

Improving continence status in care homes

Bladder, Bowel & Pelvic Health team - Abstract #687



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Background

Lewisham and Greenwich NHS Trust supports pelvic health services in 15 care homes across the Lewisham community area. These are a mix of nursing and residential beds; from a small, privately-run home with four residents to large establishments run by national organisations.

Over the last four years the BBPH team has implemented a number of strategies to improve pelvic health and continence in the care homes, including:

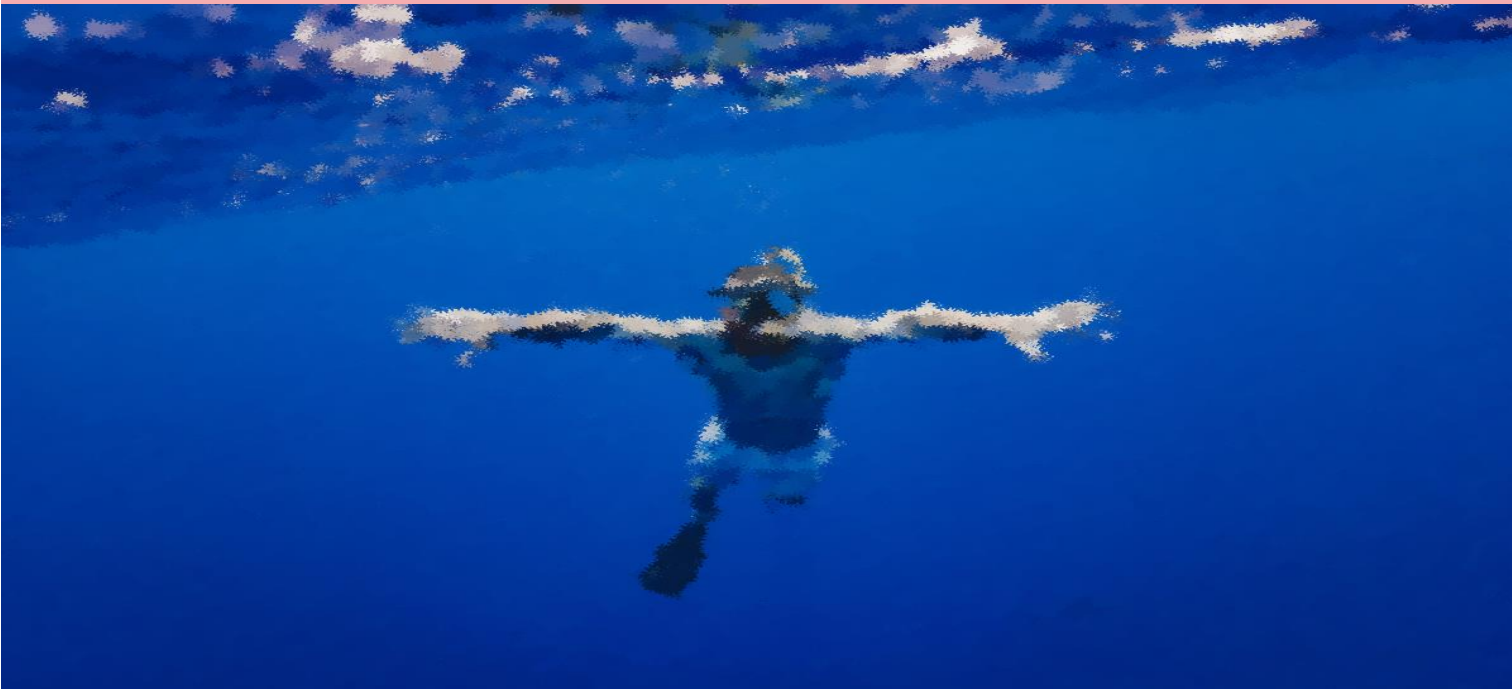
- Simplified assessment forms for care home staff to use, including a voiding diary, fluid input chart, pad weigh test and a continence screening checklist
- Dedicated clinicians to oversee the service
- Dedicated Email address for ease of communication
- Bladder and bowel champions in each care home
- Annual review of residents on containment products
- Regular newsletters and training tips

A project was proposed by the team to further develop the current service provision, using a series of micro-interventions, with the aim of seeing what level of continence could be achieved in one care home.

“Incontinence is reported as a significant reason for care home admissions. People living in care homes are entitled to the same access and level of NHS services as those living in their own homes.”
NHS England “Excellence in Continence Care” 2016

Process

- Funding was secured from the Integrated Care Board, used to employ a fixed-term contract senior healthcare assistant (March 2024)
- A stakeholder group was identified at the formal start of the project (April 2024)
- One mixed care home (residential and nursing beds) was identified as the pilot site - the staff and senior managers in the umbrella organization met the BBPH team and agreed to be involved
- A plan for the recording of baseline measures was identified
- A plan for the use of outcome measures and metrics was established
- The recruitment process began in April 2024
- The senior health care assistant was employed in August 2024
- A “deep dive” was commenced, with the senior healthcare assistant and care home lead spending several days immersed in the care home day
- Baseline measures, and building further relationships with staff, continued from April to July 2024
- Interventions started in August 2024



Results to date

- The project has been eye-opening!
- We believed that we had achieved a good, baseline level of assessment, bladder and bowel support and the appropriate prescription and use of containment products
- We have been surprised at the number of outstanding issues that have been identified
- In particular, we have identified the widespread usage of containment products for the wrong reasons, alongside using prescribed products for residents that had different (or no) prescriptions. These were practices that we were confident had been reduced or eliminated following the work we have done with care homes
- We have had a very positive welcome from the staff and are looking forward to further developing professional relationships and supporting the care home to make the changes that would benefit their residents
- We have implemented initial changes and re-implemented changes that have been introduced in the past
- The product company representative and care home lead have led an extensive training session on the correct use of containment products
- The care lead and project lead have met with the GP supporting the care home, with the care home lead attending a GP-led weekly round of the residents
- The senior healthcare assistant is spending a minimum of two days a week working alongside care home staff to embed the measures that have been introduced
- The stakeholder group are kept updated with progress by a simple weekly bulletin
- A narrative is kept of any issues that arise, along with communications and actions, so that we have a complete account at the end of the project

Next Steps

A discussion is underway with the ICB lead to identify if a change in direction of the project would be beneficial, with the aim of ensuring all care homes are at a suitable baseline for the next stage

- A series of micro-interventions is then planned, such as:
- decaffeinated drinks trial
 - medication review (with the GP)
 - timed toileting
 - toilet signage on all appropriate en-suite bathroom doors
 - product labels for correct product distribution
 - wardrobe labels to advise all staff on correct product type, change frequency and toileting tips
 - Ongoing reviews of any patients with catheters, along with assessment for trial without catheter
 - topical oestrogens for suitable female residents
 - use of washable containment products and toileting gadgets
- The care home lead and senior healthcare assistant will also attend the residents meeting and relatives meeting, and take all opportunities to share best practise around bladder and bowel health



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