



Information Sheet: Advice for People In Residential Homes

Loss of control of the bladder (urinary incontinence) or the bowel (faecal incontinence) is one of the most embarrassing and distressing problems and can happen to anyone at any point during their life.

For people in nursing or residential homes the problem is made worse due to the fact that it is difficult to keep the matter private, preventing others knowing about their incontinence and often by the indignity of needing help with very intimate and personal care.

What causes incontinence?

There are many different causes of incontinence. In older people there is often more than one cause at the same time.

1. **Difficulty getting to the toilet:** This may arise from difficulty in getting up from a chair or bed, slow or painful walking, unsteadiness, or difficulty in seeing the way clearly or actually remembering where the nearest lavatory is.
2. **Difficulty in using the toilet:** It may be too low, or too high, or not have grab rails when needed. Clothes and zips may be a problem for people (for example) with arthritic fingers.
3. **Confusion:** This may mean a person no longer realises that a toilet should be used, or that he or she cannot remember how to get there.
4. **Bladder problems:** Usually a person with urinary incontinence has a problem with the bladder itself. The *muscles* around the bladder outlet may be weak, leading to *stress incontinence*, which shows itself on effort such as coughing or walking. Or the bladder may be *overactive*, causing a need to pass urine often and *urgently* - if the toilet is not soon reached, leakage results. This can be made worse by diuretic medicine ("water tablets"), or by a urine infection. Sometimes the bladder does not empty properly and eventually *overflows*, often in a continuous dribble.
5. **Bowel problems:** Most notable is constipation, which affects many older people. If the constipation is severe, the bowel can *overflow* and faecal incontinence results. This can often look like diarrhoea, but it is not. Severe constipation can also upset bladder control. The following are some practical suggestions that may help improve or avoid incontinence for some people.

Why is incontinence so common in Homes?

Incontinence is common everywhere, with over three million adults in Britain affected. It affects all age groups but does become more likely as you get older and is also associated with many diseases or illnesses, such as stroke or dementia. It is more likely to affect those who need a lot of personal assistance. However, different Homes have very different rates of incontinence and the practice and attitude of the staff have an influence.

What can be done about Incontinence?

Firstly, it should never be simply accepted as inevitable with old age or disability. Very often the cause can be treated and improved, sometimes cured.

Professional Assessment of the individual's problem is the first step. This should usually be done by a nurse or doctor. The patient's own general practitioner or district nurse, or in a nursing home a nurse staff member, is likely to do this. Sometimes a specialist continence advisor is asked to visit. Some areas have a continence clinic in a health centre or hospital, which people can attend for assessment.

This assessment should tell the doctor or nurse why the person is incontinent. A plan can then be made to help him or her become continent again.

Treatment: There are many different treatments, depending upon the cause found. They include medicines, bladder or bowel training programmes, exercises, and in a few cases an operation. It may also be necessary to find ways to make getting to or using the toilet easier - for example, a walking aid, grab rails, a raised toilet seat, or clothes which are easier to get out of the way. Confused people often benefit from a behaviour training programme and from clear signposts and frequent (but private) reminders.

Prevention: Prevention is always better than cure, and incontinence can sometimes be prevented, especially if the staff of the home have had special training about bladder and bowel control and if this is seen as a priority area of care. A diet which is high in fibre and a reasonable intake of fluids (drinks) may help to prevent constipation. Too much caffeine (in coffee and tea) upsets some people's bladders and may be avoided by changing to decaffeinated drinks (especially in the evening). The more mobile, active and interested residents are, the less likely they are to be incontinent. Staff also need to recognise that toileting needs are very private and personal and to treat each person with sensitivity and dignity.

If the toilet is difficult to get to, a commode (with screens in a shared room) or a hand-held urinal (there are models for men and women) may help to prevent accidents. Beds and chairs need to be the correct height for the particular person for easy rising. Clothing needs to be easy to remove in a hurry and easy to replace. Relatives can assist by helping the resident to choose clothing which will make toileting easier.

Above all, staff should take bladder and bowel problems seriously, not just expect incontinence with old age, and should take active steps to identify and treat problems themselves or should call in a doctor or nurse to help.

Managing Incontinence

Sometimes people have an incontinence problem that does not respond to treatment. Even so, it should be possible to manage their problem and maintain dignity.

Continence products should contain the leakage effectively and keep the problem private. There are many different products. For men a drainage appliance can be obtained on prescription from the doctor. For women (and some men who prefer this) a pad with waterproof backing can be worn inside close-fitting pants. Pads come in a great variety of sizes and shapes.

Most pads are disposable, but an increasing number are re-usable (washable). All-in-one

products with sticky side-sealing tapes are suitable for people with severe incontinence, especially those who are unable to walk.

There are also many different types of disposable or washable bed pads, and special protective fabrics (ideally not plastic as it is hot and uncomfortable) for duvets, pillows and mattresses.

Supply of continence products

Nursing homes in England and Wales should provide continence products as an integral part of their nursing care, and if they follow Department of Health guidelines they will not charge separately for them - which does not prevent them charging a higher rate for residents who are incontinent than those who are not. However, when a person has been placed in a nursing home following an assessment by Social Services, the local authority is responsible for purchasing continence products and services; and when a person has been placed in a nursing home by a health authority (e.g., in lieu of hospitalisation), the NHS pays. (People in nursing homes in Scotland are treated more favourably, being entitled to free continence products through the local district nursing service.)

People who live in Residential Homes should be able to obtain continence products from the local district nursing services. Different areas supply different products, and some will only supply to people with certain types of problem. However, the health authority must provide to people who live in residential homes on the same basis as they supply to people who live in their own homes. An assessment by a nurse will usually be required before products are supplied.

Supply of continence products has caused problems in the past. Many homes have added an extra charge for incontinence pads to monthly bills. This can sometimes cause great hardship, especially where relatives are already struggling to meet bills. Where free supplies are refused to someone in a residential home, it is often worth pursuing this - firstly with the district nursing services and, if that fails, with the local Community Health Council.

Other measures

Regular visits to the toilet can often help to prevent or manage incontinence. Good skin care is important so as to avoid soreness. If odour is a problem, special deodorants can be used. If appropriate products are used correctly, incontinence should not cause leakage onto chairs or carpets (which are difficult to clean and can eventually smell unpleasant).

If a person has very severe incontinence of urine, a small tube (catheter) with a drainage bag may be suggested. If everything else has been tried and has failed, this can be helpful and bring the situation under control. However, it should be seen as a last resort, not as a first option.

Summary

Incontinence is not an inevitable part of growing older. Most elderly people, even many who are very old, are not incontinent. When incontinence does happen, it always has a cause. If the cause can be identified, it can often be treated, even cured. Staff attitudes to the problem can make a big difference. Even when the cause of incontinence cannot be cured, good products and sensitive, caring staff will maintain the person's dignity and ensure that incontinence does not have to make life miserable.

Further Information

You may wish to seek advice from your GP or local continence clinic, which are run by the NHS and there are many in the UK. You don't always need to be referred to a clinic by your GP you can sometimes book an appointment yourself. To find your nearest continence clinic please call our office on 01926 357220

We have also collated a range of information sheets from other organisations on how to manage incontinence with Alzheimers, stroke and MS. Please visit our website for more information.

The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email help@bladderandbowelfoundation.org or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

www.bladderandbowelfoundation.org

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