

Promotion of continence and management of bowel dysfunction

Template policy for adult services



This information should be considered for inclusion in a continence policy and supporting procedure. This is a sample only for adaptation or development of service specific standard and practice

Policy for the Promotion of Continence and Management of Bowel Dysfunction

Purpose

There is a requirement for care services to have policies and procedures in place which cover continence assessment and care, where this is provided.

We have produced this guidance for Care Inspectorate staff to help them review continence care.

This template is NOT a continence care procedure for care services. However, it may be of help to support care providers developing and reviewing policies/ procedures.

This template is intended to provide general advice only, on the legal requirements and best practice guidelines and does not preclude more stringent local protocols being in place.

Policy Statement:

People who live in care homes have the right to be continent. The staff are committed to ensuring that all residents are treated with respect and that their dignity, independence and optimum quality of life is promoted and/or maintained. Underpinning this will be the service's commitment to delivering continence care in line with the highest standards of health and social care and continence best practice throughout the resident's care and management.

This policy is designed to assist in identifying appropriate continence care and promotion outcomes for people living with a dysfunctional bowel. The focus should always be on 'cure' but where 'cure' is not possible there is in evidence a culture of promoting continence rather than 'padding up'. The following are examples of what could inform staff practice. It is not an exhaustive list but examples only.

The service should always;

- a. Aim for cure but where cure is not possible we will look at strategies to promote continence rather than managing incontinence by containment or other methods only.
- b. Undertake a multi- professional approach to planned care for the management of continence, accessing specialist advice as and when deemed appropriate.
- c. Involve the resident and/or their family in the care planning process.
- d. Ensure that where there are changes to a resident's physical/mental/ psychological condition that impacts on their ability to maintain continence, a full assessment will be undertaken by a member of staff competent in this area in order to determine the level of care and support required in the short/long term.

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- e. Remove or reduce the physical, psychological, mental, environmental and attitudinal barriers that affect an individual's ability to maintain their functional continence level.
- f. Promote positive staff attitudes in caring for older people with continence care needs.
- g. Continue to develop the service's working relationship with the local continence advisory service.
- h. Ensure that all staff who care for residents with a continence care need are trained to the highest level and that on-going continence care and promotion training will be a feature in our training strategy on an annual basis.

Identified Responsibilities

- 1. The overall organisation will be responsible for ensuring that:
 - a. The ethos of the home will always focus on the promotion of continence.
 - b. Staff have access to appropriate development opportunities supported by protected time to attend/participate.
 - c. Staff will receive on-going Continual Professional Development (CPD) relevant to continence management.
 - d. The policy and procedure will be reviewed and/or updated every year from the last date of review. However, if there are significant developments to continence management best practice the review date will be brought forward.
 - e. The policy and procedure will be signed off by a senior clinical or quality improvement member of staff.
- 2. The Service Manager will be responsible for ensuring that:
 - a. All aspects of this policy are fully implemented within the care service.
 - b. Compliance with the policy is evident across all staff practice.
 - c. There is a planned approach to staff development and continued development in the promotion/management of continence.
 - d. In conjunction with the other service managers across the organisation ensure that the policy is reviewed every or as deemed by legislation or identified best practice.
 - e. There are adequate supplies of the individual's prescribed containment products available at all times in order to support the individual care requirements.
 - f. Where poor staff practice and/or non-compliance is identified or reported immediate steps are taken to support the individual staff member to develop/improve.
- 3. In the absence of the service manager, the person in charge will be responsible for ensuring that:
 - a. All staff grades within the service maintain the standards of continence care as stated within this policy.

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- b. Where poor staff practice and/or non-compliance is identified it is challenged, remedied at source and reported to the Service Manager within
4. Named nurse/link nurse will be responsible for ensuring that:
 - a. They attend the link nurses meetings which take place every and report back on any developments that may impact on the service's continence management programme.
 - b. The continence policy is implemented across the care service and is evident within their practice.
 - c. Where a resident presents with a care need related to continence they will ensure that:
 - A full documented assessment is undertaken that considers all elements that may impact on an individual's ability to maintain and/or improve their functional continence level. The assessment process must clearly identify the issues to be addressed and where appropriate identify specialist input required. Accurate completion of a bladder diary is essential as it informs future care requirements.
 - A plan of care is put in place that clearly reflects the individual care and support requirements based on the assessment. The plan of care should be compiled in conjunction with the individual and/or their representative. The plan of care will be subject to 6 monthly review or as the individual care needs change and/or at the request of the resident or their representative.
 - The agreed plan of care is shared with the staff team and readily available for access by all staff that will be caring for the individual.
 - Containment products (where they are required) will be ordered every month or as directed for each individual based on the individual assessment and local continence resource requirements.
 - Where appropriate, links to specialist advice/input is made.
 - d. Their practice is kept up to date by attendance at development sessions/training related to continence management.
 - e. Where poor staff practice and/or non-compliance is identified it is challenged, remedied at source and reported to the nurse in charge of the shift within the care service.
5. Care Staff will be responsible for ensuring that:
 - a. Their practice reflects the service's policy and care procedure.
 - b. The correct containment product is used as reflected in the resident's plan of care.
 - c. Where appropriate, they will assist in the completion of the service's frequency volume assessment charts/voiding charts/bladder diary.
 - d. Their practice is kept up to date by attendance at development sessions/training related to continence management.
 - e. Where poor staff practice and/or non-compliance is identified it is challenged, and reported to the nurse in charge of the shift within the service.
 - f. Residents receive and have monitored as appropriate the diet and fluid intake to ensure a healthy bladder and/or bowel (cross reference to food/fluid/nutrition policy).

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6. Domestic Staff will be responsible for ensuring that:
 - a. Appropriate cleaning schedules are in place that keep the service free from unpleasant odour.
 - b. Where appropriate they inform the nurse in charge where a resident requires assistance to the toilet.

7. Residents and/or their representatives:
 - a. Residents and/or their representatives will be given information; advice and support relevant to their identified individual continence care requirements and should read this information and make themselves aware of their responsibility to identify changes.
 - b. Residents and/or their representatives will take part in their 6 monthly care review.

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Things to consider when creating a supporting operational procedure

Procedure for the Promotion and Management of Continence related to Bowel Health.

Pre-assessment

Always consider what is the person's normal bowel activity. Gathering accurate information from a range of sources will help compile up to date information for use during the initial phase of admission.

Where a person has been deemed incontinent a full **xx** day bowel assessment will be undertaken following admission to the service, with a view of improving an individual's continence status and/or aiming for cure.

Assessment

It is important that on admission questions are asked of the prospective resident and/or their representative regarding the individual prospective resident's continence functional level. Where concerns are identified a continence assessment must be undertaken.

This assessment will consider:

- Change in bowel pattern
- What is the consistency of the stool?
- Do you get a desire to open your bowels?
- Are you able to delay opening your bowels?
- Do you lose control of stool or flatus?
- Do you feel you empty your bowels completely/strain or use manual assistance?
- Do you have pain or bloating?
- Do you pass blood or mucus?

Access to the NHS bowel screening programme is available and will be made available to every service user 50 years and over.

Sample text

Each resident will be assessed using the NHS (put in partnership/HB) bowel assessment form (**Appendix x**), which will be completed by the individual's named nurse who has been trained in continence management. A NHS (put in partnership/HB) bowel chart (**Appendix x**) will be completed by care staff which will accompany the assessment (**Appendix x**) as well as a **XX** day food and fluid chart (**Appendix x**). This will include:

- An accurate bowel chart, recording all episodes of bladder and bowel emptying and fluid/ food intake over each 24 hour period.
- All episodes of incontinence will be included. Bowel motions will be documented using the Bristol stool chart (**Appendix x**).
- Where a service user presents as non-compliant, for example due to stress/distress behaviour, this must be explored further to determine possible reasons and to reduce the risk of harm to the service user. However, if assessment is proving difficult contact must be made with the continence resource service to explore other options.

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Completed assessments must be sent to continence advisory service at (**put in local continence resource centre**). Refer to continence resource pack for assistance with completing the form and assessment.

PUT IN HERE THE ADDRESS, CONTACT TELEPHONE NUMBER, OPENING HOURS. IF POSSIBLE PUT IN THE NAME OF THE ADVISER YOUR SERVICE DIRECTLY LINKS WITH.

Telephone: xxxxxxxx or via Fax xxxxxxxx/email. The Service is open Monday – Friday during office hours

Informed consent must be obtained before any investigation, treatment or procedure is carried out.

Plans of care/Person Centred Care Planning: what should be recorded within a plan of care

An individual plan of care must be take account of and reflect:

- a. Information recorded at the time of the resident's individual continence/bowel assessment(s). This must include a continence management programme tailored to the resident's requirement, normal bowel habit, preference to male/female carers, access to a buzzer system, what prompts are required, what the person calls the toilet.
- b. Where 'cure' is not possible, prescribed containment products as supplied by the continence advisory service based on the assessment.
- c. Other factors which can/may impact on an individual's ability to remain continent. For example, medications such as diuretics, aperients, analgesics, dyspraxia, reduced mobility, effected neurological perception, clothing that should be used, for example for those residents with dexterity problems Velcro rather than buttons, elasticated trousers with no buttons or zips, big buttons etc, but this will need to be discussed with the resident and/or their representative.
- d. Diet and fluids required to maintain a healthy bowel. Promotion of a well-balanced diet with access to fresh fruit and vegetables (cross reference to your nutrition management policy).
- e. Specific care needs and possible trigger activity that would support care staff to prompt or assist the resident to the toilet. For example:
 - Knowing the resident's behaviour if they start to pull at their clothing or they start to pace, do they use certain verbal words to ask for the toilet
 - Encouraging the use of toilet facilities before/after meals vs individualised continence promotion strategies that are known after undertaking a full holistic assessment.
 - Encouraging correct posture while sitting on the toilet. For example sitting correctly on the toilet, feet supported or heels raised. Knees above hip joint level, legs apart, lean forward, back straight and forearms supported on thighs, if safe to do so and if possible.
 - Recognition of the importance of allowing the person time on the toilet.
 - How will the person communicate with the care staff that they need the toilet. Communication/ language barriers should be addressed where possible.

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Management of Resources

It is important that the containment products are ordered every month or as directed using the continence product order process (**detail here what the process is or attach an appendix where the information can be found**).

For example, the information should highlight:

- When you do the stock check.
- When the order needs to be in for.
- What method you send the order form away, for example fax/email/post, in order to build in appropriate time to get the order form in on time.
- When the product order is due to be delivered.
- When the order is received that it should be checked with the invoice. If the pad order is not received on that date then you must contact continence advisory service and/or the supplier and inform them.

Add an appendix of a sample copy of the order form and what happens to the form on its return, for example checking off the stock which arrives vs. order sheet and how to report any anomalies.

Storage

Put in here how at a local level you will store the product(s) for example:

- Whether on receipt of products for individual residents they are placed in the resident's room; or
- Some placed in the resident's room and some in a central store that are clearly marked for the individual; or
- All in a central store and clearly marked for use by the named individual .

but what you must be clear on is how you will

- Ensure that each resident will have access to the containment product(s) that they have been assessed for.
- How you will be able to determine whether the resident's continence functional level has improved or deteriorated that would trigger a reassessment of continence need.

Selecting the appropriate containment product

Containment products are not a replacement for assisting someone to the toilet or actively promoting continence, however where they are required they should only be issued after a full assessment has been undertaken.

Continence products are prescribed for individual service users and should not be used on anyone else.

Product selection should be documented in the individual plan of care so that staff are aware of what product should be used.

Products applied must be used according to manufacturers' instructions (cross reference to use of containment guidance), for example:

- Containment products to be kept in the individual's bedroom or as directed within the storage section of this policy.

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- Commodes – can be used (where appropriate) at night and/or following assessment of the resident.
- Staff should be vigilant to the proper use of products with regard to application, fitting and tissue viability. Where products appear **not** to have been effective, the resident must be reassessed for product suitability.
- **Never use two pads at any one time on a service user.** Please consult the local continence advisory service to discuss solutions to improper fitting pads or leaking pads. The service user may need reassessed for more absorbent products in the longer term.

Contingency arrangements

Please build in here your local NHS containment product contingency arrangements should an outbreak of diarrhoea/loose stools take place.

Each HB/partnership has containment products that they can supply for use during this period. Once the outbreak is over the service user should revert to the pads they have been assessed for.

Dated: Signed: (Manager)
Person who has reviewed the policy/procedure and/or updated it)

Signed: (Director of Care Services)
Person who reviewed the procedure and/or updated it)

Next Review Date:

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References:

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This policy and SOP takes into account elements from the:

- Public Services Reform (Scotland) Act 2010 and the relevant regulations
- Health and Social Care Standards (2017) <http://www.newcarestandards.scot/>
- Promoting continence is Everybody's Business 'the Resource' - <http://hub.careinspectorate.com>
- Association for Continence advice – Resource Pack for Care Homes 2003
- Alzheimer Scotland – Continence Management – advice for carers of people with dementia March 2003

National Guidelines Bowel Dysfunction

- Multidisciplinary Association of Spinal Cord Injured Professionals (2012) Guidelines for Management of Neurogenic Bowel Dysfunction in Individuals with Central Neurological Conditions Constipation in neurogenic bowel
- NICE
 - a) Constipation Clinical Knowledge Summaries (NICE 2013)
 - b) Faecal incontinence: the management of faecal incontinence in adults (2007)- NICE clinical guideline 49
- Royal College of Nursing (2012) Management of lower bowel dysfunction, including DRE and DRF RCN guidance for nurses

NB: NHS local policies may also be in evidence within the service that reflect the local service level agreements. The service provider and their staff must be able to demonstrate and evidence good continence care knowledge that is supported by up to date policies and procedures that take cognisance of relevant best practice and Scottish legislation.

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