



Promoting Continence

1. Background

Even though much progress has been made into the research and treatment of incontinence, it remains a relatively common condition. Although incontinence is not considered part of the normal ageing process, age-related changes are predisposing factors and do make incontinence more likely in older people.

Many residents are likely to have some degree of incontinence (urinary, faecal or both) or dysfunction. Incontinence (urinary, faecal or both) in this setting 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 patient dignity.

The guiding principles underpinning this policy are that residents will receive person-centred care and support that will enable them to live their lives as independently as possible and in the way they choose. They will be treated with compassion, kindness, dignity and respect and the care they receive will meet their current and changing needs and will be responsive to their diverse circumstances and preferences.

2. Objectives

- Residents will be assured that their continence needs and preferences will be properly assessed and met;
- Abbeyfield The Dales Ltd. ("ATD") care staff will have a good understanding of the most up to date processes of assessing individual continence needs and will be able to demonstrate best practice; and
- ATD care staff treat everyone with dignity and respect at all times to alleviate embarrassment.
- Staff have the required levels of skills and knowledge to provide effective continence care and support.

3. Scope

All established staff, agency staff and volunteers working at ATD sites across the organisation.

4. Policy

4.1. Continence

Continence is the ability to pass urine or faeces voluntarily in a socially acceptable place.

Incontinence is the unwanted and involuntary loss of urine and/or bowel motion at an inappropriate time or in an inappropriate place. Incontinence is not a disease, but a symptom of an underlying disorder which can be managed, treated and sometimes cured with the right support and advice.

4.2. Incontinence

Incontinence can affect physical and mental health. People who suffer from incontinence often experience feelings of shame, embarrassment, isolation and fear of losing their independence.

Given the sensitive nature of the condition, many people are reluctant to discuss the issue with a health care professional. It is essential that this aspect of personal care is handled carefully and respectfully and is managed effectively.

4.3. Supporting residents with continence needs

The Registered Manager must ensure that:

- Residents are able to make fully informed decisions about their care and that their care is provided in accordance with their wishes, and with their consent.
- Where a resident lacks capacity to make decisions about their care, their best interests will be established and acted on in accordance with the requirements of the Mental Capacity Act 2005.
- All residents have an assessment of their needs, to include continence needs, which takes account of their health, personal care, emotional, social, cultural, religious and spiritual needs.
- The assessment and care planning process will involve relatives if the resident so chooses, and those lawfully acting on behalf of the resident.
- Residents who are suffering from incontinence are referred to a suitably qualified continence nurse/advisor for a full assessment.
- When a resident has been assessed as having continence needs a person-centred care plan is developed with them which sets out the care and support that will be provided.
- Assessments are reviewed regularly and whenever needed throughout the resident's care, including when they transfer between services, use respite care or are re-admitted or discharged. Reviews should make sure that care plans are still relevant and that needs are still being met.
- All staff receive training in continence care which is at a level that is commensurate with their duties. Where residents need specialist care and support, for example stoma care or catheter care, suitable specialist training is provided for all relevant care and support staff to ensure the residents' needs are met.
- There are suitable arrangements in place for the effective supervision of staff and monitoring of the quality of continence care being provided.
- Advice is sought from appropriate health care professionals to ensure the best possible continence care is provided for residents.
- Residents requiring specialist support are promptly referred for further investigation, treatment and/or advice concerning the management of their continence needs.
- Residents assessed as needing aids to assist in the management of their continence will be supported to access these via the NHS. Where continence aids are needed but not provided by the NHS, residents may purchase their own. Where continence aids are sourced by Abbeyfield on behalf of individual residents, the cost will be charged to the resident unless they are eligible for funded nursing care.
- All staff actively encourage and support an approach that promotes continence and maintains individual resident's abilities and independence.
- Continence care and support is provided in a manner which respects privacy and preserves dignity at all times.
- High standards of cleanliness are maintained at all times and there are arrangements in place to ensure the prevention and control of infection

5. Finance, Value for Money & Social Value

N/A

6. Supported Appendices

N/A

7. Linked Policies

Care Planning and Key Working (C008P)

Mental Capacity Act (C015P)

8. Legislation/Regulation

CQC Fundamental Standards

Regulation 9 – Person Centred Care

Regulation 10 – Dignity and Respect

Regulation 11 – Need to consent

Regulation 12 – Safe care and treatment

Regulation 13 – Safeguarding service users from abuse and improper treatment

9. Review

Every 3 years, subject to any regulatory or legislative updates.

10. Guidance

[Abbeyfield Guidance – Providing Continence Care and Support](#)

[Bladder and Bowel Community](#)

[RCN: Bladder and Bowel Learning Resource](#)

[NICE \(QS54\) Faecal incontinence in adults](#)

<https://www.england.nhs.uk/commissioning/continence/>

11. Procedure

N/A