
- How is equipment needed obtained?
- How do residents find out about activities?
- Do your residents drink more than usual when they attend your activities (follow on from practical work if not already addressed)?
- What can we do to support our residents drinking more in activities?

General discussion:

- What was your best activity ever? Why?
- Brainstorm – what activities could we run that are related to, or may support, drinking?
- In what other ways (perhaps alongside activities) can ACs support healthy drinking in care homes?

Strategies for ACs to support drinking in care homes – make sure to include:

- Extra drinks during activities
- Making sure residents know about the importance of drinking and harms of not drinking enough

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Activity 2B -- designing an activity

For Activity coordinators (60 minutes)

In this activity divide the participants into pairs (or at most 3 to a group).

For 40 minutes get them to use Handout 2B to design an activity. Encourage them to work in pairs to design an activity that is fun, and informs your residents about the importance of drinking enough – why they need to drink well (and what happens if they don't).

Spend 10 minutes where each pair tells the other group(s) about the activity they have designed. Discuss how well it will help older people to drink well.

Give each participant a copy of the Making Drinking Fun Activity Toolkit, and spend 10 minutes showing them the format of activities in the Toolkit.

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Handout 2B

Your name:

Care home:

Work in pairs to design an activity that is fun, and informs your residents about the importance of drinking enough – why they need to drink well (and what happens if they don't)

1. What do you want your residents to learn from or experience during the activity?

2. What sort of activity do you want to run?

3. How will you make it fun?

4. How will you support social interaction between residents?

5. In what way will this activity support drinking?

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6. How long will the activity be?

7. What resources will you need?

8. How many helpers will you need? Who?

9. How will you publicise the activity?

10. Any other information needed?

11. Will you make any modifications in the joint activity to run it at your own home? (if yes, what?)

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Activity 2C - Practical work to carry out between today and next meeting – week 2, for Activity coordinators

20 minutes

Spend 10 minutes setting goals for each participant for the next few weeks (to achieve before week 7). Then each participant completes Handout 2C as a record of their plans.

Handout 2C

Your name:

Care home:

- **One Activity I will try out between now and our next meeting to support drinking in our residents:**

- **The second Activity I will try out between now and our next meeting to support drinking in our residents:**

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Week 3 Discussion topics & Activities

Title for week 3: Roles of carers around drinks and drinking – where can we make a difference?

Participants: Carers

Activities:

- **experiential discussion of drinks we have enjoyed,**
- **analysis of routine care home drinks**

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Activity 3A - Discussion activity for week 3 – for Care staff

20 mins

Getting to know each other – we introduce ourselves and discuss our role as carers in more depth.

Discussion between participants, including:

- What do we do?
- How often?
- When?
- How many hours do you work as a carer each week?
- How long have you been a carer?
- Do you have other roles in the home too?
- In what ways are you involved in supporting drinking in your residents?
- In what ways would you like to be more involved in supporting drinking?

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Activity 3Bi - Thought activity session for week 3 – for care staff 20 mins

The perfect drink....

Thought activity - think of a recent drink you really enjoyed (during the past week), remember the experience, then think about what made that drink special?

Each person in turn to tell the group about their special drink, and what it was that made it special. Trainer to write up (flip chart or whiteboard) what made the drinks special.

What were the elements that led to your residents really enjoying their drinks (this should have been noted in the practical work given out at the last meeting)? Add these to the list. Are they similar or very different from carer examples?

Now trainer to group the key elements that made drinks special, with the help of the participants – these may include:

- Social – a drink with special friends or family
- A special drink – wonderful flavours and looking fabulous
- Context – such as a perfect cup of tea in your favourite mug first thing in the morning
- Meaning – such as a special drink to celebrate an event or the end of the working day
- Other...

These are the elements that make drinking special to all of us. How can we make sure that our residents get these sorts of special drinks? How can we ensure that our residents have a positive social environment in which to drink? How many of their drinks are perfect for them – the right drink, made right for them, in the right cup? What special drinks do they get offered (outside the routine)? Do they have special drinks to celebrate with?

How could we improve any of these for our residents?

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Activity 3Bii - Thought activity session for week 3 – for care staff 40 mins

Handout 3Bii - Sufficient drinks

Activity to bring together

- the usual drinks routine in your care home for residents
- volume of drink in each of the cups used (see practical work from last meeting)

to assess the volume of drinks offered to residents through the day.

What volume of drinks is offered directly to residents during a normal day? (Here add together the volumes of drinks at each time drinks are offered to all residents. Do not assume residents drink any of the fluid in jugs left out in bedrooms or dayrooms (many residents do not drink any of these):

Time	Number of drinks offered	Volume of each (from your practical work)	Total volume (number x volume)
Before breakfast			
During breakfast			
During the morning			
During lunch			
Immediately after lunch			
During the afternoon			
With the evening meal			
Directly after the evening meal			
During the evening			
With medications			
Total volume offered			

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When you add up the total at the end of the day, is this at least 2L/d for men and at least 1.6L/d for women?

If not, you are not providing enough drinks for your residents.

How can you improve this? (You may need to offer more drinks – always offering drinks before breakfast, offering several drinks during and after each meal, having two morning and afternoon drinks rounds etc). What will work in your home? Discuss as a group.

Many residents will not drink all of the drinks they are given. These residents are likely to be drinking too little. How do you deal with unfinished drinks? How can you help these residents to drink enough? Discuss as a group.

3 key changes to make in my care home to increase the number and amount of drinks offered to residents:

Key change 1:

Key change 2:

Key change 3:

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Activity 3C - Practical work to carry out between today and next meeting – week 3, for care staff

Your name:

Care home:

- **One key change I will try out myself between now and our next meeting to support drinking in our residents:**

- **One key change I will discuss with others and try to implement between now and our next meeting to support drinking in our residents:**

- 3. Note 5 examples of good practice around drinks and drinking for residents that you see in your care home (this could be good practice by yourself, by other care staff, by managers, caterers, activity coordinators, volunteers, family members or other residents!):**
 - a. Example:

 - b. Example:

 - c. Example:

 - d. Example:

 - e. Example:

For each example, tell the person responsible for the good practice that you appreciate their efforts to support residents drinking (within 24 hours if possible). How did that go?

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Week 4 Discussion topics & Activities

Title for week 4: Roles of managers around drinks and drinking – where can we make a difference?

Participants: managerial staff

Activities:

- **Scenarios – what management input is needed?**
- **Discussion on staff drinking habits**

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Activity 4A - Discussion activity for week 4 – for Managerial staff (20 mins)

Getting to know each other – we introduce ourselves and discuss our role as carers in more depth.

Discussion between participants, including:

- What do we do?
- How often?
- When?
- How many hours do you work in your managerial role each week?
- How long have you been a manager?
- Do you have other roles in the home too? Have you had others in the past?
- In what ways are you involved in supporting drinking in your residents?

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Activity 4B – Experiential activity session for week 4 – for managerial staff (60 mins)

Two scenarios to consider....

Scenario 1 (20 mins)

We know that care staff sitting and drinking with residents encourages real relationships, and supports good drinking for both residents and staff. When we talk about this in Flowery Bower Care Home, managerial staff tell us that they encourage staff to sit and drink (in a one-to-one way) with residents. Care staff working at Flowery Bower tell us that they are not allowed to sit and drink (in a one-to-one way) with residents. This is not part of their job and it would be considered by their colleagues as “slacking”.

Someone reads out the scenario to the whole group. Then the group discuss it. As a trainer make sure that all participants have a chance to add to the discussion.

Discussion points:

- Why do you think that staff and residents sitting together for a drink is such a powerful way to promote both hydration and individual care?
- How do you think this scenario might arise?
- How could managerial staff at Flowery Bower support care staff to sit and drink (in a one-to-one way) with residents?

Scenario 2 (20 mins)

We know that whether residents get an early morning drink is a good indicator of how likely they are to be dehydrated – an early morning drink really helps. Additionally, many residents tell us they enjoy their first cup of tea or coffee, soon after waking and before personal care and breakfast, most. But, they tell us that whether they get it depends on who is working that morning. You decide to come in early one morning and find that most of your residents are not offered drinks before personal care and breakfast.

Someone reads out the scenario to the whole group. Then the group discuss it. As a trainer make sure that all participants have a chance to add to the discussion.

Discussion points:

- What are the issues you may need to discuss and deal with to support care staff to ensure your residents are all offered early morning drinks every morning?
- Carers tell us that giving residents an early morning drink before personal care makes personal care time easier and more efficient, as well as more cheerful. Why do you think this might be?

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Staff drinking (20 mins)

Discuss the following:

- How do you feel when you don't drink enough fluid?
- Why does it matter if your (care, nursing, managerial, activities and catering) staff do not drink enough? [note: loss of efficiency & focus, feeling busy but not getting much done, tired, lethargic etc]
- How do meetings feel when you have a drink provided (or take one along)? Do meetings feel different if no-one has a drink and no-one is offered a drink? If so, different how?
- Do your staff tend to drink well when they are working? [share experiences and findings from practical work]
 - If yes, how do they do this? How can you support this continuing?
 - If no, how could you help staff to drink well in future? How can you check that this is working?

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Activity 4C - Practical work to carry out between today and next meeting – week 4, for managerial staff

Your name:

Care home:

- **Actions I will take in my care home to promote and support staff taking time to sit and share a drink and a chat with individual residents:**

- **Actions I will take in my care home to promote and support staff drinking well and staying hydrated:**

- **Note 5 examples of good practice around drinks and drinking for residents:**
 - i. Example:

 - ii. Example:

 - iii. Example:

 - iv. Example:

 - v. Example:

For each example, tell the person responsible for the good practice that you appreciate their efforts to support residents drinking (within 24 hours if possible). How did that go?

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Week 5 Discussion topics & Activities

Title for week 5: Roles of catering staff around drinks and drinking – where can we make a difference?

Participants: catering staff

Activities:

- **Quiz on fluid content of drinks**
- **Analysis of whether routine care home drinks provision is sufficient for residents**

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Activity 5A - Discussion activity for week 5 – for catering staff (20 mins)

Getting to know each other – we introduce ourselves and discuss our role as carers in more depth.

Discussion between participants, including:

- What do we do?
- How often?
- When?
- How many hours do you work in your catering role each week?
- How long have you been in catering? Catering within care homes?
- Do you have other roles in the home too? Have you had others in the past?
- In what ways are you involved in supporting drinking in your residents?
- How can we change (and improve) what and how much residents drink?
- What drinks do you think residents enjoy most?

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Activity 5B – Experiential activity session for week 5 – for catering staff (60 mins)

This is a series of activities working out the volume of drinks offered at each care home. The trainer needs to help the participants through this process, making sure that they are able to work out and add up volumes of drink correctly towards the end, as they complete Handout 5a. This is vital to ensure that the caterers have a realistic understanding of the volume of drinks offered to residents, and whether this is sufficient.

Volume. Think through the day. **How many drinks are offered to each resident each day in your care home? Use Handout 5a.**

Handout 5a. Using your practical work map out the usual pattern of drinks offered directly to residents during a normal day. Fill in how many drinks are offered at each time of day. Do not assume residents drink any of the fluid in jugs left out in bedrooms or dayrooms (many residents do not drink any of these).

Time	Number of drinks offered	Volume of each	Total volume (number x volume)
Before breakfast			
During breakfast			
During the morning			
During lunch			
Immediately after lunch			
During the afternoon			
With the evening meal			
Directly after the evening meal			
During the evening			
Drinks with pills (through day)			
Total drinks offered			

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Ideally, the number of drinks offered each day to every resident should be at least 10. Does your care home achieve this? If not, how could it achieve this?

Once you have completed the number of drinks offered at each time of day take the Quiz on drinks volumes. See Handout 5b.

Quiz

The quiz asks about how much volume there is in each of these cups. Form 2 teams, and each team has 10 minutes to decide their best answers to the quiz. Mark these together. (You could give a prize to the winning team).

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Handout 5b. Quiz.

Quiz: How much fluid is in a drink?

Split the groups differently for this quiz. Each team gets a quiz sheet with the pictures below.

How much do you think? Look at the drinks below and estimate the number of millilitres (mls) of fluid in each:



_____ml _____ml _____ml _____ml _____ml _____ml



_____ml _____ml _____ml _____ml _____ml _____ml

Obviously the amount of fluid in each depends on how high you fill the cup or glass, but notice how full your residents' cups are filled – there is usually a good space to prevent spills. The pictures above reflect this. Look overpage to see how well you did.

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Handout 5c. Quiz answers

These are the actual volumes of fluid in these cups:



100ml

150ml

250ml

250ml

250ml

400ml



100ml

200ml

150ml

150ml

500ml

500ml

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Next, think about usual cups at each drinking occasion in Handout 5a, and add the volume of each drink (in the column “volume of each”). Use the volumes from the quiz- but you can improve on this when you are back at your care home. Take the usual cups used by your residents and fill them with water (to the same volume that they would be filled if used for giving tea or orange juice to residents). Then tip the water into a measuring jug. How many millilitres (mls) is that? Use the correct volume in “volume” column of Handout 5b.

Finally, multiply the volume and number of drinks at each time of day (in the right hand column), then add up the right hand column. This is the total volume of drinks offered each day.

What is that volume? This needs to be at least 2L (2000ml) every day for men, and at least 1.6L (1600ml) every day for women. Are you offering enough?

Discussion:

We could increase the volume of drinks offered by increasing cup sizes or by offering drinks more often, or both. What are the advantages and disadvantages of each? (Note these on a flipchart or whiteboard).

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Optional activity:

Handout 5c. Worksheet

Now work out:

If the drinks in my care home are 100ml each:

- how many drinks will a woman need to make sure she is drinking at least 1.6L (1600ml) every day?
- how many drinks will a man need to make sure he is drinking at least 2L (2000ml) every day?

If the drinks in my care home are 150ml each:

- how many drinks will a woman need to make sure she is drinking at least 1.6L (1600ml) every day?
- how many drinks will a man need to make sure he is drinking at least 2L (2000ml) every day?

If the drinks in my care home are 200ml each:

- how many drinks will a woman need to make sure she is drinking at least 1.6L (1600ml) every day?
- how many drinks will a man need to make sure he is drinking at least 2L (2000ml) every day?

If the drinks in my care home are 250ml each:

- how many drinks will a woman need to make sure she is drinking at least 1.6L (1600ml) every day?
- how many drinks will a man need to make sure he is drinking at least 2L (2000ml) every day?

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Handout 5b. Worksheet answers

Now work out:

If the drinks in my care home are 100ml each:

- how many drinks will a woman need to make sure she is drinking at least 1.6L (1600ml) every day? **16 drinks**
- how many drinks will a man need to make sure he is drinking at least 2L (2000ml) every day? **20 drinks**

If the drinks in my care home are 150ml each:

- how many drinks will a woman need to make sure she is drinking at least 1.6L (1600ml) every day? **11 drinks**
- how many drinks will a man need to make sure he is drinking at least 2L (2000ml) every day? **14 drinks**

If the drinks in my care home are 200ml each:

- how many drinks will a woman need to make sure she is drinking at least 1.6L (1600ml) every day? **8 drinks**
- how many drinks will a man need to make sure he is drinking at least 2L (2000ml) every day? **10 drinks**

If the drinks in my care home are 250ml each:

- how many drinks will a woman need to make sure she is drinking at least 1.6L (1600ml) every day? **7 drinks**
- how many drinks will a man need to make sure he is drinking at least 2L (2000ml) every day? **8 drinks**

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Activity 5C - Practical work to carry out between today and next meeting – week 5, for catering staff

Your name:

Care home:

One way I will increase the number of drinks that residents are offered:

A second way I will increase the number of drinks that residents are offered:

Variety. During one day in your care home note how many different types of drinks are offered to your residents? Follow 2 residents and note their options. If they are offered coffee, tea and orange juice at breakfast then orange squash and water at lunch, followed by tea or coffee, with other similar choices through the day, with Horlicks or hot chocolate offered in the evening then your residents were offered 7 choices (coffee, tea, orange juice, orange squash, water, Horlicks, hot chocolate).

Types of drink offered to resident 1:

Types of drink offered to resident 2:

Take photos of at least 10 drinks offered to residents in your home (including the different varieties above), bring them along to our week 10 meeting.

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Week 7 Discussion topics & Activities

Title for week 7: Activities and drinking – making a difference

Participants: Activities Coordinators

Activities:

- **Using the Making Drinking Fun Toolkit**
- **Experiential – running the lemonade-making activity**

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Activity 7A - Discussion activity for week 7 – for Activity coordinators

Last session (week 2) you planned an activity. Discuss the following:

- Were you able to carry out that activity for your residents? Why or why not?
- If you did carry out the activity, did you go as you expected? What was different?
- How would you run the activity next time to make it better?
- Did you ask your residents how they would have improved the activity? If so, what did they say?
- Do you normally plan out activities in the way we did in week 2? Why or why not?
- Was the planning process useful?
- How did you publicise the activities you ran during the past few weeks?
- How far ahead did your residents know about them?
- What are the advantages of residents knowing about activities ahead of time?

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Activity 7B – Experiential activity session for week 7 – for Activity coordinators (60 mins)

Trainer gives each participant a paper copy of the Making Drinking Fun Activities and Engagement Toolkit. Group takes 5 minutes to look through it, work out the format and find the activity on lemonade making.

Divide into 2 teams. “This week you are going to work in 2 teams. Each team will take a turn being Activity Coordinators and their helpers, and a turn being care home residents.”

Each team takes 10 minutes to plan how they will publicise and run the lemonade making activity (with the other team being their residents).

Team 1 runs the lemonade making activity with Team 2 being the residents (15 mins max). Residents need to imagine themselves as a particular type of resident (perhaps very enthusiastic, or very reluctant, or falling asleep, or with a short attention span) to stick to when taking part in the activity. All participants and trainers watch for issues around safety, and stop the activity to discuss any problems if these occur. Stop after 15 minutes, even if the lemonade is not complete.

Change over, Team 2 runs the activity, Team 1 are residents. (15 mins max)

Discussion for 15 minutes.

- What worked well in each scenario?
- What worked less well in each scenario?
- Were all residents able to take part? Did they feel involved?
- Were there any safety issues?
- To be included in this activity some residents will need one-to-one support. Who may be able to provide this support?
- Some jobs within this activity are safer than others, what jobs can you give to residents who may not be safe with a knife or a food processor?
- What about this activity is enjoyable? For you? for residents?

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Activity 7C - Practical work to carry out between today and next meeting – week 7, for Activity coordinators

Your name:

Care home:

- **Make a list of all the residents at your care home. Over the next 5 weeks tick off when each of them attends an activity (Handout 7a). Bring this list with you when you come on Week 12.**
- **Make a list of all the activities you run at your care home between today and the week 12 meeting (Handout 7b). Bring this list with you when you come on Week 12.**
- **One Activity from the Toolkit that I will try out between now and our next meeting to support drinking in our residents:**

When the activity has happened, note here

- What worked well?
- What could have made it even better?
- What suggestions did residents have to improve it?

- **A second Activity from the Toolkit that I will try out between now and our next meeting to support drinking in our residents:**

When the activity has happened, note here

- What worked well?
- What could have made it even better?
- What suggestions did residents have to improve it?

Handout 7a. List of residents, and who attends which activities.

Care home name:

[illegible]

Handout 7b. List of activities at my care home. Care home name:

Fill in this table with the activity name, and the dates that this activity happened at your care home between course days in week 5 and week 12. Continue on another sheet if needed.

[illegible]

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Week 8 Discussion topics & Activities

Title for week 8: working with others to change practice, focus on drinking priorities for our care home

Participants: care staff

Activities:

- **Experiential – watching and reinforcing good practice**
- **Experiential – huddles - brief sharing of information around drinking**
- **Experiential – difficult conversations**

Activity 8A - Discussion activity for week 8 – for Care staff

30 mins

Round robin – how did your work to improve practice around drinking in your residents go?

First (ask everyone in the group in turn): What was the change you were going to make yourself? Did you manage to make it? How did that go? (If the change was not made discuss why not). What can we do next to make this change usual practice?

Second (ask everyone in the group in turn): What was the change you were going to discuss with others and try to implement by this week? Did you manage to discuss this with others? Together were you able to make the change? How did it go? (If the discussion was not had, or the change not made, discuss why not). What can we do next to make this change usual practice?

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Activity 8B - Activity session for week 8 – for care staff

50 mins

Watching for good practice

Did anyone see any of the following during the past couple of weeks (in their care home)?

- A member of staff clearing away an unfinished drink and offering another hot/fresh drink?
- Someone (staff or visitor) sitting and chatting with a resident while both enjoying a drink together?
- A member of staff offering drinks to a resident and their visitor(s)?
- Someone helping a resident to find a cup or glass that they really like, or that helps them drink independently?
- Someone making a special drink for a resident – one that they really like but isn't usually on the menu perhaps, or made just how they like it?
- Someone making a drink for a resident look wonderful?
- Someone taking time to support 2 residents to have a social chat together and making sure they each have a drink while they chat?
- Someone making extra drinks for residents (between usual drinks) for a special event or activity?
- Someone making a drink for a resident as they wake up and before/during personal care (but before breakfast)?
- A member of staff giving a good-sized drink with pills (at least 150ml of water or other cold drink)?
- A member of staff having a quick huddle to tell everyone else about a drinks related issue (an activity around drinking planned for later that day, a worry about a resident not drinking well, a suggestion that a resident who is struggling to drink really likes a specific cup or a specific drink or a specific companion that will help them drink better)?
- Any other great practice?

These are all indicators of good practice around drinking. If you saw any of these did you reinforce them by saying "well done" to the member of staff at the time or later? Encouraging, supporting and praising staff for these sorts of good practice is a really good way of making sure it happens more!

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Discuss!

Huddles

Has anyone come across huddles?

Watch the video on Huddles here: <http://www.ihl.org/resources/Pages/Tools/Huddles.aspx>

According to the Institute for Healthcare Improvement “A huddle is a short, stand-up meeting — 10 minutes or less — that is typically used once at the start of each workday in a care setting. The huddle gives teams a way to actively manage quality and safety, including a review of important standard work such as checklists. Often, standard work will be the output of previous quality improvement projects, and huddles provide a venue to ensure process improvements stick. Huddles enable teams to look back to review performance and to look ahead to flag concerns proactively.”

These are brief directed meetings, happening in situ (in the home day room or corridor or dining room, not in the office) to share information. Drinks related huddles can help everyone in the team (managers, carers, activities coordinators, catering staff, housekeeping staff, volunteers) know what is going on around drinking. A quick huddle at the beginning of the day shift and the evening shift can transfer vital drinks-related information (such as residents who are struggling with drinking, activities coming up today, drink solutions – drinks, cups, companions that help a specific resident to drink, and maintain the focus on drinking.

Who will try them? What process will you need to go through to make them usual practice in your home?

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Activity 8C - Practical work to carry out between today and next meeting – week 8, for care staff

Your name:

Care home:

- 4. One Activity I will try out between now and our next meeting to support drinking in our residents:**

- 5. The second Activity I will try out between now and our next meeting to support drinking in our residents:**

- 6. Note 5 examples of good practice around drinks and drinking for residents:**
 - a. Example:

 - b. Example:

 - c. Example:

 - d. Example:

 - e. Example:

For each example, tell the person responsible for the good practice that you appreciate their efforts to support residents drinking (within 24 hours if possible). How did that go?

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7. Note 5 examples of good practice around continence and good toilet support for residents:

a. Example:

b. Example:

c. Example:

d. Example:

e. Example:

For each example, tell the person responsible for the good practice that you appreciate their efforts to support residents drinking (within 24 hours if possible). How did that go?

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Week 9 Discussion topics & Activities

Title for week 9: staff drinks intake – why it matters and how to alter it

Participants: managerial staff

Activities:

- **Experiential – recent drinks enjoyed**
- **Analysis - is routine care home drinks provision sufficient for residents?**

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Activity 9A - Discussion activity for week 9 – for Managerial staff (20 mins)

The perfect drink....

Start with 5 minutes for individual thought on this topic:

Thought activity - think of a recent drink you really enjoyed (during the past week), remember the experience, then think about what made that drink special.

Round robin: Each person in turn to tell the group about their special drink, and what it was that made it special. Trainer to write up (flip chart or whiteboard) what made the drinks special.

Now trainer to group the key elements that made drinks special, with the help of the participants – these may include:

- Social – a drink with special friends or family
- A special drink – wonderful flavours and looking fabulous
- Context – such as a perfect cup of tea in your favourite mug first thing in the morning
- Meaning – such as a special drink to celebrate an event or the end of the working day
- Other...

To discuss: These are the elements that make drinking special to all of us.

- How can we make sure that our residents get these sorts of special drinks?
- How can we ensure that our residents have a positive social environment in which to drink?
- How many of their drinks are perfect for them – the right drink, made right for them, in the right cup?
- What special drinks do they get offered (outside the routine)?
- Do they have special drinks to celebrate with?
- How could we improve any of these for our residents?

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Activity 9B - Thought activity session for week 3 – for managerial staff 60 mins

Managerial staff to bring a variety of cups and glasses that their residents use daily.

Part 1: work out the fluid volume (in mls) of each cup used for residents. Do this by filling the cup with water to the level it would usually be filled for a resident. Then tip this water into a measuring jug and read off the number of millilitres (mls) in the drink. Empty the jug between measures. Remember, drinks given to residents may contain less fluid than those to staff as there are worries about residents spilling drinks, particularly if they are not very steady.

Handout 9a. Measure fluid in usual cups and mugs and glasses for this care home. Fill the mugs and cups as though you were giving a drink to a resident (often not as full as you would fill it for yourself).

- Usual care home mug volume:
- Usual care home cup volume:
- Usual care home glass volume:
- Other vessels: specify vessel: volume:
- Other vessels: specify vessel: volume:
- Other vessels: specify vessel: volume:

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Handout 9b. Now map out the usual pattern of drinks offered directly to residents during a normal day. Fill in how many drinks are offered at each time of day. Do not assume residents drink any of the fluid in jugs left out in bedrooms or dayrooms (many residents do not drink any of these).

Time	Number of drinks offered	Volume of each (from your practical work)	Total volume (number x volume)
Before breakfast			
During breakfast			
During the morning			
During lunch			
Immediately after lunch			
During the afternoon			
With the evening meal			
Directly after the evening meal			
During the evening			
Total volume of drinks offered			

Next, think about usual cups at each drinking occasion, and add the volume of each drink (in the column “volume of each”).

Finally, multiply the volume and number of drinks at each time of day (in the right hand column), then add up the right hand column. This is the total volume of drinks offered each day.

- When you add up the total at the end of the day, is this at least 2L/d for men and at least 1.6L/d for women?

If not, you are not providing enough drinks for your residents.

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- How can you improve this? (You may need to offer more drinks – always offering drinks before breakfast, offering several drinks during and after each meal, having two morning and afternoon drinks rounds etc). What will work in your home? Discuss as a group.
- Many residents will not drink all of the drinks they are given. These residents are likely to be drinking too little. How do you deal with unfinished drinks? How can you help these residents to drink enough? Discuss as a group.

3 key changes to make in my care home to increase the number and amount of drinks offered to residents:

Key change 1:

Key change 2:

Key change 3:

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Activity 9C - Practical work to carry out between today and next meeting – week 3, for managerial staff

Your name:

Care home:

- **One key change I will try out myself between now and our next meeting to support drinking in our residents:**

- **One key change I will discuss with others and try to implement between now and our next meeting to support drinking in our residents:**

- **Note 5 examples of good practice around drinks and drinking for residents that you see in your care home (this could be good practice by yourself, by other care staff, by managers, caterers, activity coordinators, volunteers, family members or other residents!):**
 - a. Example:

 - b. Example:

 - c. Example:

 - d. Example:

 - e. Example:

For each example, tell the person responsible for the good practice that you appreciate their efforts to support residents drinking (within 24 hours if possible). How did that go?

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- **Note 5 examples of good practice around continence and good toilet support for residents:**

a) Example:

b) Example:

c) Example:

d) Example:

e) Example:

For each example, tell the person responsible for the good practice that you appreciate their efforts to support residents drinking (within 24 hours if possible). How did that go?

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Week 10 Discussion topics & Activities

Title for week 10: Making drinking more pleasant - variety & attractiveness

Participants: catering staff

Activities:

- **Planning – creating a list of hydrating drinks**
- **Making drinks even more attractive**

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Activity 10A - Discussion for week 10 – for catering staff (20 mins)

Round robin: How did you get on with increasing drinks offered to residents? What did you do, and how did it go?

Discussion:

- Were there any problems with implementing the changes you planned?
- How might these problems be surmounted?
- What changes are within your control, and what changes need support of others?
- How did you or could you gain the support of others to make these changes?
- Was this enough? what more is still needed?
- One of the hardest changes is to make sure every resident gets a drink as they wake up and with or before personal care, and before breakfast. What can you do to support this change?
- What will you do next to make sure your residents are offered plenty of drinks every day?

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Activity 10B - Activity session for week 10 – for catering staff (60 mins – 30 mins on variety, 30 mins on making drinks attractive)

Variety! In your practical work you were asked to find out how many types of drinks are offered to residents in a single day in your care home.

Round robin:

- Why do you think the number of types of drinks offered matters?
- How many different types of drinks are offered in your care home each day?

What drinks??

- Form pairs or sets of 3
- Trainer times 10 minutes: during this time the pairs or teams of 3 use a flipchart sheet to write out as many different (non-alcoholic) drinks as you can think of (hint: don't just write "squash" but write blackcurrant squash, orange squash, lemon squash etc.

Display the flip chart pages. What drinks did each team forget? What are the unique drinks?

The team who write down the greatest number of different drinks wins – well done!! (you could give a prize to that team). **Type up this full list of drinks and give copies to each participant at the next meeting.**

To discuss:

- What opportunities do you have to increase the variety of drinks offered in your care home?
- What are the difficulties?
- What solutions have you come up with?
- What new drinks could you try?

Types of drinks give **variety**, it is easier to drink well and enjoy it if there is some variety in our drinks (in the same way that variety in our food helps us to eat well). Variety makes drinking fun.

The number of drinks we drink each day and the size of the drinks give drinks **volume** – we need to drink enough fluid volume each day to stay well. We need enough drinks volume for health.

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Visual appeal. How food and drink looks can affect how keen we are to consume them. This matters most when the recipient is not very hungry or thirsty. Older people lose their sense of thirst, so are unlikely to drink because of thirst. We can use other cues to help older people feel interested in drinking – smell, taste, novelty, attractive appearance, social setting, context.

In pairs, share the photos you took of residents drinks. Take 10 minutes to think about ways that you could make residents drinks more attractive. Work through the different sorts of drinks residents receive during a normal day (tea, coffee, fruit juice, water, squash, hot chocolate, ovaltine etc).

Do a round robin to get ideas about making each type of drink more attractive. Some ideas that may come up, and that the trainer can add in if needed include:

Coffee:

- Offer it in an old familiar mug or favourite cup and saucer – what is the residents favourite cup?
- Provide a cafetiere, milk jug, cup and saucer, sugar bowl on an attractive tray
- Offer latte, cappuccino and espresso, not just coffee
- Get the biscuits right
- Have de-cafeinated coffee available for those worried about continence

Tea:

- Offer a teapot with cosy, cup and saucer, jug of milk and bowl of sugar
- Offer different types of tea – many will remember and enjoy Earl Grey, lapsang souchong, Assam or Darjeeling
- Try a different brand of “normal tea” – a better brand can make a big difference!
- Try out some herbal teas, without milk, these can be a really good for a change (without milk usually)

Water:

- A better glass
- Chilled or with ice
- Flavour with cucumber or strawberries
- Fizzy with ice and a straw

Fruit juice:

- Can look fabulous with ice in a wine glass,
- Try adding a leaf of mint or a piece of fruit
- Offer a variety – pineapple, mango, apple juice, smoothies as well as orange juice

Hot chocolate:

- What about marshmallows? Whipped cream?

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Real drinks

If possible provide a variety of cups, glasses, teapots etc, with cocktail umbrellas, marshmallows, whipped cream etc and get each participant to spend 10 minutes to produce a really attractive drink. Take time to discuss and admire these!

You could limit the resources needed for this by focussing on fruit juice only, coffee only, or teas only. You might also get your participants to each bring a glass or cup, and two types of decoration to share, for the drinks you plan to work on.

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Activity 10C - Practical work to carry out between today and next meeting – week 10, for catering staff

Your name:

Care home:

- **New drink 1 I will offer residents between now and our next meeting:**

- **New drink 2 I will offer residents between now and our next meeting:**

- **One way I will make usual drinks more attractive between now and our next meeting:**

- **Another way I will make usual drinks more attractive between now and our next meeting:**

- **Find out: How many of your residents need thickener in their drinks? How thick do they need to be? If you are able, bring along some thickener to the next meeting (week 14).**
- **Find out: How many of your residents need enriched or fortified drinks? If you are able, bring along some of these drinks to the next meeting (week 14).**

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Week 12 Discussion topics & Activities

Title for week 12: Activities for hard to reach groups – individuals, those with dementia, men

Participants: Activity Coordinators

Activities:

- **Experiential – one-to-one activity in pairs**

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Activity 12A - Discussion activity for week 12 – for Activity coordinators (20min)

Activity coordinators use the handouts they completed from week 5.

Handout 7a – list of residents with number of activities each has attended over the 5 weeks. Hold this as a discussion with each participant referring to their own list.

- Look at your own list. Do you find that some residents have attended frequently, others less or not at all?
- Why do you think that is?
- What sort of residents are most likely to attend?
- Is it different by gender (men/ women)?
- Is it different by level of dementia?
- Do different residents have different interests?
- Some residents don't like being part of groups, and so may not attend group activities. What one-to-one activities can you think of that you could have with individual residents? Brainstorm this onto a flip chart or whiteboard.
- Which of your activities are suitable for residents with moderate to severe dementia? (Note: with appropriate support lots of activities may be suitable, but it is also possible to create activities specifically for those with poorer cognitive skills).
- What sort of activities may be particularly appropriate for those with dementia?
- What sort of activities may be particularly appropriate for men?
- What sort of activities may be particularly appropriate for the brightest of your residents?

Now participants refer to **Handout 7b**.

Add headings to the 3 right-hand columns (see next page, activities for the body, activities for the mind and activities for being social).

- Physical activity (for the body) may include playing bowls, walking, dancing and exercise classes
- Cognitive activity (for the mind) might include crosswords, Sudoku, poetry readings, painting and book clubs
- Social activity (for socialising) might include a tea party, bingo, and going out for a meal

Which of your activities fall into which categories? Do you offer a good variety of each sort of activity?

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Handout 7b. List of activities at my care home. Care home name:

Fill in this table with the activity name, and the dates that this activity happened at your care home between course days in week 5 and week 12. Continue on another sheet if needed.

[illegible]

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Activity 12B - Experiential activity session for week 12 – for Activity coordinators (60 mins)

This is your chance to think about the activity mix you offer at your care home!

Fill in this table (Handout 12a) with activities, making sure that you are providing activities for the body, mind and being social, and also for men, individuals and those with dementia. Continue on another sheet if needed. Use the Activities Toolkit and others in the group to help with new ideas.

Once everyone has a good set of activities on their list, and has at least 2 activities to offer in each column,

- get each Activities Coordinator to show their set of activities to the others, and
- talk about what new activities she/he will need to develop.

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Handout 12a. Revised list of activities at my care home. Care home name:

[illegible]

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Activity 12C - Practical work to carry out between today and next meeting – week 12, for Activity coordinators

Your name:

Care home:

- **New Activity 1 I will try out between now and week 15 to support drinking in our residents, and increase the breadth of types of activity we offer:**

- **New Activity 2 I will try out between now and week 15 to support drinking in our residents, and increase the breadth of types of activity we offer:**

- **New Activity 3 I will try out between now and week 15 to support drinking in our residents, and increase the breadth of types of activity we offer:**

- **How will you ensure that residents are aware of the new options?**

- **Write here the suggestions that your residents make when you ask them “How could this activity have been even better?”:**

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Week 13 Discussion topics & Activities

Title for week 13: Continence and support with the toilet

Participants: Care staff and managerial staff (joint meeting)

Activities:

- **Meet local continence advisor**
- **Case studies – difficulties with toilets**
- **Discussion about supporting good toilet experiences**

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Activity 13A - Discussion activity for week 13 – for Care staff & Managerial staff

20 mins

Round robin 1 – each participant states their name, the care home they work in and their favourite drink of the past week (ice-breaker as some care staff and some managers will not know each other).

Round robin 2 – each participant in turn tells the others of the good practice they have seen over the past few weeks around drinking in their care home (noting good practice around drinks and around continence care were practical tasks set in the week 8 and 9 “homework”).

Round robin 3 (if going in a circle go the other way around this time) – each participant in turn describes whether they were able to praise the person who carried out the good practice that was noticed, why or why not, and how it felt. Share actual wording used and when any praise was offered so that participants can consider how this works best.

Round robin 4 – each participant in turn tells the others of the good practice they have seen over the past few weeks around continence and toilet support. At the same time discuss were they able to praise the people who carried out the good practice? How did it go?

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Activity 13B – Experiential activity session for week 13 – for care & Managerial staff

60 mins

This activity should be planned with your local continence advisor. It provides an opportunity to build personal links between staff and the advisors, develop techniques in each care home for supporting residents around use of the toilet and enables rapid referral to the continence advisor when residents are struggling. The focus is on preventive work – how to help residents remain continent, and as continent as they can be, rather than how to manage incontinence.

Suggestion for the hour:

- 20 minutes: talk by continence advisor about their role, how care staff can contact them, how continence works and how best to support continence in older adults
- 20 minutes: case studies of older people who are struggling with their use of the toilet and sliding into incontinence. Discussions in small groups on how best to support them.
- 20 minutes: discussion about how best to support older adults in maintaining continence and keeping them confident – knowing that they will be able to get to the toilet when they need to so that they are able to feel confident keeping on drinking well. (Note: It is common that older people choose to cut down on drinks intake as they worry about incontinence – this is unhelpful as it increases their risk of urinary tract infections (UTIs) and actually makes incontinence more likely).

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Activity 13C - Practical work to carry out between today and next meeting – week 13, for care staff and managerial staff

Your name:

Care home:

- **One Activity I will try out between now and our next meeting to support good continence and/or drinking in our residents:**

- **The second Activity I will try out between now and our next meeting to support good continence and/or drinking in our residents:**

- **The third Activity I will try out between now and our next meeting to support good continence and/or drinking in our residents:**

- **Note 5 examples of good practice around drinks and drinking or support for using the toilet for residents:**
 - i. Example:

 - ii. Example:

 - iii. Example:

 - iv. Example:

 - v. Example:

For each example, tell the person responsible for the good practice that you appreciate their efforts to support residents drinking (within 24 hours if possible). How did that go?

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Week 14 Discussion topics & Activities

Title for week 14: Special needs in drinking – thickened drinks and fortified drinks

Participants: Catering staff

Activities:

- **Experiential – thickener**
- **Experiential – fortification of foods and drinks**

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Activity 14A - Discussion activity week 14 – for catering staff (20 mins)

Round robin: what 2 new drinks did you plan to offer your residents (between week 10 and this week)? Did you manage to offer them both? How did it go?

Discussion between participants, including:

- What worked well and why?
- What didn't work well and why?
- What does this mean for introducing new drinks in future?
- Each participant suggest a new drink to plan in and offer over the next week.

Round robin: what 2 ways did you plan to make drinks more attractive for your residents (between week 10 and this week)? Did you manage to deliver them both? How did it go?

Discussion between participants, including:

- What worked well and why?
- What didn't work well and why?
- What does this mean for introducing new drinks in future?
- What does this mean for presentation of drinks in your care home in the future?
- What is your next plan for improving how drinks in your home look?

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Activity 14B – Experience of thickened and fortified drinks for week 14 – for catering staff (60 minutes)

Thickened drinks (40 mins)

Ideally plan & deliver the session on thickened drinks with a local Speech and Language Therapist (SaLT). If that is not possible then the trainer will need to do some homework in planning this session. For background information on thickeners see

- Info from the CQC: <https://www.cqc.org.uk/guidance-providers/adult-social-care/dysphagia-thickening-powders>
- East Lancashire thickener guidance for care homes: http://www.elmmb.nhs.uk/_resources/assets/attachment/full/0/17006.pdf
- Imperial College information leaflet for people prescribed thickened liquids: https://www.imperial.ac.uk/media/imperial-college/medicine/surgery-cancer/pstrc/InfoBooklet_toPrint_noCropMarksv2.pdf

Discussion

Round robin: how many of your residents need thickened drinks? How thick do the drinks need to be? What thickeners do you use?

Discussion: Do you know why this is? (Note: Thickened drinks are usually used for people who have swallowing problems – thickening the drinks makes aspirating (getting the drink into the lungs, which causes infection) less likely).

Experience: make up and taste thickened drinks of various types (thickened tea, fruit juice, coffee, water, lager) and various thicknesses. Discuss and assess how the thickness of drinks changes over time.

Videos: you may like to watch this short YouTube video during the course to support the learning:

<https://www.youtube.com/watch?v=hzdXykWPrXE> <https://www.youtube.com/watch?v=igqQSS9dlko>

Do not use YouTube videos produced before Spring of 2018 as the recommendations on thickening fluids changed then.

Discuss: How can we make sure the thickness of drinks for residents is correct? And how can we encourage residents using thickened drinks to drink enough fluid?

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Enriched and fortified drinks (20 mins)

Ideally plan & deliver the session on enriched and fortified drinks with a local Dietitian. If that is not possible then the trainer will need to do some homework in planning this session. We suggest that delivery may include

- tasting enriched and fortified drinks,
- making and tasting fortified milkshakes using various flavourings including fresh and frozen fruit, and
- discussion around the advantages and disadvantages (for caterers and for residents) of bought drinks vs making your own fortified milkshakes

Background. For background information on supporting eating well and enriched and fortified foods see (these publications from the Caroline Walker Trust are free in exchange for a donation).

Eating Well for Older People: Practical and Nutritional Guidelines for Food in Residential and Community Care, The Caroline Walker Trust (2004) <https://www.cwt.org.uk/publications/>, and Eating Well: Supporting Older People and Older People with Dementia w/CD-ROM, Helen Crawley and Erica Hocking (2011), <https://www.cwt.org.uk/publications/>
Eating Well for Older People with Dementia, The Caroline Walker Trust, <https://www.cwt.org.uk/publications/>

Participants may like to delve further into preventing and identifying malnutrition in care homes there is an excellent e-learning package available from Focus on Undernutrition. Training credits are available. See: <http://www.focusonundernutrition.co.uk/e-learning/care-home-e-learning>

Enriched and fortified drinks are used to help people take in enough protein and energy when they are not eating well. Here the drink provides both fluid and food value. These drinks can come ready made in cartons (brand names include Ensure, Fortisip and Fortijuice) and you can make them freshly in your care home.

Fortified milk. You can use fortified milk to make milky drinks (including coffee, hot chocolate, Ovaltine etc.) as well as using it in porridge and on cereal, and as the basis to make custard and other milk puddings, and savoury sauces (parsley, white and cheese sauces). The recipe for fortified milk is found on an excellent information sheet from the dietitians at the Norfolk and Norwich University Hospital Trust: <http://www.nnuh.nhs.uk/publication/download/nutrition-support-fortifying-or-enriching-food-10-0-91-id-9728>.

Fortified milkshake. This milkshake recipe is pleasant and can be used to provide both a drink and additional energy if a resident has not eaten well. This is an excellent YouTube video of making a fortified milkshake: <https://www.youtube.com/watch?v=vXj03roSWpA>

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Activity 14C - Practical work to carry out between today and next meeting – week 14, for catering staff

Your name:

Care home:

- **One thing I will do this week to improve thickened drinks for our residents:**

- **One thing I will do this week to improve fortified/ enriched drinks for our residents:**

- **One thing I will do this week to improve the variety and appearance of drinks for our residents:**

- **One thing I will do this week to make sure that residents receive more frequent drinks during the day:**

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Generic plan for Meetings in weeks 6, 11 & 15

Participants: combined staff groups (all participants), Duration: 3 hours

This is the generic timetable for the 3-hour meetings:

- ❖ Where discussions are suggested: the facilitator needs to encourage and facilitate, support quieter members to contribute, and give your participants time to talk. You don't need to tell them much - let most ideas flow from your participants. Just make sure the key ideas have all been picked up by the end (if not, add them in).
- ❖ Where experiential sessions are suggested: the facilitator's role is to support participants to become immersed in the experience, while ensuring participants feel safe and supported, then to return them to the present and discuss the experience. Discuss how this experience feels, and also what it means for supporting drinking in care homes.

Time	Activity	Materials needed	Who responsible
-15 to 0 mins	As participants arrive welcome them and get them to help themselves to drinks and snacks – these remain available throughout the session	<i>Drinks & snacks</i> <i>Take contact list to share</i>	
0 to 20 mins	Feedback session (plenary): Each profession tells the whole group about their recent meeting, and what they learnt. This is followed by discussion (plenary): what does this mean for how we organise drinking in care homes? Actions to improve drinking noted on flip chart.	Bring copies of outputs from recent meetings so you can prompt key points and solutions if needed. Flip chart, pens	
20 to 40 mins	Split into care home groups: map out strengths and weaknesses of drinking in our care home	Activity 6A, 11A, 15A	
40 to 100 mins	Practical work: practical exercise on giving a resident a drink (week 6), experiencing loss of hearing, sight & touch (week 11), or presenting Team plan to other teams (week 15)	Activity 6B, 11B, 15B	
100 to 115 mins	Comfort break		
115 to 155 mins	Care home teams: to plan changes needed to improve drinking in our care home. Develop a plan to take to the care home manager.	Activity 6C, 11C, 15C (take photos of each completed sheet to use next time)	
155 to 170 mins	Present plans to whole group, followed by supportive discussion on how to take this to the manager of each home.		
170 to 180 mins	Summarise session, make sure everyone knows where and when their next two meetings will be, thank participants for their input. Certificates of participation presented at Week 15. Finish and depart.		

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Week 6 Discussion topics & Activities

Title for week 6: Drinking and health – strengths and weaknesses around drinking in our own care home, development of a joint plan

Participants: Activity Coordinators, Catering staff, Managerial staff, Care staff

Activities:

- **Experiential – giving a dependant resident a drink**
- **Sharing learning between professions**

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Activity 6A – Strengths and weaknesses of drinking actions in our care home (week 6)

Aim

The aim of this activity is to map out what drinking actions already happen in our care home, which happen sometimes, and which don't yet happen.

Groups

Group participants into care home teams – a team from each home

Activity

Use the list of actions noted in the previous activity. (Feedback session (plenary): Each profession tells the whole group about their recent meeting, and what they learnt. This is followed by discussion (plenary): what does this mean for how we organise drinking in care homes? Actions to improve drinking noted on flip chart.)

Discuss each action and then decide whether that action already happens consistently in our care home, happens sometimes (when?), or doesn't yet happen (Handout 6a).

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Handout 6A

Drinking Actions that happen consistently at our care home	Drinking Actions that happen sometimes at our care home (when?)	Drinking Actions that don't currently happen at our care home

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Activity 6B - How can we directly help others to drink? (week 6)

Aim

The aim of this workshop is to learn about different ways we may be able to help residents with drinking as well as experiencing what it may be like to need help with drinking.

Outline

During this 1 hour session, we will ask you to help a colleague to drink in different ways, but we will also ask you to role play as someone who needs help with drinking.

Health and safety

Some people taking part in this activity may become anxious. You are the best judge of your own well-being so only take part if you would like to, and you may opt out at any point.

Equipment needed

- Cups and glasses in various shapes and sizes, but include plastic disposable ones – at least one cup per participant
- Jugs or bottles of water
- Paper towels & disposal bag

Outline of workshop

Time	Activity	Materials needed	Who responsible
5 mins	Introduction <ul style="list-style-type: none"> • Introduce activity, using aims and outline above • Discuss health and safety. 	Room layout: seated around a dining-type table.	
20 mins	Activity 1 <ul style="list-style-type: none"> • Nominate a scribe. • With the whole group, discuss what kinds of help carers can provide for their residents around drinking. • Has anyone in the group ever experienced being helped with drinking? If so, what was it like? • Get the group to identify their top tips for helping someone to drink (scribe writes these down) • While making a list of these top tips (include all of them but discuss why people may feel they may be unhelpful) try and get the group to identify these too (add them into the list): <ol style="list-style-type: none"> 1. Always support the resident to sit fully upright, as close as possible to a 90-degree angle. 2. Preferably get the resident to sit at a table or with drink placed in front of them, within their line of vision. 3. Provide lots of verbal, and visual cues that you are going to help the resident to have a drink. 4. Try to avoid them tipping their head backwards when eating and drinking, so make sure any cup or glass is always at least half-full. 	Flipchart or whiteboard and suitable pens.	

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	<ol style="list-style-type: none"> 5. Encourage them to concentrate, avoiding talking when eating and drinking, and minimising other distractions. 6. Always sit when providing help and sit on resident's dominant side. 7. Adopt a slow pace (both as resident and carer) – allow plenty of time per mouthful. 8. Encourage the resident to avoid large mouthfuls, small mouthfuls are easier to manage safely. 9. Drinks should be offered in an ordinary cup or glass unless advised otherwise. 10. Spouts or straws should usually be avoided as they make fluids more difficult to control. 11. Encourage resident to drink themselves by using hand over hand assistance if possible. 12. Make sure the resident's mouth is clean. Unclean mouths reduce people's appetite and enjoyment of food and drink and increases their risk of developing chest infections (due to bacteria from the mouth going down the wrong way and entering the lungs). 13. Make a note of, and avoid, any particularly problematic foods. Common offenders might include anything dry, crunchy, crumbly, chewy, stringy or fibrous (e.g. fruit and vegetables with skins, such as peas). 		
30 mins	<p>Activity 2: drinking when slumped in a chair</p> <ul style="list-style-type: none"> • In small groups of twos or threes (mix up professions and care homes here if you can), one person ('the resident') 'slumps' in their chair, head on chest and the other person tries to give them a drink. • Then swap, so each person has a chance to be both the 'resident' and the 'carer'. • Feedback: when everyone has had a go, have a whole group discussion about how it felt to be both the resident and the carer in these scenarios. 	Glass or cup of water for each participant.	
50 mins	<p>Activity 3: different ways of helping someone to drink</p> <ul style="list-style-type: none"> • 'Direct' help <ul style="list-style-type: none"> ○ In small groups of twos or threes, one person gives the other person a drink. The person who is given the drink must sit on their hands. First time, do this with the carer concentrating, then the second time, with the carer chatting with a friend. Then swap, so each person has a chance to be both the 'resident' and the 'carer'. ○ Switch over. • 'Indirect' help: hand over hand <ul style="list-style-type: none"> ○ This time, 'the resident' holds the drink, and the carer puts their hand <i>over</i> the resident's hand and guides the resident to drink themselves. ○ Switch over • Indirect' help: hand under hand 	<p>Glass or cup of water for each participant.</p> <p>So that the tutor understands the hand positions discussed watch the youtube video on Handfeeding techniques (see below).</p>	

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	<ul style="list-style-type: none"> ○ This time, the carer holds the drink, and the carer puts their hand <i>under</i> the resident's hand so the resident can guide and control drinking. ○ Switch over ● Feedback <ul style="list-style-type: none"> ○ When everyone has had a go, have a whole group discussion about how it felt to be both the resident and the carer in these scenarios. ○ Will you do anything different next time? 		
60 mins	<p>Sum up</p> <ul style="list-style-type: none"> ● Summarise the session. ● Thank everyone for coming, hope they have found the session useful. 		

Additional materials you may choose to view together and discuss (after the exercises above), or give as homework:

- Hand-feeding skills https://www.youtube.com/watch?v=NYzH_B7XfjY
- Swallowing difficulties (dysphagia) <https://www.uwl.ac.uk/academic-schools/nursing-midwifery/research/richard-wells-research-centre/research-projects/i-hydrate/video-4>
- How to position a resident and help them to drink <https://www.uwl.ac.uk/academic-schools/nursing-midwifery/research/richard-wells-research-centre/research-projects/i-hydrate/video-5>
- Eating and drinking in late dementia <https://www.youtube.com/watch?v=sNPAESrllgQ>

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Activity 6C – current status of drinking in our care home (week 6) **40 minutes to complete Handouts 6B and 6C**

Aim

The aim of this activity is to use each profession's experience of training so far to map out how well drinking support is working in our care home.

Groups

Group participants into care home teams – a team from each home

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Handout 6B

Together review your learning and assessments so far, and judge how well your care home is doing in supporting residents and staff to drink well. You are judging whether these key standards are currently achieved in your care home at present.

Activity	Standard	Yes, achieved	No, not achieved
1G, 1M, 1O, 3Bii, 5B	Every male resident should be offered at least 2L (2000ml) of drinks each day (not including jugs of water and squash that residents help themselves to as many residents do not drink these). Every female resident should be offered at least 1.6L (1600ml) of drinks each day.		
1H, 5B	Evidence suggests that the more often residents are offered drinks, the more they drink (this works better than increasing cup sizes). Every resident should be offered drinks at least 10 times each day (if any drinks are smaller than 200ml more may be needed).		
1H, 4B	Every resident should be offered at least one drink before breakfast (before or during personal care), every day.		
1H	Residents are offered and encouraged to drink at least 150ml of water or other cold drink whenever they swallow pills .		
1L	Residents get extra drinks when they attend Activities (as well as being part of the usual drinks round)		
1N, 4B	Staff in this care home drink well when working, helping them to remain alert and focussed.		
2A, 2B	Activities in this care home support residents to understand the importance of drinking well for their physical & cognitive health and wellbeing		
3B	We create regular opportunities for our residents to savour wonderful drinks that they really enjoy		
4B	It is usual for carers to sit and share a drink with a resident – so that residents tend to share a drink with a staff member at least once a week.		
6B	We currently use best practice in helping dependent residents to drink : focussed support sitting next to resident, plenty of time, encouraging independence, good positioning, well-filled cups.		

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For any standards you are not certain whether have been met you may need to revisit some of the activities we have carried out. These should be in your course loose leaf files.

For those standards not currently met decide on what needs to be done to meet the standard, and who will work on it (it may be a team of several of you). Also add in any tasks from Activity 6A. Note these below:

Handout 6C

Standard	What action is needed?	Who will do this?
Every male resident should be offered at least 2L (2000ml) of drinks each day. Every female resident should be offered at least 1.6L (1600ml) of drinks each day.		
Every resident should be offered drinks at least 10 times each day		
Every resident should be offered at least one drink before breakfast (before or during personal care), every day.		
Residents are offered and encouraged to drink at least 150ml of water or other cold drink whenever they swallow pills .		
Residents get extra drinks when they attend Activities (as well as being part of the usual drinks round)		
Staff in this care home drink well when working, helping them to remain alert and focussed.		
Activities in this care home support residents to understand the importance of drinking well		
We create regular opportunities for our residents to savour wonderful drinks that they really enjoy		
It is usual for carers to sit and share a drink with a resident		
We currently use best practice in helping dependent residents to drink		

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Now plan a meeting with your manager to present and discuss the current state of drinking support in your care home, and you draft ideas about how to improve drinking support (the previous 2 pages). The meeting will ideally include all of you (your Hydration Champions Team at you care home), and will happen before week 11. At this meeting discuss with your manager what changes you have tried already, what seem to be working and gain their agreement to push ahead to develop your plan further to improve drinking support even more.

After week 11 you will meet with the home manager again to discuss a more complete plan of action. That more complete plan will be shaped in part in response to your discussions now with the manager.

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Week 11 Discussion topics & Activities

Title for week 11: working as a team in our care home, plus experience of loss of hearing, sight and touch

Participants: Activity Coordinators, Catering staff, Managerial staff, Care staff

Activities:

- **Experiential – work as a care home team and develop a hydration plan to take to the home manager**
- **Experiential – experience loss of hearing, sight and/or touch during a typical care home activity**
- **Sharing learning between professions**

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Activity 11A – Progress of drinking actions in our care home (week 11)

Aim

The aim of this activity is to discuss and consider what happened when the team took the assessment of drinking support (Handout 6B) and draft plan for action (Handout 6C) to the care home manager.

Groups

Group participants into care home teams – a team from each home

Activity

Use the plan developed for this care home in week 6 (Activity 6C). Discuss progress of this plan – have you discussed it with the management of your home? How did it go down? What progress has there been in introducing changes? Each professional to suggest further actions to add to the list (reflecting on progress so far, and work completed since week 6).

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Handout 11A

Discuss progress of this plan:

Have you discussed the plan with the management of your home?

How did it go down?

What progress has there been in introducing changes?

Each professional to suggest further drinking actions to add to the list (reflecting on progress so far, and work completed since week 6).

- Activity coordinator:
- Carer:
- Caterer:
- Manager:

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Activity 11B - What might it feel like to join an activity with hearing, sight and/or sensory loss (week 11)

Aim

The aim of this simulation workshop is to experience what it may be like to have dementia, and be involved in an activity involving drinking.

Outline

During this 1 hour session, we will ask you to take part in bingo, have a drink and colour some pictures whilst wearing gloves (to simulate lack of fine motor movement) glasses (which mimic visual problems) and ear plugs (to restrict hearing).

Health and safety

Some people taking part in this activity can find it over-whelming. You are the best judge of your own well-being so only take part if you would like to, and you may opt out at any point.

In particular, if you have any of the existing conditions, you may wish to take particular care:

- Anxiety or panic attacks
- Visual or hearing impairments

Equipment needed

- Latex-free gloves in small, medium and large sizes (single use) (these are to wear underneath the gardening gloves for hygiene)
- Gardening gloves or thick rubber gloves in small, medium and large sizes
- Mouldable disposable ear plugs (single use). Approximately £10 for 50 pairs from a popular online retailer.
- Sunglasses and opaque adhesive tape. Prior to activity, use tape to restrict sight using pictures in Appendix as a guide.
- Making Drinking Fun Bingo game
- Pictures to colour + pens
- Cups and glasses in various shapes and sizes, but include plastic disposable ones
- Water
- Biscuits in wrappers
- Paper towel
- Bin bag

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Outline

Time allowed	
20 mins	Introduction <ul style="list-style-type: none"> Room layout: participants seated around a dining-type table. Trainer introduces activity (aims, outline, health & safety above). Tell participants they will be role playing residents with some visual, sensory and hearing loss. Participants dress in gloves, glasses and ear-plugs, as able. Provide each participant with 4 or 5 different cups and glasses of water.
30 mins	Run Activity <ul style="list-style-type: none"> Encourage participants to interact and chat to each other about the weather. Run bingo. Start by giving out cards, explaining how to play, and then calling the drink type out until first person has a row, and is a winner. Everyone is rewarded with a biscuit in a wrapper. Introduce next activity – colouring-in pictures (perhaps cards for a birthday). Provide encouragement as you would normally. Throughout the activity encourage participants to drink from the different cups available. Optional things to include: dim the lighting in the room, have a radio or TV on in the background, have two facilitators chat to each other during the activity, etc. Remove gloves, glasses and ear-plugs.
60 mins	Immediate feedback <ul style="list-style-type: none"> How did that make you feel? Ensure <i>everyone</i> provides an initial thought by going around the table.
70 mins	Short comfort break <ul style="list-style-type: none"> Provide refreshments and encourage people to walk around.
80 mins	Detailed feedback <ul style="list-style-type: none"> Try and ensure that everyone speaks. What made the activities (playing bingo, colouring, drinking) difficult? Was there anything that the facilitator did that was irritating (prompts: talking too softly, speaking from behind, leaving the TV on, etc) How did you feel? Was there anything that was really unpleasant? (If yes, ask whether they would like to talk about this, and why that might be, or perhaps meet after the session in private). Did anything surprise you about how you felt? Was there anything that could have made the activities easier? (possible prompts: cups with larger handles, more lighting in the room, large pens, brighter pictures on the bingo cards, etc etc). What can you learn from taking part in this workshop that will help you help your resident take part in the activities and with drinking?
100 mins	Sum up <ul style="list-style-type: none"> Thank everyone for coming, hope they have found the session useful. Offer availability if anyone would like to talk through the experience further.

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Activity 11C – Refining our plan to improve drinking in our care home (week 11)

40 minutes to complete Handouts 11B and 11C

Aim

The aim of this activity is to use each profession's experience of training so far to update the mapping of how well drinking support is working in our care home.

Groups

Group participants into care home teams – a team from each home

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Handout 11B

Together review your learning and assessments so far, and judge how well your care home is doing in supporting residents and staff to drink well. You are judging whether these key standards are currently achieved in your care home at present.

Activity	Standard	Yes, achieved	No, not achieved
1G, 1M, 1O, 3Bii, 5B, 9B	Every male resident should be offered at least 2L (2000ml) of drinks each day (not including jugs of water and squash that residents help themselves to as many residents do not drink these). Every female resident should be offered at least 1.6L (1600ml) of drinks each day.		
1H, 5B	Evidence suggests that the more often residents are offered drinks, the more they drink (this works better than increasing cup sizes). Every resident should be offered drinks at least 10 times each day (if any drinks are smaller than 200ml more may be needed).		
1H, 4B	Every resident should be offered at least one drink before breakfast (before or during personal care), every day.		
1H	Residents are offered and encouraged to drink at least 150ml of water or other cold drink whenever they swallow pills .		
1L	Residents get extra drinks when they attend Activities (as well as being part of the usual drinks round)		
1N, 4B	Staff in this care home drink well when working, helping them to remain alert and focussed.		
2A, 2B	Activities in this care home support residents to understand the importance of drinking well for their physical & cognitive health and wellbeing		
3B, 9A, 10B	We create regular opportunities for our residents to savour a variety of wonderful and well-presented drinks		
4B	It is usual for carers to sit and share a drink with a resident – so that residents tend to share a drink with a staff member at least once a week.		
6B	We currently use best practice in helping dependent residents to drink : focussed support sitting next to resident, plenty of time, encouraging independence, good positioning, well-filled cups.		

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7B	Activities offered at this care home are widely advertised so that residents who are interested are able to plan to attend.		
7B	A variety of activities are offered at this care home, to suit the tastes and abilities of different residents		
8B	Care staff watch for good practice around drinking & praise colleagues who support such good practice, reinforcing it.		
8B	We use brief regular huddles to share information in drinking – including which residents are struggling to drink, strategies to help individuals drink well and today's activities		
11B	We consider residents' needs (cognitive and physical deficits) to ensure residents can drink, eat, socialise, communicate and relax in appropriate surroundings.		

For any standards you are not certain whether have been met you may need to revisit some of the activities we have carried out. These should be in your course loose leaf files. You have each taken part in different exercises, so you may have different opinions about some of these. If some are partially met then be clear about the part that is met, and when it is not met – so you can plan to reinforce the one and work on improving the other.

Add in any additional standards for your care home.

For those standards that have been met you may write “nil” under “what action is needed?” in Handout 11C. You will still need to think about how to monitor this standard, to make sure that it remains met. How you will know if the standards are being met – who will evaluate (or audit) them? What will they measure and how regularly?

For those standards not currently met decide on what needs to be done to meet the standard, and who will work on it (it may be a team of several of you). Ensure that each of your team members is responsible for taking forward at least one of the actions. Then think about monitoring and add this information. Note these below (Handout 11C).

Handout 11C

Standard	What action is needed?	Who will lead this action?	How will this be monitored?	Who will monitor this?
Every male resident should be offered at least 2L (2000ml) of drinks each day. Every female resident should be offered at least 1.6L (1600ml) of drinks each day.				
Every resident should be offered drinks at least 10 times each day				
Every resident should be offered at least one drink before breakfast (before or during personal care), every day.				
Residents are offered and encouraged to drink at least 150ml of water or other cold drink whenever they swallow pills .				
Residents get extra drinks when they attend Activities (as well as being part of the usual drinks round)				
Staff in this care home drink well when working, helping them to remain alert and focussed.				
Activities in this care home support residents to understand the importance of drinking well				
We create regular opportunities for our residents to savour wonderful drinks that they really enjoy				
It is usual for carers to sit and share a drink with a resident				

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We currently use best practice in helping dependent residents to drink				
Activities offered at this care home are widely advertised .				
A variety of activities are offered to suit the tastes and abilities of different residents				
Care staff watch for good practice & praise colleagues who support such good practice				
We use brief regular huddles to share information in drinking				
We consider residents' needs (cognitive and physical deficits) to ensure residents can drink, eat, socialise, communicate and relax in appropriate surroundings.				

Now plan a meeting with your manager to present and discuss the current state of drinking support in your care home, and you draft ideas about how to improve drinking support (Handouts 11B and 11C). The meeting will ideally include all of you (your Hydration Champions Team at you care home), and will happen before week 15. At this meeting discuss with your manager what changes you have tried already, what seem to be working. Ask for their opinions on how you can best progress. Ideally, ask for and gain their agreement to push ahead to develop your plan further to improve drinking support even more.

After week 15 you will meet with the home manager again to discuss the progress you have made on this plan.

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Practical work 11 – Drinking improvement plan for our care home (week 11)

Plan now how you will get together as a team between now and week 15 and take your plan (Handout 11C) to your care home manager. You are planning to implement the plan you have created.

When you return at week 15 we will look forward to hearing how you have progressed with implementing your actions in this plan.

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Week 15 Discussion topics & Activities

Title for week 15: planning to move forward in our care home

Participants: Activity Coordinators, Catering staff, Managerial staff, Care staff

Activities:

- **Sharing learning between professions**
- **Updating plans for improving hydration in each care home**
- **Presentation of course certificates**
- **Goodbyes and sharing of contact details**

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Activity 15A – Final additions of drinking actions to the Hydration Plan for our care home (week 15)

Aim

The aim of this activity is to finalise each care home's Hydration Plan.

Groups

Group participants into care home teams – a team from each home

Activity

Use the plan developed for this care home in week 11 (Handouts 11B and 11C). Discuss progress of this plan – have you discussed it with the management of your home? How did it go down? What progress has there been in introducing changes? Each professional to suggest further actions to add to the list (reflecting on progress so far, and work completed since week 11).

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Handout 15A

Discuss progress of this plan:

Have you discussed the plan with the management of your home?

How did it go down?

What progress has there been in introducing changes?

Each professional to suggest further drinking actions to add to the list (reflecting on progress so far, and work completed since week 11). Add these to Handout 15A.

- Activity coordinator:
- Carer:
- Caterer:
- Manager:

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Activity 15B – Presentation of your final Hydration Champion Team plan to the other Hydration Champion Teams (week 15) (60 minutes)

All the members of each team present their plan to the other teams.

Each team takes 20 minutes to plan their presentation.

Presentation outline (10 minutes allowed for each presentation):

- Hydration Champion Team names, and the name of our care home, plus number of residents and brief description of type of care offered
- Summary of what our care home does well already (with reference to Handout 15A)
- Summary of changes made during the course to improve drinking support
- Summary of input of the care home manager to the plan (their responses)
- Summary of what our care home needs to do now to improve hydration support
- Each member of the team to state which elements they will lead on, and how progress will be monitored (by whom and how often)

Presentations delivered. Audience to ask supportive questions, and note which really good ideas they intend to steal. 10 minutes allowed to each team.

Handout 15A (updated from 11C)

Standard	What action is needed?	Who will lead this action?	How will this be monitored?	Who will monitor this?
Every male resident should be offered at least 2L (2000ml) of drinks each day. Every female resident should be offered at least 1.6L (1600ml) of drinks each day.				
Every resident should be offered drinks at least 10 times each day				
Every resident should be offered at least one drink before breakfast (before or during personal care), every day.				
Residents are offered and encouraged to drink at least 150ml of water or other cold drink whenever they swallow pills .				
Residents get extra drinks when they attend Activities (as well as being part of the usual drinks round)				
Staff in this care home drink well when working, helping them to remain alert and focussed.				
Activities in this care home support residents to understand the importance of drinking well				
We create regular opportunities for our residents to savour wonderful drinks that they really enjoy				
It is usual for carers to sit and share a drink with a resident				

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We currently use best practice in helping dependent residents to drink				
Activities offered at this care home are widely advertised .				
A variety of activities are offered to suit the tastes and abilities of different residents				
Care staff watch for good practice & praise colleagues who support such good practice				
We use brief regular huddles to share information in drinking				
We consider residents' needs (cognitive and physical deficits) to ensure residents can drink, eat, socialise, communicate and relax in appropriate surroundings.				

Activity 15C – Drinking improvement plan for our care home (week 11)

15 minutes.

Care home teams: Plan now how you will get together as a team in approximately 8 weeks to take your plan (Handout 15C), and the progress of your plan, to your care home manager. You will be presenting your progress and further plans for implementation. What do each of you plan to achieve before then?

25 minutes.

Professional teams: Trainers to distribute contact sheet for all participants. Break into professional groups so that participants can discuss keeping in contact and professional support. Consider setting up Facebook pages or a joint WhatsApp account (etc).

Work together to develop a list of key actions for your profession to support hydration in care homes (Handout 15B):

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Handout 15B

Professional group: Activity Coordinator / Care Staff / Managerial Staff / Catering Staff

Five key actions (for this professional group) to support hydration in care home residents:

Action 1:

Action 2:

Action 3:

Action 4:

Action 5:

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Finally have a formal presentation of certificates of attendance, say goodbye and congratulate all the attendees for their hard work and contributions.

Certificate of attendance

Complete a certificate of attendance for each participant. Print on light card if possible – you can even frame them if you have the funds. The certificate is 2-sided, with the formal certificate on one side, and details of the course on the other.

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Hydration Champion Team Training

Hydration Champion Team Training course outline

During this 18-hour hydration training course (run over 15 weeks) participants have worked to improve drinking in older people in their care homes through:

- Attending training sessions where we have discussed
 - The importance of older adults and care staff drinking well & staying hydrated
 - Reasons older people may not drink enough
 - The importance of drinking as part of our relationships - drinking with our carers, friends, relatives and other residents helps us to build relationships and feel we belong
 - That it is easier to drink well when drinks are delicious, varied and well presented
 - That drinking well is only possible when our toileting needs are comfortably dealt with
- Using the training to think about drinking in older residents, to think about how to help older people drink well, and to reflect on how we could achieve that even better in our care home
- Communicating our thoughts about drinking with other staff in our homes, and putting some key changes in place in our care homes
- Recognising that making changes in our care homes involves all staff
- Working on course materials in our own care homes between training sessions
- Meeting others who share our roles, to network as well as develop our ideas about how to improve drinking in older residents
- Becoming part of the drinking and hydration expert team in my home on drinking

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[start date – end date]

*This certificate of attendance is
awarded to:*

[full name of participant]

On successful completion of the course

[signature 1]

[trainer 1 name and qualifications]

[signature 2]

[trainer 2 name and qualifications]



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Author information

Lee Hooper, Principal Investigator and Reader in Research Synthesis, Nutrition & Hydration. I volunteered in care homes in the US, and worked as a care assistant in two care homes in Norwich as a teenager and young adult. Sharing drinks and meals with older adults I encountered there helped me formulate my life plans and career. I am a researcher and dietitian, mother, grandmother and carer, and a member of the World Health Organization NUGAG subgroup on diet and health. I have been carrying out research around eating and drinking in care homes for over a decade.

Diane Bunn, Lecturer in Health Sciences. My background is in nursing, and so supporting patients to eat and drink has been a core part of my role. These were skills I needed when a close relative, who found eating and drinking difficult, moved into a care home, and I was able to help the care staff in supporting her. I have been working as a researcher in care home settings for a number of years, carrying out research around eating and drinking. I have always loved cooking with and for my family, and now I enjoy cooking with my grandchildren as well, including making 'special' drinks to go with the cakes!

Oluseyi (Florence) Jimoh, Senior Research Associate. I worked as a care worker for older adults still living in their own homes, a role I thoroughly enjoyed. I have been carrying out research around eating and drinking in care homes for some years. I am a researcher and mother. I love to cook and enjoy connecting with people and providing support when needed.

Sandra Drake, Social Engagement and Volunteer Coordinator. I have worked in Care for four years coordinating activities for residents living with dementia and Housing with care. Promoting wellbeing within activities. I have arranged drink tasting, fruit shakes and cocktails. Ensuring drinks are available and look inviting. In my current role commenced in June, supporting social engagement across 15 Care homes this enables me to promote hydration on a larger scale. Through providing ideas for hydration and promoting hydration days. My other interests are cake decorating, reading and socialising.

Sarah Housden, Senior Lecturer in Health Sciences, UEA.

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Laura Lodge, Deputy Manager and Head of Dementia Unit. I have worked in the caring profession for 23 years. I have vast experience and knowledge in dementia care, which is my passion and speciality. I am currently the deputy manager and head of dementia unit and proud to be working alongside an amazing team to create those special moments for the residents. I have helped monitor and improve hydration practice within the home. I focus on encouraging staff to sit with residents to make drinking fun, helping implement new ideas and also ensuring that staffs' innovative ideas in improving hydration is heard and actioned. As deputy manager and dementia lead, I felt very proud of winning the National dementia care awards. We will continually strive to improve practice which includes maintaining and improving hydration.

Fiona Mawby, Activities Manager. I supported people with dementia from a very young age, growing up in care homes helping mum and dad in the care home they run together. Activities I enjoy include making drinking fun, supporting residents in socialising during activities always around food and drinks, and having support groups and doing awareness afternoons for hydration. Running drink-themed activities, supporting those with dementia to have drink and ensuring that they have help available, sharing drinks, so they can copy the good example. I like to sit with residents and have a drink to help encourage drinking. Giving residents their favourite drinks and making milkshakes.

Mar Moore, Team Leader. I have worked for 3 years in residential care of the elderly and currently work with people who have dementia. I love joining in tea party activities, supporting residents to make drinks, and using ideas from hydration training to improve residents' experience of drinking.

Samantha Parker, Team Leader. I have worked 8 years as team leader, dementia lead, and moving handling lead. I have experience within both residential and housing with care. I enjoy ensuring older people have access to a variety of drinks, supporting social activities that promote drinking, and using information gathered to complete level 5 diploma in my Health and Social project. I am currently learning golf and enjoying a bit more free time.

Florina Petrescu, Activities Coordinator. I have three years' experience of working as carer and activities coordinator all in the same care home. I love making drinking fun for residents in the care home. I organise activities such as parties, fruit tasting to involve everyone (staff and residents). I have tried different cups for residents to see which is better (for example, do colourful cups work better).

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Crissy Petriello, Care assistant. I have worked in care for 6 years mostly with the elderly and those with dementia. I like to sit with residents and have a drink to help encourage drinking. Giving residents their favourite drinks and making milkshakes.

Sarah Zampedri, Gardener/Domestic/Hydration/Nutrition Champion. I've worked in the Activities Department and became Hydration/nutrition champion as I feel nutrition and hydration is essential for all. Also, I love growing my own fruits and vegetables – for Hawthorns and my allotment. Tea trolley rounds, activities coordinators, talking to residents and staff. In house training about thickeners, health conditions, and the importance of hydration for staff and residents. I played the DVD and passed on all hydration activities to new co-ordinator. I thoroughly enjoyed the hydration champions training, and have also attended in-house nutrition training.

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