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Developing and testing a competency framework to enhance hydration care for older people in care homes

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Title

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Abstract

Purpose

Evidence based hydration care for older people is essential to health and wellbeing. However, practices vary, leading to negative outcomes for older people, particularly in relation to increased incidence of morbidity and mortality. As a discrete work package situated within a larger study to enhance hydration care for older people in care homes, a hydration competency framework was developed to support an evidence-based approach to practice.

Approach

An overview of the literature informing hydration care was undertaken to establish best practice, resulting in the generation of a series of competency statements. Using a co-production approach, these statements were reviewed and assimilated into a hydration competency framework that was piloted across two care home sites. Revision and refinement of the framework was undertaken in response to feedback from the co-production group, until consensus was reached to agree the final iteration.

Findings

The hydration competency framework has three core domains relating to: understanding the individual daily hydration requirements of older people; assessing the individual daily hydration requirements of older people; implementing person centred care to maintain and monitor the daily hydration requirement needs of older people. Each domain is comprised of competency statements that reflect the current evidence base informing best practice for hydration care for older people.

Originality

The hydration competency framework provides an innovative tool that can be used to support care home staff to deliver evidence-based hydration practices and positively enhance care outcomes for older people.

Keywords

competency framework

hydration

education

care homes

workforce development

older people

Introduction

A mixed methods study to enhance hydration of older people living in care homes was conducted in North East England by a team of academic researchers during the period January 2023 to March 2024. The study was funded by NHS England (NHSE) and ethical approval for the entire project was obtained from the host university prior to commencing the research (NU/4289).

The study was delineated into six work packages (WP) comprising:

WP1: Rapid evidence assessment and narrative synthesis of hydration education programmes, toolkits and resources

WP2: Co-design of a hydration education programme

WP3: Development of a hydration competency framework for care home settings

WP4: Delivery of hydration education in care homes

WP5: Evaluation

WP6: Dissemination, refinement and roll out.

This paper presents a comprehensive discussion of WP3, which specifically focused on the development and testing of an evidence-based hydration competency framework.

Background

Adequate levels of hydration are the foundation for human health (Murray, 2017). However, providing good hydration care can be overlooked as an evidence-based aspect of health and social care practice, resulting in the potential for adverse health outcomes for older people because of dehydration (Wilson, 2014). When older people become dehydrated, they can experience urinary tract infections, constipation, lethargy and altered levels of consciousness, which can lead to an increased incidence of falls, unplanned hospital admissions and avoidable morbidity and mortality (Hooper *et al.,* 2015; Edmonds *et al.,* 2021). Within the care home setting, it has been estimated that significant numbers of older people are sub-optimally hydrated, predisposing them to experience dehydration (Hydration for Health Initiative, 2012; Hooper *et al.,* 2016). Dehydration occurs in response to a complex range of multi-factorial biopsychosocial issues that can impact drinking behaviours and is particularly significant for those living with dementia who may be experiencing fluctuating levels of cognitive ability (Wilson and Dewing, 2020). Despite availability of an evidence base to inform good hydration care for older people, practices are known to vary across care home settings with the potential for adverse outcomes to ensue (Bunn, Hooper and Welch, 2018; Cook *et al*., 2018; Cook *et al*., 2019). This area of practice therefore needs to be addressed, particularly given that predicted numbers of older people living in care homes are set to rise as life expectancy in the United Kingdom (UK) increases (Crawford and Read, 2015; Kingston *et al*., 2017).

Within the UK context, efforts have been made to address hydration care and ensure good practice is implemented. This is evident in Care Quality Commission (CQC) regulations which legislate responsibility for health and social care organisations to meet the nutritional and hydration needs of individuals in their care (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Care Quality Commission, 2023), and the Care Certificate standards which provide a framework to support the development of care workers' competence in relation to nutrition and hydration practice (Health Education England, Skills of Care and Skills for Health, 2015). However, the

educational approaches that care workers complete to support them in developing competence to meet these standards are largely undefined and predominantly employer led, leading to educational variations across organisations that can perpetuate the potential for inconsistencies in hydration practices (Skills for Care, 2015; Argyle *et al*., 2020). A more standardised approach to workforce training that provides a consistent, evidence-based approach to hydration care is therefore considered to be vital (Wilson, 2014; Bunn, Hooper and Welch, 2018; Donaldson, Johnstone and Myint, 2018). Across the contemporary literature, there is evidence to illustrate the efficacy of education to improve nutrition and hydration care (Relph, 2016; Collery, 2019; Volkert *et al*., 2019). However, it is apparent that the literature is often predominantly focused on nutrition, overlooking the importance of hydration as an aspect of care that needs to be considered in its own right (Lecko, 2013; Rush, 2013; Kavouras, 2019).

A study by McCotter *et al.,* (2016) goes some way to address the gap in knowledge, specifically exploring the efficacy of workforce training in primary care to enhance hydration practices. Results indicate positive outcomes, demonstrating that when participants engaged with a standardised evidence-based training package, they subsequently demonstrated enhanced competence in hydration care. An educational intervention to enhance hydration amongst older people themselves also demonstrated positive outcomes, with significant findings highlighting increased understanding of the importance of optimal hydration as a means to prevent dehydration and minimise the incidence of negative health impacts (Gulcin and Safak, 2021). With the intended aim to achieve similar successful outcomes with care workers working in care homes across North East England, a hydration education programme that was underpinned with a hydration competency framework was developed.

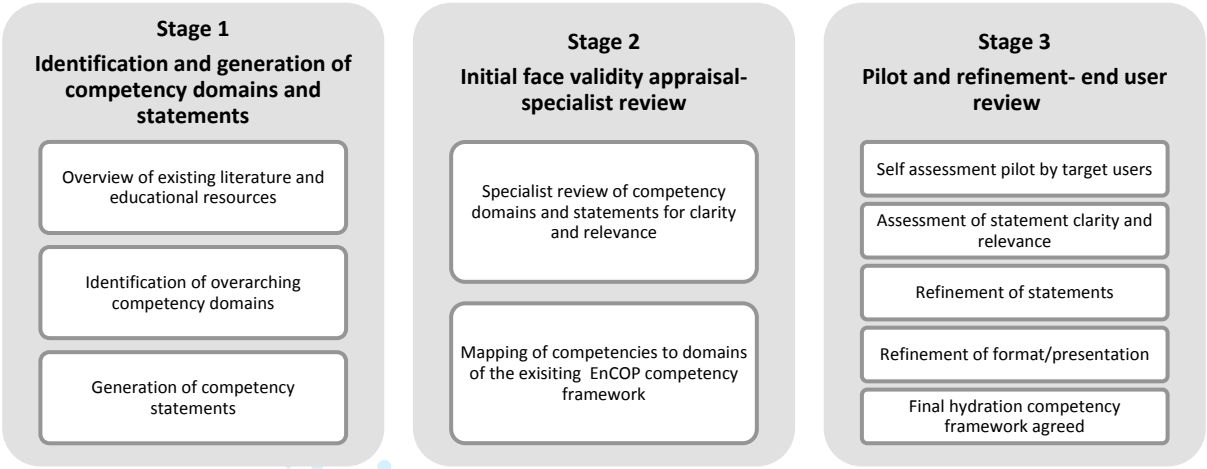
Competency frameworks offer a structured approach to support the development of competence, utilising measurable standardised statements that describe specific knowledge, skills and behaviours

(Garneau *et al*., 2017). Lockyer *et al.,* (2017) suggest that competence can be achieved when learners are supported to develop through the iterative stages of learning identified by Miller (1990), which involves progression through: 'knows'; 'knows how'; 'shows how'; and 'does'. To support this iterative development, Batt *et al*., (2021) suggest that an evidence-based approach to implementing a competency framework is essential. This involves six steps comprising: planning; identifying contexts of practice; exploring practice; translating and testing; reporting; evaluating, updating, maintaining. The principles of this approach were drawn upon to inform the iterative process that was implemented to develop and test the hydration competency framework that is discussed in this paper. A co-production approach was key to the development of the framework, facilitated by meaningful engagement with relevant stakeholders throughout the process. This approach ensured that specialist experts and end-users of the hydration competency framework were engaged in the design process, consulted about elements of practice underpinning best hydration care and contributed to generating evidence-based competency statements to inform the development of a hydration competency framework.

Developing the Hydration Competency Framework

Development of the hydration competency framework was an iterative process, comprising three key stages. The first stage involved an overview of existing related hydration literature and training resources to identify overarching evidence-based competency domains, from which a series of competency statements were generated. The second stage involved a face validity appraisal by specialists in the care of older people to review the competency domains and statements and undertake a mapping exercise against an existing Enhanced Care of Older People (EnCOP) competency framework (iCare Frailty, 2023). The third stage involved piloting the competency statements with care home staff as end users to support further refinement of individual statements and inform the final iteration of the framework (Figure 1).

Figure 1: Development Stages of the Hydration Competency Framework



Source: Figure by author

Stage 1: Identification and generation of competency domains and statements

An overview of existing literature and training resources on hydration practice in care homes was undertaken during the period January to March 2023. This highlighted a range of evidence from previous empirical research studies, professional discussion papers, policy documents, toolkits and educational programmes. Through content and thematic analysis, three overarching domains were identified to represent best practice for evidence-based hydration care for older people within the care home setting:

- Domain A: Understanding the individual daily hydration requirements of older people
- Domain B: Assessing the individual daily hydration requirements of older people
- Domain C: Implementing person centred care to maintain and monitor the daily hydration requirement needs of older people

Drawing on the outcomes of the content and thematic analysis, a series of competency statements relating to each domain were generated and then assimilated into an overarching hydration competency framework.

Stage 2: Initial face validity appraisal-specialist review

Researchers leading on WP3 scheduled a meeting with three specialist experts in the care of older people, who had responsibility for leading on an existing Enhanced Care of Older People (EnCOP) competency framework (iCare Frailty, 2023). A review of the preliminary draft of the hydration competency framework was undertaken, with specialist feedback informing further refinement. This involved consideration of the hydration competency domains and statements in terms of their relevance, comprehensiveness and clarity to establish face validity (Rubio *et al*; 2003). At this stage, the domains and competency statements were accepted to have face validity and were acknowledged by the specialist experts to provide a comprehensive representation of the evidence-base underpinning contemporary hydration practice. Minor refinements to the wording of some statements were suggested to enhance clarity and some additional statements were suggested for inclusion at this stage.

Following revision of the hydration competency framework, the specialist experts completed a mapping exercise, aligning the competency statements to key areas of practice and domains of the EnCOP competency framework (iCare Frailty, 2023). The revised version of the hydration competency framework was reviewed by the hydration co-production research group, made up of healthcare professionals, care home staff and older people. This group advised on changes to wording such as: replace 'hydrate' with 'drink(ing)'; address syntax of individual statements; ensure terms referencing the client group are 'residents' rather than 'older people.' Following revision of the competency framework to address emerging issues, agreement was reached to commence pilot testing. At this point, a decision was also made to use the framework as a foundation to inform development of the evidence-based content of the hydration educational programme, identified earlier as WP2.

Stage three: Pilot and refinement- end user review

Working collaboratively to advance the study, the co-production research group identified two care homes to participate in pilot testing of the hydration competency framework. The first site was a residential care home which had a maximum occupancy of eighteen residents and was based in the Northumberland area. The second site was a nursing home specialising in dementia care which had a maximum occupancy of fifty-seven residents and was based in the County Durham area. In the Northumberland site, four staff agreed to take part in the pilot study, including one Officer in Charge and three Senior Carers. In the County Durham site, one Registered Nurse, one Deputy Manager, two carers and one member of catering staff agreed to participate.

Pilot testing commenced in the Northumberland site, where each participant was provided with a copy of the hydration competency framework and asked to complete a self-assessment of their individual competence against the competency statements. Self-assessment involved the participant rating themselves against each of the competency statements at the levels of: 1- No knowledge; 2- Understands basic principles; 3- Safe to practice unsupervised. This was followed up with an individual, in-person meeting where the researchers encouraged participants' to discuss their self-assessment, drawing on examples from their experience to demonstrate their level of competence. Participants were also invited to comment on the competency statements in terms of their relevance, clarity and wording, as well as to identify their preferred mode of delivery (paper or electronic) to undertake the competency assessment.

Participants indicated that the guidance for the self-assessment process was self-explanatory, the three domains of hydration care were appropriate, and the ratings scale to inform self-assessment was clear and easily applied. Participants also identified that the competency statements were comprehensive, with no obvious missing aspects of hydration care. However, participants did highlight the need for clear and simple language, indicating that some competency statements

seemed to be repetitive (i.e. Domain A included similar competency statements such as 'understands the changes in drinking behaviour that can occur as a consequence of chronic disease/physical illness,' and 'appreciates the challenges residents face in drinking sufficient fluid everyday'). Participants also highlighted that some statements used ambiguous terminology that they were unsure of in terms of meaning (i.e. 'sub optimal hydration,' 'benchmark') and some required clearer description (i.e. 'demonstrates understanding of the complexity of managing expectations and potential distress for older people, their families, and others with regards to oral intake'). The participants offered suggestions for alternative wording such as replacing 'sub optimal' with 'inadequate,' and 'benchmark' with 'target.'

In response to participant feedback, the hydration competency framework was further refined, with statements revised to address the issues raised. Most participants indicated a preference for the hydration competency framework to be implemented via a paper-based mode of delivery, rather than electronically. It also became apparent at this stage that care home staff were more likely to assess themselves at an advanced level of competence, with participants perceiving themselves to be 'safe to practice unsupervised' against most competency statements. This contrasted with the researcher's assessment, that was drawn from their level of clinical expertise in hydration care. The researcher assessment ascertained potentially lower levels of competence following discussion with participants and review of the supporting evidence they were able to provide. This was identified as an issue that required further consideration with the co-production group in terms of how to address this through the subsequent planned phases of the overarching study.

Reaching Consensus on the Hydration Competency Framework

The hydration competency framework was next piloted in the County Durham care home, adopting the same process which had been implemented with the Northumberland site. Participants agreed that the domains of hydration care were appropriate and reported that the self-assessment

competence rating scale was clear. However, with similarity to the Northumberland care home, it was again noted that participants were more likely to assess themselves at an advanced level of competence than that at which the researcher would have positioned them following discussion of their practice. Participants also indicated that there were no omissions in evidence-based hydration care practice statements. However, they did suggest including practice examples in some of the competency statements, thereby enhancing clarity of what was expected from users. In response to this feedback, the hydration competency framework was further revised to address the points highlighted. In terms of the mode of delivery of the competency assessment, it was suggested that an electronic format was the preferred approach, as this was similar to other forms of training and assessment that participants were already used to using.

The revised version of the hydration competency framework was presented to the co-production group in late April 2023. Feedback at this point led to some minor word changes to further enhance clarity, resulting in the final iteration of the framework (Table 1).

Table 1: Hydration competency framework- Domains and statements

Domain A: Understanding the individual daily hydration requirements of older people	
A1	Able to discuss the recommended volume of daily fluid intake for older people
A2	Understands the need to implement appropriate assessment to determine an individual's daily fluid requirement
A3	Is able to describe common factors associated with reduced oral intake in older people. For example: • Diminished thirst sensation due to normal ageing and disease • Distraction and diminished attention • Communication problems • Personal preference • Oral health
A4	Understands the impact that illness or chronic disease can have on the older person's daily fluid requirements
A5	Has knowledge of environmental and physical factors that can influence daily fluid requirements and intake. For example: • Hot weather • Increased physical activity • Febrile illness • Diarrhoea and vomiting

A6	Can discuss the impact that inadequate hydration can have on the older person. For example: • Constipation • Dry skin • Oral problems • Increased illness • Low blood pressure • Falls • Lethargy • Reduction in cognitive ability • Confusion • Acute kidney injury
A7	Understands the changes in drinking behaviour that can occur as a consequence of dementia. For example: • Forgets to drink • Requires prompts to drink • Changed drink preferences • Changes in swallowing reflex
A8	Can recognise common signs and symptoms that may indicate an older person is experiencing swallowing difficulties
A9	Aware that individuals may experience fluctuations throughout the day that can influence their fluid intake
A10	Appreciates the challenges residents face in drinking sufficient fluids everyday
A11	Demonstrates understanding of the complexity of managing expectations and potential distress, for older people (and their families), with swallowing difficulties or receiving end-of-life care regards to oral fluid intake
Domain B: Assessing the individual daily hydration requirements of older people	
B1	Aware of the care home hydration policy and where to locate it
B2	Understands the roles and responsibilities of care home staff to assess the hydration care needs of older people
B3	Establishes the usual fluid intake target of each resident
B4	Assesses individual preferences for fluids. For example, specific preferences for tea, coffee, water or juice
B5	Takes into account medical guidance when assessing individual fluid intake requirements. For example, residents who may be on a restricted fluid intake due to their presenting condition
B6	Assesses residents for any change in their condition which may impact on daily fluid intake
B7	Can recognise signs and symptoms of oral health problems and is aware of when and how to access the multidisciplinary team for advice or assessment
B8	Able to assess the presence of sub-optimal hydration (consuming an intake below the target), which can lead to dehydration. For example: • increased lethargy • increased confusion

	• constipation
B9	Can recognise signs and symptoms of swallowing problems and is aware of when and how to access the multidisciplinary team for advice or assessment
Domain C: Implementing person centred care to maintain and monitor the daily hydration requirement needs of older people	
C1	Implements a person-centred approach to hydration care, recognising the importance of using a range of hydration care practices
C2	Ensures residents are provided with the opportunity for regular access to, and availability of, drinks to meet agreed fluid intake targets
C3	Provides assistance to support daily fluid intake, particularly those residents who require assistance with drinking or who have swallowing problems
C4	Prepares thickened fluids for residents with swallowing problems in accordance with agreed plans of care following assessment from health care professionals
C5	Ensures effective communication with residents when supporting them to drink fluids
C6	Records and monitors levels of daily fluid intake offered and consumed on relevant care home documentation
C7	Offers additional drinks and beverages when the weather is hot, and when residents engage in physical exercise or are ill
C8	Liaises with relevant health care professionals to ensure that residents are provided with appropriate drinking vessels, aids or equipment to enable them to drink
C9	Uses verbal prompts to encourage residents to drink sufficient fluid
C10	Provides drinks that are appealing and meet individual's preferences
C11	Provides drinks when engaging with residents in routine care activities
C12	Uses creative approaches to offer drinks during all care and socially focused activities. For example: • Offers fluid rich foods • Provide drink activities such as mocktails
C13	Creates a supportive and pleasurable environment that encourages residents to drink
C14	Develops positive relationships between older people, families and friends to facilitate involvement that encourages residents to drink
C15	Raises concerns about diminishing levels of fluid intake and works collaboratively to develop a person-centred management plan
C16	Initiates referrals to appropriate members of the multidisciplinary team, such as GP's, SALT'S, dieticians and community nursing teams when concerns are identified about resident's fluid intake
C17	Ensures the dignity and privacy of the resident is maintained at all times

Source: Table by author

Integrating the hydration competency framework into the overarching study

The hydration competency framework was underpinned by contemporary evidence informing gold standard hydration practice. This provided a structure to map the development of the education programme against, which was the planned activity for work package 4 (WP4) in the overarching study. The education programme was developed to span a four-week period and comprised an electronic learning package to introduce key concepts, followed by two in-person workshops to build on developing knowledge further through a series of practical activities (Supplementary File 1). The programme covered an extensive range of content, supporting the development of relevant knowledge, skills and behaviours to inform evidence-based, person-centred hydration care. However, as the research team were aware that participants were likely to self-assess themselves at the higher end of the competence scale, it was decided that the hydration competency framework should be integrated into the study in an alternative format. This resulted in the creation of a learning portfolio (Supplementary File 2), which learners were encouraged to complete as the educational programme progressed, checking off competency statements as they were achieved and providing opportunities to reflect on how individual learning had influenced daily hydration practice. These statements were also used as aids to prompt reflection on changes to previous hydration practices. This approach acknowledged the care worker as an adult learner- self-motivated, self-aware, self-reflective and able to focus on problem solving within the context of their professional role (Beebe, Mottet and Roach, 2021).

Discussion

It is clear from the evidence that good hydration care practice in care homes is more than simply providing a regular offer of drinks. Good and competent hydration care requires comprehensive assessment and care planning to implement a range of hydration practices that are personalised to the individual, and which address residents' problems and hydration requirements (Cook *et al*., 2018; Cook *et al.*, 2024). There is a need for caregivers to have in-depth understanding of the socio-

emotional components of drinking behaviour, and the impact that the environment can have on drinking behaviour. Whilst these care practices are targeted at supporting drinking, care staff also need to be competent to monitor fluid intake, recognise when residents are inadequately hydrated or demonstrate signs of dehydration and ultimately, respond to urgent situations appropriately (Lecko, 2013; Murray, 2017). Hence, hydration care for older people living in care homes is clearly a complex activity. As such, service providers should ensure that their workforce is competent to meet evidence-based guidance and legislative requirements, such as those set out in the Health and Social Care Act (2008) (Regulated Activities) Regulations (2014), which stipulates that residents should have enough to drink to meet their hydration needs and receive the tailored support they need to achieve this. One step towards addressing this requirement would be to standardise practice across the care home workforce, by specifying the utilisation of the hydration competency framework that has been presented in this paper.

The hydration care competency framework opens the space for consideration of training that can facilitate care home staff to develop and maintain proficiency in hydration care. Training programmes should be underpinned by a competency framework to ensure that performance expectations are transparent, and that skills or related abilities to successfully perform care are implemented to the required quality standard (Batt *et al.*, 2021). Within the context of hydration care in the UK, performance expectations are not currently sufficiently detailed, as only the requirement to ensure that residents are offered and supported to ingest drinks is specified. Hence, training programmes vary. This results in variation in competence in hydration care across the care home workforce to meet minimum standard of hydration care. The hydration competency framework addresses this issue, providing a standardised approach through identification of explicit evidence-based statements that can support care home workers to implement hydration care beyond the minimum expected standards of practice. It also provides a route to further development of individual proficiency in hydration care through reflection on practice when

undertaking self-assessment against the domains of hydration practice, as set out in the Learning Portfolio (Supplementary File 2). However, to ensure that such frameworks become embedded and valued in practice, it is also essential to ensure that they align with existing guidelines and policies; across the local, national and international context. Importantly, the framework is a whole home approach to hydration care, recognising that care staff, catering staff, housekeeping and management all have role to play in contributing to promoting adequate hydration; an essential aspect of care that is needed for the health, comfort, and wellbeing of older residents. Without this commitment, it is unlikely that such approaches can be sustained or implemented effectively.

Though a co-production approach was adopted in the development of the competence domains and related statements, this was largely representative of care management and care staff. In the pilot phase of the study, one member of catering staff participated in the self-assessment and subsequent discussion of their hydration competence. They were able to address all aspects of hydration care, however some aspects were viewed as less central to their role (e.g. Table 1- A8, A9, B5, C5). This could be viewed as a limitation of the co-production approach that was adopted in this study, and points to the need for further research to ensure that the hydration competency framework is specific and reflective of the various roles that exist within the care home workforce.

Conclusion

Ensuring adequate hydration care for older people is a complex activity that requires due consideration within the care home context to achieve best practice. The hydration competency framework presented in this paper provides an evidence-based strategy that can inform future practice and advance the knowledge and skills of care home workers. With further implementation of the framework into other care contexts across the local, national and international context and additional investigation to explore the efficacy of this, the hydration competency framework can

provide a sustainable approach to ensure that older people receive the high standard of hydration care that is vital to maintaining their health and wellbeing.

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Figure 1: Development Stages of the Hydration Competency Framework

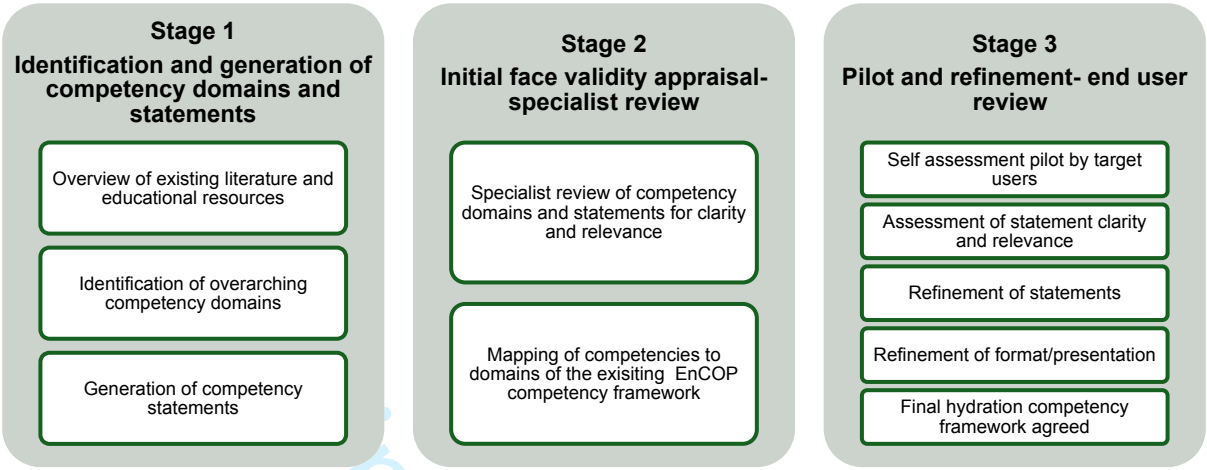

Table 1: Hydration competency framework- Domains and statements

Domain A: Understanding the individual daily hydration requirements of older people	
A1	Able to discuss the recommended volume of daily fluid intake for older people
A2	Understands the need to implement appropriate assessment to determine an individual's daily fluid requirement
A3	Is able to describe common factors associated with reduced oral intake in older people. For example: • Diminished thirst sensation due to normal ageing and disease • Distraction and diminished attention • Communication problems • Personal preference • Oral health
A4	Understands the impact that illness or chronic disease can have on the older person's daily fluid requirements
A5	Has knowledge of environmental and physical factors that can influence daily fluid requirements and intake. For example: • Hot weather • Increased physical activity • Febrile illness • Diarrhoea and vomiting
A6	Can discuss the impact that inadequate hydration can have on the older person. For example: • Constipation • Dry skin • Oral problems • Increased illness • Low blood pressure • Falls • Lethargy • Reduction in cognitive ability • Confusion • Acute kidney injury
A7	Understands the changes in drinking behaviour that can occur as a consequence of dementia. For example: • Forgets to drink • Requires prompts to drink • Changed drink preferences • Changes in swallowing reflex
A8	Can recognise common signs and symptoms that may indicate an older person is experiencing swallowing difficulties
A9	Aware that individuals may experience fluctuations throughout the day that can influence their fluid intake

A10	Appreciates the challenges residents face in drinking sufficient fluids everyday
A11	Demonstrates understanding of the complexity of managing expectations and potential distress, for older people (and their families), with swallowing difficulties or receiving end-of-life care regards to oral fluid intake
Domain B: Assessing the individual daily hydration requirements of older people	
B1	Aware of the care home hydration policy and where to locate it
B2	Understands the roles and responsibilities of care home staff to assess the hydration care needs of older people
B3	Establishes the usual fluid intake target of each resident
B4	Assesses individual preferences for fluids. For example, specific preferences for tea, coffee, water or juice
B5	Takes into account medical guidance when assessing individual fluid intake requirements. For example, residents who may be on a restricted fluid intake due to their presenting condition
B6	Assesses residents for any change in their condition which may impact on daily fluid intake
B7	Can recognise signs and symptoms of oral health problems and is aware of when and how to access the multidisciplinary team for advice or assessment
B8	Able to assess the presence of sub-optimal hydration (consuming an intake below the target), which can lead to dehydration. For example: • increased lethargy • increased confusion • constipation
B9	Can recognise signs and symptoms of swallowing problems and is aware of when and how to access the multidisciplinary team for advice or assessment
Domain C: Implementing person centred care to maintain and monitor the daily hydration requirement needs of older people	
C1	Implements a person-centred approach to hydration care, recognising the importance of using a range of hydration care practices
C2	Ensures residents are provided with the opportunity for regular access to, and availability of, drinks to meet agreed fluid intake targets
C3	Provides assistance to support daily fluid intake, particularly those residents who require assistance with drinking or who have swallowing problems
C4	Prepares thickened fluids for residents with swallowing problems in accordance with agreed plans of care following assessment from health care professionals
C5	Ensures effective communication with residents when supporting them to drink fluids
C6	Records and monitors levels of daily fluid intake offered and consumed on relevant care home documentation
C7	Offers additional drinks and beverages when the weather is hot, and when residents engage in physical exercise or are ill
C8	Liaises with relevant health care professionals to ensure that residents are provided with appropriate drinking vessels, aids or equipment to enable them to drink
C9	Uses verbal prompts to encourage residents to drink sufficient fluid

C10	Provides drinks that are appealing and meet individual's preferences
C11	Provides drinks when engaging with residents in routine care activities
C12	Uses creative approaches to offer drinks during all care and socially focused activities. For example: • Offers fluid rich foods • Provide drink activities such as mocktails
C13	Creates a supportive and pleasurable environment that encourages residents to drink
C14	Develops positive relationships between older people, families and friends to facilitate involvement that encourages residents to drink
C15	Raises concerns about diminishing levels of fluid intake and works collaboratively to develop a person-centred management plan
C16	Initiates referrals to appropriate members of the multidisciplinary team, such as GP's, SALT'S, dieticians and community nursing teams when concerns are identified about resident's fluid intake
C17	Ensures the dignity and privacy of the resident is maintained at all times