

Contenance Awareness

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Please complete the above, in the blocks provided, as clearly as possible.

Completing the details in full will ensure that your certificate bears the correct spelling and date.

The date should be the day you finish & must be written in the DD/MM/YYYY format.

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N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:



worksheet



important



example

Continence Awareness

Learning outcomes.

- Understand normal bodily functions.
- Recognise types and causes of incontinence.
- Support others to manage their incontinence.
- Identify how to prevent infection and complications of incontinence.
- Recognise the effects of incontinence on quality of life.

Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

The standards are based on five areas as follows:

Safe.	People are protected from abuse and avoidable harm.
Effective.	People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it.
Caring.	Care should be person centred involving dignity and respect, and compassion.
Responsive.	Following correct working procedures as agreed by your workplace and as set out in the client's care plan.
Well led.	Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent.

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.

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The fundamental standards are as follows:

Person centred care. Ensuring that those receiving the care are at the centre of all decisions.

Dignity and respect. Providing the client with dignity and respect in all aspects of their care.

Need for consent. Asking the client's permission before carrying out tasks that affect them.

Safe care and treatment. Following correct working procedures as agreed by your workplace and the client's care plan.

Safeguarding service users from abuse. Following agreed working and safeguarding procedures and being aware of signs and symptoms.

Meeting nutritional needs. Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat.

Cleanliness, safety and suitability of premises and equipment. Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks.

Receiving and acting on complaints. Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints.

Good governance. Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly.

Staffing. Fit and proper persons employed.
Fit and proper person requirement for Directors is followed.

Duty of candour. Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.

Continence Awareness

Introduction.

In the UK there are 14 million adults who have bladder control issues. Six and a half million adults have bowel control issues and 900,000 children and young people have bladder and / or bowel issues. Many more may have temporary conditions or illness that affect continence for a short period of time.

Continence.

Most of us take continence for granted, our brain tells us when we need the toilet giving us sufficient time to complete the task we are doing or find a toilet if there is not one close by. Bladder and bowel control and managing toileting needs is generally mastered by the time a child starts school and becomes a normal part of life. This is not the case for everyone, some may have permanent bladder or bowel dysfunction and for many of us temporary bladder or bowel dysfunction may occur during our lifetime. Understanding why this happens, how to support an individual and the effects bladder and bowel dysfunction can have on quality of life is an important part of your role as a carer. This manual aims to help you to develop a better understanding of a subject we rarely need to think about until it directly or indirectly affects us.

Related Redcrier manuals:

- Infection control.
- Pressure Sores Prevention & Awareness.



Unit One

Incontinence and quality of life.

We need to look at each person as an individual and help them to identify how being incontinent affects them and their quality of life, before we can look at what is needed to support their needs.

Imagine you were the person who was incontinent and needed help from another person. Look at the headings below and identify how you would like to be treated. Write down everything that would help you feel better about the situation.

Communication:

e.g. you may want reassurance.

Dignity:

e.g. providing privacy.

Person centred:

e.g. involving you in your care.

Dignity is central to everything we do when supporting clients with incontinence. It is important that we look at strategies that give an individual back their dignity and enable them to have more control over helping themselves. Helping people to see that their life is not over is very important.

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Many bladder and / or bowel issues can be managed to improve quality of life. There is no one solution for everybody, each solution should be appropriate to the needs of the individual concerned. If your workplace has access to an incontinence nurse, this should be your first point of call to determine what is right for the individual client. If not then your GP surgery should have information and guidance to help you.

Many incontinence problems can be cured, but where they can't a treatment and management plan should be put in place to ensure the improvement of quality of life.

We know that the biggest effect of having incontinence is embarrassment. This can lead to the person becoming introverted because they find it difficult to talk about or become worried and anxious because they fear others can detect odours or see stains. It has been found there is a link between incontinence and anxiety and depression. Often a stigma is associated with not being able to control normal bodily functions, generally because of a lack of understanding of conditions that can affect it.

Psychological impact.

A change such as becoming incontinent can put the individual in denial, not wanting to believe this is happening to them. They may be embarrassed or not understand what is happening or why. This can also sometimes cause fear. Some people may think there is nothing that can be done to manage it and so try to keep it to themselves and not talk about it.

Some people may seek help but not feel confident to tell someone the full extent of the problem and then become depressed because the support offered does not help the problem. Anxiety about others knowing they have a continence problem can mean the person becomes isolated as they spend more time on their own due to choosing not to socialise in case others become aware or because it involves too much planning. They may try to reduce the amount or type of food and or drink they have which may cause further health problems.

Frustration and anger are very common among people with incontinence. Frustration that it is changing the way they live their life or that they can no longer do the things they enjoy. Anger that it is happening to them. Listening is often the way to understand their needs and work out how they can be met. Sometimes the input of a GP or incontinence nurse is needed to help them to manage these emotions. If the incontinence is permanent this can mean a big change for the individual and they may need support to manage the change. Grief can be a very normal response to any change in a person's life and the individual needs time to work through it. Irritability, impatience and reduced tolerance may also be seen as they try to adjust to their life as it is now. The person who is incontinent may have mixed feelings, wanting to keep it to themselves on the one hand but needing support to cope with it on the other.



Personal relationships.

Body image is a person's perception of how their body looks and their attractiveness. Having incontinence can change this perception, as the person no longer thinks they are attractive and don't feel they can wear the same clothes, preferring to wear things that make them fade into the background. They may withdraw from situations as they think others will see them as they see themselves. They may become withdrawn from their partner or husband or wife as they think they may be repulsed by their condition. Rebuilding their confidence to love their bodies again can take time and may require help from professionals. Telling them they look good will not change the way they see themselves.

How is incontinence viewed by others.

Feelings of embarrassment for the person who is incontinent is very common. Incontinence is then seen as a taboo subject, because they are unsure how to deal with it or whether to speak about it for fear of embarrassing the person further. Breaking down these barriers is important.

Where applicable the individual, relatives or advocates should have all the information they need to make informed choices.

Maintaining a healthy bladder and bowel.

Maintaining a healthy bladder and bowel can prevent the development of incontinence or prevent the condition from worsening in some cases.

What actions can we take to maintain a healthy bladder and bowel:

- Eat a balanced diet, at least five portions of fruit and veg, fibre from cereals, brown rice, potatoes, etc.
- Daily pelvic floor exercises.
- Stop smoking.
- Avoid coffee, alcohol and carbonated drinks as they are diuretics which increase urination.
- Drink enough water, around six to eight glasses a day is enough. In some people citrus based drinks such as orange grapefruit or tomato juice can cause irritability, as can spicy and citrus foods.
- Avoid constipation as this puts pressure on the bladder.
- Eating food high in fibre and drinking plenty of fluids about 6 - 8 glasses a day, make the stools softer and easier to pass.
- Take regular exercise such as walking.
- Maintain a healthy weight, excess weight can put pressure on the bladder.
- Avoid high impact exercise, try pilates, yoga or other gentle exercise instead.
- Build healthy toileting routines into the individual's life.

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Think about what you are doing to maintain a healthy bladder and bowel. Are there any changes you need to make to your lifestyle. Identify what you would like to change.

Continence care.

Loss of bladder control can range from leakage when coughing and sneezing to a sudden strong urge to urinate with little or no warning. Help an individual to achieve and maintain independence in the control of their bladder or bowel functions through the following:

- Supporting them to keep the bladder and bowel healthy.
- Assessing continence.
- Identifying where treatment is needed.
- Offering emotional support and advice.

Bladder training.

For some people, their bladder has the control, bladder training can begin to change this and give back control of the bladder, enabling you to hold urine in the bladder for longer periods of time by increasing the time between visits to the toilet. This will take perseverance as you must try to ignore the feeling that you need to go to the toilet for as long as you can. Over time the bladder will begin to relax allowing you to gain control over it. Some people find that keeping a bladder diary helps. This may include the following:

- How many times you go to the toilet.
- How long you can wait between each visit.
- What fluids you have drunk.
- What food you have eaten.
- Any patterns that show links between what you eat and drink and how it affects you.

Bladder training takes time and patience, so it needs perseverance and determination, the following may help:

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- Set realistic and achievable goals. It is less daunting to look at small goals that are achievable and build it up over time, this way there is less chance of failure and more incentive to carry on.
- Focus on your achievements and ignore setbacks. Plan treats for when you have achieved a goal.
- Be patient, it may take several weeks, but if you have small goals you can see how you are progressing.
- Tackle any fears or worries that may be associated with the problem. Dealing with any fears or worries ensures that you continue and achieve your ultimate goal.

A GP or continence nurse can advise on other techniques such as double voiding which involves urinating, waiting a couple of minutes, then urinating again. It is important that all other medical problems are ruled out first.

Using a toilet.

I expect most of us can identify with the scenario of going shopping in a town we don't know and trying to work out where the nearest public toilets are. Now consider what if the nearest toilets were upstairs and you were in a wheelchair or couldn't climb stairs and there was no lift. We can prevent scenarios like these from becoming an issue by using forward planning and identifying suitable public toilets before we set out on our journey for instance.

Needing to use a toilet when out and about can be stressful if you don't know where they are, or you require a disabled facility. Planning your trip and identifying where toilet facilities are can make your trip much more enjoyable. Going to places where you know the toilets are open and accessible is often better than relying on street public conveniences, which may be locked at certain times. Some people will have access to the National Key Scheme. This enables disabled people independent access to locked public toilets around the country. Keys can be ordered from the National Key Scheme NKS along with a list of key scheme toilets in your area.

The "Just can't wait" toilet card tells people you need urgent access to the toilet, they are available from the Bladder and Bowel Community and is now available as an app from the app store. Going on holiday, ensure you take everything you need and pack a bag for the journey so you are prepared, this will give you confidence.

If a person has a brain impairment such as dementia or a brain injury, they may have slower responses or memory issues which affects their ability to recognise a toilet or remember where it is. The following may be useful:

- Keep access to the toilet free to avoid trip hazards.
- Put a sign near the toilet entrance, such as a symbol or picture of the toilet.
- Keep toilet doors unlocked.
- It may be helpful for men to leave the toilet seat up.

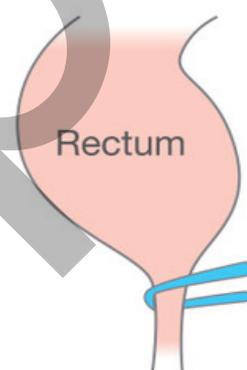
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- Use bright colours for toilet seats, grab rails, etc. blue is easier to see than red for most people particularly those that are partially sighted.
- Use a commode for night time use.
- Ensure products for hand washing are available.
- Keep incontinence products, clean clothing etc. in the bathroom in case of accidents.
- Loose clothing is easier to remove.
- Provide adequate lighting.
- Outward opening doors can enable more room to provide assistance.

Toilet height may be an issue for some people. There are products available that can alter the height such as toilet plinth's or high seats. Electrically powered adjustable height toilets are also available.

The best position for sitting on the toilet is to have your knees higher than your hips and your back straight. Some people may need to have a stool to put their feet on.

✔ Put your foot on toilet stool.



Relaxes and straightens the rectum

Lack of sleep.

Incontinence can cause lack of sleep or broken sleep as the individual may have to get up several times in the night to use the toilet. This can lead to poor brain function and health issues. If the individual is working this can impact on their work through poor thought processes, reduced reaction time, ability to learn etc. This in turn can lead to depression and feelings of being worthless.

Medication.

There are a number of medications used to treat incontinence depending on the type of incontinence as identified in Unit Three. It is important to get a medical diagnosis to ensure the correct medication is given.