

## Promoting Continence



The East Midlands Patient Safety Collaborative, working in partnership with 360 Assurance and the National Institute for Health and Care Excellence, has produced a series of resources designed to help care home staff to identify and provide safe, effective care. Each resource highlights priority areas for quality improvement based on relevant NICE quality standards. Service review questions are suggested to help care home managers and their teams identify any areas where quality and safety can be improved. This paper considers relevant aspects of the NICE Quality Standards for Urinary Incontinence in Women (<http://www.nice.org.uk/guidance/qs77>), Faecal Incontinence in Adults (<http://www.nice.org.uk/guidance/qs54>) in all settings and Mental Wellbeing of Older People in Care Homes (<http://www.nice.org.uk/guidance/QS50>).

**Tip:** This [NICE resource](#)\* explains how you can make use of NICE quality standards, and sets out the improvement opportunities offered by the quality standards in the context of the Care Quality Commission's new framework for inspection.

**1a: Older people in care homes have the symptoms and signs of physical problems recognised and recorded as part of their care plan.**

**1b: Adults in high-risk groups for faecal incontinence are asked in a sensitive way, at the time the risk factor is identified and then at times according to local care pathways, whether they have bowel control problems.**

**Rationale:** Faecal incontinence is distressing and can have a big effect on everyday life. Many people are embarrassed to talk about faecal incontinence with doctors and nurses, and their family and friends. Others may report symptoms of diarrhoea to avoid talking about the condition directly. Faecal incontinence can have many different causes. However, once identified there are treatments that can help manage or sometimes cure it.

### Suggested service review questions:

1. At what stages in our care pathway do we ask people whether they have bowel control problems? For example: on admission? When care plans are developed? At annual review?
2. Are staff confident to talk openly and sensitively about bowel control?

### Hints, Tips & Links:

Link to NICE guidance: Faecal incontinence (NICE clinical guideline 49), recommendation [1.1.2](#)  
Sensitive enquiry about faecal incontinence includes not asking more often than is appropriate for a person's level of risk.  
Social Care Institute for Excellent (SCIE) : Workforce development, standards and regulation: <http://www.scie.org.uk/publications/guides/guide52/workforce/developing.asp>

### High-risk groups:

- ◆ Frail older people
- ◆ People with:
  - loose stools or diarrhoea from any cause;
  - neurological or spinal disease/injury (e.g. spina bifida, stroke, multiple sclerosis, spinal cord injury);
  - severe cognitive impairment;
  - urinary incontinence;
  - pelvic organ prolapse and/or rectal prolapse;
  - perianal soreness, itching or pain;
  - learning disabilities.
- ◆ People who have had colonic resection or anal surgery, or undergone pelvic radiotherapy
- ◆ women following childbirth (especially following third- and fourth- degree obstetric injury)

**2a: Older people in care homes have access to the full range of healthcare services when they need them.**

**2b: Adults reporting bowel control problems are offered a full baseline assessment, which is carried out by healthcare professionals who do not assume that symptoms are caused by any existing conditions or disabilities.**

**Rationale:** Faecal incontinence may have different underlying causes and contributing factors. There is a risk that healthcare professionals could make assumptions that faecal incontinence is related to a pre-existing condition or disability. Correct identification of contributing factors will promote better access to care and ensure that appropriate management can be planned. Care homes therefore need to know how to access local pathways in place for undertaking full baseline assessments when adults report bowel control problems, or lobby commissioners for the introduction of such services if these are unavailable.

**Suggested service review questions:**

1. Do we have local arrangements to refer a resident for assessment when they report bowel control problems?
2. Who makes the referral?
3. Who do we refer to and how is the referral made?

**Hints, Tips & Links:**

Link to NICE guideline: Faecal incontinence (NICE clinical guideline 49), recommendations [1.1.6](#), [1.2.1](#) and [1.2.2](#)

A full assessment should include a physical examination and questions about a person's medical history, medication, diet and how the bowel problems affect their day-to-day life. Healthcare professionals should not assume that the problems are caused by conditions or disabilities that people already have.

Coping strategies should be provided at the time of the assessment.

GP Services for Older People Living in Residential Care: a Guide for Care Home Managers. (SCIE guide 52) Residents' entitlements and requirements: Access: <http://www.scie.org.uk/publications/guides/guide52/entitlements-and-requirements/access.asp>. Protection: <http://www.scie.org.uk/publications/guides/guide52/entitlements-and-requirements/protection.asp>

GPs' role in relation to the resident, the home and the wider NHS: Access: <http://www.scie.org.uk/publications/guides/guide52/gp-roles/point-of-access.asp>. Managing Relationships: <http://www.scie.org.uk/publications/guides/guide52/gp-roles/managing-relationships.asp>. Role of Nursing Staff in Facilitating Joint Working: <http://www.scie.org.uk/publications/guides/guide52/gp-roles/role-of-nursing-staff.asp>

**2c: Care homes ensure that they know how to refer residents for a clinical assessment when they first present with (or show signs of) urinary incontinence.**

**Rationale:** Physical assessment and recording of the type and duration of symptoms help to categorise the urinary incontinence and enable referral for the correct treatment. Categorising urinary incontinence is important because different types of incontinence need different treatments.

**Suggested service review questions:**

1. Do we have local arrangements to refer a resident for assessment when they present with incontinence?
2. Who makes the referral?
3. Who do we refer to and how is the referral made?
4. Do we have access to a specialist continence nurse?

**Hints, Tips & Links:**

Link to NICE guidelines: Urinary incontinence (NICE guideline CG171), recommendation [1.1.1](#). Also [NICE Urinary Incontinence in Women Quality Standard statement 2](#)

Women first consulting their doctor with leakage of urine are usually asked to fill in a bladder diary for at least 3 days and given advice about how lifestyle changes can help. A bladder diary is used to record how much liquid they drink, how often they need to urinate and how much urine they pass. This diary is important to help understand patterns when considering options for management. Making lifestyle changes can improve symptoms.

**3a Care home providers ensure that they offer adults with faecal incontinence and their carers (or refer for) practical support, advice and a choice of appropriate products (such as pads, plugs, skincare products and disposable gloves) to help them cope with symptoms during the period of assessment and for as long as symptoms persist. This includes up-to-date information about product choice and provision.**

**3b: Health and social care providers should give people information and advice about continence. Make a range of continence products available, paying full attention to people's dignity and treating them with respect.**

**Rationale:** Access to support, advice and appropriate coping strategies, including a choice of appropriate products, can allow people with faecal incontinence to lead active lives with as much independence as possible.

**Suggested service review questions:**

1. Do all of our residents with faecal incontinence have an initial management plan that covers any specific conditions causing symptoms, and diet, bowel habit, toilet access and medication?
2. Who develops the management plan?
3. How do we refer for a management plan?

**Hints, Tips & Links:**

Links to NICE guidelines:

For Statement 3a: Faecal incontinence (NICE clinical guideline 49), recommendations [1.1.5](#), [1.3.11](#), [1.3.12](#) and [1.6.1](#).

For Statement 3b: Older people with social care needs and multiple long term conditions recommendations [1.5.9](#) and [1.5.10](#)

People with faecal incontinence should be offered:

- disposable body-worn pads in a choice of styles and designs and disposable bed pads if needed
- pads in quantities sufficient for the individual's continence needs – it is inappropriate to limit the number of pads given
- anal plugs (for people who can tolerate them)
- skin-care advice that covers both cleansing and barrier products
- advice on odour control and laundry needs
- disposable gloves.

The use of reusable absorbent products in the management of faecal incontinence is **not** generally recommended.

**General Hints, Tips & Online Resources:**

- Locations of toilets should be made clear
- Ensure toilet facilities are private and comfortable and can be used in safety, with sufficient time allowed
- Equipment to help people to gain access to a toilet should be provided
- Advice should be given to people with incontinence on easily removable clothing to reduce time needed for access
- If a person with incontinence is dependent on others for access to the toilet, help should be readily available

**Online Resources:**

Free online learning module (relevant for care home nurses): Urinary Incontinence in Women: Putting NICE Guidelines into Practice (How to assess and care for patients with urinary incontinence, as well as teaching patients how to manage their condition. With interactive case histories):

<http://learning.bmj.com/learning/search-result.html?moduleId=5004428&searchTerm=?urinary?&page=0#>

Video on mental wellbeing of older people in residential care:

[www.nice.org.uk/News/Article/new-video-to-support-mental-wellbeing-of-older-people-in-care-homes](http://www.nice.org.uk/News/Article/new-video-to-support-mental-wellbeing-of-older-people-in-care-homes)

**4. Health and social care practitioners offer adults with faecal incontinence (or refer for) an initial management plan that covers specific conditions causing symptoms, and diet, bowel habit, toilet access and medication.**

**Rationale:** Most symptoms of faecal incontinence can be improved, and many resolved, with initial management. Considering simple management options that may improve or resolve symptoms, in addition to providing support and advice on coping, should lead to the biggest improvements in quality of life for people with faecal incontinence. Effective initial management may reduce the risk of skin conditions and falls, and reduce the number of referrals to some specialist services.

**Suggested service review questions:**

1. Do all of our residents with faecal incontinence have an initial management plan that covers any specific conditions causing symptoms, and diet, bowel habit, toilet access and medication?
2. Who develops the management plan?
3. How do we refer for a management plan?

**Hints, Tips & Links:**

Link to NICE guidance: Faecal incontinence (NICE clinical guideline 49), recommendation [1.3.1](#).

- Encourage bowel emptying after a meal (to utilise the gastrocolic response)
- Encourage people to adopt a sitting or squatting position where possible while emptying the bowel

**Note:** Some people will continue to have episodes of faecal incontinence after initial management and may benefit from specialised assessment and management, which can both identify the cause of symptoms and indicate further treatment options. These people should have the opportunity to discuss the possibility of referral and agree a course of action that meets their needs and preferences; some people will choose not to pursue active treatment.



**Other subjects covered by this series of resources for care homes:**

- Medicines Management
- Pressure Ulcers
- Falls
- Delirium
- Nutrition

If you would like additional copies of this resource, or would like support in accessing the documents from any of the web links, please call Emma Coates on **0115 7484336**. Visit <http://emahsn.org.uk/resource-hub/> for an electronic copy of this resource.