

Improving continence in care homes

Development and testing of a new care bundle

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The challenge

Incontinence is common in care home residents with prevalence ranging from 30–80%. It is associated with risks such as falls, infection and skin damage. Management with absorbency pads does not promote continence, therefore we designed an intervention to:

- Reduce the use of high absorbency products in care homes by 25% in 12 months.
- Audit impact on falls, UTI and skin damage before and after our intervention.
- Develop capability of care home staff in quality improvement.

“My mum experienced frequent urinary infections and was always falling. All of this caused great distress to the family. We have seen a huge improvement since this programme was introduced. My mum has not had a urinary infection or a fall since the programme started. She is asking to go to the toilet and is less distressed.”

— Daughter of care home resident

Figure 1. NHS Lanarkshire Continence Promotion Care Bundle (CPCB)

	YES	NO
Is there documented continence assessment that details type of incontinence (i.e. stress or functional incontinence)?	<input type="checkbox"/>	<input type="checkbox"/>
Toilet assistance and daily episodes of incontinence documented (bowel/bladder)?	<input type="checkbox"/>	<input type="checkbox"/>
Has fluid intake/output been recorded daily (optimum intake 1–1.5 litres, 6–8 glasses per day)?	<input type="checkbox"/>	<input type="checkbox"/>
Has resident agreed to caffeine reduction?	<input type="checkbox"/>	<input type="checkbox"/>
Has medication been reviewed within the last month?	<input type="checkbox"/>	<input type="checkbox"/>

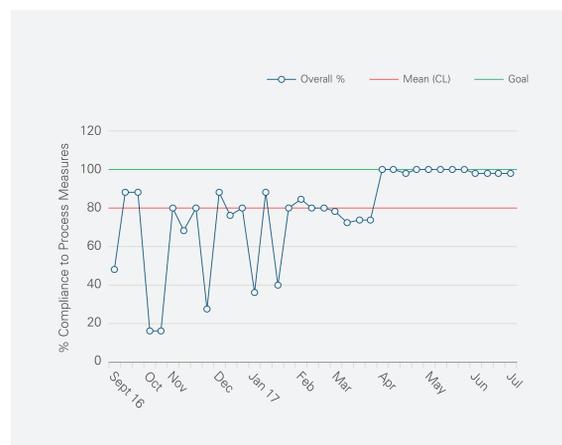
Random sample of 10 residents per week

Our innovation

Our project involved the development and implementation of a continence promotion care bundle (CPCB) in two care homes in NHS Lanarkshire. The CPCB consists of five key interventions (Fig. 1) known to improve care if they are consistently performed.

We undertook a phased approach to implement the CPCB in four areas within the two care homes. Data was collected over a 10-month period (September 2016 to June 2017) with 59 care home residents involved in the project (Fig. 2).

Figure 2. Overall Compliance to Process Measures: Nursing Home



Our findings

Overall, our project showed that low-cost quality improvement interventions can promote continence in care home residents, reduce pad usage and improve safety.

Key successes:

- reduction in pad absorbency: 30–56%
- falls reduction: 40–65%
- UTI reduction: 50%
- reduction in skin damage: 30%
- reduction in unplanned hospital admission for falls / UTI: 40%
- less distress in residents and families.

The project also enabled care home staff to develop capability in quality improvement, as well as delivering an estimated £250k in financial benefit (including wider safety impact).

Our learning

A key factor for success of the project was promoting resident and relative involvement, as well as gaining buy-in from care home staff. We did this by:

- sharing project aims with relatives
- sharing improvement results with staff and relatives
- evaluating the experience of staff and relatives in project.

Next steps

To maintain the improvements, a short-term plan is for the two homes to continue to collect CPCB data within a developed database, allowing them to monitor improvement monthly. It is anticipated that further refining and testing of this improvement work will be recommended to NHS Lanarkshire as part of the project exit strategy, to ensure this improvement would be transferable to other care homes.

“The documents developed as part of this improvement have been very beneficial. We can identify residents not taking optimum fluids and have improved on this. Staff found the urinary categorisation very helpful and we have redesigned our care plans.”

— Care home manager