

Continence Management Policy and Procedure

Purpose

SOS Homecare is committed to promoting independence for service users with Managing Continence, whilst acknowledging that those who cannot be independent will be cared for with dignity and privacy. This policy is to assist staff with management offered to Service Users who require advice, guidance and training to remain independent. It is also to support Service Users who may need to be assisted with maintaining continence and to ensure that this is delivered with a high standard of quality and care. This policy is required to meet the legal requirements of the regulated activities that SOS Homecare is registered to provide; the Care Act 2014, Equality Act 2010 and the Health and Social Care Act 2012.

Scope

The following roles may be affected by this policy;

- Registered Manager
- Care Staff
- Service Users may also be affected by this policy.

Objectives

To standardise assessment and practice within SOS Homecare in relation to continence care, whilst providing guidance to staff by referring to evidence-based practice, recommendations and guidelines. To ensure that service users requiring support and invasive procedures in relation to continence care will have that care delivered by suitably trained and competent staff.

Policy

Excellent continence care is vital to a Service User's wellbeing. Care and Support Workers need to be aware of the impact their practice and procedures can have on a Service Users continence, physical and mental wellbeing. Incontinence can impact a Service User's confidence, self-esteem and dignity. Staff will have access to this policy, associated documents and relevant best practice guidelines to enable delivery of care that is evidence based.

Appropriate resources will be made available to allow for an effective programme of continence promotion. This will include;

- Ensuring that continence aids are in adequate supply and stored appropriately with dignity and privacy in mind.
- Ensuring that continence aids are used correctly in accordance with the manufacturers' instructions.
- Only using continence aids to suit the Service User's needs.
- Monitoring the effectiveness of these aids for suitability and reliability
- Disposing of continence aids in line with legislative requirements and infection control principles.

At the start of service, Service Users will be assessed to identify if they need support with continence. This continence assessment will assist with maintaining independence and assessing for potential complications. From this assessment, the Service User will be referred to specialist support, where required (e.g., Continence Nurse Specialist, GP), for advice and guidance.

A Care Plan will be formulated, and Staff at SOS Homecare will have the required skills, knowledge and competence to appreciate the importance of promoting independence with continence and its effect on Service User's well-being.

Where possible, the Service User will be fully involved in Care Planning process for promoting their independence with continence management. Where consent or Service User involvement is unachievable, decisions will be made with the best interests of the Service User considered in accordance with Mental Capacity Act 2005.

Procedure

Assessment of Continence Needs

There are different forms of incontinence, the most common is stress incontinence and urge incontinence. Assessments are made in relation to the Service User's level of understanding around elimination and the Service User will be involved in this process where possible.

Assessments will reflect the consideration of the personal, cultural and physical needs of the Service User. The Support Worker must refer to the continence assessment held within this policy.

The assessment must also include the identification of any medical conditions or medications that may impact on the Service User's continence such as diuretics, laxatives, analgesia, and any nighttime sedation.

The level of independence will be noted and will form the basis of an individual plan of support. It is important that the Support Worker can identify developing continence problems in the Service User early so that they can be helped to get prompt and fair access to medical or other healthcare resources.

It is recognised that the Care / Support Worker may be required to provide support, advice and health promotion in relation to supporting a Service User's continence and this may include;

- Healthy living, diet, hydration and mobility
- Improving access to the toilet
- Reviewing existing medication
- Supporting with aids to manage incontinence

All Care / Support workers at SOS Homecare will be given the necessary training and support in relation to continence care and, where further support and guidance is required, specialist support will be contacted.

Bowel and Bladder Continence Management

Continence management and support strategies will be based on individual need. A Service User's choice and preferences must be respected, and the key aim is to promote, improve or maintain continence. Where there are identified support needs, the Care Coordinator or Team Leader will involve the Service User to develop a continence management plan using a proactive approach such as encouraging them to use the toilet regularly rather than containment methods such as pads. Factors to consider in the management plan must be addressed such as accessibility to toilets, easy to remove clothes and access to mobility aids.

Being promoted to use the toilet regularly can have a huge impact and also assist with regular bowel routine. Where appropriate and if advised by the GP or continence specialist, input and output should be recorded.

Regular Opportunities to use the Toilet / Bladder Retraining Programme

Staff can actively assist Service User's to maintain or restore confidence with regular offers and promoting to use the toilet.

Staff can support effectively by following these key points;

- Respond to Service User's request to use the toilet as soon as possible
- Ensure the Service User is not rushed when using the toilet
- Ensure the Service User is treated with dignity. They may feel embarrassed if they have been incontinent
- Encourage the Service User to close the door, even if a member of staff needs to stay in the toilet to support them

Prompted Voiding

Some Service Users will know when they have a full bladder, but do not ask to go to the toilet. Staff can promote continence with the use of prompted voiding. Staff can check the Service User often to assess whether they have had any incidents of incontinence and encourage the use of a toilet. Staff

must ensure the toilet is easily accessible. Some Service Users may benefit if there is any visual sign by the toilet or have visual instructions to help with sequencing.

If the Service User needs some support but can stay on the toilet alone, allow them privacy to do this. Say you will be back and be back when you say you will.

Habit Training

If the Service User has regular toilet patterns, habit training may be best for them. Staff need to closely monitor the Service User's toilet pattern to identify when they will usually pass urine or open their bowels. Staff can then support the Service User to access the toilet at those times every day.

Environment and Toilet Aids

Ensure mobility aids are kept by the bed and within easy reach of the Service User at all times. If the Service User is independent with going to the toilet, it will help to:

- Keep the route to the toilet clear and well lit. Consider the use of night lights
- Ensure the toilet is easy to recognise
- Answer a Service User's call for assistance as soon as possible
- If the Service User spends long periods of time in their room prompt them regularly to use the toilet

Incontinence Products

Some Service Users may need special pads or clothing. These help to protect the skin by keeping it dry. Staff can support Service Users by:

- Supporting them to keep their skin clean and dry
- Avoiding the use of perfumed soap or talcum powder, use continence cleanser
- Using creams to protect the skin after it has been cleaned and dried
- Keeping pads, clothing, and bed sheets wrinkle free
- Changing pads when the wetness indicator changes colour
- Not using flannels when cleaning the skin, use soft wipes

Use of continence aids

Where it has been identified that the use of continence aids is necessary to meet continence needs, the following principles will apply:

- There must be an adequate supply of aids at all times, and these will only be given to the Service User they are prescribed for
- Continence products must be refreshed frequently to ensure good skin care and hygiene
- Whenever possible, the use of continence products will be managed alongside the supported use of the toilet
- Where Service Users need to have an elimination monitored, assessment will be made of their level of independence and ability to achieve this
- Advice will be sought from the local continence service if existing continence aids are not meeting the needs of the service user

Principles of promotion of Bowel Continence

Where it has been identified that the Service User requires support with managing bowel continence, the following principles will apply:

- Service Users with bowel management concerns will be assessed by competent and trained professionals and a plan of care will be devised that promotes continence by including diet, fluid intake, mobilisation and a review of medication, where required
- SOS homecare will use a recognised tool to define stool type and characteristics (such as Bristol Stool Chart available within this policy) as part of the ongoing assessment of the Service User

- It may be appropriate to introduce the use of continence aids for temporary management whilst the plan of care is promoted
- Following any episode of incontinence, the skin will be washed well and dried to prevent any break down of skin. This will be completed in line with the Infection Control Policy. Where required, a timely referral to the prescribing GP will be made for emollients and barrier products

Additional Continence Support

Where a Service User may require more specialist support or examinations, such as urine sampling or digital rectal assessments, these will be referred to a specialist (e.g., GP or Continence Nurse), for them to be completed in line with specific codes of practice.

Care / Support Workers at SOS Homecare will only be able to complete tasks that they are trained, skilled and competent to complete.

Urinary Retention

Staff must be aware of urinary retention. This can be acute or chronic and is more common in males. Common causes are:

- Recent surgery in the genital, prostate, rectal, pelvic or lower abdominal areas
- Medical conditions such as diabetes or multiple sclerosis
- Injury to pelvic or genital region
- Constipation
- Enlarged prostate gland
- Some medicines, infections or inflammation

Acute urinary retention needs urgent medical attention where the bladder may need to be emptied using a urinary catheter. Staff must contact the Service users GP for immediate attention.

Chronic retention develops gradually, and the Service User slowly notices that they cannot fully empty their bladder. This type of urinary retention may take months or years to develop and is not usually painful.

Evaluation and Reassessment

Care Coordinators and Team Leaders will evaluate the continence management plan annually with the Service User as a minimum or as needs change.

Care / Support Workers will record observations about the Service User's response to current continence support strategies in the Care Plan and daily notes.

Reassessment will occur as required but routinely as part of the Service Users care review.

Definitions

Stress Incontinence – Can be caused by a damaged pelvic floor; people can also suffer stress incontinence when they sneeze, cough, laugh, get up from chair or exercise; is more common in women but men can suffer stress incontinence following prostate operations

Reflex incontinence – As soon as the bladder is full it empties automatically without warning; the person will usually have lost the ability to recognise when their bladder is full

Overflow Incontinence – Occurs when the bladder does not empty fully and can feel like the person has not fully emptied their bladder; the person may pass a little bit of urine at a time. They may have frequent urinary tract infections (UTI) and may leak urine without realising; it can be due to nerve damage or prostate problems in men

Urge Incontinence – The person may leak a small or large amount of urine and may need to use the toilet many times during the day; certain conditions that affect nerves can lead to urge incontinence. Bladder infections can also contribute to urge incontinence

Incontinence Dermatitis and Moisture Lesions – Conditions where the skin breaks down due to urine and faeces

Urinary Tract Infection (UTI) – Infection of any part of the urinary tract including the urethra, bladder and kidneys

Continence Care – This is the tailored package designed to meet the needs of individuals with bladder or bowel problems

Continence Aids – These are products that have the ability to contain urine or faeces. They include absorbent pads, hand-held urinals, sheaths, bed pans, commodes

Continence – This is a person's ability to control the bladder and/or bowel

Elimination – The expulsion of waste matter from the body

Key Facts – Professionals

Professionals providing this service should be aware of the following;

- Staff must encourage a toilet training programme to promote continence
- Staff must encourage Service Users to use the toilet regularly
- The Care / Support Worker will maintain and enhance their knowledge of continence management in order to deliver the most current evidence-based practice
- Urinary or faecal incontinence must never be regarded as inevitable
- Care / Support Workers have a duty to ensure that privacy and dignity are maintained at all times, especially when managing potentially sensitive and embarrassing problems such as incontinence. Care / Support Workers must promote Service User independence and ensure that they understand the Service User's needs and expectations
- The Care / Support Worker will enhance their learning about continence problems at every opportunity

Key Facts – People affected by the service

People affected by this service should be aware of the following;

- You will have access to specialist support and a tailored care plan, as agreed with you, to assist with the management of any continence problems
- Where support is required, this will be provided with dignity and privacy at all times
- You have the right to remain as independent as possible when managing continence








Outstanding Practices

To be 'outstanding' in this policy area you could provide evidence that.

- Care Plans reflect Service User's needs and wishes and are updated to reflect changing needs
- There is evidence of proactive strategies being used such as toilet training programmes and promoting rather than and over reliance on pads
- Themes and trends in continence management at SOS Homecare are identified and strategies for positive action put in place
- SOS Homecare takes part in national initiatives and awareness campaigns relating to continence management

Bristol Stool Chart

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Since it can be hard to state what is normal and what is abnormal, some health professionals use a scale to classify the type of stool passed. This helps assess how long the stool has spent in the bowel. Type 1 has spent the longest time in the bowel and type 7 the least time. A normal stool should be a type 3 or 4 depending on the normal bowel habits of the individual, should be passed once every one to three days.

What are the symptoms of constipation?

- Hard, compacted stool that are difficult or painful to pass
- Straining during bowel movements
- No bowel movements in three days
- Stomach aches that are relieved by bowel movements
- Leaks of wet, almost diarrhoea-like stool between regular bowel movements

Staff should discuss any concerns regarding the use of this chart and findings with the senior member of staff.

Review

This policy will be reviewed every 2 years.