Clinical Practice

Award winner

Continence promotion and care

Keywords Multidisciplinary care/ Patient safety/Carers/Continence

In this article...

- The prevalence and impact of incontinence for people who have had a stroke
- How a hospital implemented multidisciplinary continence care for stroke patients
- The initiative's benefits for patients, carers, ward staff and the hospital

A stroke continence service for inpatients and after discharge

Nursing Times Awards

This initiative won the **Continence Promotion and Care category** in the 2025 Nursing Times Awards. To find out more about the Nursing Times Awards go to **awards.nursingtimes.net**

Key points

Following a stroke, incontinence and associated risks to physical and mental health are common

In a new service, a hospital's continence team conducted a weekly ward round to support stroke patients

Support is also now available for patients and their carers for 12 weeks following discharge

The service has improved patient safety and experience, and there have been time and cost savings

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Abstract Incontinence is common following a stroke. To address this, a hospital implemented a specialist stroke continence service to support patients. The continence team implemented a weekly specialist ward round and, following patients' discharge, they were given 12-week access to individualised care for themselves and their carers. As a result of the initiative, patient safety was improved and the stroke ward made savings in both costs and clinical time.

Citation Mashingaidze K (2026) A stroke continence service for inpatients and after discharge. *Nursing Times*; 122: 7.

Strokes are a "leading cause" of mortality and disability in the UK, with around 100,000 occurring per year (National Institute for Health and Care Excellence, 2025). The Intercollegiate Stroke Working Party's (2023) guideline highlights that urinary and faecal incontinence following a stroke are common and increase patients' risk of:

- Pressure ulcers;
- Skin damage;
- Low confidence and mood;
- Engagement with recovery.

In the acute stroke inpatient ward at Hampshire Hospitals NHS Foundation Trust, we recognised that our approach to continence care needed development to meet the objectives outlined in this guideline. The ward's high turnover of patients was resulting in people's continence status following a stroke not being assessed beyond basic requirements as part of their day-to-day care. This was leading to an inappropriately high reliance on continence pad use, which is not always the most appropriate approach for incontinence management after a stroke – particularly as it can negatively affect a patient's self-image and dignity (Agnew, 2023). There was also a lack of specialist clinical input into the containment products procured and provided to the ward.

Additionally, patients were being discharged from hospital without an appropriate continence care plan. As highlighted by the Intercollegiate Stroke Working Party (2023), this meant many were at an increased risk of falls, pressure ulcers and harm to their mental health and personal relationships. Discharged patients who required continence support were referred to community services, which could have long waiting times and offered little neurogenic bladder and bowel support.

Aims

We wanted to provide a dedicated bladder and bowel service to support patients who have had a stroke, both during their hospital stay and following discharge. Our aims were to improve patient safety outcomes by reducing falls, hospital-acquired pressure ulcers and moisture-associated skin damage.

Implementation

We created a specialist stroke continence service, dedicated to neurogenic changes

to the bladder and/or bowel. We set up a weekly continence ward round, conducted by the hospital's specialist continence team. The continence team also upskilled all of our ward staff through training sessions to increase our competence in assessing and managing incontinence. Two continence ambassadors were nominated on the ward to ensure 24-hour provision of gold-standard continence care that focuses on removing the shame and indignity that surround incontinence. We also enhanced the ward's patient documentation to ensure standardised continence management.

Additionally, we wanted to create a service that offered provision beyond the bedside, supporting patients with continence care in their own environments following discharge. Therefore, all inpatients admitted to the ward are now entitled to support from the continence team for 12 weeks after discharge, inclusive of:

- Individualised care;
- Appropriate prescriptions of containment pads or washable products;
- Access to support and teaching;
- Biofeedback assessment;
- Education and peer support for patients' unpaid carers.

Outcomes

Since we implemented the initiative, 100% of the ward's patients have received direct access to the continence service during their hospital stay and in the 12 weeks following their discharge. This has enabled many to regain their continence status, meaning they are now not reliant on a pad prescription. Additionally, the ward's inpatients are no longer provided with a containment pad as standard: they now have access to a value-based procurement system, meaning they are given clinically selected products, inclusive of washable garments. This allows us to support patient dignity, safety and independence, while also promoting sustainability.

Ten stroke patients who have been supported by the continence team completed a questionnaire, and all of them said that they would recommend the service. Most said that the help and advice they were given was very useful, and the remainder said it was somewhat useful. The patients' qualitative feedback was also overwhelmingly positive:

"I had no idea that the stroke could affect my bladder and bowels, which frightened me. The continence team were hugely supportive, helpful and informative. They are a great team – very professional and yet personable – and I'm deeply indebted to them."

"Your advice and active help has made a huge improvement to my everyday life; for that I am truly grateful. I was motivated to apply everything we discussed – something a leaflet could never have achieved."

Team members Katie, Georgie and Becky collecting their award from Julia Thrush from the Association of Continence Professionals (far left) and host and broadcaster Kate Garraway (far right)

"The team provided clear evidence of collaboration with patients and families throughout the process. Alongside proactive continence promotion, the team also improved dignified, patient-centred end-of-life continence care when recovery was not possible" Judges' comments

As a result of the initiative, patient safety has improved. There has been a 26% reduction in recorded falls and a 10% decrease in pressure ulcers to the buttocks and sacrum. These outcomes also mean reductions in both clinical time and costs, resulting in a saving to the NHS of £2,000-£20,000 per pressure ulcer (Birmingham and Solihull Mental Health NHS Foundation Trust, 2024) and £2,600 for each fall avoided (Boot et al, 2023). Further cost and time savings have been achieved through the ward's considerable reduction in pad use.

The ward staff have also benefited from the initiative through increased education and empowerment. An audit showed that, before the initiative, 27% of the ward's staff felt satisfied with the continence product being used for each patient; following implementation, this rose to 100%. The audit also showed that ward staff now recognise their role in supporting patients who are either living with incontinence or regaining their continence status, aided by positive relationships with their colleagues:

"The continence team are lovely. They provide us with good information, whilst valuing our clinical opinion."

Challenges

We experienced multiple challenges during the process of implementing the initiative, including succession planning, as it was difficult to consider what the service would look like in the future. However, the hardest part of creating the required change was gaining buy-in from staff members. It is challenging to break down existing cultures and to encourage your colleagues to view your specialty in the way that you do; for us, this meant supporting staff to believe that continence care can be individualised, dignified and patient centred.

Conclusion and next steps

To improve stroke patients' continence care, the hospital's continence team upskilled the stroke ward staff, established a weekly specialist ward round, and provided 12-week support for patients following discharge. As a result, patient safety and experience have improved, and we have achieved cost and clinical time savings. Moving forward, there are plans to employ this approach to sustainability and pad use reduction across the trust. **NT**

Advice for a similar project

- Get to know your stakeholders
- Decide on your key priorities
- Prepare for when things do not go to plan
- Be flexible in your project design

References

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