



Continenence  
Foundation  
of Australia

# Continenence SMART Care

Introducing a dignified approach to continence care  
in residential aged care



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## Summary

- 75-81 percent of people in residential aged care are living with incontinence
- Incontinence often dramatically worsens once a person enters residential aged care
- Poor continence care increases the risks of infections, falls, injury and functional decline
- There is inadequate funding and training for staff on high quality continence care
- There are inadequate time and resources allocated for staff to assist residents to go to the toilet in a well-timed manner
- Incontinence pads are routinely used to manage workload and may be rationed
- Continence care does not often provide choice, dignity, and respect for older people
- Thorough research has led to the development of an evidence-based, person-centred, clinically informed model of continence care
- Continence SMART Care (CSC), is a model underlined by ten guiding principles mapped to the Aged Care Quality Standards that is responsive to individual needs, safe, protective of dignity and optimises functional abilities
- This will help transform the implementation of safe, high-quality continence care within the aged care sector



## Introduction

The majority of people living in aged care experience incontinence. Whilst everyone deserves to be cared for in a way that keeps them safe, healthy, and supported with dignity, unfortunately this is often not the case. Continence care is the subject of frequent complaints to the Aged Care Quality and Safety Commission and *'terrible examples of substandard incontinence care'* were brought to the attention of the Royal Commission into Aged Care Quality and Safety in 2021.

Currently, 75–81 percent of people in residential aged care are living with incontinence<sup>1</sup>, and the number is expected to almost double from 129,000 to over 250,000 by 2031.<sup>2</sup> Failure to provide quality continence care puts consumers' health and safety at risk.

The consequences of unsafe and ineffective continence care within aged care settings include urinary tract infections<sup>3,4</sup>, pressure injuries<sup>5</sup>, falls<sup>6</sup>, avoidable emergency department admissions<sup>7</sup>, functional decline<sup>8</sup>, reduced quality of life<sup>9,10</sup> and death.<sup>11</sup> This is all highly preventable.

Incontinence is also a major contributor to recommendations made for admission to residential aged care<sup>12</sup>, and its prevalence quickly increases with time in residence.<sup>13, 14, 15</sup> These factors drive up aged care costs significantly. The estimated direct expenditure on incontinence was \$1.6 billion in 2009, with 83% of this on residential aged care.<sup>16</sup>

There is strong international evidence<sup>17, 18</sup>, that improved continence care delivers cost savings by reducing:

- Residential aged care admissions precipitated by incontinence
- Acute hospitalisations for complications of incontinence and poor continence care
- Use of incontinence products<sup>19</sup>

In 2019, the Continence Foundation of Australia commissioned the National Ageing Research Institute (NARI) to develop and test a best practice model of continence care for residential aged care. The purpose of the model is to ensure older people receive evidence-based, person-centred, clinically informed continence care that is responsive to their individual needs, safe, protective of their dignity and that optimises their functional abilities.

Incontinence is preventable, and best practice continence care can be implemented to maintain continence and better manage incontinence and improve a person's quality of life.

The Foundation's **Continence SMART Care (CSC)** will have a huge impact on consumers, care workers and the aged care sector as a whole.

## The situation needs to change

The aged care workforce is largely untrained in safe and effective continence care and incontinence management. Current education programs do not adequately provide aged care staff with the necessary knowledge and skills for good continence care.

Evidence supports increased physical activity in combination with being regularly reminded to go to the toilet and, having timely assistance to do so, can reduce leakage and prevent 'accidents'<sup>20</sup>, however, this is not always reflected in the aged care setting.

This disparity between current clinical practice and best practice in continence care needs to be addressed. The CSC has been developed to address a gap that has been identified for best practice continence care in the residential aged care sector. It delivers a comprehensive, targeted package to provide a substantial and measurable increase in the safety and quality of continence care in residential care.

The Foundation's goal is to have continence smart care outcomes contribute to the five star rating system in residential aged care. According to the Australian Government these *'star ratings will allow older people and their families to make meaningful comparisons of the quality and safety performance of services and providers, based on clinical and quality indicators, staffing levels, consumer experience, and service compliance ratings.'*<sup>21</sup>



## Case studies

Continence management issues have been regularly highlighted as the most common complaints in residential aged care. Family and friends often recognise declining health in a loved one, but report that aged care staff are not always receptive to their concerns and the changing needs of their relative or friend. This is highlighted by the following case studies that highlight this significant issue:

### Case study 1: Gary

Gary's next of kin cited several concerns relating to the management of his continence. Gary had reported to her that the night staff were 'reluctant, too busy, not caring, not interested in taking him to the bathroom or dismissive' if they had already taken him to the toilet that night. He recounted waiting between 10 to 30 minutes for staff assistance.

In one incident, Gary had asked to go to the bathroom at night, but the staff had told him he had already been, locking the bathroom door, which was distressing for Gary. Further, when Gary's next of kin arrived at hospital following his fall, he was reporting abdominal pain and was later found to be in urinary retention. The Complaints Commission found that the residential aged care facility (RACF) did not have adequate falls prevention strategies in place. Gary's urinary urgency and anxiety relating to his incontinence resulted in him independently attempting to mobilise, increasing his falls risk. The call bell and sensor alarms were not activated when Gary got out of bed by himself.<sup>22</sup>

The following case study illustrates another common scenario in relation to continence management in residential and aged care:

### Case study 2: Violet

Violet is 94 years old and has Parkinson's disease which has affected her mobility. She is not experiencing incontinence but needs to wear pads as it can't be guaranteed that she will be taken to the toilet when she needs to be.

While her care plan says she will be taken to the toilet every 1.5 hours, Violet tells her daughter this does not occur. If she presses her buzzer to go to the toilet, she usually must wait for at least 10 minutes or longer. The last time she tried to get to the toilet by herself she sustained a nasty fall and head injury. Her daughter believes if her mother was taken to the toilet regularly, she may not need pads during the day.

## Continenence SMART Care

Continenence SMART Care (CSC) is best practice continence care that meets the Aged Care Quality standards. It is shared between:



Continenence SMART Care is best practice continence care that is:



## The three pillars approach

CSC involves a three pillars approach to support the implementation of the model. Educational resources will support consumers, their families, carers, support workers, registered nurses, managers and quality assessors, education providers and aged care service providers.



### PILLAR 1

## CONSUMERS THROUGH DIGNITY AND CHOICE

**SMART Continence Care means choosing the best care for the best you**

### Consumers and their families need:

- Information
- Clear communication
- Choices
- Respect
- Dignity
- Support
- Timely, responsive, and safe care

**The Consumer Guide to Continence Care in Residential Aged Care** is being codesigned with consumers and their carers. Its aim is to support consumers in aged care facilities and their family and/or nominated care partners to understand what continence care is, and what they can expect in terms of continence care.

This will include understanding consumers' rights to continence care, details of a continence assessment plan, and a checklist of recommended questions to ensure the consumer gets the right continence care according to their individual needs and preferences. For example, *'what type of assistance does the consumer need to ensure they get to the toilet in time?'* and *'how can I give feedback about my care, and will it be acted upon?'*





## PILLAR 2

### AGED CARE WORKFORCE THROUGH EDUCATION

#### **SMART Continence Education means a skilled workforce to provide best care**

##### **The workforce needs:**

- Training, education and confidence to make continence assessments
- Ability to develop CSC plans
- Ability to implement, monitor and review CSC plans

Educational resources will explore the 10 CSC principles and how they apply to all of the stakeholders providing residential aged care. Additional clinical modules will help to address key practice concepts around CSC. Educational resources currently in development will equip staff with the confidence to develop, implement and review a clinically informed continence care plan as well as other highly relevant education material. This is an excellent investment for aged care service providers, effectively raising the standard of best practice continence care.

The online education program introduces the concepts of timely, responsive, inclusive, and respectful continence care, and includes practical strategies to consider when planning care for a consumer to either prevent the onset of bowel and bladder symptoms, restore bladder and bowel function, or manage bowel and bladder dysfunction, including at the end of life.

The ten principles of the CSC are the core foundation upon which the education modules are based. Each module addresses these ten principles individually, providing case scenarios and interactive learning tools designed to support their implementation in practice.

The education resources are devised to provide aged care sector staff with the knowledge and skills to provide evidence-based, safe, clinically informed, person-centred continence care that optimises a consumer's functional abilities and responds to their individual needs, choices, and dignity.

Engaging with the education program will help aged care providers to meet their obligations under the Aged Care Quality Standards and aim for five-star rating of their aged care service by the Australian Government.



### PILLAR 3

## AGED CARE PROVIDERS THROUGH GOVERNANCE AND SYSTEMS

**SMART Continence Governance and systems means that all the checks and balances are in place for the best continence care**

**All residential aged care service providers need to:**

- Provide dignified and optimum care for all consumers
- Meet the Aged Care Quality Standards
- Provide staff with adequate training, resources, regular feedback and evaluation
- Optimise consumer safety
- Reduce complaints
- Minimise the risks associated with poor continence care

The key components of good continence care are a well-conducted continence assessment and ongoing care planning. Providers should have screening processes in place to identify consumers with incontinence and other bladder and/or bowel dysfunctions, particularly as symptoms are likely to be underreported.

The model has mapped out how continence care should be provided in residential care to meet the Aged Care Quality Standards. CSC defines best practice continence care, which will strengthen Provider's efforts to meet and exceed the Aged Care Quality Standards. This will further support broader aged care reform.

All Commonwealth subsidised aged care services are required to comply with the Aged Care Quality Standards which comprise:

1. Consumer dignity and choice
2. Ongoing assessment and planning with consumers
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation's service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance

**The Continence Care Decision Support Tool.** The individual's needs may change over time and each of the four different types of continence care plans are developed, implemented and evaluated in response to resident differences and stages of health and wellbeing:

- Preventative Continence Care Plan
- Restorative Continence Care Plan
- Maintenance Continence Care Plan
- End-of-Life Continence Care Plan

**The Continence Care Organisational Audit Tool** is being developed for managers and quality assessors to regularly evaluate continence care practices and performance indicators, to ensure they meet the Aged Care Quality Standards.

This model is a key project to pivot the aged care industry towards best practice care and ensure equitable and appropriate access to quality clinical care. It is an integral part of the Foundation's advocacy for a much-needed **National Strategy on Incontinence**, which has been missing from the Australian Government's agenda. Ongoing advocacy for reform in continence care in residential aged care is critical to the mission of the Foundation.

CSC will help transform the implementation of safe, high-quality care within the aged care sector. Our work now focuses on advocating for funding and adoption of the model by residential aged care services across the sector.

## Consumer outcomes

Incontinence is preventable, and best practice continence care can be implemented to manage and prevent incontinence and improve a person's quality of life. For those living with incontinence, respectful and timely management of their continence care needs can also improve a person's quality of life. The CSC aims to address this by defining the *right care, at the right time, delivered in the right place, by the right team*.

The CSC will serve as a platform for service improvement and development in residential aged care. It will increase consumers' access to care that is efficient, effective, safe, coordinated and responsive to their needs, and is consistent with the [National Health Performance Framework](#) and the [National Safety and Quality Health Service Standards \(second edition\)](#).

The core outcomes of the CSC model are to provide dignified person-centred care that will:

- Prevent the onset of incontinence or other bladder and bowel symptoms
- Regain or improve bladder and bowel function, including bladder and/or bowel control (continence)
- Manage incontinence or other bladder and bowel symptoms
- Prevent or manage physical and emotional impacts and complications associated with incontinence or other bladder and bowel symptoms
- Minimise risks associated with incontinence

The Foundation believes that with every interaction you have with a person you have the agency and the power to uphold or diminish dignity.



## Guiding principles and strategies

The CSC should be reviewed and implemented in context of the following guiding principles:



1. Continence care is provided through supported shared decision-making
2. Continence care is clinically informed through an assessment process
3. Continence care is informed by the best available evidence
4. Continence care protects an individual's dignity
5. Continence care optimises an individual's functional abilities
6. Continence care is timely and responsive
7. Continence care is inclusive and respectful of an individual's culture, diversity, and identity
8. Continence care is safe
9. Continence care is provided by appropriately trained and skilled staff
10. Continence care is appropriately resourced

At the heart of the CSC are the individual continence care needs and preferences of older Australians. The objective of the CSC is to improve the quality and coordination of continence care in residential aged care. It is anticipated that consumers cared for under this model have enhanced strategies to support self-management and improve functional status as well as being provided with best practice continence care for those living with incontinence.

The ten key principles inform the strategies for self-care, support, and management of continence care.

## The optimal consumer experience

It is encouraging to see that there are examples of excellent quality continence care in the residential aged care sector. After a lengthy hospitalisation, **Betty, 87**, recently moved into residential aged care as her care needs, including continence, were no longer able to be managed at home. Betty couldn't be happier with her experience at this facility and highly praises the kindness, care and understanding of the staff.

*'I was very embarrassed at first, to have to ask them to help me change, but they were so lovely. I remember one said to me – it is hard to accept help, but it is my job to support you to feel clean and comfortable. You can talk with me about your personal care, and I will only tell other people if it helps them care for you too.'*

Betty's family are also relieved to know that she has good care, and that staff can be responsive to her changing needs. Betty is currently on the Restorative Continence Care Plan where she can self-manage with support.

Betty's experience highlights how the management of her incontinence in residential aged care perfectly illustrates the CSC standard all service providers and carers should be striving for, and all consumers and their families are entitled to expect.

Best practice exists where supported and content consumers have their continence care provided in a dignified and respectful way, where staff feel valued, skilled, educated, and understand their role in shared care and where a provider's policies and processes drive organisational improvement and cultural change.

The gaps exist where there isn't effective person-centred, informed shared consumer decision making, where competency issues in the workforce are not addressed through an investment in education and training and where a provider's performance is not effectively measured, transparent and made available to staff and consumers.

## Implementation

The Foundation's CSC model will be implemented by:

- Co-design elements with relevant stakeholders
- Test and validate methodology
- Engage the aged care sector
- Evaluate
- Launch

During the research phase the education program was tested and initial sampling indicated the adoption of the CSC approach was feasible, appropriate, and accessible.

*'I think the biggest thing I've taken from today is just how different this education has been compared to anything else that I've had in the last few years. The majority of the education we've had has been by product providers which can be very one-sided. Whilst that is important, I think rather than focussing so much on product, maintaining continence should be the main goal.'* Naomi, research test participant

The implementation of the CSC will take a phased approach ensuring that uptake and ongoing evaluation of the model allows for stakeholder feedback to be considered and consumer and provider benefits can be appropriately measured.

Additionally, our aim is to inform the design of value and quality indicators in residential aged care homes to ensure the education resources include tools for auditing safe continence care are available and accessible for aged care leaders and managers responsible for clinical governance.

Moving forwards, residential aged care services who implement the CSC will be practicing CSC, making them a highly appealing provider for consumers and their families.

CSC is best practice continence care that is safe and meets the Aged Care Quality standards, encourages functional ability to enable maintenance of continence, promotes alertness to consumer needs and accountability of both consumers and carers, is done so with respect, reporting changes when necessary, and is always timely and transparent.



## Benefits to consumers

- Each consumer is supported in ways that meet their physical, social, mental, emotional, cultural and spiritual needs, enhancing their overall quality of life
- Supported and content consumers whose continence care is dignified and respectful
- Person-centred through informed shared decision making
- Optimises consumers' functional abilities
- Regular opportunities for feedback and reassessment
- Continence care is safe, timely and responsive



## Benefits to workforce

- Staff feel valued, skilled, educated and understand their role in shared care
- More responsive to the changing care needs of consumers
- Competency gaps are addressed through investment in education and training
- Workforce planning aligns staff and their skills to continence care, service delivery frameworks, and consumers' needs and expectations
- Provides professional development



## Benefits to providers

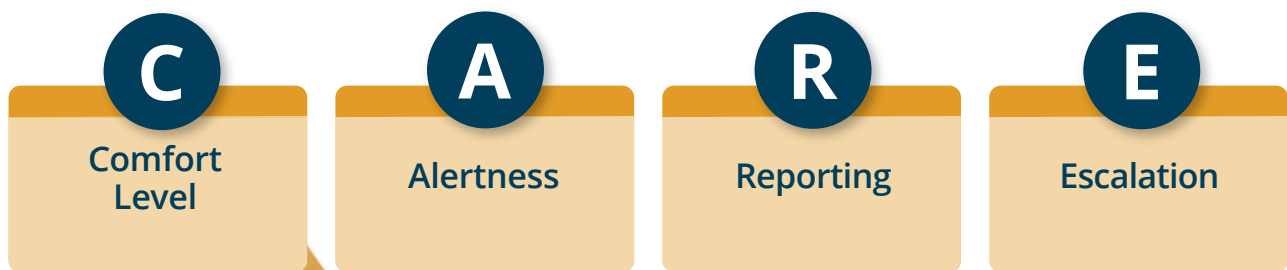
- Ability to meet and exceed the Aged Care Quality Standards
- Have a distinct market advantage as a high-quality service provider
- Optimise your reputation for person-centred Continence SMART care
- Performance is measured, transparent and made available to staff and consumers
- Policies and processes drive organisational improvement and cultural change
- Improved delivery of care and services
- Improved systems to monitor and track change



## Adopt Continence **SMART** Care



And considers:



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