

Care Trigger Contenance Management

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Care Trigger	Check list of Evidence	National Care Standards/Best Practice Statements	Proposed Recommendations /Requirements based on the level of risk, impact and outcome to people using the service
<p>Does the care service have policies in place for:</p> <ul style="list-style-type: none"> Promotion of continence that separates bowel and bladder care management? Catheter management and care? 	<p>The staff working in the care service are familiar with these policies/procedures and demonstrate a good knowledge of their implementation.</p> <p>The policies guide staff to best practice and inform the care for service users.</p> <p>The policy records the service's local continence advisory service details and contingency arrangements for requesting containment products for unplanned events</p>	<p>NHS QIS Best Practice Statement:</p> <ul style="list-style-type: none"> Urinary catheterisation and Catheter Care. July 2004 Continence, adults with urinary dysfunction. December 2005 	<p>Require that these policies are developed or updated which address continence management strategies and not only access to containment products</p> <p>These policies are based on current best practice and are implemented within a 12 week timescale.</p> <p>Lead officer to liase with Professional Adviser, Health</p>

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<p>What is the prevalence of incontinence within the service? – (Is the service using pads / catheters rather than promoting toilet use?)</p> <p>What other factors are effecting the promotion of continence for service users?</p> <p>NB: The prevalence will differ depending on service user need.</p>	<p>Review pre inspection information related to continence management and promotion</p> <p>And; explore</p> <ul style="list-style-type: none"> ➤ How accessible are the toilets? ➤ How do residents call for assistance (are call systems available and accessible in bedrooms / day rooms) ➤ What is the signage within the service highlighting bathroom/toilet areas? ➤ What is the usage of aperients within the service? You should cross reference to personal plans re: assessment of need for aperients vs. the appropriate diet and fluid management to reduce likelihood of constipation. ➤ Cross match the 'pad' order sheet sent to their local continence resource service – does it match with the individual service users care plan or are other service users accessing products not specifically for them. ➤ The service's recent admissions and explore what the service users continence functional level was at admission and what is it at the time of inspection noting improvement/deterioration over what period of time and any mitigating circumstances for deterioration. 	<p>NHS QIS Best Practice Statement:</p> <ul style="list-style-type: none"> • Urinary catheterisation and Catheter Care. July 2004 • Continence, adults with urinary dysfunction. December 2005 <p>Relevant National Care Standard for service type e.g. NCS Care Services for older people – standard 14, Health</p>	<p>Recommend that the service follow best practice guidance related to promoting continence.</p> <p>Recommend that the service links in with their local continence advisory service that can assist in developing staff and/or the resident's assessment process.</p>
<p>Do the personal plans highlight an individual assessment of continence (where</p>	<p>As part of the assessment is there a detailed history taken and continence assessment charts used.</p> <p>Are investigations undertaken to determine any underlying</p>	<p>NHS QIS (2009) Best Practice Statement:</p> <ul style="list-style-type: none"> • Urinary catheterisation and Catheter Care. July 	<p>Requirement for the development and/or updating individual personal plans to reflect the specific</p>

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<p>appropriate) and if an issue is identified the management of care need related to continence issues?</p> <p>NB: It is best practice to separate urinary incontinence, and faecal incontinence and bowel issues such as constipation, stomas.</p>	<p>issues? E.g. Urinary tract infection, bowel infection, commencement on any medication that may have had an impact on the individual urinary/gastric function.</p> <p>Explore the personal plans and the specific care planning related to:</p> <ul style="list-style-type: none"> ➤ urinary incontinence ➤ faecal incontinence and/or constipation and; ➤ catheter care <p>A care plan should be in place where a need is identified. 3 separate management plans would be required if all of the above issues are evident.</p> <p>Where indwelling catheters are used there must be:</p> <ul style="list-style-type: none"> ➤ A prescription for the specific catheter. ➤ A clear record of what type and size of catheter to be used, batch number, when it was inserted and when it is due for routine renewal. (where a catheter is renewed earlier than expected the personal plan should clearly highlight the reason for the change and the catheter record should be completed) ➤ Catheter maintenance must also be recorded within the individual care plan and care of the closed drainage system. <p>What is the service's ongoing assessment process of individual service users need?</p>	<p>2004</p> <ul style="list-style-type: none"> • Continence, adults with urinary dysfunction. December 2005 <p>NMC Guideline for record keeping</p>	<p>continence care needed to promote/maintain continence.</p> <p>Suggest that the service develop links to their local continence resource service: (specific information on local services on the Intranet for sharing)</p>

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<p>Do the personal plans related to continence reflect the potential for improvement, or are they simply a prescription for containment (padding up)?</p>	<ul style="list-style-type: none"> ➤ Review personal plans and specifically the continence care plans re: information about individual toilet requirements, alternatives to toilet use not just pads / catheters etc, ongoing assessment. ➤ Do staff take cognisance of the individual behaviours that may highlight the person may be in need of using the toilet. e.g. agitation ➤ How do staff communicate with the service user to convey support with continence needs e.g. use of signs, pictures ➤ If aperients are prescribed it should be clear when these should be administered within the personal plan. <p>Cross reference individuals who are being given aperients to their dietary care plan. E.g. if issues with constipation are identified the service should also be ensuring appropriate dietary input to help with specific issues.</p>	<p>NHS QIS Best Practice Statement:</p> <ul style="list-style-type: none"> • Urinary catheterisation and Catheter Care. July 2004 • Continence, adults with urinary dysfunction. December 2005 <p>NMC Guideline for record keeping</p>	<p>Requirement on developing the personal plans to reflect individual care needs</p> <p>Require that service conduct individual reviews and implement new continence management plans as appropriate – please use relevant references as per individual NCS</p>
<p>Staff training – are care staff trained to care for someone who presents with a continence care need?</p>	<ul style="list-style-type: none"> ➤ Review staff training records – explore whether staff have received training related to managing continence issues relevant to their client group (e.g. assessment, catheter care suprapubic catheterisation etc.) ➤ What links does the service have with their local continence resource service? ➤ Have staff been trained in catheterisation especially where there is evidence of individual service users needing this support. 	<p>NHS QIS Best Practice Statement:</p> <ul style="list-style-type: none"> • Urinary catheterisation and Catheter Care. July 2004 • Continence, adults with urinary dysfunction. December 2005 	<p>Requirement linked to staff training and ongoing CPD</p> <p>Suggest that the service develop links to their local continence resource service: (specific information on local services on the Intranet for</p>

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	<ul style="list-style-type: none"> ➤ Are staff familiar with the service's continence promotion policy 	NMC Guideline for record keeping	sharing)
Episodes of incontinence should be contained discreetly!	<p>On observation of the environment or individual residents there should be:</p> <ul style="list-style-type: none"> ➤ No evidence of any soiled clothing / wet clothing / visible drainage systems. ➤ Containment products e.g. 'pads' should not be used to protect furniture – if products leak containment use should be reviewed ➤ Individual service users should be supported from the communal areas with dignity and respect if an episode of occurs. ➤ There shouldn't be long lines of service users in a queue for the toilet ➤ Where an individual is bed bound - catheter bags should not be left on floor. A closed catheter system should be in place. 	Care Commission principles - Dignity and Privacy of service users	Recommend the service review current staff practice and possible aids to assist in the appropriate concealment of continence aids.