

# ASSESSMENT OF ADULTS WITH INCONTINENCE AND PROVISION OF PADDED/WASHABLE PRODUCTS POLICY

## Document Summary

The purpose of this document is to give clarity regarding the organisational policy, the continence assessment process and provision of padded products.

<b>DOCUMENT NUMBER</b>	<b>POL/001/066</b>
<b>DATE RATIFIED</b>	12 February 2016
<b>DATE IMPLEMENTED</b>	April 2016
<b>NEXT REVIEW DATE</b>	April 2018
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## Important Note:

**The Intranet version of this document is the only version that is maintained.**

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

## TABLE OF CONTENTS

		Page
<b>1</b>	<b>Scope</b>	<b>3</b>
<b>2</b>	<b>Introduction</b>	<b>3</b>
<b>3</b>	<b>Statement of Intent</b>	<b>3</b>
<b>4</b>	<b>Definitions</b>	<b>3</b>
<b>5</b>	<b>Duties</b>	<b>4</b>
<b>6</b>	<b>Eligibility</b>	<b>5</b>
<b>6.1</b>	<b>Assessment of Patients</b>	<b>6</b>
<b>6.2</b>	<b>Continence Product Provision</b>	<b>6</b>
<b>6.3</b>	<b>Product Supply</b>	<b>6</b>
<b>6.4</b>	<b>Third Party products</b>	<b>8</b>
<b>6.5</b>	<b>Home Delivery and Storage</b>	<b>8</b>
<b>7</b>	<b>Training</b>	<b>8</b>
<b>8</b>	<b>Compliance</b>	<b>9</b>
<b>9</b>	<b>References / Bibliography</b>	<b>9</b>
<b>10</b>	<b>Related Trust Policies / Procedures</b>	<b>10</b>
<b>11</b>	<b>Appendices</b>	<b>10 - 15</b>

## 1 SCOPE

This policy is for use by Cumbria Partnership Foundation Trust (CPFT) Staff and those who use products supplied by CPFT contract for provision of Padded products to Adult (over 19s) patients / clients and Service users. All assessing Staff must have undertaken “Bladder and bowel dysfunction theory” and practical skills education delivered by the Continence Service within CPFT.

## 2 INTRODUCTION

Incontinence is a common condition that may affect all ages with a wide range of severity and nature. Although it is rarely life-threatening incontinence may seriously influence the physical, psychological and social wellbeing of the affected individual (National Institute for Health and Clinical Excellence 2010). It should also be remembered that “incontinence can be cured, symptoms reduced or appropriately managed by a wide range of aids” (Good practice in Continence Services D o H 2000)

It is important to recognise that the provision of products is **not** the primary focus of a continence assessment (D o H 2000). Appropriate measures to treat and manage incontinence utilising the appropriate pathway and assessment criteria are required.

CPFT does not have any statutory or legal duty to provide washable/disposable padded products; however appropriate products can be supplied by the current tender provider to named individuals for whom the management of incontinence is a priority of care following continence assessment and appropriate the use of Continence Assessment Score Tool (CAST) indicates a need for padded product provision.

## 3 STATEMENT OF INTENT

The objectives/aim of this policy is to:-

- Ensure that patients receive a continence assessment and treatment of their bladder and/or bowel dysfunction.
- Guide the assessing Nurse.

Patients and Assessing Nurses should agree to abide by this Policy and the assessment process and treatment pathway this indicates. Patients must be reassessed at least annually, face to face, in order to ensure their treatment pathway is still effective.

## 4 DEFINITIONS

**Levels of continence assessment:-**

- Level 1 – Assessors to be a minimum Nursing band 4
- Level 2 – Assessors to be Specialist Continence Nurses
- Level 3 – Consultant

Level 4 – National/regional consultant

HDS – Home delivery service

## 5 DUTIES

### 5.1 Chief Executive

The Chief Executive has ultimate accountability and responsibility for the physical health of service users and the implementation of this policy. This is delegated through organisational structures and accountability frameworks to ensure staff providing direct clinical care are provided with the appropriate tools and training.

### 5.2 Nominated Director

The Director of Quality and Nursing is the accountable Director for this Policy and *will be responsible for providing assurance reports to the appropriate committee*

### 5.3 Specialist Continence Nurse (Level 2)

Continence service specialist nurses (adult services) will undertake complex assessments and treatment pathways, and be available to give advice and support to level 1 assessing nurses and other health and social care professionals; as well as patients and carers.

### 5.4 Assessing nurse (Level 1)

Continence assessing Nurses and Assistant Practitioners (Band 4) who are appropriately trained to arrive at diagnosis and follow a treatment pathway. Suitably Band 3 Staff can carry out reassessments of care plans and Padded product needs.

- Nursing Homes should have at least 2 Staff who are trained Assessing Nurses, who have attended CPFT training within the last 12 months. All Assessing Nurses need to ensure that Patients or their advocates have understood and agreed to adhere to this CPFT policy and treatment pathway (this will be documented on Continence Assessment form).
- All Nursing homes who are supplied with Padded products have a requirement for their Staff to receive Padded Product training and updates, at least annually – if Homes refuse this training or cancel prearranged training – product supply will be cancelled, until at least 50 % of Staff have been trained.
- Continence Assessors are required to complete a continence assessment document and held in patient notes and / or Electronic Patient Record.
- The continence Assessor is required to plan treatment of the identified bladder and bowel dysfunction and document this in the care plan.
- Padded/washable products are only to be considered as a last resort; but if they are considered as part of a management plan the continence assessment score tool must be completed
- All patients accessing treatment following a continence assessment will be offered a review, and the maximum review period for adults is 12 months (face to face)
- Refusal to attend or none attendance (unless there is pre notification) at assessment review will result in suspension of products.

- When a child becomes adult (age 19) the re-assessment will then be performed by the assessing paediatric nurse with the adult assessor present prior to hand over (please refer to Childrens Policy).
- Continence assessors and clients / carers are required to inform the tendered delivery company of any change of address, admission to hospital or death of a service user.
- Within Nursing Homes it is the Nursing Home Staffs responsibility to undertake assessments / reassessments – following suitable training
- Within Residential Home it is the responsibility of CPFT to carryout continence assessments / re assessments (usually Community Nurses, unless there are other local arrangements in place)
- Patients known to Community Services or living in Residential care presenting with bladder and bowel symptoms, should have a Level 1 continence assessment and treatment pathway undertaken as part of the holistic assessment

### 5.5 Continence Champions

Level 1- Assessing Nurses and Assistant Practitioners are responsible for cascading new learning within their teams; they have been identified, to attend 6 monthly knowledge and skills sessions (delivered by the CPFT Specialist Continence Service)

## 6 ELIGIBILITY

The adult service is for all patients/clients have been assessed by a Specialist Nurse (Level 2) / Assessing Nurse or Assistant Practitioner (level 1) and will be registered with a GP practice within CPFT locality . These patients may reside in their own homes, residential homes, or nursing homes. Patients in Hospital or hospice care are not provided with padded / washable products from CPFT, unless the Ward / Hospital is managed by CPFT and included in the tender specification.

Padded products ranges will be limited to those agreed via the procurement process, as will numbers of pads supplied within a 24 hr period, this may mean that there are more limited choices for pads and less pads available within 24 hrs; than previously.

At handover of care from Children to adult services; all clients will be reassessed and offered treatment plans as per policy (there will be transition period as required)

Catheterised patients do not require pads unless they are also faecally incontinent. If the catheter continually bypasses, a different strategy will be considered, and the problem can be discussed with the Specialist Continence Nurse. Catheterised patients should have a small supply of self-supplied pads in case of by passing.

Patient can only access Padded products from CPFT when residing in Cumbria and when registered with a Cumbrian GP. There are some patients who live out of area part of the year and therefore can only access pads for the period when the live within Cumbria

No wrap round pads will be supplied to any patients, unless advised by the Home Delivery Service in partnership with the Assessing Nurse.

## 6.1 ASSESSMENT OF PATIENTS

All adult patients presenting with bladder and/or bowel dysfunction have a continence assessment completed by level 1/level 2 assessors as appropriate. This will determine the diagnosis, the type and/or cause of the symptoms and to plan a treatment and management programme with the patient and/or carers.

### EXCEPTIONS

At End of Life professionals can utilise End of Life Care Guide (Appendix 1) and if the patients is identified as being amber and red then they can contact the continence nurse specialist to authorise:-

- Immediate access to padded products.
- Increase in number of padded products

## 6.2 CONTINENCE PRODUCTS PROVISION

Where the provision of products is indicated, it will be stressed that the service provided is intended to be **supplementary** and, therefore, may not cover the full needs of the patient.

Only products from the agreed range (on the requisition sheet) will be supplied.

Any Bariatric shaped product requirement will only be supplied if approved by the Continence Team (Criteria is based on Patients Waist measurements).

## 6.3 PRODUCT SUPPLY

Disposable padded products with a maximum of 3 products in 24 hours will be sufficient support for most needs, providing that the correct product is used appropriately. Where a two piece system is required appropriate amounts of stretch fixation pants will be provided every 6 months.

In some areas i.e. CPFT in patient units there will be restrictions on ordering fixation pants, to ensure that the most cost effective alternative is utilised.

The products supplied cannot be changed at the request of patients / parents / carers without reassessment from an appropriately trained assessor.

The disposal of incontinence pads is within house hold waste as per Trust's policy on Disposal of Clinical Waste.

Washable products may be more suitable for use in conjunction with a toileting programme and to maintain independence.

Only 1 padded / washable product is to be worn at any one time.

Patients can receive a combination of washable/disposable padded products,  
i.e.

- 2 bed pads equates to 1 disposable padded product
- 3 pairs of washable pants equates to 2 padded products

The criteria for the provision of washable products is:-

- Access to a washing machine and drying facilities.
- Ability of the patient or a carer to do the laundering.

Level 1 or 2 assessors will ensure that the patient or carer is aware of the correct methods of laundering re-useable products.

- Washable body - worn products for patients with light to moderate regular urinary incontinence.
- Washable bed pads for patients with moderate to heavy night time urinary incontinence.

N.B. Washable products are not suitable for patients with faecal incontinence.

The Trust also recognises the ecological advantages of using reusable products when the world wide consumption of raw material is increasing, and the waste from used, disposable products is largely non – recyclable.

#### **The advantages of the patient using washable products are:**

- The normality of using well designed, reusable products.
- Materials are strong and made to last and do not break up or disintegrate as disposable products can do.
- Washable products take up less storage space and can be more convenient
- Washable products cannot be torn and may therefore be more effective for confused patients.
- Environmental factors

#### **Number of Washable Products to be provided:**

Patients who are supplied with washable body worn products will be provided with up to a maximum of 6 products per year (x3 pairs every 6 months). Additional products can be purchased and the patient will be given information regarding the independent purchasing of supplementary / alternative products where appropriate.

Patients who are supplied with washable bed pads will be provided with 2 bed pads to allow time for washing and drying of these highly absorbent products. These count as 1 of the 3 products in 24 hours and are delivered annually.

### **6.3 THIRD PARTY PRODUCTS**

The Trust will provide a clinically appropriate product from the CPFT approved Tender supplier. If for any reason these are deemed not suitable by the Assessor, patient /carers will be provided with mail order catalogues to enable them to self-purchase.

If the patient has a medically diagnosed allergy (following skin patch test) to the product they will be given an alternative product from within the available range where possible. Alternative supplies from a different supplier will only be authorised by the appropriate Continence Specialist Nurse (level 2) on receipt of medical information regarding patient allergy.

### **6.4 HOME DELIVERY AND STORAGE**

Home Delivery is provided as part of the service but will not be brought forward from the patients calculated delivery date. The patient can provide an alternative delivery point (i.e. in the garage) if this is utilised then CPFT do not take responsibility of deliveries if they go missing/get wet or are unusable.

The provision of products is an individual patient prescription and will be delivered ONLY to their place of residence or specified alternative delivery address; and delivery periods will be no more than 3 monthly – unless approved by the Continence Team.

Deliveries will be made in non-marked vehicles in non-marked packaging.

If an individual changes of residence, then padded products should be moved with them.

It is fraudulent to activate a delivery for a patient who

- Is no longer registered to a Cumbria GP
- Is no longer living at the address registered with the company
- Is deceased
- If pads are used by another patient

Within Residential and Nursing Homes, Pads should be stored in an appropriate safe, clean and dry area free from infestation (ensure the risks of environmental damage are limited). Likewise in Patients own homes, pads should be stored appropriately.

## **7 TRAINING**

The CPFT Adult Continence Service provides:-

- Theory education for adult nurses, (Band 3 and above) in bladder and bowel dysfunction which can be accessed either by either E-learning and Face to face methods. The completion of the theory and practical skills education will lead to competence at level 1 assessment.
- Practical skills training for adult nursing staff
- Continence champions support network for adult staff.
- Support and advice to all healthcare professionals / patients and carers
- Support for adult level 1 assessors regarding correct product selection is available via the adult continence service and the tendered home delivery company nurse advisor.
- Training for carers working with adults
- CPFT requires completion of level 1 assessor training, prior to undertaking a continence assessment.

## 8 MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Monitor Continence Assessment and ensure Policy is discussed and agreed with a patients / advocates	Notes Audit and review of Continence Assessments, against NICE guidance	Continence Service Leads	Annually	Care Group Governance	Continence Service Leads / Community Manager

## 9 REFERENCES/ BIBLIOGRAPHY

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[www.rcplondon.ac.uk/resources/national-audit-continence-care](http://www.rcplondon.ac.uk/resources/national-audit-continence-care)

End of Life Care Guide: Version 5. Joy Wharton and Jayne Denney (2013) adapted from NW End of Life Care Model (2010), Map of Medicine (2011), Gold Standards Framework (2012), RCGP and Thomas K et al (2011)  
Deciding Right (2012),

## **10 RELATED TRUST POLICY/PROCEDURES**

Waste Management Policy: POL/002/055

## **11 APPENDICES**

- 1 - End of Life Care Guide
- 2 –Continenence Assessment Scoring Tool
- 3 -Continenence Treatment Pathways

## APPENDIX 1

### End of Life Care Guide

Advancing disease 6 to 12 months 1	Increasing decline Weeks to 6 months 2	Weeks to final days 3	After death
Care Register	Care Register	Care Register	Care after death
Prognosis communicated	Prognosis communicated	Prognosis communicated	Death Summary on EPR
Advance Care Plan Advance Statement Deciding Right	Advance Care Plan Advance Statement Deciding Right	Review Advance Care Plans Advance Statement Deciding Right Rapid Discharge Pathway	Verification of death
Consider DNACPR	DNACPR	DNACPR	
Assessment, care planning and review	Assessment, care planning and review	Assessment, care planning and review	Significant Event Analysis review
Carer needs assessment	Carer needs assessment	Carer needs assessment	Bereavement support Signposting to providers
Finances	Finances DS1500	End of Life Care Plan	Finances
	Just in case drugs	Just in case drugs	
Communicate with GP, Hospital	Communicate with GP, Hospital, D/N, NWAS, OOH,	Communicate with GP, Hospital, D/N, NWAS, OOH	Inform GP, OOH

Version 5. Joy Wharton and Jayne Denney (2013) adapted from NW End of Life Care Model (2010), Map of Medicine (2011), Gold Standards Framework (2012), RCGP and Thomas K et al (2011) Deciding Right (2012), Special Rules for allowances (DS1500), Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), NW Ambulance (NWAS), Out of Hours eg Cumbria Health on Call (OOH), D/N District Nurse, EPR Electronic Patient Record  
[joy.wharton@cumbria.nhs.uk](mailto:joy.wharton@cumbria.nhs.uk) [jayne.denney@cumbria.nhs.uk](mailto:jayne.denney@cumbria.nhs.uk)

## Appendix 2

### CONTINENCE ASSESSMENT SCORING TOOL

CLIENT NAME:

DOB/REF. NUMBER:

DATE:

CRITERIA	SCORE	INDIVIDUAL SCORE	COMMENT
<p><b><u>Type of Residence:</u></b> Residential/ Nursing Care Home Private house – adequate facilities Private house – inadequate facilities</p>	3 4 8		
<p><b><u>Type of Incontinence:</u></b> Stress Overflow Anal and/or occasional faecal incontinence Urge Enuresis Neurogenic/ Voiding dysfunction (BPH/ Neurological/ Urological/ other voiding dysfunction) Faecal (regular) Functional</p>	1 2 2 3 3 4 5 5		
<p><b><u>Wet Episodes – Frequency (in 24hrs):</u></b> 1 2 3 4+</p>	1 2 5 7		
<p><b><u>Wet Episodes – Severity:</u></b> 1 (damp pad/pants) 2 (wets pad/pants) 3 (Soaking/ wets outer clothing) Faecal</p>	4 5 6 6		
<p><b><u>Frequency of Micturition (with normal fluid intake):</u></b> 5 to 7 times Below 5 8+ times Continence managed by catheterisation (ISC/ indwelling) Unable to establish pattern of micturition due to complex or severe needs</p>	1 2 4 8 8		
<p><b><u>Medical History (adult):</u></b> Other Respiratory Diabetes Mental health disorder Prolapse Lower intestinal disorder Cardiac failure Urological disease (or high urological risk) Dementia Palliative care Learning disability Neurological disorder</p>	2 2 2 2 3 3 4 4 4 5 8 8 8		

(MS/ Spinal injury or spinal disease affecting continence/ Parkinson's disease/ CVA/ Other neurological disease)			
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<b>Medical History (child or young adult)</b> Physical Disability Learning Disability On "Child in need" / "At Risk" Register or "Statemented"	7 8 8		
<b>Surgical History:</b> Bowel repair Unsuccessful pelvic floor or prolapse repair Unsuccessful transurethral prostatectomy Abdo/vaginal hysterectomy Bladder surgery Ca Bladder/ prostate Ca Bowel Spinal surgery which has affected continence	3 3 3 4 5 5 5 5		
<b>Obstetric History:</b> Number of babies: 1 to 2 3 4 or over Forceps delivery Breech delivery Large baby (over 9lb/4Kg)	1 2 4 4 4 4		
<b>Carer/Help Availability:</b> Help not required 24 hours Daily throughout Partial None = Requires help with toileting but has none	0 1 3 4 7		
<b>Ability to perform activities of daily living:</b> Fully mobile Able to toilet Partial ability Unable to self-care	1 3 4 6		
<b>Impaired Mobility:</b> Mild (e.g. walks with a stick) Moderate (e.g. walks with help) Severe (e.g. needs wheelchair all the time)	2 4 6		
<b>Medications:</b> Laxatives Oestrogens Analgesia Anti-muscarinics/ anti-cholinergics Anti-hypertensives Anti-epileptics Muscle relaxants (e.g. Baclofen) Hypnotics/sedatives Anti-depressants Diuretic	1 1 2 2 2 2 2 3 3 3		
<b>Pads required per day:</b> 1 pad or reusable 2 pads	1 2		

3 pads	3		
4 pads or over	4		

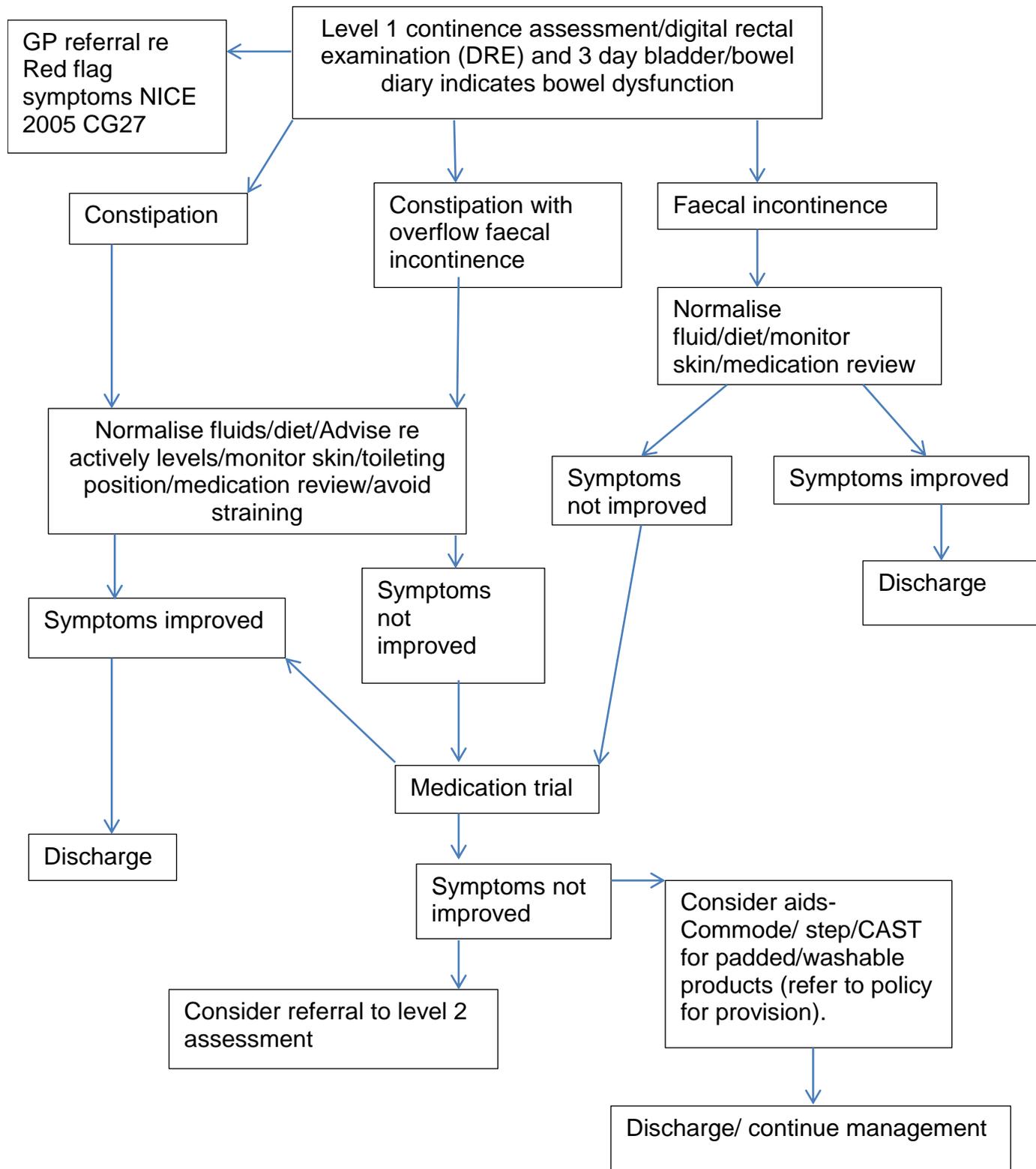
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## Appendix 3

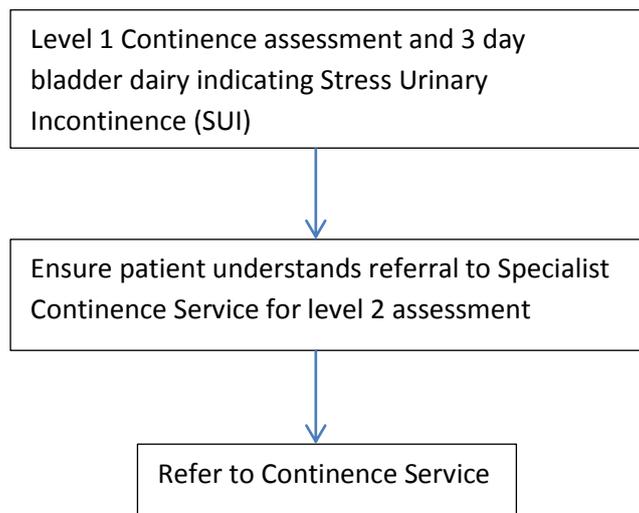
### Continence Pathways

Level 1 Bowel Dysfunction Final Pathway  
Level 1 Final Pathway Female Stress Urinary Incontinence  
Level 1 Final Pathway Function Incontinence  
Level 1 or 2 Final Pathway Male Stress Urinary Incontinence  
Level 1 Overactive Bladder Syndrome Final Pathway  
Level 1 Voiding Dysfunction Final Reviewed Pathway 2014  
Level 2 Bowel Dysfunction Final Pathway  
Level 2 Female Stress Urinary Incontinence Final Pathway  
Level 2 Overactive Bladder Syndrome Final Pathway  
Post Prostatectomy Pathway 2015

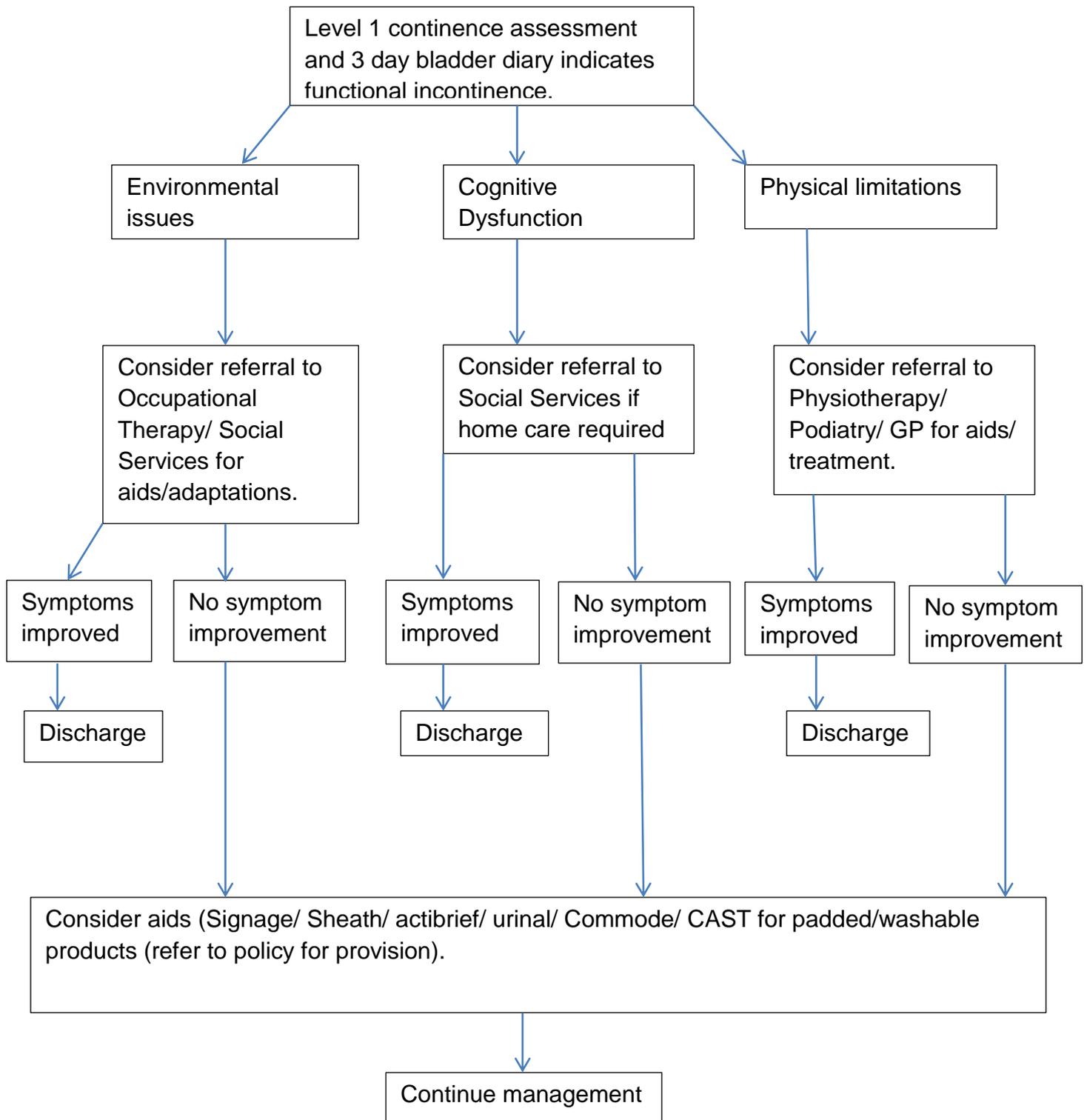
### Level 1 Bowel Dysfunction Pathway



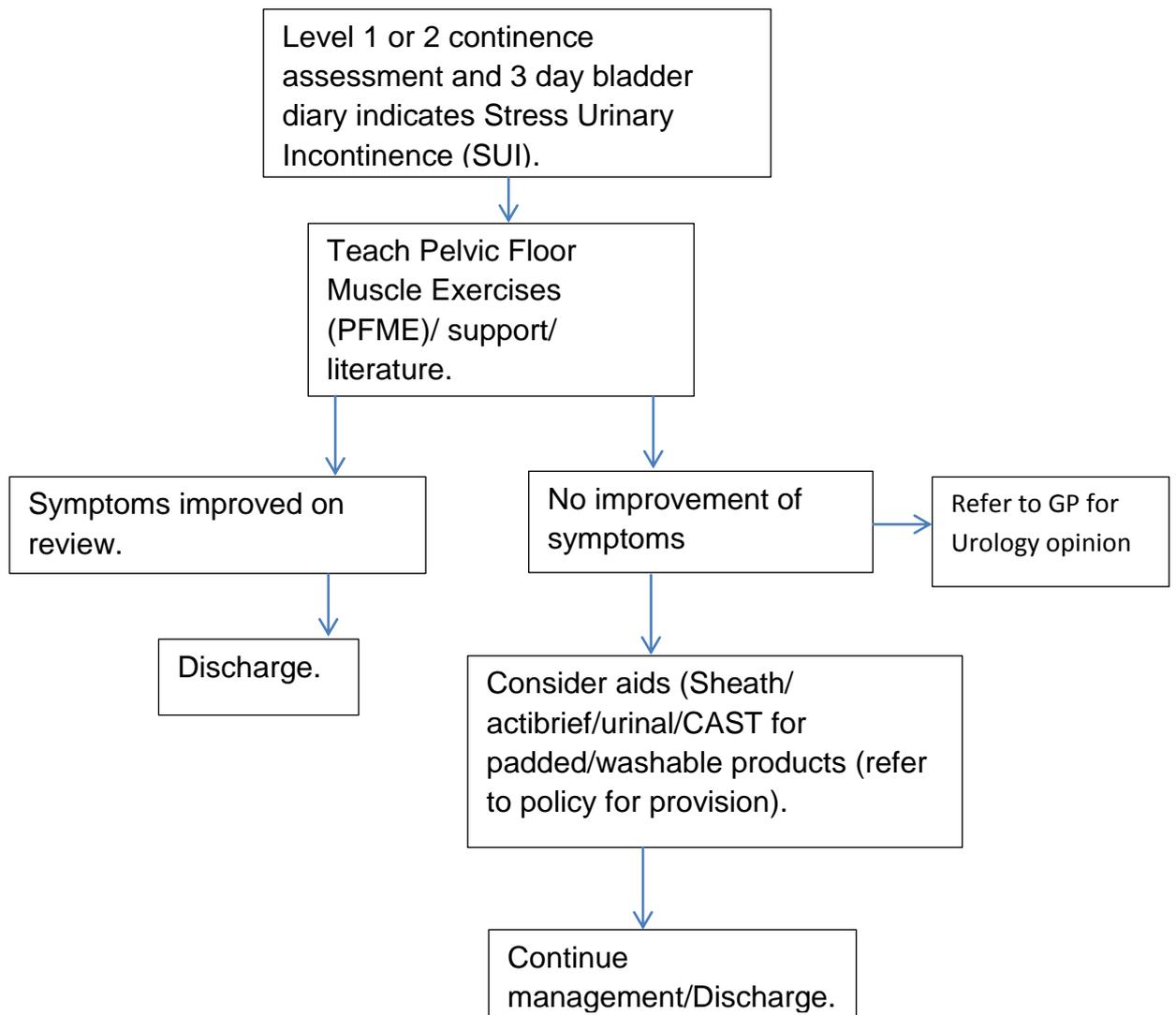
## Level 1 Pathway Female Stress Urinary Incontinence



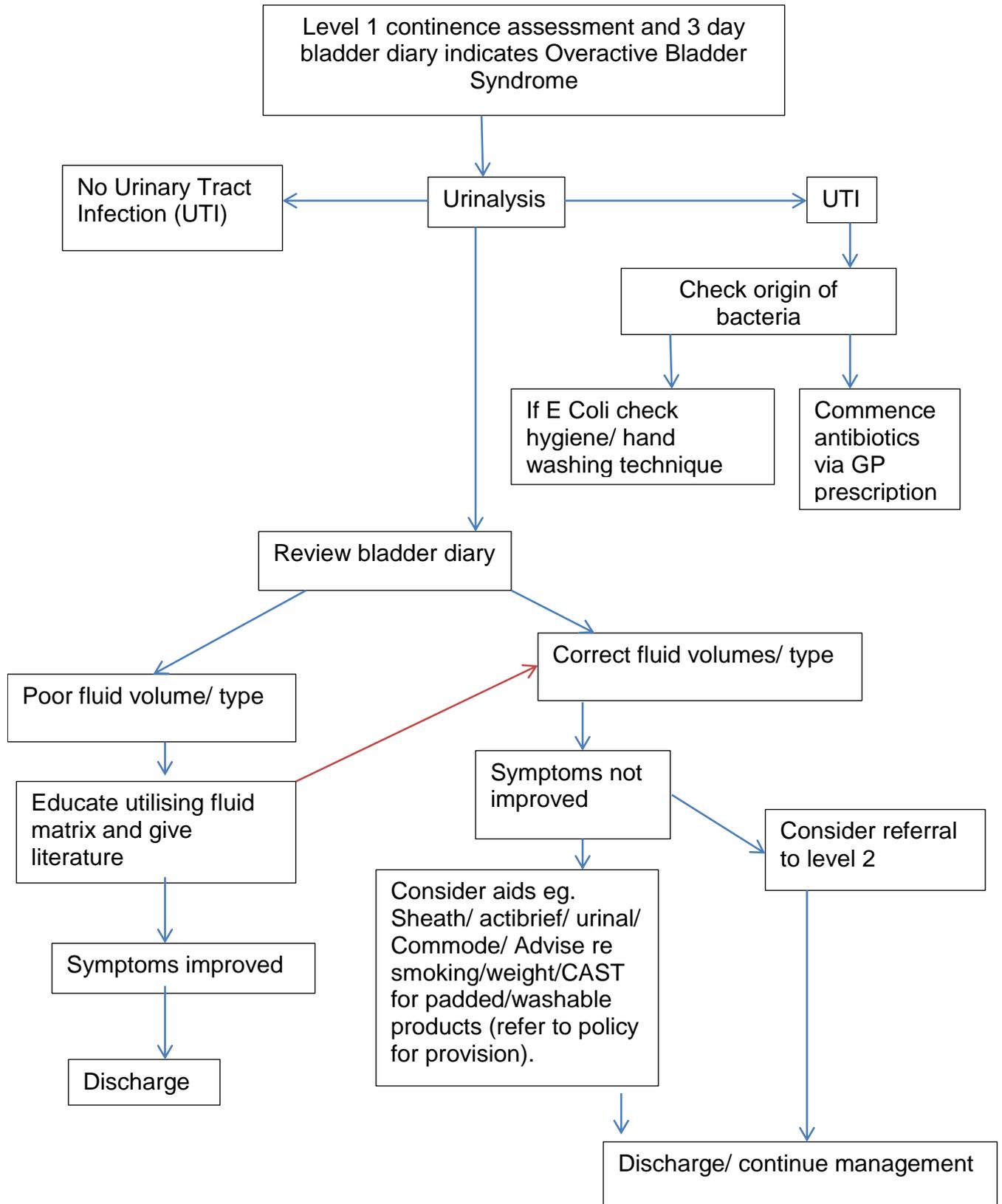
**Level 1 Pathway Function Incontinence**



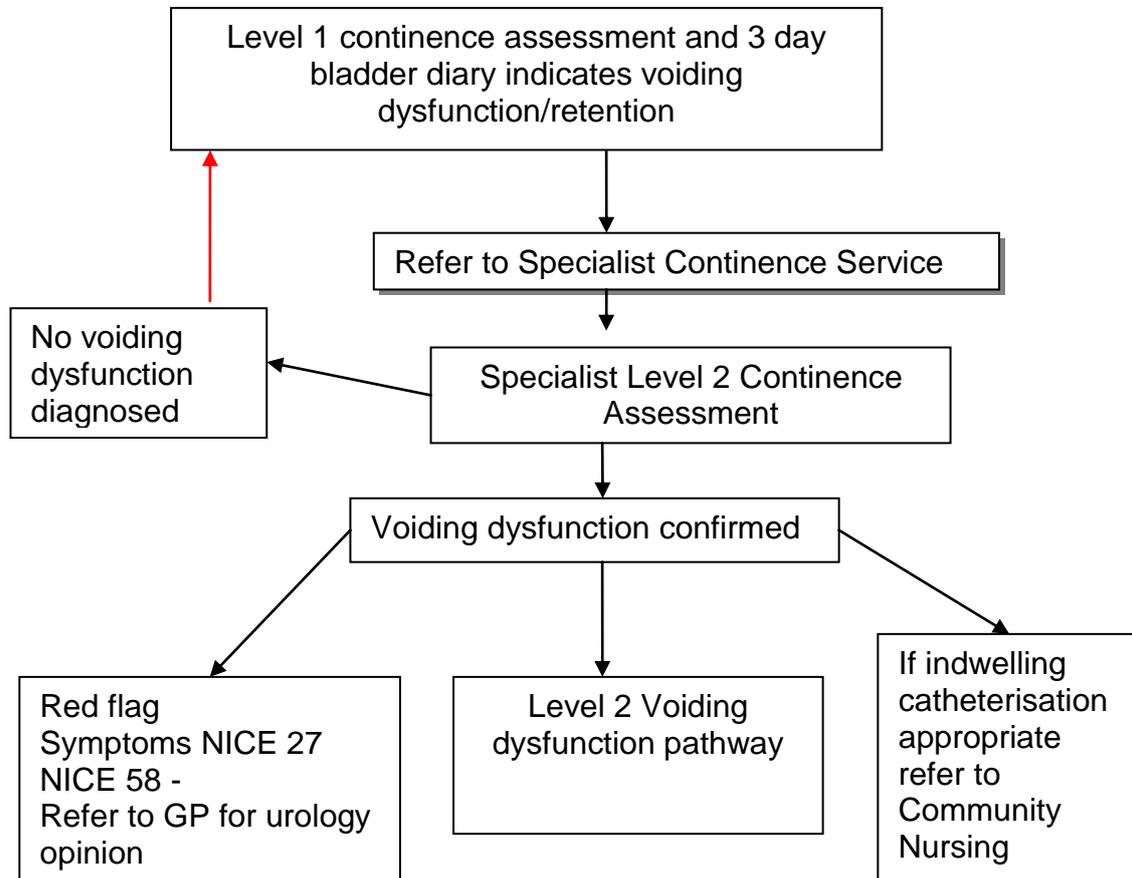
## Level 1 or 2 Pathway Male Stress Urinary Incontinence



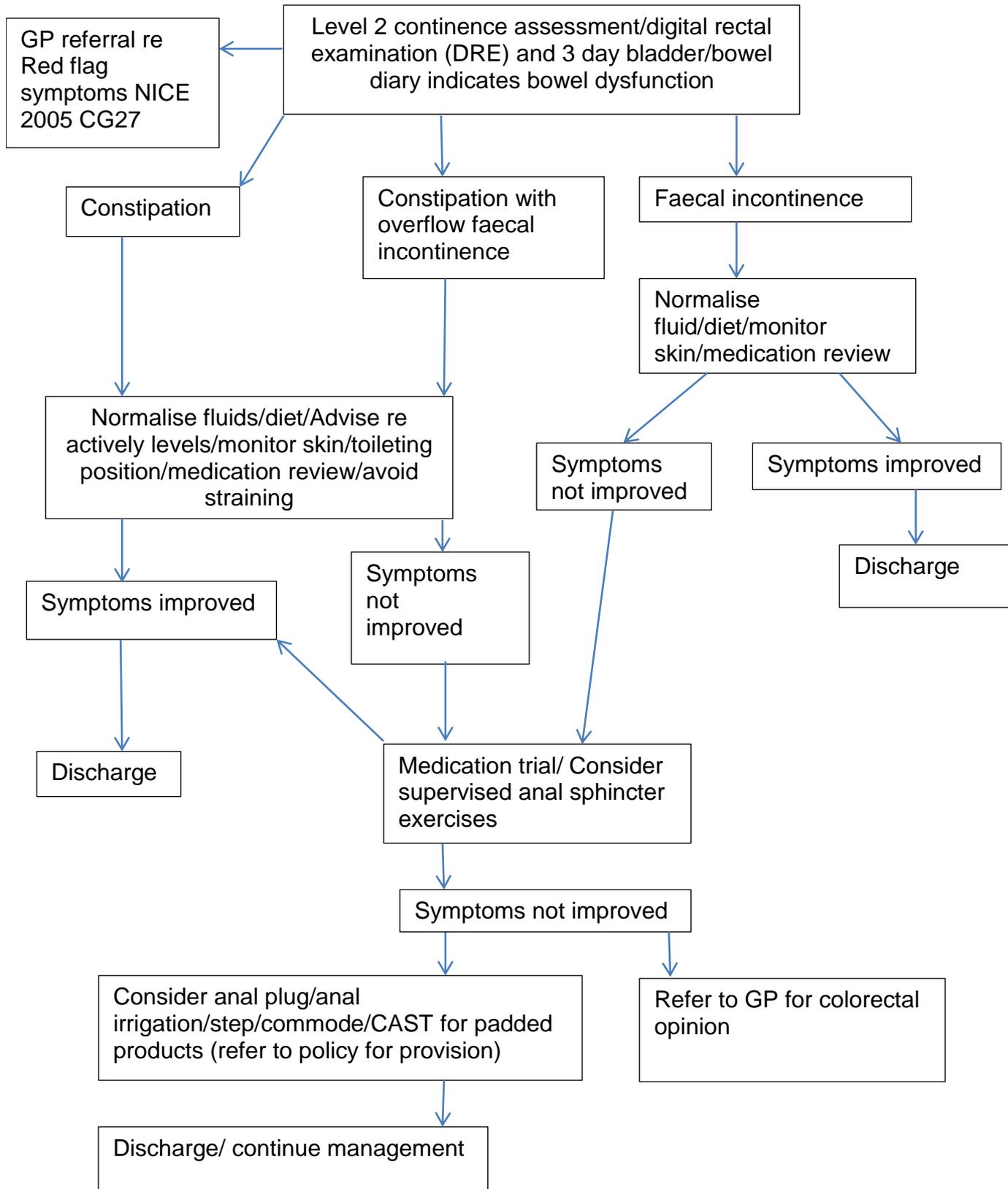
**Level 1 Overactive Bladder Syndrome Pathway**



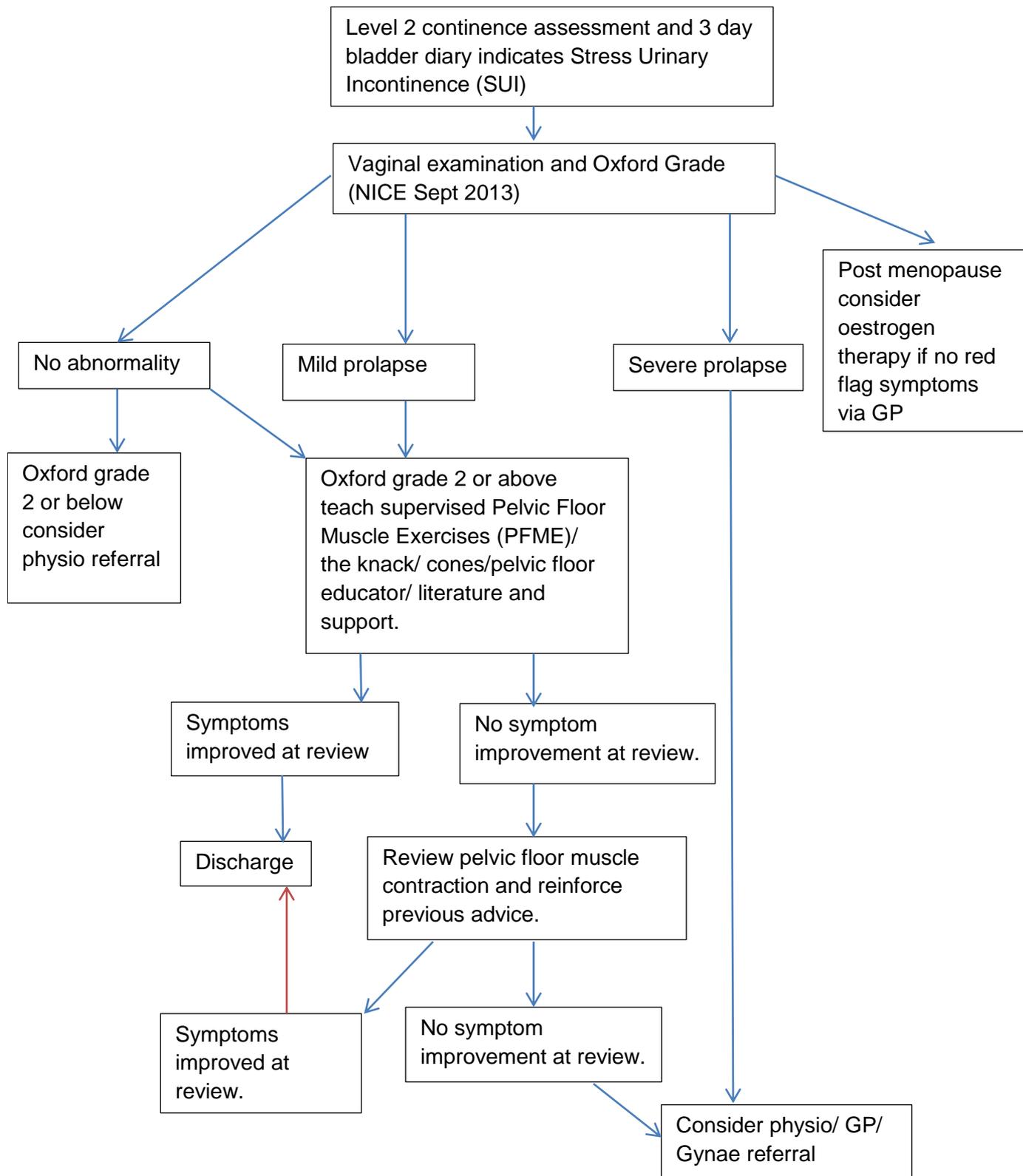
## Level 1 Voiding Dysfunction Pathway



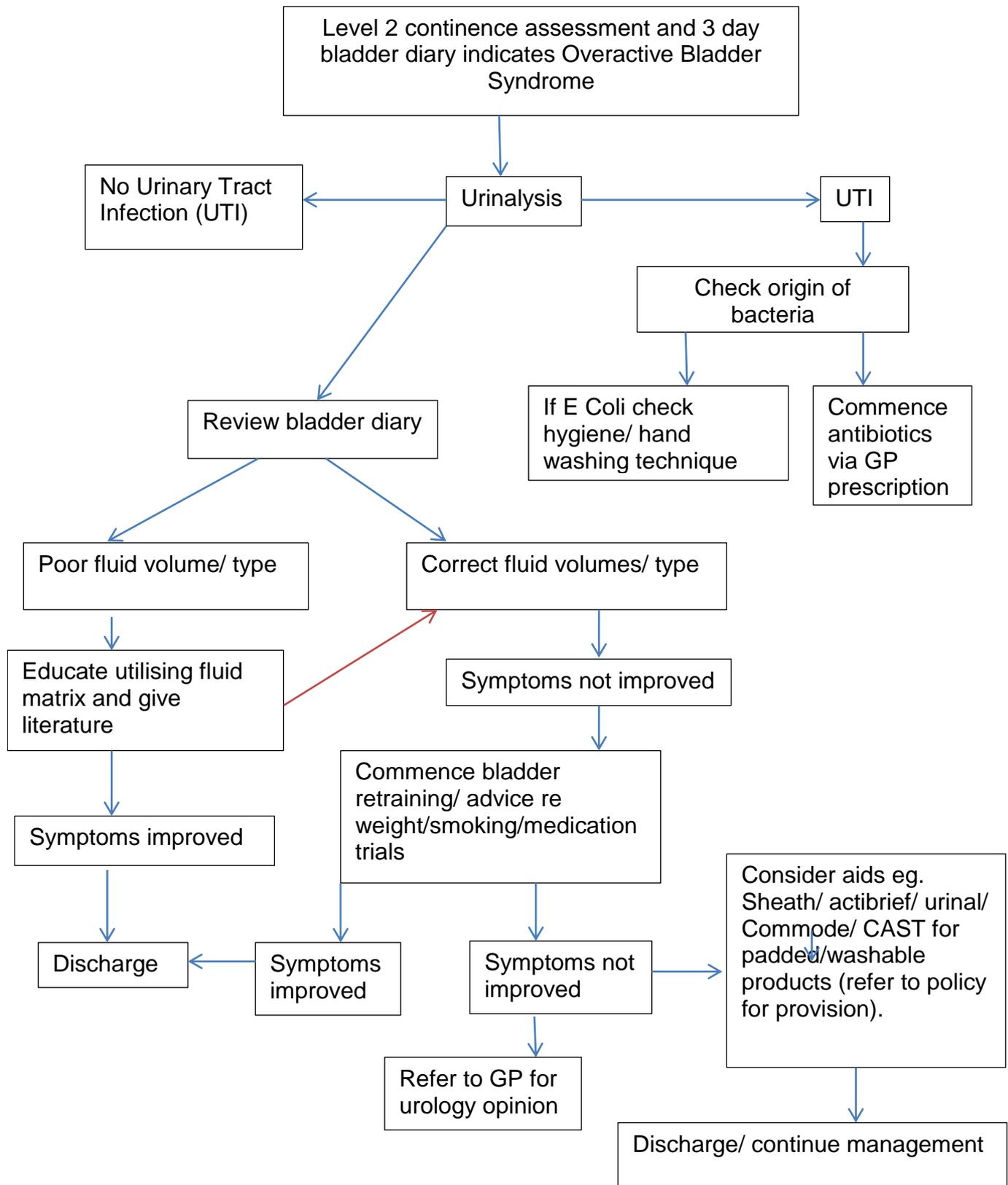
**Level 2 Bowel Dysfunction Pathway**



Level 2 Female Stress Urinary Incontinence Pathway



**Level 2 Overactive Bladder Syndrome Pathway**



Pathway for post Radical/Transurethral/Laparoscopic Prostatectomy

*Tertiary Centre*

Discharge advice post op

Teach pelvic floor muscle exercises/give literature  
Trial without Catheter x2 weeks post op  
Advise re managing post op dribble and containment (patient advice re self-purchase padded product)

If post op dribble persists beyond 6 weeks refer to community continence service

*Continence service*

Continence Assessment

Treat stress urinary continence/over active bladder referring to pathways

If symptoms persist trial sheath/actibrief

if symptoms improve discharge

device successful discharge

Device trial unsuccessful CAST

CAST criteria met  
padded product via Home delivery service

CAST criteria not met advice re self-purchase padded product  
discharge