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An exploration of hydration practices in Maltese residential care homes for older people

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Abstract

Background: The integral relationship between adequate hydration and good health is widely recognised. Older people with complex needs and frailty can struggle to maintain adequate hydration, with residents in care home settings being at an increased risk of dehydration.

Aims: To explore current hydration practices in residential care homes in Malta.

Methods: An exploratory qualitative approach was adopted to explore staff's views and approaches in supporting resident's hydration. Data was collected via semi-structured, individual and small group interviews with 2 care homes from the central and southern region of Malta. A process of open coding, followed by axial coding were used to analyse the data. Peer debriefing was performed throughout, until agreement was reached amongst the research team about the final themes and sub-themes.

Findings: Three themes emerged from the data: culture of promoting fluid intake; challenges in supporting older people to achieve optimum hydration; hydration practices and approaches.

Conclusion: A hydration promotion culture was demonstrated through various practices adopted in the care homes. The strong focus on water intake, in response to concerns about

consuming sugary beverages, has implications on the promotion of a person-centred approach to hydration care. Inconsistencies in monitoring of fluids and daily recommended targets, highlights the importance of policies or guidelines to guide hydration practice. Challenges related to refusal of fluids and language barriers amongst non-native staff were evident and justifies further research in this area.

[Search terms](#): 'hydration care', 'fluid intake', 'older people', residential care', care home'.

[Key points](#)

- A hydration promotion culture was demonstrated through various practices in the care homes.
- Staff's competing concerns about risk of dehydration versus intake of sugary beverages, has implications on the promotion of beverage choice and preference.
- Lack of consistency in monitoring hydration and fluid intake targets highlights the importance of policies or guidelines to guide hydration practice.
- Migration of care staff and language barriers is an added challenge influencing hydration practice.

[Reflective questions](#)

- How does a societal climatic culture influence hydration care and impact the hydration status of care home residents?
- How can staff promote resident choice and preferences to promote hydration whilst also promoting general health and well-being?
- How is nurses' migration impacting hydration practices in care homes?

Background

There are multifactorial issues that can contribute to suboptimal hydration and dehydration in older people living in care homes (RCN 2010; Wolff, Stuckler and McKee 2015; Murray 2017). The *National Institute for Health and Care Excellence* (NICE 2013) highlight that dehydration is linked to increased morbidity and mortality, with an increased risk of falls, exacerbations of chronic conditions and confusion, and poor end of life care. Whilst older residents can have difficulty drinking sufficient fluid everyday (Gasper 2011), care home staff have the responsibility to support them to do so. Of the care home population, residents living with dementia are particularly at high risk of dehydration, notably through issues such as forgetting where to get drinks, refusing to drink, choking and swallowing difficulties (Reed et al. 2005; Bunn et al. 2015).

Cook et al. (2019) have explored hydration practices, as well as practitioner experiences and perspectives of resident hydration within care homes in the UK. Their study revealed that care home staff implement various strategies to promote hydration amongst residents, such as prompting residents to drink, social interaction, environmental stimuli and drink-related activities. They noted that there is a strong social aspect when promoting hydration, as many hydration strategies were linked to social activities and/or gatherings. Other researchers have made similar observations and have highlighted the importance of staff regularly offering beverages and diligently prompting residents to drink (Shaw and Cook 2017; Bunn 2019; Hart et al. 2020). Potential successful hydration strategies found in recent literature include the use of equipment, such as specialised beakers, increased staff awareness of the importance of hydration, the use of feeding assistants, improved atmosphere and environment design at

mealtimes, greater choice and availability of beverages, and increased frequency of routine offers (Kingston 2017; Allen et al. 2014).

Malta

The old age dependency ratio in Malta has increased over the years from 19.3% in 2005, to 27.6% in 2015 (Azzopardi Muscat et al. 2017) and now stands at 33.2% (Index Mundi 2020). Due to the rise of the old age dependency ratio, there is an increased need for social care authorities to provide supportive services for older people with complex needs and frailty. Services include the provision of licensed long-term care facilities. In May 2019, 43 facilities were available providing 5,312 beds. which is equivalent to 4.4% of the 60 years plus population (Formosa 2019). There is also a waiting list of approximately 2,000 requests.

Malta has a Mediterranean climate, which is characterised by hot, dry summers. Temperatures range from 15°C to 31°C during summer months (Department of Information [DOI] 2021). This climate has an impact on hydration requirements, where in the summer hydration requirements will increase. However, due to physiological changes arising from increasing age, such as a decrease in the thirst sensation, altered sensitivity to anti-diuretic hormone, decreased renal function and neurocognitive deficits, older individuals may not feel that they need to drink more (Godfrey et al. 2012). For care home residents, this means that staff may be required to support adequate hydration.

A search for literature and policies and practice guidance about hydration practices in care homes in Malta showed that there is limited guidance. Practitioners and caregivers do refer to European guidelines for practice, such as the recommended daily fluid intake, which is 2.5 litres for men and 2 litres for women, where it is suggested that 70-80% of this intake should come from drinks and 20-30% from food (European Food Safety Authority 2010). However,

national minimum standards for care homes documents do not offer specific guidance about hydration practice (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing 2015). It is therefore essential that studies are undertaken to investigate current hydration practices in Maltese care homes, with a view to informing effective hydration policies and practices.

In view of the limited knowledge on hydration practices within the older population in Malta, it was deemed important to contribute to this area of care. Collaboration with Cook, Hodgson, Hope, Thompson and Shaw (2019) was established to explore current hydration practices in Maltese care homes, to inform the evidence-base.

Methods

Aims and Objectives

The overall aim of this study was to explore current practices of staff regarding hydration intake of older people living in care homes in Malta. Detailed objectives of this research were: (1) to explore practices of staff working in care homes for older people in Malta in relation to the assessment of residents' hydration requirements and support required; (2) to explore practices to maintain and promote sufficient fluid intake; and (3) to investigate practices to monitor daily fluid intake and dehydration of older care home residents.

Study design and setting

An exploratory qualitative approach was adopted to provide in-depth staff views and experiences of practices for supporting resident hydration in care homes. Registered care homes providing long term care for older people aged 65 and over were invited to take part in the study using convenience sampling. Two care homes responded to the invitation, and

all staff employed in the care homes who engage in supporting older people with hydration were invited to participate. These included management, care staff, catering and housekeeping staff. The homes were public private partnership care homes for older people that were licensed as residential homes with 24-hour nursing care on call. Home 1 was fully occupied with 107 residents, whilst Home 2 was almost at full occupancy with 149 residents (out of 150). The homes were located in the central region and southern region of Malta. Eleven staff consented to participate from care home 1, including 7 care assistants, 1 senior carer, 1 head nurse and 2 student nurses. Care home 2 participants included three staff: 1 nurse, 1 housekeeper and 1 active ageing facilitator. To ensure anonymity, research sites and participants were assigned an ID code following recruitment. The fourteen participants were interviewed between March and June 2019.

Data Collection

Data collection was via face-to-face semi-structured individual and small group interviews. Participants chose whether they wished to be interviewed in English or Maltese (some staff had limited English language skills). Interviews were audio recorded. In order to ensure that the research did not impact on the care homes' daily routine, a pragmatic approach was adopted with interviews conducted in the participants' usual place of work, in a private room. Interviews lasted no longer than 45 minutes. Data was transcribed verbatim. Maltese interviews were translated into English in preparation for data analysis. The interview guide was adopted from a previous study undertaken by Cook et al. (2019) in the UK.

Data analysis

All interview transcripts underwent a process of open coding whereby data were read, line-by-line, by the research team in order to identify sections of data which highlighted emerging

issues in relation to hydration practice. Following this, coded data were merged into another Word file to identify the relationship between codes across sites and interviews, as part of a process of axial coding (Braun and Clarke 2006). To enhance trustworthiness and credibility of the study, peer debriefing was conducted at each stage of analysis and each transcript was checked independently by each member of the research team. During peer debriefing sessions, revisions to the thematic coding was discussed until agreement on the themes and sub-themes was reached between all members of the research team. This allowed an overall picture of hydration practice to be identified, whilst still maintaining an understanding of the relationship between and importance of individual case study sites.

Ethical approval

The study procedures complied with institutional ethical standards and ethical approval was obtained from MCAST's Research Ethics Committee (Reference number: IAS05_2019). Written approval was also sought and granted from the proprietor/manager of each residential home. Participants granted written informed consent prior to participating in the interview. Anonymity was maintained by assigning codes to research sites and participants, following recruitment. Close attention was given to ensure that the reporting processes did not expose the participants' true identity in any way.

Findings

Findings indicated that residential home staff (nurses, carers and activity coordinators) actively promoted hydration for residents, as represented in the three main emerging themes: culture of promoting fluid intake; challenges in supporting older people to achieve optimum hydration; hydration practices and approaches (which included personalised care planning; offering drinks; supporting and encouraging drinking) (Figure 1):



Figure 1: Three main emerging themes from examination of data

Theme 1: Culture of promoting fluid intake

A prominent theme emerging was the unit and staff culture of promoting hydration. Participants' responses revealed a strong focus on routine provision of fluids throughout key aspects of care. At almost each encounter with residents, participants reported how they would offer a drink.

“...everyone knows that we should continuously offer water, it’s like a rule you know.. it’s a rule ...we push fluids .. always.. I don’t think.. because it is regular how we provide water..” (Participant 1)

Participant responses also suggested that this culture of promoting fluid intake arose from the wider societal culture of hydration promotion associated with the Maltese climate:

“...When it comes to the Summer period since it is very hot and even though the vans have AC I prefer to give them one bottle of water each prior leaving the residence....in this manner I feel reassured that all residents have a bottle of water if they get thirsty in the van. Once we arrive to our destination I make sure that, they drink water.” (Participant 12)

Some participants’ responses suggested that the culture of hydration promotion was underpinned by staff training. Training in relation to hydration and recognition of adverse events was reported to be undertaken during formal education and training, and when first joining the home as part of an induction. Despite this, there was a lack of consistency with regard to participants’ knowledge of daily fluid intake targets, with participants reporting required fluid intake as anything between 1 to 3 L of fluid a day. The hydration promotion culture was also demonstrated by the processes and procedures in place with regard to the early recognition, advice-seeking, and reporting of potential dehydration.

“We tell the nurse and the senior .. because every problem that arises, we sort of need to inform them” (Participant 1)

“...and what they tell us we do... sometimes you need to rely on the nurse, cause we are not nurses, if something happens ..sometimes we need some ... advice yes ... it’s better advice than an accident” (Participant 5)

Early recognition of adverse events was rooted in the participants’ familiarity with residents.

“..so we got adapted to a system that when we observe a resident not behaving in his/her normal way we take immediate action...just we inform the senior or the nurse.. ‘can you monitor that resident as today he/she is not behaving as usual and reacting differently?’” (Participant 12)

In both care homes, the sense of pride in keeping residents well hydrated, preventing adverse events and avoiding hospital admissions emerged as an important aspect of the unit and staff culture. Preventing dehydration was seen as a key quality marker of care, and participants indicated that residents being dehydrated was a sign of suboptimal care:

“It’s not nice that, you know that you’re sending someone to hospital because of dehydration ... if you send them for dehydration, that means that you’re not taking care of them.” (Participant 7)

Theme 2: Challenges in supporting older people to achieve optimum hydration

Refusing to drink, swallowing difficulties and anxiety about incontinence were reported amongst the challenges experienced by participants when trying to promote hydration.

“..some patients they will refuse because they fear that they will, that they are going to wet their continence pad and we’ll help them to go to toilet and we’ll make them to be comfortable. ‘If you do, if you want to do urine, we will help you to go to toilet’.. so we’ll encourage them like that to drink more water.” (Participant 5)

“especially when the condition is not good, they refuse any kind of drinking or eating so we keep, we keep like insisting with them to, to drink, we try as much as we can... but as I’m saying sometimes it’s difficult because when you have a person in front of you, putting his teeth together, not...” (Participant 9)

Challenges related to refusal of fluids were particularly prominent when working with residents with dementia. Care staff described how residents often showed signs of distress and confusion when offered water or fluids using thickener.

“Or they tell you leave me alone, leave it there.. what can you do..” (Participant 1)

“Those who have dementia, ..those who have the thickener and they can’t stand it that they have the thickener ..and they wouldn’t want to drink only water on its own..” (Participant 3)

Participants also reported challenges when working with residents who are able to drink independently, as it is difficult to monitor their fluid intake.

“We distribute water in the lobby or in the rooms, you know. Those who are independent, it’s more... Sometimes it’s difficult for those who are independent because you don’t know how much they are drinking.” (Participant 4)

Participants who were not native Maltese speakers reported language barriers as added challenges to communicating with residents in promoting hydration. This was particularly prominent when residents refused fluid intake. Phrases related to eating and drinking were amongst the first that they learnt, emphasising the importance of promoting fluids in the care homes.

“we’ll directly go to the nurse and she will come with us and she will talk to the resident and it will be more helpful because some of them are more comfortable with the language Maltese so, yeah.” (Participant 5)

“Is a problem because if a nurse will talk to her in her own language, it, she will be OK.” (Participant 5)

Language barrier was addressed by having native Maltese speakers work together with non-Maltese speakers.

Theme 3: Hydration practices and approaches

Personalised care planning

Promoting personalised care and adopting a person-centred approach was reported as a common strategy in promoting fluids. The majority of participants reported consideration for individual resident requirements based on their knowledge of the resident’s medical conditions. Some participants reported how different conditions guided any variation in fluid target, whilst others talked about the type of fluid to be consumed.

“As for the patient conditions, we are deciding on how much they have to take because many of them have the kidney problems...so we have to decide as per the patient’s condition...if it’s a chronic condition like dehydration, if a patient is having a diarrhoea so we have to give...the residents who are diabetic for example they would only drink water (Participant 5)

It was not clear from participants’ responses whether their assessment of residents’ hydration status was based on any local protocols or guidelines. However, participants did offer a range of responses to their approach of assessing and monitoring fluid intake. Signs and symptoms

of dehydration were commonly used as indicators to monitor the hydration status of residents.

“You notice from their urine for example we would tell the nurse he or she didn’t pass urine for example the continence pad is dry...from the skin.” (Participant 2)

One participant also spoke about objective assessment of monitoring fluid status by checking the PH in the urine using urinalysis.

“We nurses, you mean even if we see the urine is concentrated and we need to do urinalysis and we have to PH. So the PH will tell you if they’re drinking or not, it depends on the PH.” (Participant 6)

Asking about and observing resident’s fluid intake, were also strategies reported by some participants. Most participants explained how residents had their own designated bottles of water that they kept at the bedside, and this served as a visual cue to monitor how much residents drank.

“...while they in room we’ll arrange, we’ll prepare a bottle of water at the side table, there is a side table of their, near their bed. So we’ll prepare that one and we keep it there and we check they are drinking or not so with that we can confirm they are having enough water or if they need more.” (Participant 5)

Some participants also reported that knowing their residents well, helped in alerting them to signs and symptoms of dehydration. Intuition and experience also played a key role in investigating subtle changes in the resident’s overall demeanour and recognising changes that required further prompting to drink or escalation of concerns.

"...Mrs X, she seems, she seems not, not in her usual mood or she or, for example today she seems like confused... and then we start like investigating if there is an infection, perhaps somewhere if, if the... if it's with hydration, perhaps she's not drinking so much as usual but at least here like it's not like being in hospital for a short period and you don't know that person, here we get used to them, it's like our second home here."

(Participant 9)

Carers also spoke about how they often escalated concerns to the nurses if they were unable to address particular challenges, such as, low fluid intake, refusal or signs of dehydration.

Offering drinks

Regular prompting of fluids was done through various strategies, including offering drinks during routine activities and during each encounter with residents.

"At ten in the morning we always give all the residents water when they are in the dining room, after they would have washed, they would be all sitting down and we go out with the trolley with the water and the glass and give them water ... At 11am they come in for lunch so we give them water again, we serve them water, they come in for the first sitting, then the second sitting...we all serve them water..." (Participant 1)

".. and then in the afternoon we give them tea, once again at about 2 o'clock or 3 o'clock in the afternoon and then once again with dinner, we offer them water during dinner, and then in the evening at about 8 o'clock in the evening, they have another cup of tea." (Participant 10)

Although participants talked about how they considered residents' preferences to promote fluids, promoting choice and considering preference of drinks, was mostly limited to tea and coffee:

"...but at least we try to keep them happy with what they want. If they prefer a cup of tea then a glass of water, we give them a cup of tea.

Other drinks with high sugar content were generally avoided or limited to times when residents were engaged in social activities.

"We try to avoid soft drinks ... But maybe we'll find a couple of residents that...for example on a Sunday, the relatives bring them over the soft drinks or some juice but we try to avoid those." (Participant 10)

Supporting and encouraging drinking

Adopting a caring, empathic approach, building rapport, reassuring residents, involving family members and offering a cup of tea, were amongst the strategies adopted to support and encourage drinking:

"We would try to.. build rapport and being sensitive and kind to them" (Participant 1)

"..and then if they refuse we would try at another time for example.." (Participant 3)

Assessing resident's mood, using humour and therapeutic interaction, all helped in supporting and encouraging drinking.

"They drink it, they do. To make you happy, they drink it." (Participant 6)

“Just a little bit of smile and you will have everything ... You are not going to call them and tell them you have to drink this ... If you tell them like that, they are not going to drink.” (Participant 7)

“..Then to calm her down, I go ‘have a cup of tea’. ‘Yes I will have the cup of tea’ then I go ‘alright, no worries, have the cup of tea’.” (Participant 7)

There was a strong emphasis on the importance of frequent prompting of fluids and close monitoring for persons with dementia. Promoting choice, especially offering a cup of tea, was often cited as a way of addressing challenges.

“...we observe that with dementia, people ... they forget to drink as well most of which are on this unit, they, at 10 o’clock in the morning, they prefer another cup of tea, not water, for them a cup of tea or a cup of coffee it’s... you make them happy with it.” (Participant 10)

The majority of participants involved the families and encouraged them to bring and offer drinks when they were visiting. Family members were also involved in addressing specific challenges of refusing drinks and this often resulted in positive outcomes. Participants spoke of various social activities organised at the homes, including, carnival parties, ‘tombla’ and celebrations. They stressed that these events encouraged drinking and celebratory drinks were also prompted.

“...we have high teas and things where they come in the afternoon, the relatives and we do sandwiches, biscuits, a piece of cake and a cup of tea and then you invite the relative to come and have tea and in the afternoon with the... with the families so...” (Participant 9)

Availability of fluids was highly promoted in both homes and participants described how each resident had their own drinks by their bedside, which they could help themselves to, at any time. Drinks were also available in the kitchenette for independent residents. Participants did talk about the challenge of monitoring fluid intake in this way for independent residents, but at the same time provided a visual cue to encourage drinking.

“...we’ll prepare a bottle of water at the side table, there is a side table of their, near their bed. So we’ll prepare that one and we keep it there and we check they are drinking or not, so with that we can confirm they are having enough water or if they need more.” (Participant 5)

Participants also considered the importance of fluid content in foods as a way of meeting the fluid requirements of their residents.

“.. in the evening with each meal we always give them for example fruit or yogurt or jelly.. but there are residents who take an orange... Every lunch and dinner with broth or soup.” (Participant 1)

Discussion

Routine provision of fluid seems to be deeply engrained in the staff and unit culture, where the prevention of adverse events related to hydration is a key quality marker. The hydration promotion culture was demonstrated through processes of early recognition, advice-seeking, and reporting of potential dehydration. Moreover, regular prompting of fluids during routine activities, offering drinks during each encounter with residents, promoting foods with high fluid content and promoting fluids during social activities organised at the homes, such as, carnival parties and other celebrations, were amongst the strategies utilised in Maltese care

homes. These strategies support work within this field, highlighting the importance of multicomponent strategies in ensuring adequate hydration and reducing the risk of dehydration (Simmons et al. 2001; Bunn et al. 2015; Cook et al. 2019; Jimoh et al. 2019; Lean et al. 2019). The culture of hydration promotion was also echoed in the sense of pride staff felt in keeping residents well hydrated and avoiding hospital admissions.

It is plausible to question what factors are driving the overall positive approach to hydration care in our study population. Of note, was that similar to findings from Cook et al. (2019), participants demonstrated high consideration for environmental factors and increased fluid requirements in summer. This relationship was not consistently established in other literature (Wilson et al. 2019). However, in our study, participants' responses indicated that the wider societal culture of hydration promotion associated with the Maltese climate could play a role in influencing their approach to hydration care. A survey carried out amongst different European countries reported that healthcare professionals in Mediterranean countries demonstrated higher regard for hydration than those in the UK (Holdsworth 2012). The relationship between climatic culture and hydration care is worth exploring in more depth, with the prospect of understanding how one influences the other and how this impacts on the hydration status of older people in care homes.

A significant finding in this study was the promotion of a person-centred approach to hydration care, which was promoted through adopting a caring and empathic approach, building rapport, reassuring residents and involving family members to support and encourage drinking. The latter was particularly prominent in helping address refusal of fluids and often resulted in positive outcomes. These findings support a body of work that highlights the importance and benefits of a person-centred approach in promoting hydration in older

persons (Bunn et al. 2015; Wilson and Dewing 2019; Hart et al. 2020). Fundamental to this approach is the consideration of residents' preferences with regards to beverage choice (Mentes 2006; Shaw and Cook 2017; Jimoh et al. 2019; Volkert et al. 2019). Findings in this study revealed a strong focus on water intake. Staff appeared more reluctant to offer soft drinks and juices, tending to offer these drinks as treats, which suggests they perceived drinks with higher sugar content to be unhealthy. Promoting healthy nutrition throughout life, is high on the Maltese political agenda and the increased attention towards the negative impact of consuming sugary drinks amongst vulnerable groups, including older adults (Health Promotion and Disease Prevention Directorate Parliamentary Secretariat for Health, 2014), could explain this finding. This finding also indicates a tension between staff's concerns regarding dehydration risk versus concerns about sugar intake for residents, as well as having implications with regard to residents' decision-making autonomy, and promoting resident choices and preferences. This is therefore an area that Maltese care homes could explore in more depth, to develop targeted interventions aimed at establishing both optimum hydration and beverage preferences promoting further choice.

Practices related to documentation varied. Monitoring fluid balance is considered beneficial in recognising the need for further prompting and ensuring older people are consuming adequate amounts of fluid (Mentes 2006). In this study staff reported different strategies of monitoring fluid status, including assessment of signs and symptoms of dehydration, providing designated bottles and documentation. Recent evidence has highlighted that observing for signs and symptoms may be ineffective in identifying low-intake dehydration (Hooper et al. 2016; Bunn and Hooper 2019) and this can only be accurately measured by obtaining a venous blood sample to measure serum or plasma osmolality (Bunn 2019). Thus,

the focus should be on supporting residents to drink enough fluids using a range of strategies through a person-centred approach (Bunn 2019). The latter requires staff to be aware of the daily recommended fluid intake for their residents. Although guidelines may vary, the European Food Safety Authority (2010) recommend daily fluid targets of 2.5 L for men and 2.0 L for women, where 70-80% of this intake should come from drinks and the rest from food. However, in our study there was less consistency in relation to daily fluid intake targets. This finding is consistent with the work of Cook et al. (2019) and highlights a potential staff knowledge gap, which may create challenges for staff to meet resident's hydration requirements. What is also noteworthy is that there was little indication whether staff in Malta were aware of any policies or guidelines in relation to hydration practice, or how these, if at all, influenced their approach to care. There are major gaps in the existing body of knowledge about how guidelines, policies and procedures translate into hydration practices in care homes (Bunn et al. 2015; Oates and Price 2017; Bunn et al. 2018). Cook et al. (2017: 17) reported how several participant homes across Gateshead and Newcastle in the UK referred to policies on hydration practice as a 'passive resource' and failed to influence day-to-day care. This area merits further consideration, to explore whether Maltese care homes have clear hydration policies and how these influence hydration approaches to care and ultimately resident's hydration status. Care homes should also consider providing clear information to staff about assessment of residents' hydration needs and set standards that can be integrated in routine practice for ensuring optimal hydration of residents.

Refusal of fluids was a prominent barrier to promoting hydration and this was exacerbated for staff who were non-native speakers and for all staff when working with people with dementia. The latter has been widely reported (Reed et al. 2005; Bunn et al. 2015) and draws

attention to the importance of frequent prompting of fluids and close monitoring for persons with dementia. However, language barrier is an added challenge that has received less attention within the context of hydration in the older population. This is a highly significant issue in Malta, in view of the high mobility of nurses and care staff from overseas (Buttigieg et al. 2018), in response to the rapid growth of the health sector. Buttigieg et al. (2018) identified language barrier between immigrant nurses and Maltese patients who were only fluent in their native language, as one of the commonest issues. The authors recommend more robust and formal language training as a way of facilitating integration and ultimately enhancing quality of care. This challenge is widely reported in different health contexts across the world (Blythe et al. 2009; Okougha and Tilki 2010; Xiao et al. 2014) and therefore we contend that this area receives further attention in Maltese care homes to understand how language barrier is affecting hydration care.

The inclusion of two care homes and the use of convenience sampling limits the transferability of the results, as findings may not be representative of hydration practices and approaches in other care home settings across the island. Nonetheless, this study contributes important insight into areas that require further attention in the context of hydration care in elderly care homes. Additionally, this study has not assessed fluid intake or hydration status of residents, nor did it explore residents' perspectives. Investigating these areas may provide further insight into promoting a person-centred approach to hydration care.

Conclusion

This study explores hydration practice in Maltese care homes. What is very clear from the findings is the positive culture towards hydration promotion and high consideration for increased fluid requirements in the hotter summer months. This raises important questions

about the relationship between climatic culture and hydration care and the impact this may have on older people's hydration status. Although findings demonstrated that staff attempted to adopt a person-centred approach to hydration care, beverage choices were limited to water, tea and coffee, when literature strongly indicates the importance of promoting beverage preference and choice in supporting a person-centred approach to hydration care. Inconsistencies between participants' approaches to monitoring and assessment of fluids and recommended intake target, highlights the importance of staff awareness of policies or guidelines to guide hydration practice. Challenges related to refusal of fluids and language barriers amongst non-native staff were evident in this study. Future studies may explore these concepts in more depth and provide recommendations to improve hydration practices when caring for older people.

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Conflict of interest statement

The authors declare that there is no conflict of interest.

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