NHS

Essence of Care 2010

Benchmarks for Bladder, Bowel and Continence Care

DH Department of Health

Document Purpose	Best Practice Guidance	
ROCR Ref:		**Gateway Ref:** 14641
Title	ESSENCE OF CARE 2010	
Author	DEPARTMENT OF HEALTH	
Publication Date	1ST OCTOBER 2010	
Target Audience	PCT CEs, NHS Trust CEs, Care Trust CEs, Foundation Trust CEs , Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, Special HA CEs, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSs, Universities UK, RCN, RCM, AHPF, SHA Lead Nurses, SHA AHP Leads, Patient Organisations	
Circulation List	PCT CEs, NHS Trust CEs, Care Trust CEs, Foundation Trust CEs , Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, Special HA CEs, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSs, Voluntary Organisations/NDPBs, Universities UK, RCN, RCM, AHPF, SHA Lead Nurses, SHA AHP Leads, Patient Organisations	
Description	Essence of Care 2010 includes all the benchmarks developed since it was first launched in 2001, including the latest on the Prevention and Management of Pain. All the benchmarks have been reviewed to reflect the current views of people requiring care, carers and staff	
Cross Ref	Essence of Care 2001, Communication, Promoting Health and Care Environment	
Superseded Docs	Essence of Care 2001 Gateway No. 4656 and 8489	
Action Required	N/A	
Timing	**N/A**	
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For Recipient's Use		

Essence of Care 2010

BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE

Benchmarks for Bladder, Bowel and Continence Care

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Published with the permission of the Department of Health on behalf of the Controller of Her Majesty's Stationery Office.

First published 2010

ISBN 9780 11 322873 7

Printed in the United Kingdom for The Stationery Office.

J002352919 cXX 09/10

Contents

Best Practice – General Indicators

The factors and indicators for each set of benchmarks focus on the specific needs, wants and preferences of *people* and carers. However, there are a number of general issues[1] that must be considered with every factor. These are:

People's experience

- *People* feel that care is delivered at all times with compassion and empathy in a respectful and non-judgemental way
- The best interests of *people* are maintained throughout the assessment, planning, implementation, evaluation and revision of care and development of services
- A system for continuous improvement of quality of care is in place

Diversity and individual needs

- Ethnicity, religion, belief, culture, language, age, gender, physical, sensory, sexual orientation, developmental, mental health, social and environmental needs are taken into account when diagnosing a health or social condition, assessing, planning, implementing, evaluating and revising care and providing equality of access to services

Effectiveness

- The effectiveness of practice and care is continuously monitored and improved as appropriate
- Practice and care are evidence-based, underpinned by research and supported by practice development

Consent and confidentiality

- Explicit or expressed valid consent is obtained and recorded prior to sharing information or providing treatment or care

1 Also see Department of Health (2010) NHS Constitution The NHS belongs to us all. Department of Health: London accessed 07 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf

- *People*'s best interests are maintained where they lack the capacity to make particular decisions.[2]
- Confidentiality is maintained by all staff members

People, carer and community members' participation

- *People*, carers' and community members' views and choices underpin the development, planning implementation, evaluation and revision of personalised care and services and their input is acted upon
- Strategies are used to involve *people* and carers from isolated or hard to reach communities

Leadership

- Effective leadership is in place throughout the organisation

Education and training

- Staff are competent to assess, plan, implement, evaluate and revise care according to all *people*'s and carers' individual needs
- Education and training are available and accessed to develop the required competencies of all those delivering care
- *People* and carers are provided with the knowledge, skills and support to best manage care

Documentation

- Care records are clear, maintained according to relevant guidance and subject to appropriate scrutiny
- Evidence-based policies, procedures, protocols and guidelines for care are up-to-date, clear and utilised

Service delivery

- Co-ordinated, consistent and accessible services exist between health and social care organisations that work in partnership with other relevant agencies

2 Mental Capacity Act 2005 accessed 25 November 2008 at http://www.legislation.gov.uk/ukpga/2005/9/contents

- Care is integrated with clear and effective communication between organisations, agencies, staff, *people* and carers
- Resources required to deliver care are available

Safety

- Safety and security of *people*, carers and staff is maintained at all times

Safeguarding

- Robust, integrated systems are in place to identify and respond to abuse, harm and neglect[3]
- All agencies working with babies, children and young *people* and their families take all reasonable measures to ensure that the risks of harm to babies, children's and young *people*'s welfare are minimised.[4]

3 Department of Health (2010) Clinical Governance and Adult Safeguarding – An Integrated Approach Department of Health: London accessed 30 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112341.pdf

4 Department of Health (2006) Safeguarding Children. A Summary of the Joint Chief Inspector's Report on Arrangements to Safeguard Children Department of Health: London accessed 30 May 2010 at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103428

Benchmarks for Bladder, Bowel and Continence Care

Agreed person-focused outcome

People's bladder and bowel care needs are met

Definitions

For the purpose of these benchmarks, **continence** is:

> *people's control of their bladder and bowel function*

For simplicity, ***people requiring care*** is shortened to *people (in italics)* or omitted from most of the body of the text. ***People*** includes babies, children, young people under the age of 18 years and adults. ***Carers*** (for example, members of families and friends) are included as appropriate.

The term ***carers*** refers to those 'who look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid' (adapted from Carers UK, 2008). Please note, within these benchmarks it is acknowledged that the term 'carer' can include children and young *People* aged under 18 years.

The term ***staff*** refers to any employee, or paid and unpaid worker (for example, a volunteer), who has an agreement to work in that setting and is involved in promoting well-being.

The ***care environment*** is defined as an area where care takes place. For example, this could be a building or a vehicle.

The ***personal environment*** is defined as the immediate area in which a person receives care. For example, this can be in a person's home, a consulting room, hospital bed space, prison, or any treatment/clinic area.

Agreed person-focused outcome

People's bladder and bowel care needs are met

Factor	Best practice
1. Information	*People* and carers have easy access to evidence-based information about bowel and bladder care that is adapted to meet their needs and preferences
2. Advice	*People* and carers have direct access to staff who can advise them on continence management
3. Screening and assessment	*People* receive bladder and bowel continence screening and assessment (where appropriate)
4. Planning, implementation, evaluation and revision of care	*People's* care is planned, implemented, continuously evaluated and revised to meet individual bladder and bowel care needs and preferences
5. Promotion of continence and healthy bladder and bowel	All opportunities are taken to promote continence, and a healthy bladder and bowel among *people* and in the wider community
6. Access to products and devices	*People* and carers have access to 'needs specific' products and devices to assist in the management of bladder and bowel incontinence
7. Environment	All bladder and bowel care is given in an environment appropriate to *people's* needs and preferences
8. Support	*People* and carers have the opportunity to access other *people* and carers with similar continence problems who can offer support

Factor 1
Information

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 1

The following indicators support best practice in bladder, bowel and continence care:

a. *general indicators (see page 4) are considered in relation to this factor*

b. evidence-based, up-to-date and consistent information concerning bladder and bowel care is available to people, carers and the public

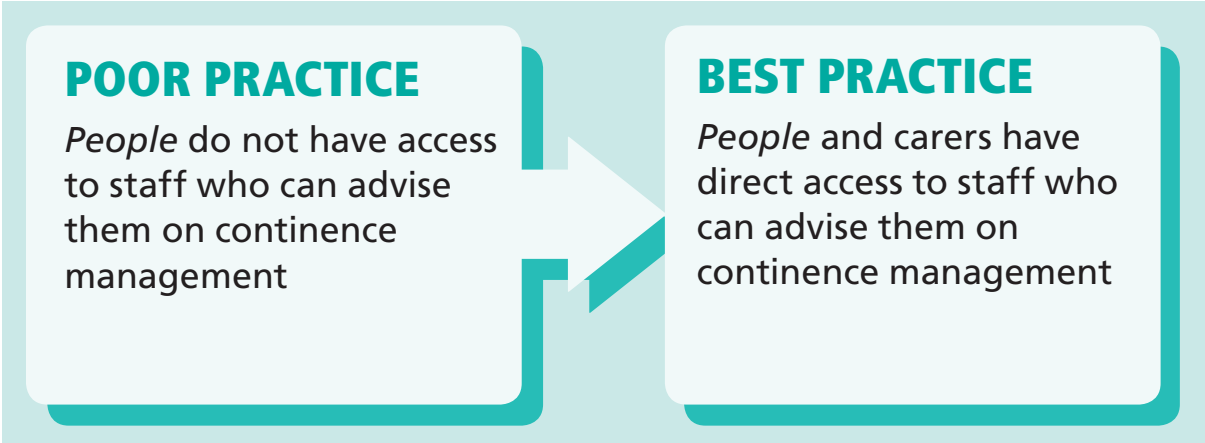
c. initiatives are taken to ensure awareness and access of available information

d. information relating to networks, including links to self-help, user groups and health promotion units, is available

e. *add your local indicators here*

Factor 2
Advice

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 2

The following indicators support best practice in bladder, bowel and continence care:

a. *general indicators (see page 4) are considered in relation to this factor*

b. expert advice and services on continence are available to meet *people's* needs

c. policies, procedures, guidelines, referral protocols and care pathways are available to generalist and specialist continence services

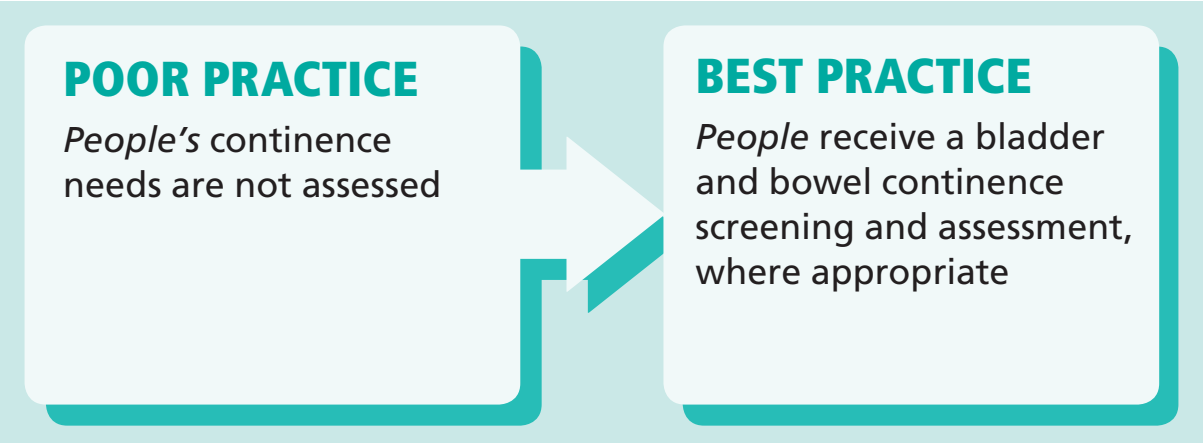
d. self-referral mechanisms are in place and are accessible

e. education and training programmes for staff and carers to enable them to provide advice are in evidence

f. *add your local indicators here*

Factor 3
Screening and assessment

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 3

The following indicators support best practice in bladder, bowel and continence care:

a. *general indicators (see page 4) are considered in relation to this factor*

b. opportunities to allow *people* to discuss bladder and bowel concerns is provided at all relevant consultations

c. *people's* positive response to a question concerning any difficulties or urgency associated with the function of their bladder or bowel (for example, a 'trigger question') always leads to an offer of an initial bladder and bowel continence assessment

d. *people's* understanding or acceptance of a 'trigger question' is assessed

e. reassurance is given (as appropriate) to *people* that bladder and/or bowel incontinence is not an uncommon problem

f. the use of 'trigger questions' is promoted amongst colleagues and other team members

g. assessment tools are evidence-based and adapted for specific groups

h. strategies are in place to ensure access to continence services that are delivered locally

i. staff undertaking screening and assessing must be acceptable to *people*

j. staff are competent to carry out preliminary assessment of continence

k. there is evidence of audits to ascertain if, and when, 'trigger questions' were asked and whether appropriate assessment of needs took place

l. *add your local indicators here*

Factor 4
Planning, implementation, evaluation and revision of care

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

POOR PRACTICE

People do not have a plan of care

BEST PRACTICE

People's care is planned, implemented, continuously evaluated and revised to meet individual bladder and bowel care needs and preferences

Indicators of best practice for factor 4

The following indicators support best practice in bladder, bowel and continence care:

a. *general indicators (see page 4) are considered in relation to this factor*

b. planning, implementing, evaluating and revising care are evidence-based and involve *people* and their carers (where appropriate), as well as all relevant members of staff

c. *people* are referred to other services as appropriate

d. care plans or care pathways are used and outcomes are measured using an evidence-based tool

e. *people* are involved in developing their own care plan and in setting their own outcome measures

f. regimes to support appropriate bladder and bowel emptying and care are designed to meet the needs and choices of *people*

g. up-to-date protocols or evidence-based guidelines are used for care interventions, including guidance for bladder and bowel emptying regimes (where appropriate)

h. data of referral rates, re-referral rates, complaints and *people* survey results are used to improve care

i. dietary and medication needs are met

j. staff undertaking planning, implementing, evaluating and the revision of care must be acceptable to *people*

k. audits are undertaken and the results are disseminated and inform practice development

l. *add your local indicators here*

Factor 5
Promotion of continence and healthy bladder and bowel

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 5

The following indicators support best practice in bladder, bowel and continence care:

a. general indicators (see page 4) are considered in relation to this factor

b. groups at risk of developing continence problems are identified locally

c. inter-professional or inter-agency working to promote *people's* continence and health bladder and bowel is demonstrated

d. strategies for the promotion of continence, and healthy bladder and bowel in the wider community is demonstrated

e. promotion strategies, for example, DVDs and other methods of electronic communication, and written information, are used to promote knowledge and understanding within the wider community

f. initiatives to promote continence services, including links with self-help, user groups and health promotion units, are in place

g. risk assessment, root cause analysis, audits and education are undertaken and, with research evidence, used to improve care

h. *add your local indicators here*

Factor 6
Access to products and devices

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

POOR PRACTICE

People and carers do not have access to products and devices that assist in the management of bladder and bowel incontinence

BEST PRACTICE

People and carers have access to 'needs specific' products and devices to assist in the management of bladder and bowel incontinence

Indicators of best practice for factor 6

The following indicators support best practice in bladder, bowel and continence care:

a. *general indicators (see page 4) are considered in relation to this factor*

b. *people's* need for continence products and devices are anticipated, and product information and assessment is offered or initiated in a timely fashion

c. *people's* needs and preferences for continence products and devices are assessed and choices met (as appropriate)

d. *people's* needs and preferences for continence products and devices are evaluated and reassessed regularly

e. sufficient time is given to enable *people* to communicate their needs and preferences

f. explicit or expressed valid consent is obtained from *people* prior to treatment or care

g. *people* have access to expert knowledge and skills

h. products and devices are adequate, safe and of good quality

i. use of services is monitored, for example, by regular audit

j. *add your local indicators here*

Factor 7
Environment

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 7

The following indicators support best practice in bladder, bowel and continence care:

a. *general indicators (see page 4) are considered in relation to this factor*

b. all attempts are made to make the environment appropriate, accessible and acceptable for *people's* care, such as lighting, cleanliness, heating, toilets, hand washing and bidet facilities

c. sufficient space is available for managing continence

d. all attempts are made to meet *people's* privacy and dignity needs

e. toileting regimes are designed to meet the needs of *people*

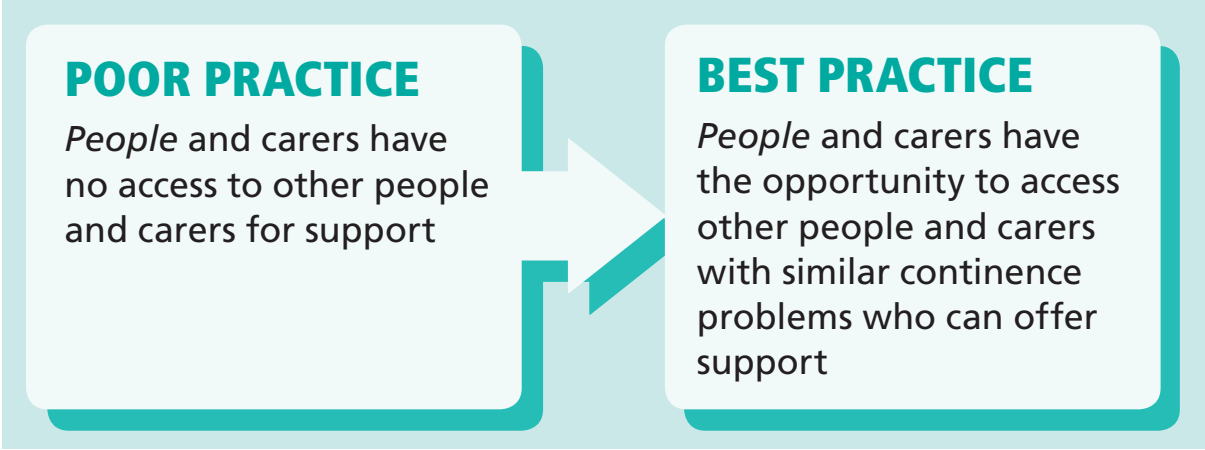
f. *people's* views on the environment are sought and acted upon and action taken as appropriate

g. specialist continence experts are involved in assessing the environment

h. *add your local indicators here*

Factor 8
Support

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 8

The following indicators support best practice in bladder, bowel and continence care:

a. *general indicators (see page 4) are considered in relation to this factor*

b. strategies are used to put *people* and carers with similar problems in touch with each other, if desired

c. initiatives are taken to set up or support a local self-help or user group

d. links to local or national groups exist and information about groups is given to *people*

e. support received by *people* and carers is evaluated

f. *add your local indicators here*

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ISBN 978-0-11-322873-7

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