

CC77 - Promoting Independence with Continence Policy and Procedure

Category: Care Management Sub-category: Care Practice






Policy Review Sheet

Review Date: 17/05/18 Policy Last Amended: 17/05/18


Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

| | | | | |
|---|-----|--------|------|----------|
| Business Impact: | Low | Medium | High | Critical |
| | X | | | |
| Minimal action required circulate information amongst relevant parties. | | | | |

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|  Reason for this review: | Scheduled review |
|  Were changes made? | Yes |
|  Summary: | Policy reviewed to reflect updated NICE guidance and quality standards as well as new further reading resources. Bristol stool chart appended. |
|  Relevant Legislation: | <ul style="list-style-type: none"> The Care Act 2014 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 |
|  Underpinning Knowledge - What have we used to ensure that the policy is current: | <ul style="list-style-type: none"> Royal College of Nursing, (2012), <i>Management of lower bowel dysfunction, including DRE and DRF</i>. [Online] Available from: https://www.rcn.org.uk/professional-development/publications/pub-003226?ga=1.259062858.1959316635.1488297974 [Accessed: 14/05/2018] Royal College of Nursing, (2007), <i>Continence care in care homes</i>. [Online] Available from: https://www.rcn.org.uk/professional-development/publications/pub-003139?ga=1.151018617.1959316635.1488297974 [Accessed: 14/05/2018] Bladder and Bowel Community, (2017), <i>Bristol Stool Form Scale</i>. [Online] Available from: https://www.bladderandbowelfoundation.org/resources/bristol-stool-form-scale/ [Accessed: 14/05/2018] RCNi, (2017), <i>Continence</i>. [Online] Available from: https://rcni.com/hosted-content/rcn/continence/home?utm_campaign=Quality+and+Safety+eBulletin+-+Issue+63&utm_source=emailCampaign&utm_medium=email&utm_content= [Accessed: 14/05/2018] Bladder and Bowel UK, (2016), <i>Understanding constipation in people with learning difficulties the importance of identification and treatment</i>. [Online] Available from: http://www.bladderandboweluk.co.uk/wp-content/uploads/2017/05/Understanding-constipation-in-people-with-learning-difficulties-for-review.pdf [Accessed: 14/05/2018] Public Health England, (2016), <i>Making reasonable adjustments for people with learning difficulties in the management of constipation..</i> [Online] Available from: https://www.ndti.org.uk/uploads/files/Constipation_RA_report_final.pdf [Accessed: 14/05/2018] NICE, (2017), <i>Constipation: Adults Clinical Knowledge Summary</i>. [Online] Available from: https://cks.nice.org.uk/constipation#!scenario [Accessed: 14/05/2018] |

CC77 - Promoting Independence with Continence Policy and Procedure

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|--|---|
|  Suggested action: | <ul style="list-style-type: none">• Encourage sharing the policy through the use of the QCS App• Share 'Key Facts' with relevant staff |
|--|---|

CC77 - Promoting Independence with Continence Policy and Procedure

1. Purpose

1.1 The purpose of this policy is to promote independence for Service Users with managing continence whilst acknowledging that those who cannot be independent will be cared for with dignity and privacy.

1.2 To assist staff with the management offered to Service Users who require advice, guidance and training 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 and care.

1.4 To support Eleven Sisters Community Support Services Ltd in meeting the following Key Lines of Enquiry:

| Key Question | Key Line of Enquiry (KLOE) |
|--------------|--|
| EFFECTIVE | E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes? |
| CARING | C3: How are people's privacy, dignity and independence respected and promoted? |
| RESPONSIVE | R1: How do people receive personalised care that is responsive to their needs? |

1.5 To meet the legal requirements of the regulated activities that Eleven Sisters Community Support Services Ltd is registered to provide:

- The Care Act 2014
- 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
- Care staff

2.2 The following people may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- External health professionals
- Local Authority
- NHS

3. Objectives

3.1 To provide guidance to staff by referring to evidence-based practice, recommendations and guidelines.

3.2 To standardise assessment and practice within Eleven Sisters Community Support Services Ltd.

3.3 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.

CC77 - Promoting Independence with Continence Policy and Procedure



4. Policy

4.1 Staff will have access to this policy, associated documents and relevant best practice guidelines to enable delivery of care that is evidence based.

4.2 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' instruction
- Only using continence aids to suit the Service User's needs
- Monitoring the effectiveness of these aids for suitability and reliability
- Disposing of these aids in line with legislative requirements and infection control principles

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

A Care Plan will be formulated and staff are responsible for ensuring that this is current, evaluated and completed in line with codes of practice.

4.4 All staff 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 well-being.

4.5 Where possible, the Service User will be fully involved in the 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 the Mental Capacity Act 2005.

CC77 - Promoting Independence with Continence Policy and Procedure

5. Procedure

5.1 Continence Assessment

Assessments are made in relation to the Service User's level of understanding around elimination and the Service User should be involved in this process where possible. Assessments will reflect consideration of the personal, cultural and physical needs of the Service User. The Carer should refer to the Continence Assessment held within this policy.

The level of independence will be noted and will form the basis of an individual plan of Care. It is important that the Carer 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 Carer may be required to provide support, advice and health promotion in relation to promoting continence and this will 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

5.2 Principles of Providing Continence Support

Where it has been identified that the Service User requires the support of a Carer to meet continence needs, the following principles apply:

- Where assistance is required to use the toilet, the Care Plan indicates the most appropriate way to achieve this, including the Service User's choice around any aids and equipment, timing, pace and prompts used
- Where necessary, records of output or frequency are kept ensuring that confidentiality is maintained and dignity preserved

5.3 Use of Continence Aids

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

- Aids should 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 should only be given to the Service User they are prescribed for
- Clothing should be chosen to assist in managing changing of continence products with ease whilst retaining the Service User's dignity
- Continence products should be refreshed frequently to ensure good skin care and hygiene
- Whenever possible, the use of continence products should be managed alongside the supported use of the toilet
- Where Service Users need to have elimination monitored, assessment should be made of their level of independence and ability to achieve this
- Advice should be sought from the local continence service if existing continence aids are not meeting the needs of the Service User

5.4 Urine Sampling

In the event of the need to obtain urine samples on the instruction of the GP or District Nurse, staff should refer to the Royal Marsden Manual of Clinical Nursing Procedures for current best practice.

5.5 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 staff and a

CC77 - Promoting Independence with Continence Policy and Procedure

plan of care will be devised that promotes continence and includes diet, fluid intake, mobilisation and a review of medication

- Eleven Sisters Community Support Services Ltd 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. Where required, a timely referral to the prescribing GP will be made for emollients and barrier products

5.6 Digital Rectal Examination, Stimulation and Evacuation Standards

Digital rectal examination should only be undertaken by staff who have been trained and can demonstrate competence in accordance with their Code of Conduct and should only be carried out on the instruction of the GP. Local procedures should also support this procedure which is a delegated nursing activity.

Manual evacuation carries risk to the Service User and must never be undertaken when there is a lack of consent from the Service User or when the GP has given specific instructions not to.

Where Service Users need support with manual evacuation, this will be discussed with the GP in the first instance and a specific Care Plan will be put in place in conjunction with the Service User.

Staff need to have awareness and knowledge of manual evacuation for spinal injury Service Users, who may have Autonomic Dysreflexia (AD). Staff must understand the condition and have a risk assessment and management plan in place that identifies signs, symptoms and treatment.



6. Definitions

6.1 Continence

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

6.2 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

6.3 Continence Care

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

6.4 Urinary Tract Infection (UTI)

- Infection of any part of the urinary tract including the urethra, ureters, bladder and kidneys

6.5 Autonomic Dysreflexia

- Autonomic Dysreflexia is a syndrome in which there is a sudden onset of excessively high blood pressure. It is more common in people with spinal cord injuries that involve the thoracic nerves of the spine (T6 or above). Staff should be aware of the signs and symptoms of Autonomic Dysreflexia

CC77 - Promoting Independence with Continence Policy and Procedure



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Carers 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. Carers should promote Service User independence and ensure that they understand the Service User's needs and expectations
- The Carer should enhance their learning about continence problems at every opportunity. Many pathways are available to support retraining bladder control and advice should be sought from the local continence service
- The Carer should 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



Key Facts - People Affected by The Service

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

- You have the right to remain as independent as possible when managing continence
- Where support is required, this will be provided with dignity and privacy at all times
- 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



Further Reading

There is no further reading for this policy, but we recommend the 'Underpinning Knowledge' section of the review sheet to increase your knowledge and understanding.



Outstanding Practice

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

- Themes and trends in continence management at Eleven Sisters Community Support Services Ltd are identified and strategies for positive action put in place
- Eleven Sisters Community Support Services Ltd takes part in national initiatives and awareness campaigns relating to continence management
- The wide understanding of the policy is enabled by proactive use of the QCS App
- Care Plans reflect Service Users' needs and wishes and are updated to reflect changing needs

CC77 - Promoting Independence with Continence Policy and Procedure



The following forms are included as part of this policy:

| Title of form | When would the form be used? | Created by |
|---------------------------------|---|------------|
| Continence Assessment Form | To assess the need for continence aids | QCS |
| Continence Record Form - Daily | This form has two purposes. It can be used to complete a daily continence assessment either to support formation of a service user care plan or be used as a full assessment, required to be submitted to the continence service, when requesting or reviewing the use of continence aids and products | QCS |
| Continence Record Form - Weekly | This form has two purposes. It can be used to complete a weekly continence assessment either to support formation of a service user care plan or be used as a full assessment, required to be submitted to the continence service, when requesting or reviewing the use of continence aids and products | QCS |
| Bristol Stool Chart | When staff need to monitor service user's faeces | QCS |

Continence Assessment Form

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|---|--|
| Service User Name: | |
| Type of incontinence: | |
| Recent & current medical history: | |
| Gynaecological history: | |
| Current psychological health state: | |
| Current medication: | |
| Bladder & bowel assessment for 1 week: | |
| Referral to continence specialist nurse: | |
| <i>Incontinence Aids</i> | |
| Type of Aid Ordered: | |
| Date: | |
| By whom: | |
| Individual garments: | |
| Individual pads to be used: | |
| Published in appropriate location: | |
| By whom: | |

Continence Assessment Form

Contenance Record Form - Daily

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Continance Record Form - Weekly

| Service User Name: | | | | | | | | | | | | | |
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USE THE FOLLOWING CODES WHEN COMPLETING THE TABLE ABOVE:

- BO - Bowel opened (add type referring to Bristol Stool Chart e.g. BO4)
- BI - Bowel incontinence (add type referring to Bristol Stool Chart e.g. BI4)
- T - Toilet (urinary needs met with support but continent)
- PD - Continance pad checked and dry
- PW - Continance pad wet (ideally, add estimated weight converted to mls, (e.g. 1gm = 1ml).
- U - Male/Female urinal used
- CC - Catheter Care (e.g. bag empty)

Continance Record Form - Weekly

O - Other define.....

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 its surface |
| Type 4 |  | Like a sausage or snake, smooth and soft |
| Type 5 |  | Soft blobs with clear-cut edges (passed easily) |
| 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 and 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 stools 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 stools between regular bowel movements

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

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