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THIS POLICY IS FOR:	Staff including Agency Workers (temporary workers), Commissioners and Service Users

PROMOTING INDEPENDENCE WITH CONTINENCE

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PERSONAL PROTECTIVE EQUIPMENT (PPE) POLICY

1. PURPOSE

- 1.1 To promote independence for Service Users with managing continence, whilst acknowledging that those who cannot be independent will be cared for in a way that ensures their dignity and privacy are maintained.
- 1.2 To assist Staff including Agency Workers with the continence support offered to Service Users who require advice, and guidance to remain independent.
- 1.3 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 care and support.
- 1.4 This policy dovetails with other policies and procedures which should be referred to for further guidance and standards:
 - Infection Control Policy and Procedure
 - Catheter Care Policy and Procedure
 - Stoma Care Policy and Procedure
- 1.5 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).
- 1.6 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:
 - The Care Act 2014
 - Equality Act 2010
 - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

2. SCOPE

- 2.1 The following roles may be affected by this policy:
 - Registered Manager
 - Staff including Agency Workers
- 2.2 The following Service Users may be affected by this policy:
 - Service Users
- 2.3 The following stakeholders may be affected by this policy:
 - Family
 - Commissioners
 - External health professionals
 - Local Authority
 - NHS

3. OBJECTIVES

- 3.1 To standardise assessment and practice within Nursing Direct in relation to continence care, whilst providing guidance to Staff including Agency Workers by referring to evidence-based practice, recommendations, and guidelines.
- 3.2 To ensure that Service Users requiring support and invasive procedures in relation to continence care will have that care delivered by competent Staff including Agency Workers.

4. POLICY

- 4.1 Staff including Agency Workers will have access to this policy, associated documents, and relevant best practice guidelines to enable delivery of Care that is evidence based.
- 4.2 All Staff including Agency Workers at Nursing Direct will have the required skills, knowledge, and competence to appreciate the importance of promoting independence with continence and its effect on the Service User's wellbeing.

At all times, if applicable at Nursing Direct registered nurses who practise extended clinical skills to support Service Users with continence needs will work within their code of professional conduct and scope of competence.
- 4.3 At the start of the 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. The Service User will have access to specialist support, where required (e.g. continence nurse specialists, GP), for advice and guidance.

A Care Plan will be formulated and all staff including Agency Workers responsible for ensuring that this is current, evaluated and completed in line with codes of practice.
- 4.4 Staff including Agency Workers will need to refer to resources within the home when it comes to the management of continence. This may 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

- 4.5 Staff including Agency Workers recognise that even slight incontinence can have a severe impact on the quality of life of Service Users experiencing it.

Incontinence can impact and impair the ability of Service Users to take part in normal everyday life, such as employment, education, and social activities.

- 4.6 Where possible, the Service User will be fully involved in the Care Plan 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 the Mental Capacity Act 2005.

4.7 **Staff including Agency Worker Roles and Responsibilities**

- Work towards best practice as detailed in the NHS excellence in Continence Care Framework
- Show compassion and dignity to destigmatise bladder and bowel problems
- Inform Nursing Direct when Service Users are seeking help and advice, so that they can be provided with the information they need and work with them to make decisions about their care
- Complete relevant training/education
- Inform Nursing Direct if there has been a change in the Service Users needs and a reassessment is required. or specialist advice and treatment is required.

5. PROCEDURE

5.1 **Promoting Continence**

Staff including Agency Workers need to understand the Service User's continence needs and any difficulties they may experience. This can prevent a Service User from becoming incontinent and make a huge difference to their physical and mental wellbeing.

Staff including Agency Workers can promote continence with a Service User by:

- Recognising when they need to go to the toilet, and making sure they get there on time or helping them find it
- Helping them get to the toilet independently or with assistance
- Helping them use the toilet once they get there
- Helping them to adjust their clothing and wash their hands after they have used the toilet
- Helping them find their way out and return to where they want to go
- Ensuring they have access to help when it is requested, when the Staff including Agency Worker is present, and timing visits accordingly where possible
- Initiating the review of prescribed medication with the GP; certain medications can affect continence
- Reviewing the use of mild laxatives
- Responding to the Service User's request to use the toilet as soon as possible
- Ensuring that the Service User is not rushed when using the toilet
- Ensuring that the Service User is treated with dignity. They may feel embarrassed if they have been incontinent
- Encouraging the Service User to close the door, even if Staff including Agency Worker needs to stay in the toilet to support them
- As far as possible, same-sex Staff including Agency Workers support will be accessed

5.2 **Dignity**

Maintaining continence and appropriate toileting is a large part of a Service User's dignity. Many Service Users may find talking about their bladder or bowel functions embarrassing. Staff including Agency Workers need to be sensitive when discussing continence with Service Users.

5.3 **Incontinence**

Incontinence is a symptom of an underlying problem that needs investigation and should not be viewed as inevitable for Service Users. The different types of bladder and bowel incontinence causes and symptoms can be found in the Definitions section of this policy.

Many continence problems can be treated or managed effectively, and many are preventable. Service Users who develop incontinence should receive an assessment and investigation into their continence needs.

Certain Service User groups are more likely to suffer with incontinence, for example, those with:

- Long-term physical disabilities
- Neurological conditions
- Learning Disabilities
- Elderly

5.4 **Barriers to Maintaining Continence**

Service Users may experience incontinence because of physical, psychological, emotional, cognitive, or environmental factors. These include:

- Learning/cognitive disability
- Language barrier
- Mobility - If a Service User has the ability to know when they need to go to the toilet, but are unable to do so independently, they may experience continence issues
- Environmental factors - If Service Users cannot locate the toilet or it is too far away, involuntary incontinence may occur
- Clothing - If a Service User has poor manual dexterity, they can find it difficult to undo or pull-down garments

5.5 **Complications from Continence Problems**

Service Users should have any continence problems managed promptly, as complications as a result of incontinence can include:

- Pressure ulcers
- Urinary tract infections
- Faecal impaction
- Increased risk of falls
- Poor skin health

5.6 **Care Plan**

Each Service User should have an individualised continence Care Plan.

The Care Plan should focus on promoting continence for the Service User as opposed to managing incontinence, and include:

- What is important to the Service User, and what is best for them
- How they communicate
- What support they need to stay continent and how Staff including Agency Workers can help
- What environment supports them to be independent and promotes continence
- The results of any continence assessments
- Any containment products in use
- Medication prescribed
- The Service User's usual bowel and bladder function
- Their dexterity to manage clothing and any equipment
- Their mobility
- Their skin integrity
- Their diet and fluids

5.7 Principles of Providing Continence Support

Where it has been identified that the Service User requires support with managing continence, the following principles may apply in line with advice and support from the GP or community nursing team:

- Service Users with continence concerns will be assessed by competent, trained Staff including Agency Workers and a plan of care devised that will promote continence and include diet, fluid intake, mobilisation, and a review of medication
- A bladder chart to record fluid intake and urine output will be used for three days; it will also record any leakage
- A bowel chart for one week, recording:
 - Frequency of defecation (opening bowels)
 - Stool consistency
 - Amount
 - Any leakage or soiling
 - Urgency
 - Pain
 - Nursing Direct will use a recognised tool to define stool type and characteristics (such as the Bristol Stool Chart)
 - 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 in order to prevent any maceration of the skin. Where required, a timely referral to the prescribing GP will be made for emollients and barrier products

5.8 Continence Assessment

Guidance from the National Institute for Health and Care Excellence (NICE), NHS England and the ACA, states:

- All Service Users should have their continence assessed and treatment commenced before containment products, such as pads, are introduced (ACA and RCN, 2021)

A thorough continence assessment by a doctor or specialist nurse can help identify the causes of, and factors contributing to, any urinary and faecal symptoms the Service User may be experiencing. These can then be alleviated or eliminated by identifying and treating the underlying causes.

Nursing Direct can conduct a baseline continence assessment which can determine:

- How long the Service User has been experiencing the problem
- Symptoms and/or presentation
- The effect on the Service User's quality of life
- Current management

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 consideration of the personal, cultural, and physical needs of the Service User. The Staff including Agency Worker must refer to the Continence section of the care plan.

The level of independence will be noted and will form the basis of an individual plan of Care. It is important that the Staff including Agency 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 Staff including Agency 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
- Bladder and bowel training programmes
- Pelvic floor exercises
- Supporting with aids to manage incontinence Nursing Direct will ensure specialist support is sought.

5.9 Management

Following a thorough continence assessment, the Service User may be assessed as requiring:

- A toileting regime
- The use of continence products
- Treatment for constipation
- Fluid intake management
- Treatment of infections

This will be confirmed by the healthcare professionals involved and a plan formulated thereafter.

5.10 Toileting Regimes

Bladder retraining may be prescribed by a specialist continence nurse. Although this is not always easy to achieve in the community, Nursing Direct will work together with the continence nurse and the Local Authority (if applicable) to attain the best outcomes for the Service User.

A regular toileting programme for Service Users aims to ensure bladder emptying before incontinence occurs. This will be different for each Service User, and the optimum time between visits to the toilet will be identified using a voiding record, e.g. a short toileting time may be instigated initially, and progressively lengthened depending on the results.

5.11 **Prompted Voiding**

Some Service Users will know when they have a full bladder but do not ask to go to the toilet. Staff including Agency Workers can promote continence with the use of prompted voiding.

Staff including Agency Workers can check the Service User often to assess whether they have had any incidents of incontinence and encourage the use of the toilet. Staff including Agency Workers must ensure the toilet is easily accessible. Some Service Users may benefit if there is a visual sign by the toilet, such as an old toilet seat in a colour other than white which can help a Service User with visual difficulties, or they can have visual instructions to help with sequencing.

If the Service User needs some support but can stay on the toilet alone, they must be allowed privacy to do this. The Staff including Agency Worker will let them know they will be back and should be back when they say they will.

Habit Training

If the Service User has fairly regular toilet patterns, habit training may be best for them.

Staff including Agency Workers need to closely monitor the Service User's toilet pattern to identify when they usually pass urine or open their bowels. Staff including Agency Workers can then support the Service User to access the toilet at those times every day.

5.12 **Environment**

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
- If the Service User spends long periods of time in one room, prompt them regularly to use the toilet
- If the Service User uses a commode, ensure that it is within easy reach. The commode placed at a right angle to the Service User's chair is helpful if they have limited mobility

5.13 **Use of Continence Aids (Containment Products)**

A number of products are available to help with the management of incontinence. These include:

- Absorbent products, such as incontinence pants or pads
- Urinary sheaths for men
- Catheters
- Toileting aids (for example, hand held urinals, bedpans, commodes) SCR Toileting aids and urinals (bbuk.org.uk)

The use of products should not replace the need for planned, structured approaches to help Service Users to access toilet facilities. Where it has been identified that the use of continence aids is necessary in order to meet continence needs, the following principles will apply:

- Aids must be of a design and style that is discreet and not visible
- There must be an adequate supply of aids at all times, and these must only be given to the Service User they are prescribed for
- Clothing will be chosen to assist in managing changing of continence products with ease whilst retaining the Service User's dignity
- 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 elimination monitored, assessment will be made of their level of independence and ability to achieve this
- Advice must be sought from the local continence service if existing continence aids are not meeting the needs of the Service User
- For new Service Users, it must be agreed that they move into Nursing Direct with sufficient supplies of any aids required whilst assessments are completed
- Staff including Agency Workers will know how to apply/use the product and be given sufficient information in the safe use of the product

5.14 **Fluid and/or Food Intake**

Maintaining an appropriate fluid intake is crucial. The average daily fluid intake of an adult should be approximately 1.5 litres, but individual consumption will vary according to age, health status, activity levels and weather.

Insufficient fluid intake can contribute to constipation, and excessive fluid intake may increase urinary continence problems. Continence is also affected by the type of fluids consumed:

- Caffeine can stimulate the bladder and exacerbate frequency, urgency, and nocturnal voiding. It also acts as a mild diuretic, and can increase the amount of urine produced
- Alcohol has both a diuretic and sedative effect and this combination may lead to episodes of incontinence.
- Other fluids, such as fruit juices and herbal teas, can also have an impact on both bladder and bowel continence

Service Users with constipation should eat high-fibre foods (fruit, vegetables, wholegrain foods, pulses). Service Users with faecal incontinence should avoid high-fibre foods, caffeine, and artificial sweeteners. Intolerance to dairy products (lactose intolerance) or wheat, barley, or rye (gluten intolerance) can also cause loose stools.

5.15 **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
- Nursing Direct will use a recognised tool to define stool type and characteristics (such as the 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 the skin. This will be completed in line with the Infection Control Policy and Procedure at Nursing Direct. Where required, a timely referral to the prescribing GP will be made for emollients and barrier products

5.16 Urinary Tract Infections

The following can be symptoms of a urinary tract infection (UTI):

- Dysuria (pain on urination)
- Urgent need to urinate
- Frequent need to urinate
- New or worsening urinary incontinence
- Shaking chills (rigors)
- High (>37.9°C) or low (<36°C) temperature
- Pain in flank (side of body) or suprapubic region (above pubic bone)
- New central, low back tenderness
- Frank haematuria (visible blood in urine)
- New onset or worsening of pre-existing delirium (confusion) or agitation

Urine Sampling

Staff including Agency Workers must refer to Nursing Direct when they suspect a potential urinary tract infection, and they will be able to liaise with the GP who will advise.

In the event of the need to obtain urine samples on the instruction of the GP, Staff including Agency Workers will refer to the Royal Marsden Manual of Clinical Nursing Procedures for current best practice.

5.17 Constipation

Causes and treatment of constipation can be found at Constipation - NHS (www.nhs.uk)

Long-term constipation can lead to faecal impaction, where faeces build up in the last part of the large intestine (rectum). The main symptom is diarrhoea after a long bout of constipation. Faecal impaction may be treated with:

- Stronger laxatives – prescribed by a GP
- A suppository
- A mini enema
- A healthcare professional removing some of the faeces

Without treatment, faecal impaction can lead to bowel perforation, life threatening infections and even death.

5.18 Urinary Retention

Staff including Agency Workers 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 the 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 including Agency Workers must contact Nursing Direct, and they can liaise with the Service User's 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.

5.19 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.

Staff including Agency Workers at Nursing Direct will only complete tasks that they are trained, skilled and competent to complete.

5.20 Evaluation and Reassessment

Nursing Direct will evaluate the continence management plan regularly with the Service User or as needs change.

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

Reassessment will occur as required but routinely as part of the Service User's Care review.

5.21 Audit

Continence Care Plans, assessments and the use of pads should be regularly audited by Nursing Direct.

5.22 Information Sharing

The sharing of information in order to support Service Users who may require or benefit from health professional input will be done in line with the UK GDPR and data protection policies and procedures at Nursing Direct.

6. DEFINITIONS

6.1 Staff including Agency Workers

6.1.1 Staff

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 Agency Workers


Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

- 6.2 **Nursing Direct**
Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.
- 6.3 **Nursdoc Limited**
As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.
- 6.4 **CQC (Care Quality Commission)**
CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.
- 6.5 **Urinary Incontinence**
- Urinary incontinence is the unintentional passing of urine
 - There are several types of urinary incontinence, details can be found of the types and causes at Urinary incontinence - NHS (www.nhs.uk)
- 6.6 **Constipation**
- Not passing stools regularly or unable to completely empty the bowel
 - Constipation can also cause stools to be hard and lumpy, as well as unusually large or small
 - Constipation can be for a short time or can be a long-term (chronic) condition that causes significant pain and discomfort and affects quality of life
- 6.7 **Bowel Incontinence**
- Bowel or faecal incontinence is when Service Users have problems controlling their bowels
 - Details can be found of the types and causes at Bowel incontinence - NHS (www.nhs.uk)
- 6.8 **Elimination**
The expulsion of waste matter from the body
- 6.9 **Continance Care**
This is the tailored package designed to meet the needs of individuals with bladder or bowel problems
- 6.10 **Continance Aids**
These are products that have the ability to contain urine or faeces. They include absorbent pads, hand-held urinals, sheaths, bed pans, commodes
- 6.11 **Continance**
This is a person's ability to control the bladder and/or bowel
- 6.12 **Urinary Tract Infection (UTI)**
Infection of any part of the urinary tract including the urethra, ureter, bladder, and kidneys

OUTSTANDING PRACTICE

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

- Care Plans reflect Service Users' needs and wishes and are updated to reflect changing needs
- Themes and trends in continence management at Nursing Direct are identified and strategies for positive action put in place
- Nursing Direct takes part in national initiatives and awareness campaigns relating to continence management.

COMPLETED DATE:	
SIGN OFF DATE:	
REVIEW DATE:	
SIGNED:	 Marc Stiff – Group Managing Director