

Continence Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for kindness, compassion and dignity:

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Scope

Incontinence remains a largely "stigmatised and untreated condition" (Tannenbaum et al, 2013). This, compounded by the ways that care is delivered and continence issues often being accepted without a thorough assessment, means older people and those with dementia are sometimes not offered options of care but are resigned to a culture of "padding up" (Offermans et al, 2009). This can cause much distress, both for people with a dysfunctional bladder and/or bowel, and their families; the extra support needed is a key factor that often precipitates a move into residential care.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

EFH recognise that incontinence (loss of bladder or bowel control) can be a difficult and embarrassing problem for those who suffer from it and believes in a positive policy of continence promotion. We believe that incontinence is not a inevitable part of ageing, although it may happen to more people as they grow older, and that with good advice and support sufferers may be able to learn to manage their continence or be treated to reduce the effects of incontinence. We therefore aim to promote and maintain the continence of our residents for as long as possible and believe that the management of incontinence should be based on high quality person centred care, aimed at meeting the residents individual needs, maintaining their dignity and independence as far as is possible at all times.

The Policy

Many of the residents in our homes are likely to have some degree of urinary incontinence or dysfunction. Urinary incontinence in our homes should not be viewed as inevitable. In the first instance, with good management it may be preventable. Incontinence is a symptom of underlying problems which with simple assessment and investigation, can be identified and treated. Even when a cure is not achievable, optimum methods of incontinence management can produce 'social continence', alleviate embarrassment of preserve residents dignity.

EFH believes in providing high quality continence promotion care based upon individual residents needs, as recorded in an individual assessment and care plan for each resident inclusive of an assessment of continence needs. We believe that it is important that nursing and care staff can identify developing continence problems in residents early so

that they can be helped to get prompt and fair access to medical or other healthcare resources. Incontinence has many causes and many types can be treated or cured, no matter how old the person is, especially if diagnosed at an early stage. Therefore:

Where continence problems are identified, the resident should be fully assessed to establish the cause of the problem, and a plan of care should be agreed and entered in the resident's care plan. This should be conducted by someone qualified to perform such an assessment and should include specialist medical and nursing input wherever relevant. The plan of care should include help needed from care staff (e.g. help to get to the toilet) and the use of any incontinence aids.

Where necessary, the plan of care should include referral to the local specialist continence advisory service. [Insert contact details here.]

Initial or ongoing treatment options which should be available to residents and supported by staff include:

- General advice about healthy living, in particular diet and drinking appropriate fluids
- Improving access to toilet facilities and wearing easily removable clothing
- Reviewing existing medication
- Bladder and bowel training programmes
- Pelvic floor exercises
- Provision of continence products, continence aids and other supplies to help manage incontinence.

Residents who suffer from incontinence should be assisted by care staff to:

- Maintain dignity
- Maintain personal hygiene
- Use appropriate incontinence aids effectively.
- Residents should be regularly assisted to the toilet if it is indicated in their plan of care, either on demand or at frequent intervals.

EFH will promote care that will:

- Challenge expectations about ageing and/or living with dementia
- Promote the fundamentals of continence care, offering regular, planned access to toilet facilities as part of everyday living
- Put continence promotion and management at the centre of compassionate care
- Lead a culture change with continence seen as the norm for older people and with care aiming to cure – and where cure is not possible, achieving the right outcome for the resident
- Help develop stronger links between individual services and local NHS continence advisory services to achieve better continence-care outcomes
- Increase staff awareness about continence care and management to help improve outcomes for people living with dementia and long-term conditions
- Ensure carers and residents know what good continence care and management outcomes look like
- Reduce the numbers of people deemed incontinent
- Reduce the use of containment products and/or move to lower-absorbency products where practicably possible
- Reduce falls and urinary tract infections, and subsequent unplanned admissions to hospital

We do not support a policy where all residents are routinely subjected to a rigid regime of toileting. All residents should be treated as individuals with help and assistance provided on the basis of assessed need.

The night-time hydration and continence needs of residents will be carefully assessed and included in the resident's care plan wherever appropriate. During the night, residents should be helped to use bedside commodes or urine bottles if it is indicated in their plan of care, and all residents should be encouraged to call for assistance as required.

All precautions should be taken to avoid accidents and spillage of urine, etc.

Spillage and accidents should be cleaned up immediately using the materials and protective clothing available for this purpose.

In bedrooms, where there is likelihood of spills on the carpet, steps should be taken to protect the carpet thus avoiding unpleasant odours building up.

At all times, all nursing and care staff should be aware that incontinence can be a source of considerable embarrassment for many residents. Staff must therefore treat all residents with dignity, privacy and understanding at all times.

References

NICE guidelines including the Elderly

<https://www.nice.org.uk/guidance/cg148/evidence/cg148-urinary-incontinence-in-neurological-disease-full-guideline3>

Review date	Next Review Date
May 2024	May 2027