

# **Continence Service in Sefton**

## **Healthwatch Sefton Survey Report**



Provider: Lancashire Care NHS Foundation Trust

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## Key Points

Note: % with decimals have been rounded for this section.

- **22** of the **29** care homes were not clear as to who provided the continence service for the residents.
- Communication channels were highlighted as an issue for care homes with the continence service.
- **71%** (71.43%) of respondents stated they felt residents did not receive enough continence products to meet their individual needs.
- **83%** (82.76%) of respondents stated that it was not easy to refer a new resident into the continence service so that they received their products in good time.
- **79%** (79.31%) of respondents answered **NO** to the question ‘ Does the continence service provider consult with you or the resident and provide an individual review to ensure the correct continence products are issued including the correct size of pads to meet the resident’s needs’ .
- **52%** (51.73%) of respondents reported that it was either ‘Not easy’, ‘Difficult’, or ‘Very difficult’ to order continence products from the service provider. **48%** (48.27%) stated they felt it was ‘Very easy’ or ‘Easy’.
- **79%** (79.31%) of respondents rated the quality of continence products received as either ‘Average’, ‘Good’ or ‘Very good’.
- **72%** (72.41%) of respondents felt the continence service did not work well for residents.
- **65.5%** (65.52%) of respondents stated they felt they could not get in touch with the service provider when they needed to.
- **62%** of respondents stated they felt residents experienced a lack of dignity and respect in relation to receiving continence products.

## Introduction

Healthwatch Sefton attended the Sefton Dementia Provider Forum meeting held on 29th November 2017 at the Sefton Corporate Learning Centre, Ainsdale. Healthwatch Sefton had previously attended a forum meeting earlier in the year when issues around the continence service delivered across Sefton were raised. Healthwatch Sefton, with permission from the forum, invited along Lancashire Care NHS Foundation Trust to attend the November 2017 meeting to listen to feedback and experiences from providers on accessing the continence service. Due to circumstances on the day the Trust were unable to attend. During the meeting Healthwatch Sefton asked members about their experiences of the service and from the initial feedback a decision was made by Healthwatch Sefton to carry out a wider survey to determine 'What worked well' with the continence service and 'What improvements could be made'.

## What is the Dementia Provider Forum?

The Dementia Provider Forum was set up so that providers and other interested parties could discuss issues and best practice. It is attended by residential, nursing and domiciliary providers as well as Health, DoLS (Deprivation of Liberty Safeguards), Safeguarding, Infection Control along with guest speakers. The Commissioning Support Team from Sefton Council currently chair and co-ordinate the Forum.

The Forum aims to meet on a quarterly basis.

## Healthwatch Sefton

Healthwatch Sefton exists to make health and social care services work for the people who live in Sefton or use services based in Sefton.

Everything we say and do is informed by our connections to local people. Our main aim is understanding the feedback and concerns of people of all ages who use services, and to speak out on their behalf.

Our role is to ensure that local decision makers and health and social care services put the experiences of local people at the heart of their work. We believe that asking

people more about their experiences and encouraging them to feedback can identify issues that, if addressed, will make services better.

Healthwatch Sefton is set up as a company limited by guarantee, a subsidiary company of Sefton Council for Voluntary Service (Sefton CVS). There is a small staff team and a large team of volunteers who work together to ensure the organisation works towards its strategic and local priorities.

We are uniquely placed as we have a national body, Healthwatch England. Both organisations have significant statutory powers to ensure that the voice of people who want to have a say about health and social care services is strengthened and heard by those who commission, deliver and regulate health and social care services.

Healthwatch Sefton works with Healthwatch England to ensure the voice of Sefton residents is represented at a national level. Healthwatch England picks up national issues and works with Healthwatch Sefton to help provide a national picture. We also work as part of a regional North West Healthwatch Network.

## Lancashire Care NHS Foundation Trust

Lancashire Care NHS Foundation Trust provides health and wellbeing services for a population of around 1.4 million people. The services provided include community services such as health visiting, podiatry, sexual health and dentistry as well as inpatient and community mental health services. The Trust covers the whole of the county and employs around 6,500 members of staff across more than 400 sites.

Our clinical services are delivered through three networks:

Community and Wellbeing

Children and Young Person's Wellbeing

Mental Health

<https://www.lancashirecare.nhs.uk/about-us 25/4/2018>

Lancashire Care NHS Foundation Trust became the new provider of community services for Southport and Formby during May 2017; this included the continence service covering south Sefton and Southport & Formby.

## Dementia Provider Forum meeting on 29<sup>th</sup> November 2017

Healthwatch Sefton attended the Dementia Provider Forum meeting held on 29<sup>th</sup> November 2017 and also invited along Lancashire Care NHS Foundation Trust. The main purpose of the meeting was to listen to feedback from care home managers / representatives relating to the continence service. Unfortunately the Trust was unable to attend the meeting on the day.

During the meeting a number of care home managers / representatives raised concerns regarding the continence service provided by Lancashire Care NHS Foundation Trust. Concerns included:

- Communication with the service provider
- New residents – waiting times to access the service
- The order process for products
- Product quantity per patient
- Patient assessments
- Suitability of products issued

Verbal feedback during the meeting included:

*'We had only put our order in a week earlier when we had a new resident arrive. We sent off a referral but they will not provide the pads. What can we do? They will not change or add in a delivery date.'*

*'We have really struggled as we have had 6 new residents. During this period we have had to buy in the items needed. The continence service needs to accept new referrals straight away not make the resident wait 3 months.'*

*'They ask for your opinion on the resident but they don't take this into account they just send out the cheapest option. We can use up to 3 pads an hour on a resident.'*

*'We have been told to restrict resident's drinks by the continence service.'*

*'They allocate 3.3 pads for a resident – how do you work with that?'*

*'The continence service changed their phone number and did not inform any of us. They also changed their fax number and you are not allowed to post to them either.'*

*'We placed an order and when it arrived 5 resident's orders were missing. We tried to get through via the phone for 4 weeks. They then missed the same 5 people on the next order and when we did get through they said because nothing had been dispensed to the 5 resident's on the previous order they had now been deactivated from the system.'*

*'If we miss out something e.g. a form or specific information they will not tell you, you are just left without the order.'*

*'A resident's needs can change but this service is not tailored to individual needs.'*

*'It is 3 months between orders which causes problem.'*

Concerns were highlighted in terms of dignity and respect for residents accessing the service.

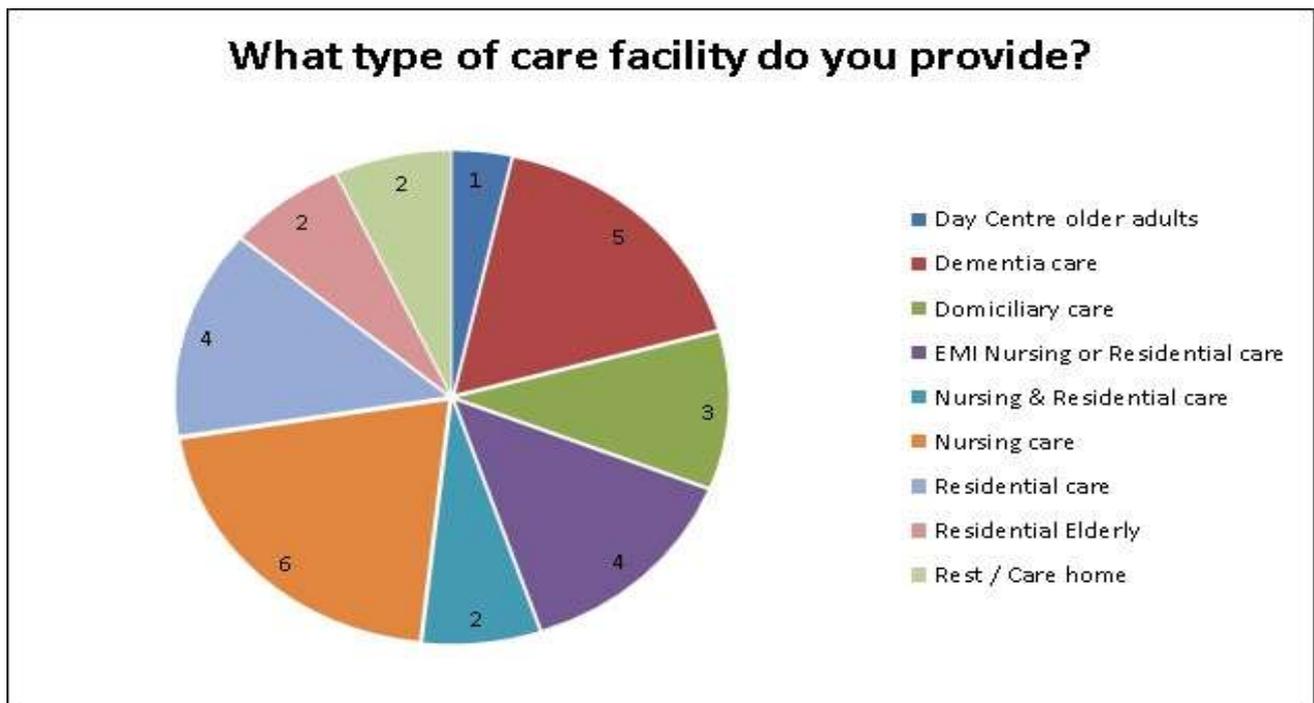
From listening to the concerns during the November 2017 meeting the issues were taken forward to the Healthwatch Steering Group. Steering Group members discussed options and it was agreed for an on-line survey to be carried out. The survey was circulated via Sefton Council to all care homes across Sefton.

- The survey was circulated to **102** email contacts (To note: possible duplication of contacts within same care home).
- **29** completed surveys returned.
- The survey was open between December 2017 to January 2018.

## Findings from the Continence Service survey

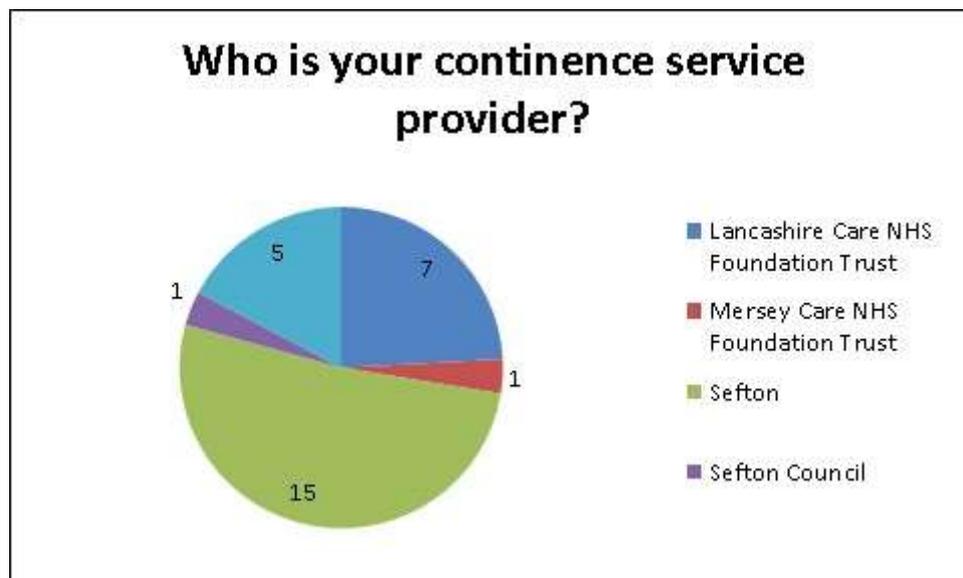
A total of **29** care home providers completed the continence survey. The questions with results can be found below.

### Q1.



This was an open question on the survey therefore the results are a best fit to the survey responses.

Q2.



The above graph shows multiple answers to who care homes believe provide the continence service. On consulting with Lancashire Care NHS Foundation Trust it was confirmed that the Trust is the provider of this service for Sefton.

The above result highlights there is evidently confusion with care homes as to who provides this service. Lancashire Care NHS Foundation Trust became the new provider of community services for Southport and Formby during May 2017; this included the continence service covering south Sefton and Southport & Formby. In addition, some of the respondents reported that the telephone contact numbers changed without being informed at the time.

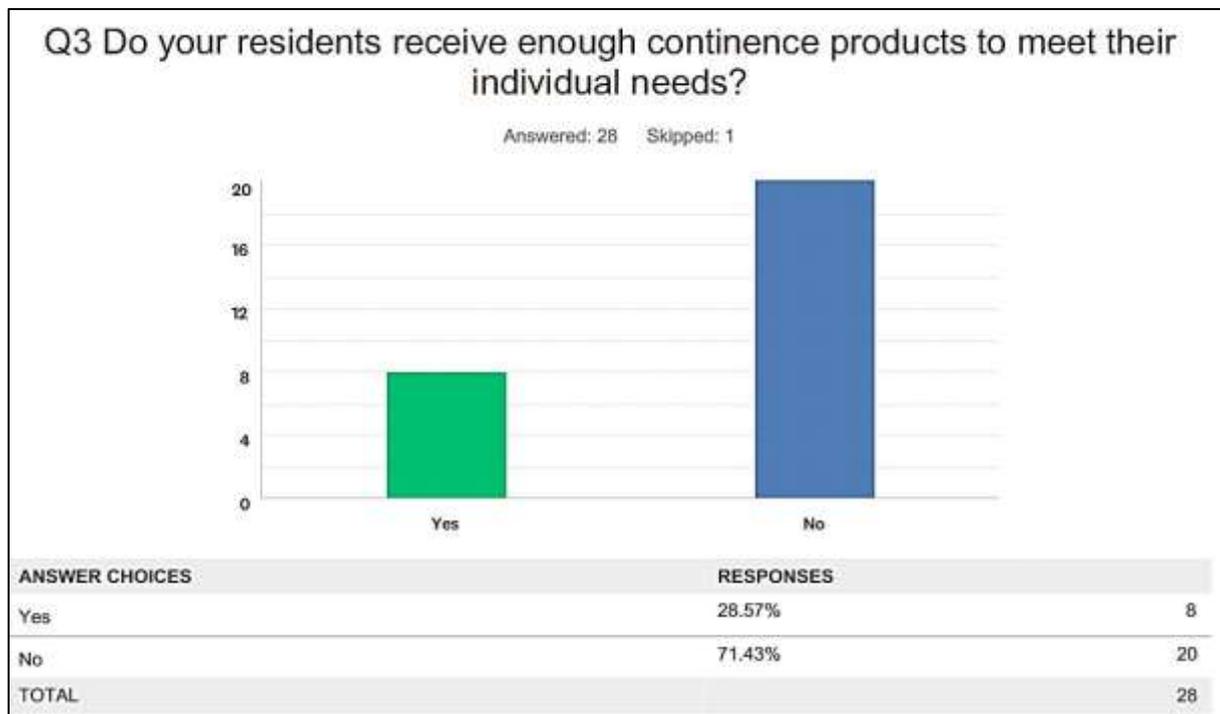
Below is some of the feedback received:

*'It's difficult to get in touch with them, they recently changed their telephone number and fax number and we did not know. We got the number from the district nurses.'*

*'Recently following a change in service we were not even told we had to phone the GP surgery to obtain contact details that had changed. Fax's will not go through, telephone not answered and no contact at actual premises.'*

*'A letter was sent out a few months ago with contact numbers and one was a number that didn't exist'*

**Q3.**



As can be seen from the above graph there were **28** responses out of a possible **29**. **20 (71.43%)** of respondents stated they felt residents did not receive enough continence products to meet their individual needs.

This was also raised by members as an issue during the Dementia Provider Forum meeting held in November 2017.

**Q4. This is a follow on question to Q3. If no, can you provide reasons why?**

Some of the comments received are details below:

*'4 pads a day is not enough for a person'.*

*'Due to dementia a lot of our service users will remove the pads themselves. Pull up continence pads are a lot better for them as they associate them as underwear'.*

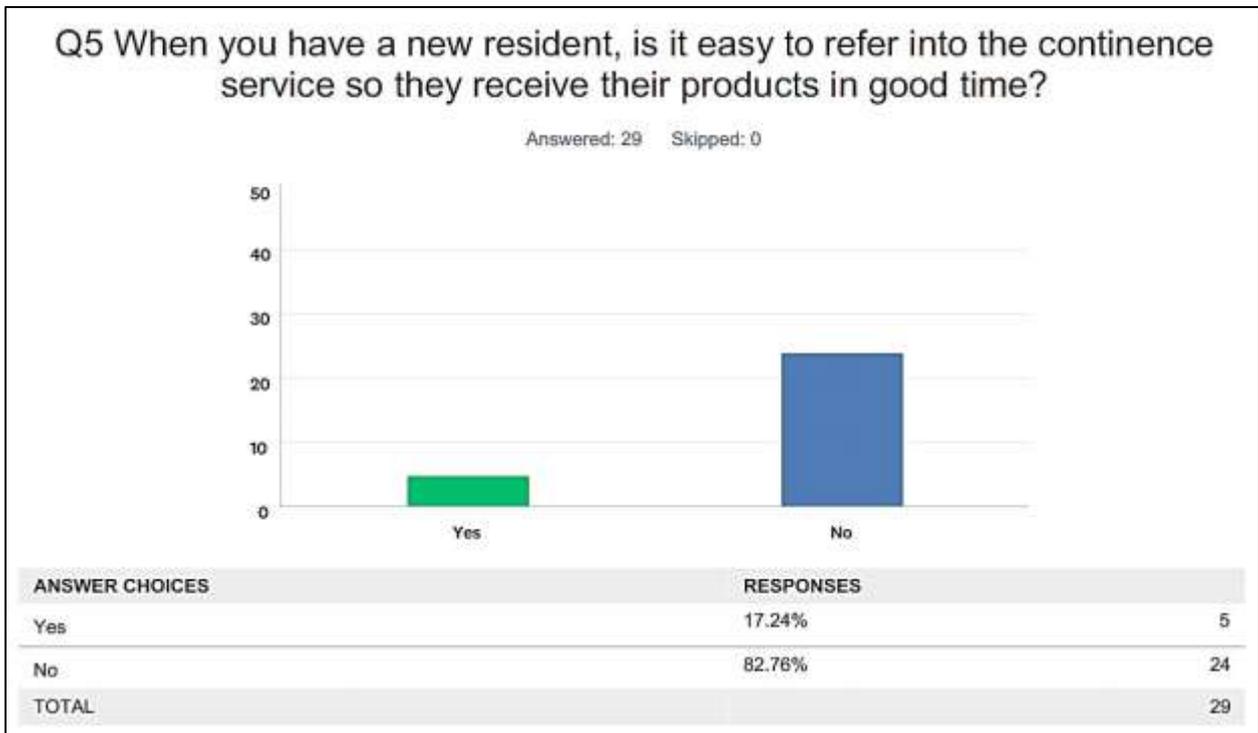
*'Delivery dates incorrect/delayed, assessments not acknowledged and the appropriate action not taken resulting in inadequate continence products, unable to contact the continence team'.*

*'We are unable to get the correct amount of pads for each resident's daily use. We are unable to get a timely delivery for new residents - have to wait for next delivery 3 months time'.*

*'If a resident is in need of a larger size pad or a pull up then we are unable to obtain or even get a reassessment'.*

For all responses please refer to 'Survey written responses' section

**Q5.**



As can be seen from the above graph all **29** respondents answered this question. In total **24** respondents (**82.76%**) stated that it was not easy to refer a new resident into the continence service so that they received their products in good time.

**Q6.**

**This is a follow on question to Q5. If not, why not?**

Some of the comments received from respondents are below:

*‘Service reluctant to deliver outside agreed delivery dates for the home which is only once in 12 weeks’*

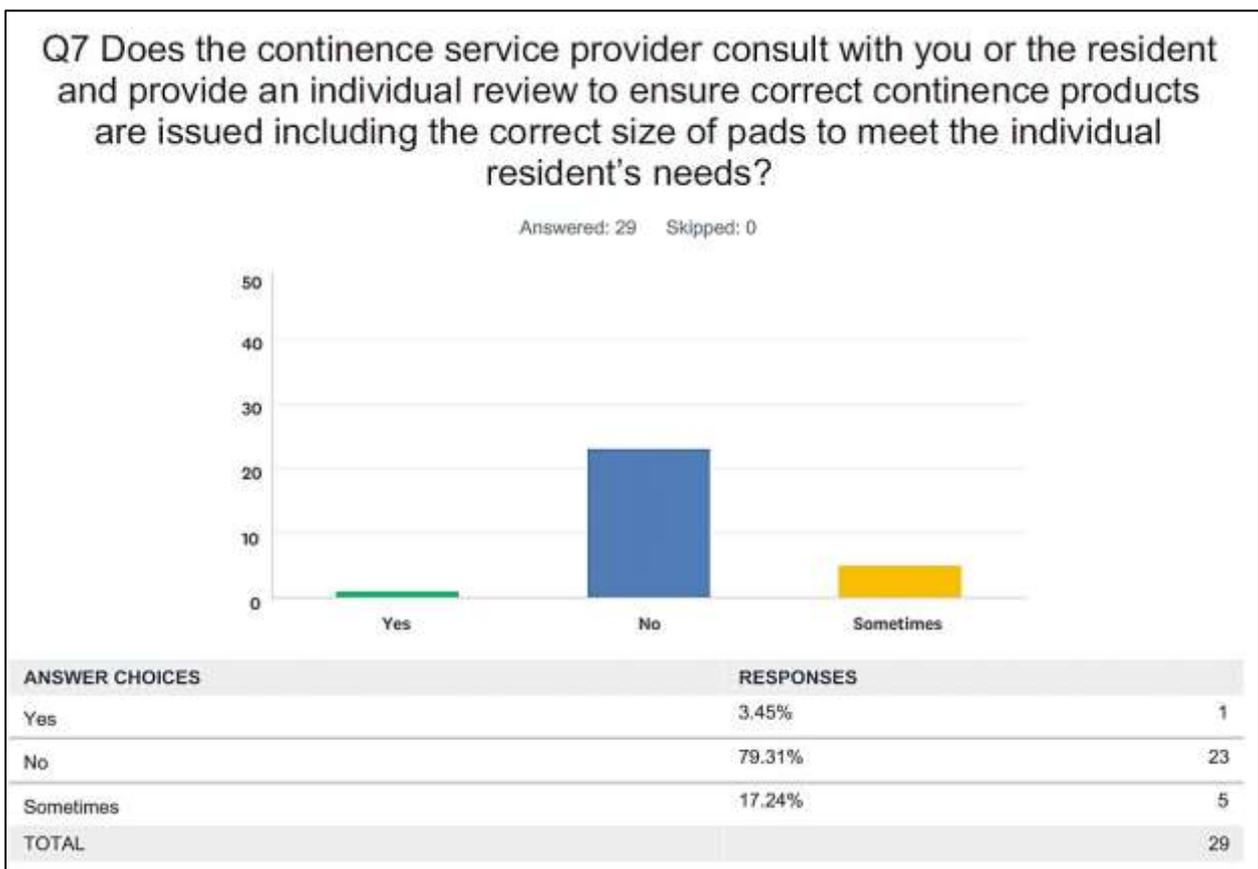
*‘Unable to have any assessment done and if we send the correct paperwork off we still have to wait for the next delivery date which can be three months away.*

*We are also unable to send the requests in a fax number sometimes unanswered, will not take calls and we have even gone to premises to drop off but no letter box or answer to door’.*

*‘Confusion over what method to refer through- email, post, phone or telephone call? Forms are returned as a whole even if only one has a missing piece of information and that person then drops out of the service until the next delivery three months later’.*

For all responses please refer to ‘Survey written responses’ section

**Q7.**



As can be seen from the above graph all **29** respondents answered this question. The results show **23** of the respondents (**79.31%**) stated no with **5** respondents stating this sometimes happens (**17.24%**). Only **1** respondent (**3.45%**) stated yes.

**Q8. This is a follow-on from Q7. If no or sometimes please provide comments:**

Some of the comments received from respondents are below:

*‘Provide no consultation, only require us to fill referral forms, nobody comes and sees a person physically’.*

*‘They do not take any notice of any comments regarding if the person is suitable for normal pads or require pull up to maintain their dignity’.*

*‘No, it seems all pads fit everyone - size 6.*

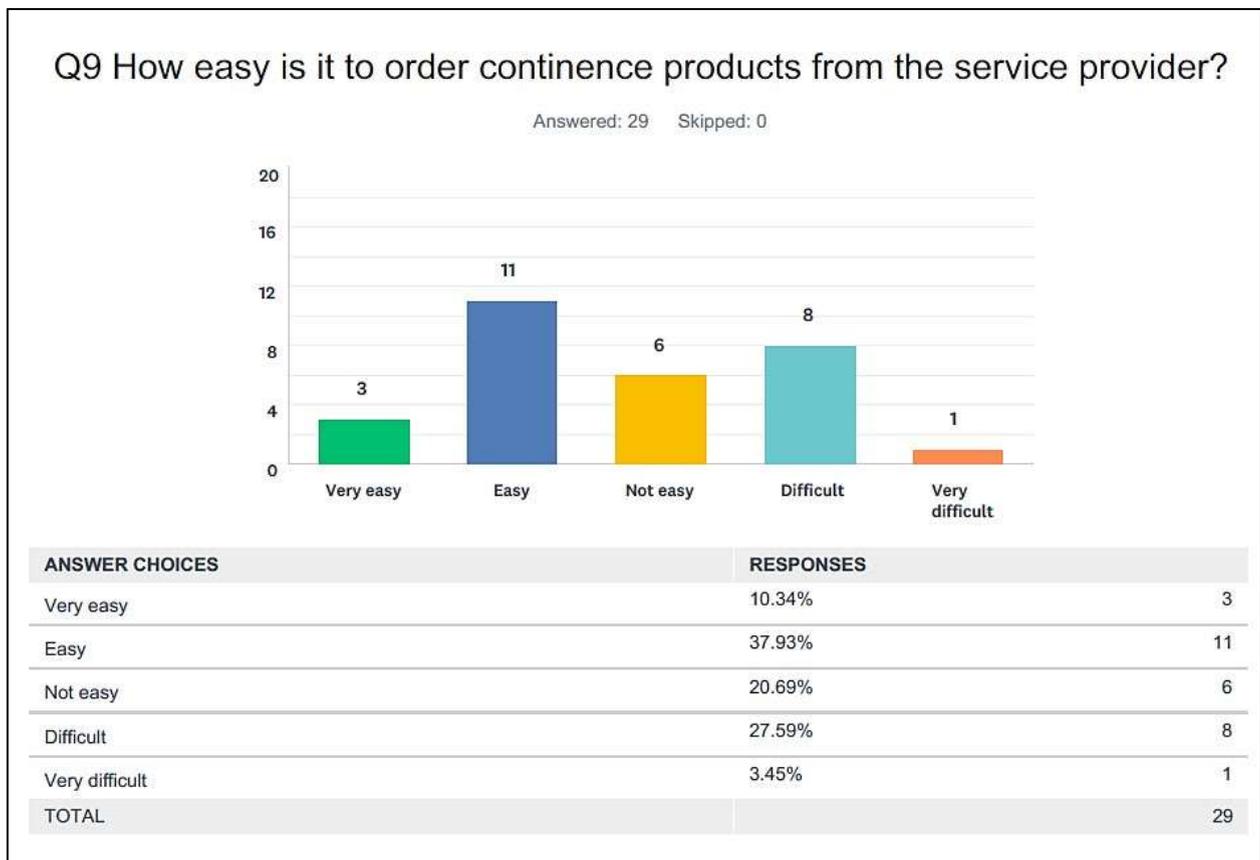
*When a residents needs change and we put a new referral in it's declined. If we request certain types of pads to meet that residents needs they're not issued even though this resident may have been on these in their own home’?*

*‘Wrong sizes for most residents.*

*We've tried to get the correct sizes and failed’.*

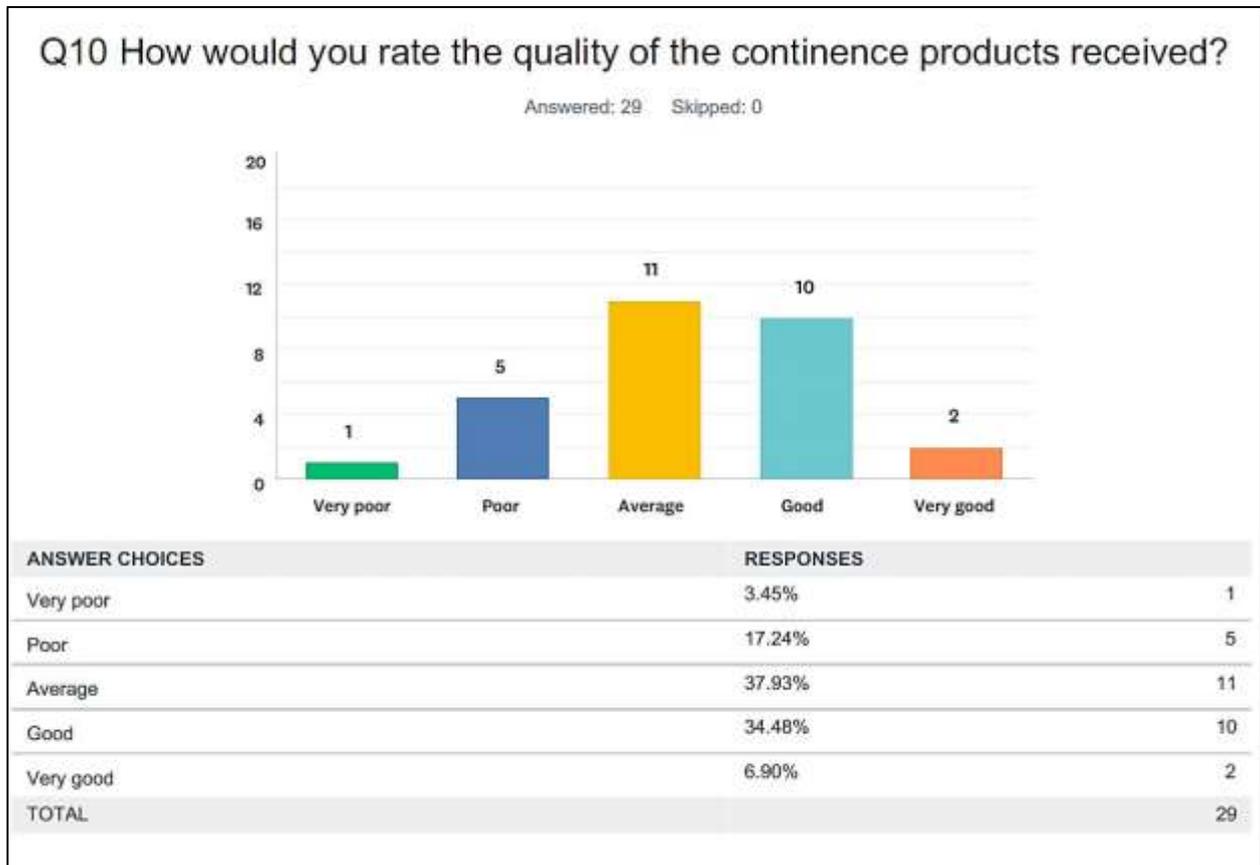
For all responses please refer to ‘Survey written responses’ section

**Q9.**



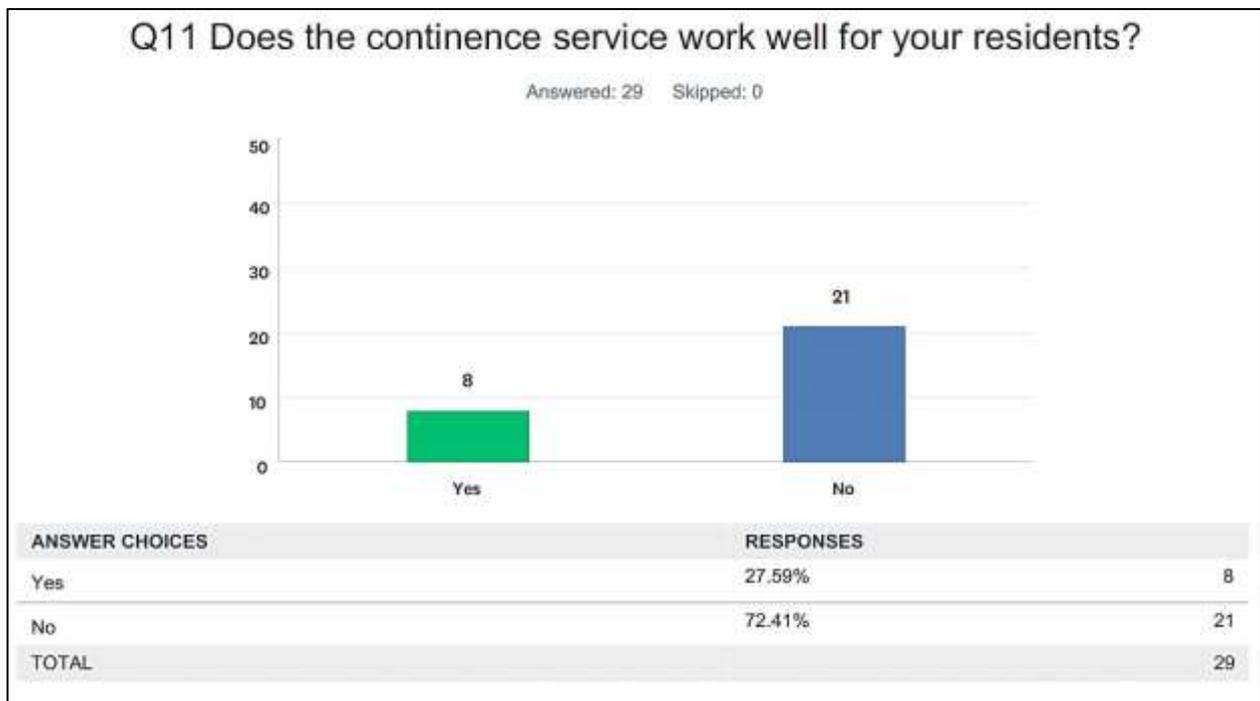
As can be seen from the above graph all **29** respondents answered this question. **14 (48.27%)** respondents stated it was very easy or easy to order continence products from the service provider with **15 (51.73%)** stating it was either not easy, difficult or very difficult to order continence products from the service provider.

**Q10.**



As can be seen from the above graph all **29** respondents answered this question. **12 (41.38%)** rated the quality of the continence products as either good or very good. **6 (20.69%)** respondents rated the quality of the continence products as either poor or very poor. **11 (37.93%)** rated them as average.

**Q11.**



As can be seen from the above graph all **29** respondents answered this question. **21 (72.41%)** stated that the continence service did not work well for residents. **8** respondents (**27.59%**) stated yes it did.

**Q12. This is a follow-on from Q11.** If not, can you provide reasons why?

*‘Because sometimes the products they provide are unsuitable for some residents, they should provide what the resident is used to i.e. pull ups’.*

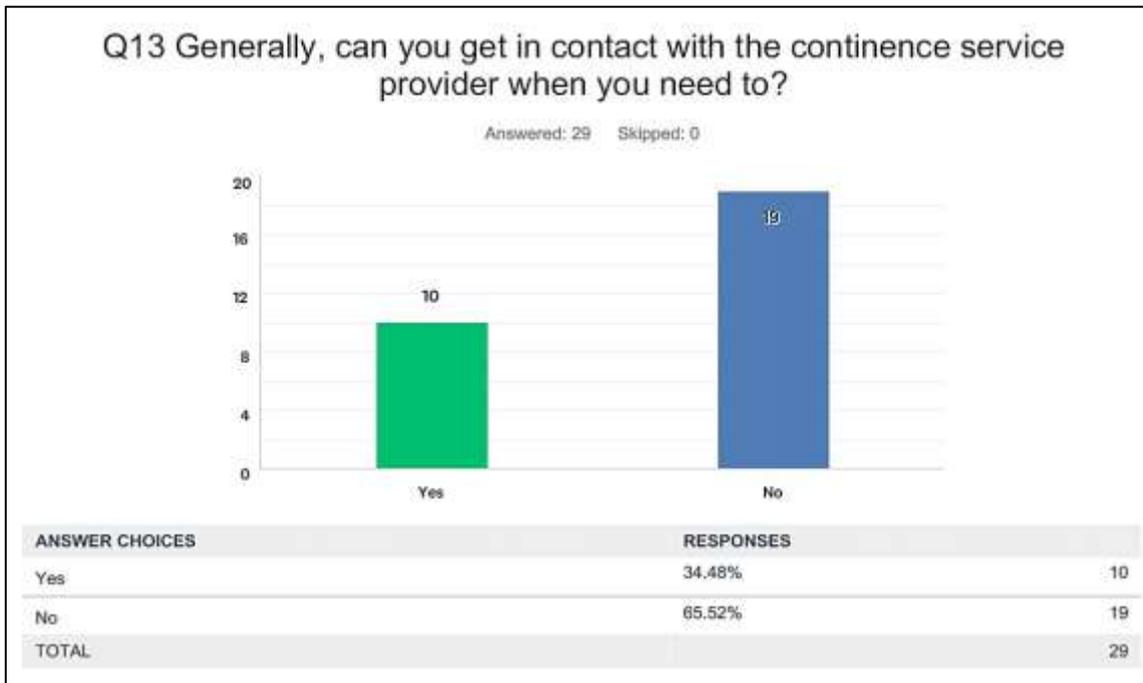
*‘You can wait a long time for someone to come out if you request a review’.*

*‘Needs a more personal approach from incontinence advisers rather than us needing to guess or good dedicated training for staff’.*

*‘Not always as they do not understand that we are here to maintain their dignity and independence for as long as possible’.*

For all responses please refer to ‘Survey written responses’ section

**Q13.**



As can be seen on the above graph all **29** respondents answered this question. **19** of the **29** respondents (**65.52%**) stated no that generally they felt they could not get in touch with the continence service provider when they needed to. **10** of the respondents (**34.48%**) felt they could.

**Q14. This is a follow-on from Q13.** If no, can you say why this is?

Below are some of the comments received:

*‘There is very rarely anyone there to answer the phone so you have to leave a message’.*

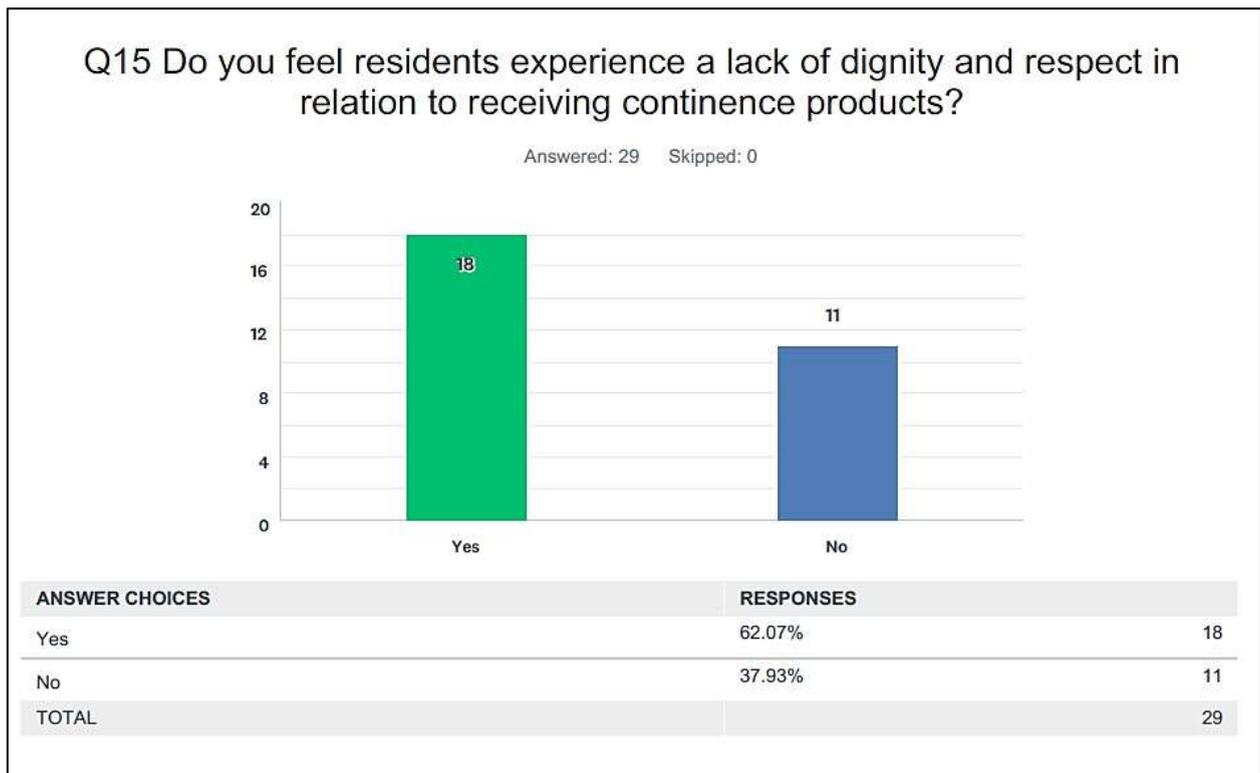
*‘No one answers the phone or no information about update phone/fax numbers’.*

*‘Phone is not answered, email is not replied to often the only solution is to physically call at the building and hope someone answers the door. A letter went out a few months ago with contact numbers and one was a number that didn't exist’.*

*‘Can be difficult to get through for queries; however you can ring after 4pm to leave a message’.*

For all responses please refer to ‘Survey written responses’ section

**Q15.**



As can be seen from the above graph all **29** respondents answered this question. **18 (62.07%)** of respondents felt residents experienced a lack of dignity and respect in relation to receiving continence products. **11 (37.93%)** did not feel residents experienced a lack of dignity and respect in relation to receiving continence products.

**Q16. This is a follow-on from Q15.** If yes, why do you feel there is a lack of dignity and respect?

Below are some of the comments received:

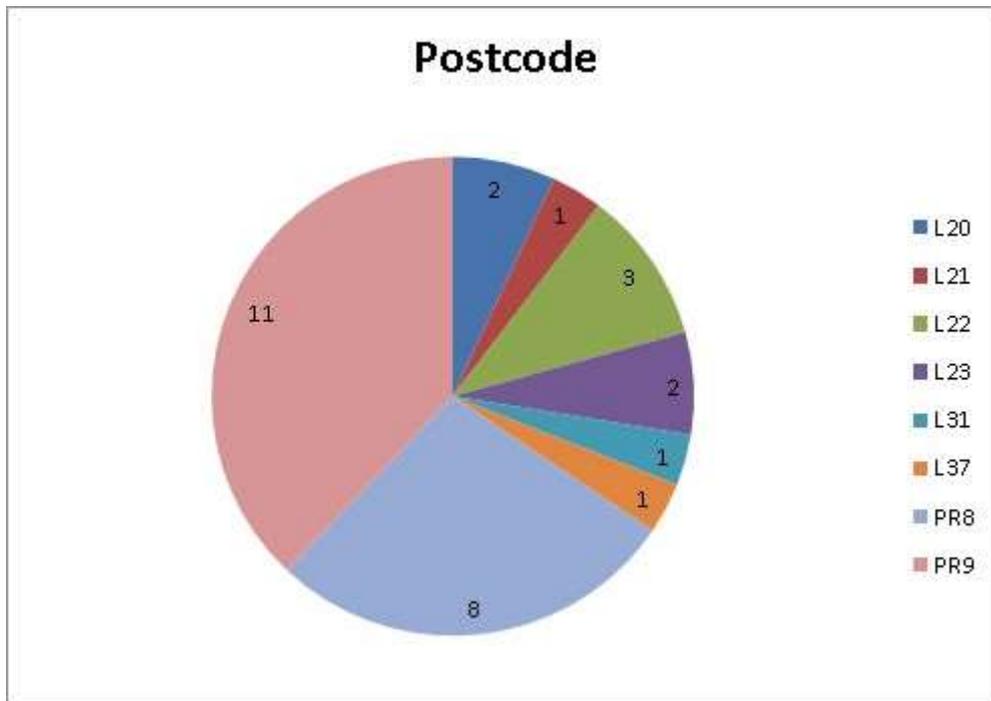
*'They are not given the correct pads. They are not given enough pads to meet their needs. They are not assessed by a professional and experienced person'.*

*'Quantity and quality are not sufficient. Not getting what they need more what is the cheapest. Not being assessed by an expert to order the correct pad for each individual. More accidents and distress'.*

*'They are advised by the Continence team that they are allowed 3.6 pads a day - so even if they are wet the resident experiences lack of respect or dignity - we as a service at our own cost purchase the additional products so the residents can have some dignity and respect'.*

*'When pull ups are needed rather than inserts to support independence with personal care, many clients refuse inserts due to embarrassment, difficulty using them independently, therefore having to rely on others'.*

Q17.



As can be seen from the above graph all **29** respondents provided the postcode. **20** of the respondents were in north Sefton with **9** respondents in south Sefton.

## Survey written responses

<b>Q4. This is a follow on question to Q3.</b> Do your residents receive enough continence products to meet their individual needs. <b>If no, to provide the reasons why?</b>	
Respondents	Responses
1	4 pads a day is not enough for a person
2	We used to be able to refer re: shortages, changes in pad sizes etc via facsimile however this is no longer available to us and the request has to go through the GP.
3	Families are left waiting 5/6 months plus for a continence nurse to come out for initial assessment, in which time they struggle to cope with extra washing, taking their loved one out in public, understanding origin of continence issues, basically feeling unsupported.
4	Due to the dementia a lot of our service users will remove the pads, themselves. Pull up continence pads are a lot better for them as they associate them as underwear.
5	n/a
6	Delivery dates incorrect/delayed, assessments not acknowledged and the appropriate action not taken resulting in inadequate continence products, unable to contact the continence team.
7	We are unable to get the correct amount of pads for each residents daily use. We are unable to get a timely delivery for new residents - have to wait for next delivery 3 months time. If a resident is in need of a larger size pad or a pull up then we are unable to obtain or even get a reassessment.
8	Not enough pads allocated, not the right size of pads allocated to some residents.
9	Many clients have medical issues where they will pass very large amounts of urine particularly a.m. and in the night. IE diabetes on diuretics and clients well hydrated. Pads are not sometimes appropriately supplied as in type or size or numbers.

10	When I first took over as manager not enough pads as staff using for all and not allocation for individuals since allocation now correct no issues.
11	Only 4 pads supplied for the day. need about 6 per day due to fluid intake given according to body weight as well as bowels opening 2/3 times a day.
12	They need more pads.
13	Some require more pads than the allocated four, especially if bed bound and doubly incontinent.
14	Most would prefer pull ups and some need 6-8 continence changes per day but are only allotted 4.
15	They are restricted to 3 per day and one at night, which does not account for those with Dementia that can tear pads up. It also not sufficient when they are ill. There is a constant short supply.
16	This only becomes an issue if they are new to the service or need to be reassessed we have to wait until next order run.
17	n/a
18	no accounting for bowel movement and change of pads.
19	<p>Service users are confused and remove their products in public areas and then put them in inappropriate places and they can not be reused.</p> <p>Residents have bouts of diarrhoea due to medication.</p> <p>Residents need to drink more fluids to prevent infection / dehydration etc and their products they are assessed for do not have adequate absorbency and even when we request a higher absorbency aid, this is not always granted.</p> <p>Due to agitation, aggression and severe cognitive impairment, even though we toilet our residents on a regular basis, they are not able to use the toilet.</p>
20	Residents use more each day than has been allocated.
21	All of our service users are doubly incontinence and 3 continence aids is not sufficient.

22	We are only allowed 3.3 pads in a 24 hour period for each resident regardless of their incontinence needs. This is disgraceful.
23	Quality is poor
24	Not supplying from the continence department.

**Q6. This is a follow-on from Q5.**

When you have a new resident, is it easy to refer into the continence service so they receive their products in god time? **If not, why is this?**

Respondents	Responses
1	Service reluctant to deliver outside agreed delivery dates for the home which is only once in 12 weeks.
2	For the reasons noted above.
3	We do not contact direct as our clients live in their own homes, but feedback from families who contact continence nurse via GP etc, are left waiting for many months before any acknowledgement.
4	If a person has received continence products before, the service does not allow for you to transfer addresses. We have to carryout a full assessment again. New residents also have to wait for the next order to be delivered.
5	Takes at least 6 weeks for an assessment. We can no longer make a referral, it has to go via the GP.
6	You fax information and it is constantly lost causing you to keep repeat sending.
7	As above.
8	Unable to have any assessment done and if we send the correct paperwork off we still have to wait for the next delivery date which can be three months away.  We are also unable to send the requests in as fax number sometimes unanswered, will not take calls and we have even gone to premises to drop off but no letter box or answer to door.

9	We have to complete an assessment provide by the continence team if received between 12 week deliveries have to wait till next delivery.
10	If referral is made in-between deliveries the individual client has to wait for next delivery.
11	These usually go on the 3 monthly order so may be too late.
12	We have to wait for the next supply/delivery date.
13	Nobody comes out, you just get a pad to fit the waist and hip measurements provided.
14	Confusion over what method to refer through- email, post, phone or telephone call. Forms are returned as a whole even if only one has a missing piece of information and that person then drops out of the service until the next delivery three months later.
15	As the delivery is once every 3 months, we have to wait until the next order date. Therefore new residents are supposed to wait.
16	Order sometimes comes with the next order, if it doesn't the response is quite usually they did not receive the assessment.
17	We have been asked to wait for next scheduled delivery for new clients to receive their products.
18	We have to wait for the next cycle of pads to be delivered.
19	When a new resident arrives I put in request, but don't usually receive any products until next delivery date, which could be 12 weeks.
20	We have a three month delivery service now and in the past when we have an admission, unless it is in the very first or second week after our delivery, we are told that we will have to wait for the next delivery. When I have asked about this in the past and asked what we were supposed to do, I was told that we have residents that have deceased so we should have a stock that we can use.
21	Referral is made but products are delivered at the next delivery date to the home.
22	Firstly, it is difficult to get in touch with the incontinence team. We have to ring to make sure they've got our referral form via

	<p>fax, it's difficult to actually contact them, we tried 2 weeks by phone once? We have to do an assessment and monitor the new residents continence needs for 7 days, fill in the detailed form and fax it to the incontinence team. If it's not done correctly its faxed back, then you have to correct it, this all takes time. If you're successful you then have to wait for the pads to come on your next pad deliver due date, which could be 3 months away if you've just received your pad order. No interim deliveries? I'm not sure why the continence team are not assessing the new residents needs.</p>
23	Only receive the continence products quarterly.
24	

**Q8. This is a follow-on from Q7.**

Does the continence service provider consult with you or the resident and provide an individual review to ensure correct continence products are issued including the correct size of pads to meet the individual resident's needs? **If no or sometimes please provide comments below:**

Respondents	Responses
1	Provide no consultation, only require us to fill referral forms, nobody comes and sees a person physically.
2	It is infinitely difficult to get a reply from the continence service.
3	Quite often due to our clients illness eg dementia, poor mobility, eyesight etc., pull ups are more appropriate to keep their independence of using toilet unaided (they struggle with inserts as they end up down the toilet/scrunched up etc. then they are left with no protection/needing full support using toilet. The reason given tends to be cost which is not good enough when vulnerable people need them for their basic hygiene.
4	We are asked to complete the assessment forms give sizes etc. They do not take any notices of any comments regarding if the person is suitable for normal pads or require pull up to maintain their dignity.
5	n/a

6	I have been in my position here for 6 months and never seen a continence adviser.
7	This is never discussed or reviewed.
8	As mentioned earlier only ever get sent size 6 if request anything other still get a size 6.
9	Has not happened for years.
10	We have never been re-consulted regarding pads we are supplied with what is prescribed by a continence advisor.
11	Contact is only on sending a three day assessment.
12	No contact given only us ordering and deciding on size often people wish to use different pads and buy there own.
13	Wrong sizes for most residents.  We've tried to get the correct sizes and failed.
14	They always sent size smaller.
15	The last few assessments I have asked for someone to come out and they sent the hca who was brilliant and put my resident at ease.
16	Referral forms are completed by team we are not contacted if there are any questions or difficulties.
17	No this process was passed over to us as a provider some years ago without any formal training at all.
18	We complete a form and then we get sent a product.
19	Continence referral usually done via fax.
20	Done by care staff.
21	They usually take the size from the referral form I fill in.
22	We can send forms into the continence team, either new admission or reassessment and until we receive our order, we will not know whether we are getting them or not. The team do not communicate with us either by telephone or by return fax to tell us if there are gaps in the paperwork or if the paperwork is

	unable to be processed due to gaps until after our delivery and we don't receive the products and then ring up.
23	Not aware of this service we normally review and contact them for changes.
24	No, it seems all pads fit everyone - size 6.  When a residents needs change and we put a new referral in it's declined. If we request certain types of pads to meet that residents needs they're not issued even though this resident may have been on these in their own home?
25	No visit from continence department.
26	Not any.

**Q12. This is a follow-on from Q11.**

Does the continence service work well for your residents? **If not can you provide reasons why?**

Respondents	Responses
1	Not enough products, not easy to respond to changes.
2	Same as above, waiting months for initial assessment, not provided with adequate supplies, slow response when individuals needs change.
3	Not always as they do not understand that we are here to maintain their dignity and independence for as long as possible.
4	n/a
5	Ordering is a poor system, delivery is a nightmare try having to unpack and distribute 140 boxes in a day, nothing is labelled so you have to use the paperwork provided and split the boxes and then send the rooms, receiving 12 weeks worth of pads in one go is awful and then having to store these in residents rooms.
6	Delayed delivery, order dates are not clear.

7	Unhelpful, not individualised or even timely in response and so slow to deliver actual products.
8	Only sometimes.
9	Inappropriate sizing and type of pads allocated.
10	Needs a more personal approach from incontinence advisers rather than us needing to guess or good dedicated training for staff.
11	Seen better services.
12	Just shortage of pads at times, four realistically is sufficient with toileting, but can't cater for accidents! Also if new resident comes in don't always get pads straight away! Also when someone transfers from their own home to a care home we have to re-refer even if there already on the system!!!!
13	Storage of products for 50 plus residents when three months supply arrives on the same day. No choice for pull-ups although these prove very effective for people who would like to manage their own continence.
14	<p>Generally with dementia the Pull Ups are preferred, as they feel more normal to someone that is confused and does not understand why they have a pad. The quality of the products has decreased over the years, therefore leaving residents with more accidents, leading to more upset and more change of clothes and distress whilst bathing. We are told that due to cut backs we cannot have anything else. The deliveries were cut back, which now means we have to provide storage for around 70 boxes. The delivery drivers are unhelpful in the main and have sat and watched carers unload the boxes and take them in. This in turn takes away from the care to our residents. We do not know exactly when they are arriving so it is impossible to have maintenance men available to do this.</p> <p>There has been no training at all on how to fit the pads.</p> <p>We recently had training in West Lancs and it would appear that staff have been shown incorrectly for years.</p>
15	You can wait a long time for someone to come out if you

	request a review.
16	
17	Cannot change mid-cycle if circumstances change, limited products, some families buy their own.
18	Because sometimes the products they provide are unsuitable for some residents ,they should provide what the resident is used to i.e. pull ups.
19	<p>The main issue lies with receiving of products that meet the resident's needs.</p> <p>When we fax our reactivation form every three months, we do not know if we will receive what we ask for until the delivery is received. We then have to spend a long time trying to chase up missing orders or the wrong product being supplied. The reactivation form contains the full names of the residents we are expecting a delivery for, if there is paperwork missing or not completed properly, if the continence service could contact us to rectify this problem before placing our order, then it would save us all a lot of time.</p> <p>Also I have recently found out, if a resident does not have products for 6 months, then they are deactivated from the system and can no longer receive products. Therefore, due to the 3 monthly delivery system, if a resident misses one delivery, then they are removed from the system. It would be helpful if we were alerted to this when we send in the reactivation form so we could rectify the problem before they miss a delivery and have to wait another three months for products. The continence team must be aware that we do not know they are deactivated and are expecting products as we have put their name on the list.</p>
20	3 continence aids is not sufficient over a 24hour period.
21	<p>We are not issued enough pads.</p> <p>We are not issued the correct pads. We do not received interim deliveries.</p> <p>We do not receive a professional incontinence assessment from</p>

	<p>the continence team, my staff do it.</p> <p>The assessment forms are not user friendly.</p> <p>It's difficult to get in touch with them, they recently changed their telephone and fax number and we did not know. Got the number from the district nurses.</p>
22	Not good.

**Q14. This is a follow-on from Q13.**

Generally, can you get in contact with the continence service provider when you need to? **If no, can you say why this is?**

Respondents	Responses
1	There is very rarely anyone there to answer the phone so you have to leave a message.
2	Same as above.
3	You have to leave a message a lot of the time and wait for them to get back to you.
4	Can be difficult to get through for queries, however you can ring after 4pm to leave a message.
5	The phone service is on answer phone or just rings out.
6	Unsure, the telephone is not answered at times.
7	Recently following change in service we were not even told we had to phone a GP surgery to obtain contact details that had changed. Fax's will not go through, telephone not answered and no contact at actual premises.
8	Usually get an answer machine.
9	na
10	Answer phone and no one calls back.

11	Phones always engaged or not answered.
12	Phone is not answered, email is not replied to often the only solution is to physically call at the building and hope someone answers the door. A letter went out a few months ago with contact numbers and one was a number that didn't exist.
13	It is very hard to get in contact as no one answers phone, if you email don't get a reply.
14	Wait times to get back to us.
15	Never answer the phone
16	
17	Usually answer phone and although messages are left, no one rings back.
18	Can only phone or fax them. They do not answer the phone all the time. They sometimes say they don't get our fax so we always ring to confirm they've received it.
19	No one answers the phone or no information about update phone/fax numbers.
20	Always an answering machine
21	telephone

**Q16. This is a follow-on from Q15.**

Do you feel residents experience a lack of dignity and respect in relation to receiving continence products? **If yes, why do you feel there is a lack of dignity and respect?**

Respondents	Responses
1	There is no personal aspect to this service.
2	Because sometimes their prescription needs to be changed and it is very difficult to action this so in the mean time Service Users could be reliant on products that are too small/too big.
3	When pull ups are needed rather than inserts to support independence with personal care, many clients refuse inserts due to embarrassment, difficulty using them independently, therefore having to rely on others.
4	Dementia residents find it hard at the best of times and the products used as not always suited for everyone.
5	n/a
6	Would you like 12 weeks of pads in your room on display?
7	Inadequate continence products sent or delivered on time resulting in increased incontinence, lack of sleep and feeling worried and embarrassed.
8	They are advised by the Continence team that they are allowed 3.6 pads a day - so even if they are wet the resident experiences lack of respect or dignity - we as a service at our own cost purchase the additional products so the residents can have some dignity and respect.
9	Its not a personalised approach they make decisions based on paperwork only no interaction. Not everyone fits into a box.
10	na
11	Those getting wrong pads are not comfortable.
12	Because they are only given 4 a day to use that's not enough.
13	As mentioned above no choice for pull ups. Also limit to number of products supplied which does not relate to the continence

	needs of people with polyuria.
14	Quantity and quality are not sufficient. Not getting what they need more what is the cheapest. Not being assessed by an expert to order the correct pad for each individual. More accidents and distress.
15	How would you like 3 months of pads piled up in your room for all to see.
16	Some products do not hold the waste.
17	<p>Because they live in a care home, if they don't receive products then we have to purchase them for them or make do utilising anything we can. If they were at home, they would receive their proper product as assessed.</p> <p>Also, immediately, a resident who is still able to go to the toilet themselves and is assessed for "pull ups" due to urgency incontinence walks into our home, we deskill them as they cannot have "pull ups" in a care home and due to not being able to manage cognitively to put their "slip" product on with net knickers they have to be assisted to the toilet by staff.</p>
18	They become incontinent and become distressed.
19	Amount of pads allocated to each service user does not match their needs. Pull ups are more dignified but are now unavailable.
20	They are not given the correct pads. They are not given enough pads to meet their needs. They are not assessed by a professional and experienced person.
21	most of the residents getting size 6 pads.
22	Poor service.

## Continence Service out in the community

It is important to note that Healthwatch Sefton has also gathered feedback from individual members living independently in Sefton. Similar issues have arisen including:

- Changes to continence products not suitable for individual needs
- Difficulty in contacting the service, not being told change in contact details
- Unaware of who the service provider is
- Difficulty in trying to arrange an assessment

Working in partnership with the Trust, Healthwatch Sefton has fed in the individual issues on an on-going basis.

## Acknowledgements

Healthwatch Sefton would like to thank Robert Anglesea, Quality and Compliance Officer, Sefton Council for working in partnership with Healthwatch Sefton and facilitating the roll-out of the survey to all the Care Homes across Sefton.

Healthwatch Sefton would like to thank all the Representatives who attended the forum and provided valuable feedback on the continence service.

Healthwatch Sefton would like to thank everyone who took the time to complete the survey on-line.

## Conclusion and issues to be reviewed

It is evident from the responses that care home representatives completing the survey felt overall residents did not receive enough continence products to meet their individual needs, nor did they feel it was easy to refer a new resident into the service so that they received their products in good time.

**62%** of the respondents to the survey felt residents experienced a lack of dignity and respect in relation to receiving continence products.

Communication with the service overall was also highlighted as an issue.

There are a number of issues Healthwatch Sefton would like to raise following the Dementia Provider Forum meeting held during November 2017 and subsequent survey sent out to care homes across Sefton during December 2017 to January 2018.

<b>Issue / Request for information</b>	<b>Response from the Trust</b>	<b>Action</b>	<b>To be completed by</b>
<p>1. To provide Healthwatch Sefton with a copy of the current continence service specification.</p>	<p>Following the transfer of services to LCFT in May 2017 and as a result of planned transformation we will work with commissioners to review and revise service specifications where necessary on a rolling programme. The services outlined in the report represent one aspect of the continence service that we are commissioned to provide.</p>	<p>Specification attached</p>	<p>Wendy Heckels Service Manager - LCFT</p>

<p>2. For the Trust to review the continence service in-line with the service specification in partnership with NHS Southport &amp; Formby CCG.</p> <p>Review to include engagement with the Dementia Provider Forum Representatives, community members and Healthwatch Sefton. To provide the opportunity to be listened to and heard in the delivery of improvements to the service.</p> <p>For the review to take into consideration the findings within this report including the following areas:</p>	<p>The continence service transferred to Lancashire Care Trust in May 2017 following a tender process. We have undertaken a review with the service with commissioners to identify areas for transformation.</p> <p>We are currently embarking on an engagement process with service users and care home providers as part of a product review initiative. We have invited these groups to one of three events being held throughout May and June across Sefton.</p>	<p>Formalise the interface with the Dementia Provider Forum. We will work with Healthwatch Sefton to identify any other stakeholders to ensure comprehensive engagement.</p>	<p>Ian McGoay, Relationship Manager - LCFT</p>
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<p>2a The Trust to provide clear guidance and communication channels to care homes and individuals on how they can contact the continence team re: continence queries, orders etc...</p>	<p>As part of mobilising the contract new contact numbers were developed this was part of a digital telephony solution. However, as part of this process we are sorry that direct communication with the care homes did not take place, we apologise for this. The original numbers were diverted to the new numbers, in order to minimize disruption, with general practitioners and local trusts informed.</p>	<p>Development of a contact sheet for distribution to every care home containing contact numbers for the continence service including information about faxing.</p>	<p>Service Manager/Relationship Manager - LCFT</p>
<p>2b To review how the Trust deals with orders that are incomplete /in-correct / or have missing information. An effective and clear system to be put into place for care homes and individuals to be contacted / informed.</p>	<p>Since this service transferred to LCFT we have undertaken work to standardise administrative processes. We have developed a draft standard operating process for dealing with requests which includes improving communication with referrers when requests are incomplete.</p>	<p>Standard operating procedure developed</p>	<p>Team Coordinator/Service Manager - LCFT</p>

<p>2c To review patient discharge from the service taking into consideration feedback within this report. In particular when a patient is discharged due to errors or omissions on forms.</p>	<p>We have undertaken a period of caseload review. We made a decision to not support routine product deliveries for patients who had not accessed the provision service for over six months. This is to ensure that products do not continue to be distributed when needs have changed / they are no longer required. This has resulted in some patients contacting the service to reactivate provision and this is an opportunity for us to review their needs.</p>	<p>Continuation of caseload reviews</p>	<p>Team Coordinator/Service Manager - LCFT</p>
<p>2d Patient Assessments – clear guidance to be issued and communicated to care homes and individuals.</p>	<p>Currently the service uses a bespoke assessment document to support care homes to undertake assessments. This includes details of where to send the forms to once complete. However we feel this is an opportunity for us to develop a more robust assessment tool to support care home staff to identify resident's needs.</p>	<p>Review assessment forms in line with national guidance.  To explore how to support care homes with training to complete assessments.</p>	<p>Service Manager / Team Coordinator - LCFT</p>

<p>To clarify if all new patients are entitled to an assessment?</p> <p>To clarify if a patients 'needs' change, do they qualify for a new assessment?</p> <p>To clarify what the patient assessment entails:</p> <p>To include:</p> <ul style="list-style-type: none"> <li>• Individual patient assessments in a timely manner to ensure correct continence products are issued including correct size and type of pads. To include new patients and changes to patents circumstances.</li> <li>• Provision of pull-up pads in particular for patients with dementia.</li> </ul>	<p>Provision of products should be based on individual need and factoring in medical, social and environmental factors.</p> <p>This means that we see a broad range of products being issued to meet the needs of the patients we serve.</p> <p>We review the proportionality of products used quarterly with our provider NHS Supplies. In relation to pull up products specifically we can see in the 12 months since we have led the service an improvement in provision from 7.81% to 14.10%.</p> <p>All patients irrespective of their location are given an assessment by either the care home or LFCT practitioner, these are reviewed in line with changes to clinical need.</p> <p>We are currently working with our sub-contractor NHS supplies to ensure delivery is in a timely fashion.</p> <p>Through engagement events we have planned we will continue or review formularies of products available to ensure they meet patients' needs. In addition we will be working with our new product provider to target care homes with the greatest need for support.</p>		
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<p>2e</p> <ul style="list-style-type: none"> <li>To review number of continence products issued per patient per day.</li> </ul>	<p>We collect the spend data on continence products for people in their own homes and those in care homes, in line with national benchmarking practice. There is no difference in spends between the two settings and in Q4 we were above the national average for all patients for cost per day on continence products. Products are prescribed based on individual needs.</p>	<p>Continued review of the number / value of items issued to patients in line with national best practice</p>	<p>Service Manager / Team Coordinator - LCFT</p>
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<p>2f To review how new patient referrals are dealt with. At present there is a 12 weekly delivery system in place which can leave new patients without access to continence products.</p>	<p>The service currently uses a 12 week delivery cycle. We are not aware this should affect delivery of the first order. However we meet regularly with NHS Supplies who coordinates our deliveries on our behalf and will try to understand better where the delivery cycle may be affecting access to products</p>	<p>To map the process with NHS supplies of first orders.</p>	<p>Team Coordinator/Service Manager - LCFT</p>
<p>2g To provide clear guidance for care homes and individuals to report issues / concerns or complaints regarding the continence service. To ensure this is communicated effectively.</p>	<p>We will ensure the contact details of the service is shared with all care homes. Any issues that cannot be resolved locally we direct service users to contact our hearing feedback team.</p>	<p>To develop a contact sheet for every care home with contact numbers for the continence service including information about Faxing.  Provide care homes with the details for hearing feedback</p>	<p>Team Coordinator/Service Manager - LCFT</p>

## Response from Lancashire NHS Foundation Trust

The provision of continence products is part of a wider service specification for the provision of continence services for all residents across Sefton, including those in their own homes and in care homes. The report focuses on the care home sector. Currently we work with the care home sector, who undertakes the assessment themselves using an agreed assessment form and our service co-ordinates the product provision along with our sub-contractor NHS Supplies.

Following transfer of services into Lancashire Care in May 2017, we identified early that work needed to be done to address quality issues in the service. This work is currently ongoing and we are working to standardise practices, improve access and listen closely to feedback. In June 2018 we are moving to a new provider of continence products and we have worked closely with stakeholders to ensure all views have been taken into account. We see this as a positive opportunity review product provision for many people who use our services.

We are grateful for the feedback provided by Healthwatch and this will enable us to focus aspects of our transformation plans to address;

- Assessments Tools used in care homes
- Delivery cycles
- Accessing and contacting the service
- Provide training and support to care homes
- Building closer relationships with third sector providers and advocacy groups

In addition we are continuing to review the quality of our delivery service quarterly with our partner NHS Supplies.

We apologise that respondents felt residents experienced a lack of dignity and respect in relation to receiving continence products we will continue to work with care home and other users of our services to ensure that we provide a timely, responsive, patient centered service.

Donna Lynch

**Deputy Head of Operations**

**On Behalf of Lancashire Care NHS Foundation Trust**

## Contact us

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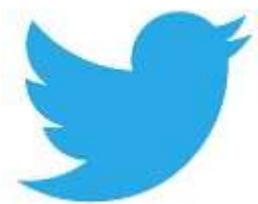
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## Control Form

<b>Date Submitted:</b>	14 <sup>th</sup> May 2018
<b>Date Response Due:</b>	12 <sup>th</sup> June 2018
<b>Date Response Received:</b>	
<b>Follow up action:</b>	

Submitted to:

<b>Trust</b>	
<b>NHS South Sefton and Southport &amp; Formby CCG Accountable Officer</b>	
<b>NHS South Sefton and NHS Southport &amp; Formby CCG Lead Nurse</b>	
<b>NHS South Sefton and NHS Southport &amp; Formby CCG Lay Advisors</b>	
<b>NHS South Sefton and NHS Southport &amp; Formby CCG Engagement lead</b>	
<b>Local Authority (Sefton MBC) commissioner</b>	
<b>Cabinet Member for Health &amp; Social Care</b>	
<b>NHS England Quality Surveillance Group</b>	
<b>Healthwatch Sefton Steering Group</b>	
<b>Healthwatch Sefton website.</b>	