

Continence Promotion in the care home setting

Joanne Mangnall
Continence Advisor



- Almost three quarters of residents in care homes experience incontinence (DH 2000)
- Little is known about the day to day difficulties faced by care home staff in delivering continence care
- Even less is known about what residents themselves think and feel (Robinson 2000)



- Dubeau *et al* (2006) found that prevalent and new or worsening urinary incontinence decreases quality of life even in frail, functionally and cognitively impaired nursing home residents.
- Dingwall & McLafferty (2006) report incontinence can have severe psychosocial effects on older people



Simple solutions

- Schnelle & Leung (2004) estimate between 40-60% of residents with continence problems will show immediate improvement when provided with consistent toileting assistance, which compensates for the immobility and dementia risks that prevent them from toileting independently



- Sadly continence management methods are often not effective and efficient for clients due to lack of training and poor carer knowledge (Rodriguez *et al* 2007)
- Behavioural training programmes have been proven to significantly reduce or eliminate UI among care homes residents, yet these approaches often fail over time (Robinson 2000)



- Educational programmes in relation to continence care often do no change nursing practice (Connor & Kooker 1996, Rigby 2003)
- Staff in care homes assume incontinence is an incontinence rather than an illness that requires valuable resources (Hu 1990)



- There is often a lack of access to appropriate education and inappropriate policies and procedures (Wagg *et al* 2006)
- Without these essential tools of the trade care home staff should not be blamed for poor quality continence care (McMurdo & Witham 2007)

- Norton (2006) reports that although many nurses working with older people understand what is required to deliver quality continence care, they fail to translate this into practice.

Failures often attributed to staff issues

- Apathy
 - Ageism
 - Ignorance
 - Inflexibility
 - Work load
 - Absenteeism
 - Staff turnover
- Schnelle *et al* (1990)
 - Campbell *et al* (1991)
 - Harke & Richgels (1992)
 - Lekan-Rutledge *et al* (1998)

Is this all?

- Robinson (2000) challenges these assumptions and suggests this type of programme fails because residents lack motivation or prefer alternative approaches to bladder care

RCN Care Home Work

- Care home specific assessment tool – unfortunately has to be purchased. Is available as PDF but format is lost if printed out.
- Web based resources

Care home workshops

- Used a practice development approach
- *A client centred framework that enables the development of creativity and innovation in practice*
- Practice development enables the individual and team to continue with learning and positive change

Exercise

- *“What are the frustrations you, as carers, face in delivering continence care and what are the good aspects of continence care you deliver”.*

Themes

- Products
- Education
- Clinical care
- Documentation
- Communication

Products

- *“I spend loads of time telling people how to fit products but they don't use them correctly so they leak everywhere”.*
- *“...so if they spent more time making sure the pad fitted properly then they would not have to waste time later mopping up”.*
- *“They just grab the first pad that comes to hand”.*
- *“... so the PCT places restrictions on amounts of pads that can be used in a given period”.*
- *“If the delivery is wrong I get grief from everyone, it's a relief when I have checked it all in and it's all there”.*

Proposed changes

- All proposed product related changes related to the use of products within the home and although external factors such as restricted access to supplies were mentioned as frustrations, there were no proposals by delegates to look at this as an area that required change.
- *“We need to ensure all residents have a chart in their wardrobe which tells staff what pads they need”.*

Was change achieved?

- Most successful change occurred in regard to product related issues
- Methods of recording a residents product requirement
- Working with community staff to re-assess residents product needs

Education

- *“...so some of the staff think they know it all and don't attend training, they use things incorrectly and then confuse new staff”.*
- *“We look after the frailest of the frail; I don't want to know about pelvic floor exercises, I want to know about residents with dementia who smear faeces”.*
- *“Its ok showing you how to put a pad on each other but that's no good when you are trying to put a pad on someone with dementia who is hitting you and trying to get away”.*

Proposed changes

- Delegates appeared to focus on education in relation to product usage as apposed to education in regard to assessment and treatment of resident's continence problems. This focus was reflected in the nature of educational changes delegates listed.
- *"I will put together a product training pack for all new staff".*

Was change achieved?

- In-house training sessions developed
- Correct product usage covered during induction programmes
- This was viewed as significant not just in the fact that new staff would receive training that would enable them to perform their job efficiently and safely but also that it had the potential to change the practices of existing team members

Patient voices

- Patient voices media clips found to be useful
- Can be downloaded free of charge
- Can be framed in many ways
- Stimulate debate and reflection
- www.patientvoices.org.uk

Clinical care

- *"...they (the resident) still need to be given the opportunity to sit on the toilet, they might need to have their bowels opened".*
- *"...but what can you do? If you don't have enough staff how can you take everyone to the toilet when they ask? I know it's not right but..."*

Proposed changes

- Taking residents to the toilet was reported by delegates to be an important aspect of overall clinical care as it gave an additional opportunity to check skin integrity and converse with the resident.
- The workload generated by toileting rounds was viewed to be significant, *"It does take at least four staff about an hour to do all the toileting".*
- Several homes decided to review general toileting issues within the home

Was change achieved?

- Daily work routines changed to ensure extra toileting could be fitted in during the day
- Prioritising work issues to ensure staff responded promptly to any resident request to be taken to the toilet

Documentation

- *"They (the PCT) expect us to fill in all these forms before we can get pads for our residents; the questions are not relevant to my client group".*
- *"I get sick and tired of telling staff to fill in the charts properly; they are the first to moan if we don't get any pads for the residents".*

Proposed changes

- The focus of frustration in relation to documentation was found to be related to access to products, no mention was made of any other pieces of continence care documentation such as clinical assessment forms. Therefore it was interesting to note that changes proposed by delegates in relation to documentation focused the development of appropriate clinical assessment documents for use with the home.
- *"I would like to change our homes continence assessment form and make it more resident specific".*

Was change achieved?

- *"We are working with X (local continence advisor) to review our continence assessment form as it is not appropriate for our clients".*

Communication

- *"We never know when the District Nurse is going to come to assess our residents".*
- *"...so they then go for their break and forget to tell you they have left Mrs X on the toilet, when you do find her (Mrs X) she is upset and angry at having been left so long".*
- *"...so we had to ask Matron to buy some extra pads for Mrs Y because we did not know when she (the District Nurse) was coming. The relatives were not happy as they were charged for the pads".*
- *"...then you find out Mrs X has already been taken to the toilet and you have just done it again".*

Proposed changes

- A number of changes were proposed in order to improve communication, these in the main related to the introduction of message books and bowel books for use between care home staff both during a shift and between shifts.
- Although external communications were cited as frustrations there were no proposals to attempt to improve any of the situations described.

Was change achieved?

- Unexpected changes achieved – community staff invited to staff meeting
- Higher priority given to continence issues during staff meetings
- Kitchen timer initiative!

Inability to make changes

- Lack of time not quoted as a reason
- *"We are going through difficult time in the home, resident numbers have gone up and we are recruiting new staff"*.
- *"The PCT is changing how we get the residents pads"*.
- *"Changing toileting times was not successful, residents not amenable, have gone back to old routine"*.

- Whilst delegates may have perceived incontinence as an inevitable event in the client group they care for, they certainly recognised a number of areas of care delivery required change and were able to propose methods by which change could be achieved.

Making it happen

- Team work
- Develop training reflecting current residents continence care needs
- Review outcome of training
- Link with tissue viability
- Link with physiotherapy
- Include residents!

Example

- A phase II exploratory cluster randomized controlled trial of a group mobility training and staff education intervention to promote urinary continence in UK care homes
- (Sackley *et al* 2008)
- Clinical Rehabilitation, Vol. 22, No. 8, 714-721

- Intervention: Physiotherapy-led group exercise and staff continence and mobility facilitation training.
- The number of residents agreeing with the statement 'Do you ever leak any urine when you don't mean to?' in the intervention group decreased from 12/17 at baseline to 7/17 at six weeks in the intervention group.

- The intervention was feasible, well received and had good compliance.
- Conclusions: Group mobility training and staff education to promote continence is feasible and acceptable for use with care home residents, including those with cognitive impairment.



To conclude

- Practice in care homes in relation to continence care is variable in quality
- However that is no different to continence care delivered by District Nurses and ward staff
- We need to look at the specific difficulties faced by staff working in care homes and develop appropriate educational and supportive resources



- Questions?



References

- Campbell E.B, Knight M, Benson M & Colling J (1991) Effect of an incontinence training program on nursing homes staff's knowledge, attitudes, and behaviour. *Gerontologist* 31, 788-794
- Connor PA and Kooker BM (1996) Nurses' knowledge, attitudes, and practices in managing urinary incontinence in the acute care setting. *MEASURPG Nursing* 5(2):87-92, 117.
- Department of Health (2000) Good Practice in Continence Services. Department of Health. London
- Dingwall L & McIlafferty E (2006) Do nurses promote urinary continence in hospitalised older people?: an exploratory study. *Journal of Clinical Nursing* 15, 1276-1286
- Dubeau CE, Simon SE, Morris JN (2006) The effect of urinary incontinence on quality of life in older nursing home residents. *Journal of the American Geriatrics Society* 54(9):1325-33
- Harke J.M. & Richgels K (1992) Barriers to implementing a continence programme in nursing homes. *Clinical Nursing Research* 1 155-168
- Hu T (1990) Impact of urinary incontinence on health-care costs. *Journal of the American Geriatrics Society* 38,292-295
- Lekan-Rutledge D, Palmer M.H & Belyea M (1998) In their own words: Nursing assistants' perceptions of barriers to implementation of prompted voiding in long term care. *Gerontologist* 38 370-378
- McMurdo and Witham (2007) Health and welfare of older people in care homes. *British Medical Journal* 334: 913 - 914



References

- Norton C. (2006) The problem of incontinence is still with us. *Journal of Advanced Nursing*. Vol 53, 5, page 496
- Rigby D (2003) The value of continence training: does it change clinical practice? *British Journal of Nursing*. 7:12(8):484-6, 488-92
- Robinson J (2000) Managing urinary incontinence in the nursing home: residents' perspectives. *Journal of Advanced Nursing*. 31(1) 68-77
- Rodriguez N, Sackley C, Badger F (2007) Exploring the facets of continence care: a continence survey of care homes for older people in Birmingham. *Journal of Clinical Nursing* 16(50) 954-62
- Schnelle JF, Leung FW (2004) Urinary and faecal incontinence in nursing homes. *Gastroenterology*. 126(1 Suppl 1):S41-7
- Schnelle JF, Newman DR & Fogarty T (1990) Statistical quality control in nursing homes: assessment and management of chronic urinary incontinence. *Health Service Research* 25, 627-637
- Wagg A, Peel P, Lowe D & Potter J. on behalf of the Continence Working Party (2006) National Audit of continence for older people. Report of the National Audit (65 years & older) in England, Wales & Northern Ireland. Summary Report. *Royal College of Physicians*, London

