
Hydration in Domiciliary Care (England) Policy

Policy Statement

Access to high-quality meals, snacks and drinks and to a full system of nutritional assessment and support is a fundamental right of people. The service understands the importance of adequate nutrition and hydration and will take all practical measures to ensure that people who use the services benefit from a high standard of nutritional care.

This policy, which should be used in relation to a separate Nutrition Policy, shows how this care provider addresses the hydration needs of its individuals, where required. It is in line with Regulation 14: Meeting Nutritional and Hydration Needs, which includes a requirement for community care providers, where they support such services, to ensure that the nutritional and hydration needs of people.

The standards require:

- hydration assessments to be carried out in accordance with recognised guidance
- water to be available and accessible to people at all times — and other drinks to be made available periodically throughout the day (and night)
- people who use services to be encouraged to drink independently if they are able, but to receive appropriate support to drink if needed
- hydration intake to be monitored where necessary to prevent dehydration
- people's religious and/or cultural needs and preferences being recognised in their nutrition and hydration assessment, and subsequently met.

Background

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

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

Procedure

1. The importance of good hydration will be actively promoted to people who use services.
2. All new people receiving care will have a suitable nutritional assessment conducted on first beginning to use the service, which will include an assessment of their hydration needs.
3. Assessments will be carried out by a senior member of staff with appropriate training and skills and will be recorded in the individual plan of care.
4. Any new person with special nutritional needs identified during assessment will be, with their agreement, referred to an appropriate specialist service.
5. When a person is identified as being at risk of poor nutrition or dehydration, they will have their food and drink intake monitored and be provided with help to reduce the risks as necessary, including additional advice and support and, where necessary, referral for specialist help and assessment.
6. Eating and drinking difficulties, or a need for assistance when eating or drinking, will be identified within each individual's care plan and a plan of assistance agreed with both the person receiving care and their relatives, where necessary.
7. For any person with a need for assistance with eating and drinking, reasonable arrangements will be made to help them to feed themselves with dignity, including the provision of special eating aids and special food preparation.
8. Staff will be alert to any difficulties that a person is having with regards to their nutrition or hydration and will report any worries or concerns to a senior member of staff.
9. Care staff should be alert to urine colour as a possible indication of hydration level. Odourless, pale urine will generally indicate good hydration levels. Dark, strong-smelling urine could be an indicator of poor hydration.
10. Where a requirement is identified for additional help or advice, the person will be referred to a suitable expert such as a dietician or speech and language therapist.
11. People who use the services will be provided with information on what constitutes a balanced diet to address any risk of poor nutrition and/or dehydration, which will help them make an informed decision about the type and amount of food and drink they need.
12. Where a person is reluctant to drink enough water/fluid and this is having a negative effect on their health, the service will consider other ways of increasing their fluid intake that are more acceptable to them, eg through breakfast cereals with milk, soup, and fruit and vegetables.

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

Implementation

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

Information on the policy will be:

- circulated to all staff
- provided to all new employees
- included in the Nutrition in Domiciliary Care Policy and the Food Hygiene in Domiciliary Care Policy.

Training

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

Review

Signed: _____

Date: _____

Policy review date: _____
