

Livewell Southwest

Continence Service Operational Policy

Version No. 3.1

Review: February 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

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Equality analysis checklist completed	Yes

References/sources of information	Related National Policies Driving the improvement of continence care are the following documents/ literature: <ul style="list-style-type: none"> a) Good Practice in Continence Services (DH 2000a) b) National Service Framework for Older People (DH 2001b) c) National Service Framework for Long Term Conditions (DH 2005) d) Essence of Care: Patient-focused benchmarking for healthcare practitioners (DH 2001a) e) Saving Lives: Our Healthier Nation (DH 1999a) f) Making a Difference: Strengthening the nursing, midwifery and health visiting contribution to health and healthcare (DH 1999b) g) Valuing People: a new strategy for learning disabilities for the 21st century (DH 2001c) h) Caring about carers: national strategy for carers (DH 1999c) i) Guidance on Free Nursing Care in Nursing Homes (DH 2001d) j) 'Our health, our care, our say' (DH 2006) k) National audit of continence care for older people (Wagg et al 2006) l) Urinary incontinence: the management of urinary incontinence in women (NICE 2015) m) Clinical governance and the drive for improved care (DH 1998) n) An increasing body of knowledge within continence management that is informing best practice (Button et al 1998; Roe et al 1996) o) Delivering the 18 week pathway (DH 2007) p) Excellence in Continence care (NHS England 2015)
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Document review history

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For previous review history please contact the PRG secretary.				
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2.6	Updated	07.10.10	Clinical Nurse Specialist	Reviewed
2.7	Updated	05.04.11	Clinical Nurse Specialist	Paediatric service no longer covered by policy
2.8	Updated	10.08.11	Clinical Nurse Specialist	Amendments
2.9	Extended	29.7.13	Clinical Nurse	Extended, no changes.
3	Reviewed	19.12.13	Clinical Specialist Nurse, Continence Department	Updated organization logo, included CAUTI information
3.1	Reviewed	December 2015	Clinical Specialist Nurse, Continence Department	Updated organization logo, minor changes.

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Continance Service Operational Policy

1. Philosophy

- 1.1 People have the right to be continent whenever that is achievable. When true continence is not achievable, people have the right to the highest standards of continence care and incontinence management, to enable social continence and maintenance of the individual's dignity (DOH 2000).

2. Executive Summary

- 2.1 Continence awareness has been highlighted at national (DOH 2001) and local levels enabling members of our communities to overcome embarrassment and ask for help with their continence problems.
- 2.2 The Continence Advisory Service of the Livewell Southwest (LSW) aims to provide health education, promote continence, and facilitate effective management of incontinence.
- 2.3 It offers specialist continence advice, education, health promotion, assessment, treatment and management working with LSW, and liaising with other health professionals.
- 2.4 LSW have contracted for a home delivery service, which will deliver incontinence products to patients living in their own homes whether this be in the community or care setting on individual assessed need.
- 2.5 LSW wishes to give people the facility of easy access of specialist continence advice and help to individuals in their community.

3. Duties

- 3.1 The Chief Executive has overall responsibility for ensuring that patients with continence problems can receive appropriate care and treatment.
- 3.2 The Directors/Locality Managers/Deputy locality Managers will be responsible for ensuring that all staff follow the standards set out in this policy.
- 3.3 Unit/Ward Managers/Matrons/Team leaders are responsible for the implementation of this policy.
- 3.4 All staff caring for patients with continence problems will comply with all standards and procedures outlined in this policy.

4. Key Roles for the Continence Advisory Service

- 4.1 Provision of health education and promotion of continence.
- 4.2 To offer and facilitate specialist continence advice, assessment, treatment and

management.

- 4.3 To arrange the supply continence products on the basis of assessed need within the limits of the stated policy quantities, to patients/clients living in their own homes or in Residential/Nursing Homes and maintain the appropriate data.
- 4.4 To deliver high quality and cost effective services.
- 4.5 To provide advanced assessment to patients in the treatment and management of faecal and/or urinary incontinence.
- 4.6 To act as a resource for healthcare professionals in the pursuit of therapeutic continence care delivery.
- 4.7 To develop clinical practice guidelines using evidence-based practices and pathways of care ensuring that they are implemented, regularly updated and available to relevant staff.
- 4.8 To monitor quality through clinical audit, taking into account comments and concerns.
- 4.9 To work in partnership with other organisations (NHS Trusts/PCT; other statutory and voluntary organisations).
- 4.10 To provide educational support and training programmes to the multi-disciplinary team.
- 4.11 To co-ordinate a support network of Continence 'Link Nurses' for the promotion of continence in Nursing Homes, Residential Homes, and appropriate clinicians within Livewell Southwest.
- 4.12 To hold current literature and research on the promotion of continence and management of incontinence.
- 4.13 To lead and co-ordinate the on-going need to reduce Catheter Associated Urinary Tract Infections (CAUTI).

5. Operational Policy

- 5.1 The Continence Advisory Service works within agreed principles, procedures and quality standards, based upon national guidelines, which are regularly reviewed. The service is managed by a Clinical Nurse Specialist and is supported with a team of Nurses and a Health Care Assistant.
- 5.2 The key responsibilities of this service include: -
 - To manage and triage all continence referrals into Livewell Southwest.
 - To provide Continence Clinics for those who are not housebound.
 - The management of the Continence Advisory Service and its budget.

- To act as specialist resource to patients, health professionals and the general public.
- Continence health promotion.
- Management of a caseload.
- Continence education.
- Quality Assurance and Clinical Audit.
- To facilitate the use of research based practice in continence care.
- Co-ordinate and manage continence home delivery service.
- To lead the CAUTI programme.

5.3 The Continence Adviser is also responsible for co-coordinating a link/support network for the promotion of continence and the management of incontinence across the LSW footprint. The 'Continence Link Nurses' are Registered nurses with additional expertise, each working in a defined Locality within LSW footprint.

5.4 Access to the Continence Service

Referrals are taken from:

- GP's
- In-Patient Units
- Nursing/Residential Homes
- Community Nurses

5.5 All referrals will be triaged and considered using continence referral criteria.

5.6 Continence assessments can only be undertaken by staff who have received training.

Continence Advisory Service (community based)

Key Messages

Scope

- A conservative treatment programme for any patient with continence problems who are keen to seek ways of improving the management of the problem. No continence products are provided at the clinic but thorough holistic assessments will be conducted. The assessment includes bladder scanning (where appropriate), general advice on liquids / diet / smoking / lifestyle changes, pelvic floor.

Out of scope

- For those assessment received that indicates a need for pads the assessment is checked by continence advisory team. If approved the patient is sent a supply of pads to their home address. The patient is responsible for liaising directly with the pad supplier to request more pads.
- Children refer to CDC Scott Business Park
- Recurrent or persistent UTI and haematuria
- Symptomatic prolapse visible at or below vaginal introitus

- Pelvic mass
- Enlarged prostate
- Urogenital fistulae

Investigations prior to referral

- Urine test to be carried out prior to referral in order to exclude UTI. If UTI present, treat then reassess prior to referral
- Vaginal and abdominal examination prior to referral (Ladies)
- PR examination to exclude prostate problems prior to referral (Gents)

Referral Criteria –

Referral Instructions

- Refer using Choose and Book.
- Specialty: Urology
- Clinic Type: (In) Continence
- Service: DRSS-Western – Urology – New Devon CCG – 99p
- Livewell Southwest
Continence Department
Tel: (01752) 434759
Service Lead: Olive Robertson
- Clinics held at:
 - Mount Gould LCC - 1.5 days/month
 - Tavistock Hospital - 1 day/month (every 2nd Friday each month)
 - South Hams Hospital - 1 day/month (every 3rd Thursday each month)
- The continence service working hours are 08.30am to 4.30pm Monday-Friday, excluding Bank Holidays

Referral forms

DRSS Referral Proforma

Referrals from Care Homes are accepted directly into the Continence Service

Patient information

[Livewell Southwest website need to put in hyperlink/webpage](#)

5.7 Equality and Diversity

The service aims to meet the needs of all individuals, respecting culture, diversity, ethnicity and sexuality. An interpreting service is available for patients who do not speak English or who have trouble understanding English, also available is written audio-visual material in several other languages to promote better understanding.

6. Patient/Client Assessment

- 6.1 On all nursing assessments of patient/client needs, specific questions will be asked to identify if that client/patient has an incontinence problem or a potential problem. If a need is identified the patient/client will be offered a full continence assessment and treatment programme. Buffer stock of pads should be held at each D/N base for issue in the case of End of life care clients **only**.
- 6.2 Continence materials supply will only be agreed for patients who are identified as having intractable incontinence after completion of a 6 week treatment programme.
- 6.3 All new patients referred for continence materials will be assessed by the Continence Service where a comprehensive assessment will be conducted. This assessment may also include a bladder scan.
- 6.4 Samples of products will be trialled before placing an order to avoid an inappropriate supply of products being delivered to the client resulting in an additional cost to LSW.
- 6.5 Due to financial resources, the policy for the provision of incontinence pads is strictly adhered to. Clients who wish to purchase extra supplies will be given information regarding this upon request.

7. Continence Review/Reassessment

- 7.1 Patients/clients will be reviewed or reassessed depending on their individual assessments, taking into account treatment, management and plan of care.
- 7.2 Ongoing reassessment will be documented for each individual patient/client. This will include:-
- Changes in continence status
 - Review/reassess 12 monthly
- 7.3 Reassessment dates **will** be documented on the care plan and/or the continence assessment form. Contact number of the assessor will be available to the patient/client and carer.
- 7.4 Continuation of supplies is dependent upon reassessment being undertaken on the review date.

8. Availability and Quantities of Continence Products to be Supplied

- 8.1 Continence products will be chosen only from the approved list from the company contracted by LSW.

8.2 A wide selection of disposable products is available:

- a) In principle, the following operational approach to the issue of continence products apply. All patients have an individualised assessment, and in some circumstances, the specialist continence nurse will authorise a prescription outside the usual provision. This is expected to be an exceptional situation because of an individual clinical need. The policy products and recommendations are based on local clinical experience of the management of continence and are usually sufficient for most assessed needs.
- b) A maximum of 4 shaped products a day may be provided.
- c) 'All-in-one' products will only be provided to clients with incontinence who have a severe physical or mental impairment and after discussion with a Continence Advisor. A maximum of 4 all-in-one products per day will be provided.
- d) Clients requiring net pants will be issued initially with five pairs and thereafter five pairs every 6 months. Net pants will **not** be supplied with pads with a sticky-back strip.
- e) The Continence Service recognises that disposable pull-up pants may sometimes be the most appropriate product for clients. However, in comparison to all-in-one and shaped pads they are very expensive. Therefore, to make the best use of available resources, this product can only be made available in exceptional circumstances in agreement with the Continence Services. In adults and young people, pull-up pants may be provided if the need can be demonstrated e.g. to enable a stroke patient to use the toilet independently, a child with a profound physical or learning difficulty or a client with dementia who cannot tolerate an alternative product. A maximum of 2 pull-up pants can be provided every 24 hours. Clients will be given information about purchasing extra supplies of pull-up pants if required.
- f) Advice should be given where appropriate about using other forms of continence management e.g. sheath systems, intermittent catheters.
- g) No third party products or bed pads will be supplied by LSW.

9. Administration of the Continence Home Delivery Service

9.1 A five-year contract has been awarded to SCA Hygiene Products, manufacturers of the Tena range of incontinence products. Tena will be the sole supplier of a home delivery incontinence product service to LSW which hosts the service for South Hams and West Devon. The contract will commence 1 June 2014.

9.2 Following clinical assessment by Livewell Southwest clinicians, the

prescription will be sent to Tena who will arrange delivery , handle the data and calls from patients on behalf of the LSW.

- 9.3 Following authorisation by the Continence Nurse Specialist, the first order will be placed.
- 9.4 Clients living in their own homes will have a 12 weekly delivery cycle. The first delivery will usually take place five to seven working days after the order is placed. Further deliveries must be activated by the patient/carer and guidance will be supplied in writing regarding this process.
- 9.5 Clients in their own homes are on a 'Self Care' system which requires them to make a telephone call to initiate each order. Parameters are set so that orders cannot be actioned prior to the due date, but can be postponed if the client wishes. This reduces stockpiling and is more cost effective than fixed cycle deliveries.
- 9.6 Care homes will receive deliveries on an agreed fixed delivery cycle. Orders will be accompanied by a list of clients and products provided. A signature will be required for proof of delivery.
- 9.7 A national carrier will carry out deliveries to clients living at home on behalf of Tena Home Delivery Service. All products will be discreetly wrapped. Where the client has specified, parcels may be left at an alternative delivery point e.g. in the garage or at a neighbour's house. If the client has not specified an alternative delivery point, a card will be left and delivery attempted the following day. Following a second failed delivery a card will be left asking the client to make a telephone call to rearrange delivery. As far as possible, alternative delivery points must be included on all product delivery forms to try and reduce the number of wasted attempts at delivery which results in a financial cost to LSW. If a patient is admitted to the In-Patients unit and staff are advised to check with the Continence Service if the patient is already receiving pad supplies.

10. Continence Training and Education

	Continence Care	Formal Carers: - Care Assistants Nursing Auxiliaries	1 day	LSW
	Continence Assessment and Management.	For Healthcare Professionals who are involved with continence assessments and care planning,	2 day	LSW
	Bowel Dysfunction	Registered Nurses.	1 day	LSW
	Catheterisation	Registered Nurses	1 day	LSW

11. Access and Service Management

- 11.1 Referrals to the service will be taken directly from DRSS for ambulant patients and via the community hub for housebound patients.. The Clinical Nurse Specialist acts as an adviser for continence issues, and holds the community nursing budget for incontinence materials delivery service.
- 11.2 In line with the Continence Charter requirement, every patient/client has a named nurse who is the initial point of referral. An experienced nurse working within the Continence Specialist Team who is Registered in continence assessment, management and care undertakes the initial continence assessment and continuing care review.
- 11.3 Patients who are initially identified through continence assessment as having treatable incontinence will not be eligible for continence materials supply, unless there is evidence of at least 6 weeks' continence intervention plan. All these requests for materials must be accompanied by a fully completed continence assessment form and care plan (Continence bundle).
- 11.4 Patients/Clients undergoing a Treatment programme should be referred on to the Continence Service or discussed with the Continence Adviser if treatment aim/goals are not progressing or met within a 3-month period.

12. Quality Control

- 12.1 Random audit of patient satisfaction will be undertaken annually by the pad provider and results will be reviewed with the Locality Manager and Deputy Locality Manager.
- 12.2 An audit of client satisfaction of the home delivery service will be carried out by the product provider on behalf of the Continence Service annually. The product provider will supply a comprehensive report of the product usage, cost and successful deliveries every 8 weeks to the continence service.
- 12.3 All concerns will initially try to be resolved locally by the Continence Specialist Team. Formal complaints will be reported and monitored according to the LSW Complaints Policy.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 13th October 2016