

THE BEST PRACTICE MODEL OF CONTINENCE CARE IN RESIDENTIAL AGED CARE



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The Best Practice Model of Continence Care in Residential Aged Care

Principle 1: Continence Care is Person-Centred through Supported Shared Decision-Making

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| Description | Person-centred care concepts that are key to principle one of the Model are: choice, autonomy, personhood, values, goals, preferences, supported shared decision-making and involvement of significant others . Person-centred care is an essential foundation for health-care quality and patient safety and is a high priority for the delivery of health and aged care services. Person-centred continence care depends on a coordinated interdisciplinary approach incorporating ongoing communication between a resident, their care partner(s) and the healthcare team. It is operationalised through a structured process known as ‘supported shared decision-making’. The process involves engaging residents and, care partner(s) (where appropriate) in a narrative about themselves and their lives. A supported shared decision-making process provides a way to identify and understand a resident’s values, preferences, and goals and integrate them into their clinical care. A resident may need support to identify and express their values, preferences and goals for care. |
| Application to Practice | Providers have policies, procedures and systems in place to: <ul data-bbox="492 805 2078 1045" style="list-style-type: none">• Identify, document and communicate a resident’s individual continence care values, goals and preferences through a supported shared decision making process. <i>(Quality Standard 2)</i>• Implement person-centred continence management that aligns with a resident’s continence care values, goals, preferences and clinical care needs. <i>(Quality Standard 3)</i>• Uphold a residents’ right to exercise autonomy related to their continence care values, goals and preferences whilst ensuring they are safe. <i>(Quality Standard 1)</i> |
| Resident Outcomes | <ul data-bbox="492 1045 2078 1251" style="list-style-type: none">• Choice and dignity underpin all aspects of a resident’s continence care. <i>(Quality Standard 1)</i>• Continence care practices enhance a resident’s choice, autonomy, and dignity, and align with their values, goals, and preferences. <i>(Quality Standard 1)</i>• Information about a resident’s continence care needs is collected with that resident’s consent and remains confidential. <i>(Quality Standard 1)</i> |

Principle 2: Continence Care is Clinically Informed through an Assessment Process

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| Description | A comprehensive evidence-informed continence assessment conducted by staff with the requisite knowledge and skills is a crucial first step in the provision of clinically informed and person-centred continence care. Practices that are central to clinically informed continence care are: (i) the use of reliable and valid tools such as the <i>Continence Resources for Aged Care</i> to support continence screening, assessment and care planning for older people; (ii) relevant, accurate and comprehensive information ; and (iii) the involvement of residents and, if appropriate, their nominated care partner(s) . |
| Application to Practice | Providers have policies, procedures and systems in place to: <ul style="list-style-type: none">• Comprehensively screen, assess, document and communicate a resident's clinical continence care needs. <i>(Quality Standard 2)</i>• Identify who to involve as a care partner in a resident's continence care assessment, planning and evaluation. <i>(Quality Standards 1, 2)</i>• Use a comprehensive and evidence-informed continence assessment tool (i.e. the Continence Resources for Aged Care) that prompts assessment of all factors that contribute to bladder and/or bowel dysfunction, including non-biological factors, and use that assessment to inform continence care planning, care and evaluation. <i>(Quality Standard 2)</i>• Interpret the assessment findings to develop a continence care plan that:<ul style="list-style-type: none">○ Aligns with a resident's values, goals and preferences. <i>(Quality Standards 1, 3)</i>○ Promotes healthy bladder and bowel function. <i>(Quality Standard 3)</i>○ Addresses a resident's emotional, social and clinical care needs including elimination, skin care and hygiene needs. <i>(Quality Standard 3)</i>○ Identifies the most appropriate type of continence care (i.e. using the Continence Care Decision Support Tool – for Residential Aged Care Staff) <i>(Quality Standard 3)</i>○ Minimises the risks of incontinence-associated dermatitis, falls, depression, and bladder and bowel signs and symptoms that warrant medical attention such as urinary tract infections, urinary retention, renal failure, constipation, faecal impaction, voiding difficulties, bowel obstruction. <i>(Quality Standard 3)</i>○ Addresses a resident's need for services and supports for daily living i.e. incontinence products, assistance, and/or specialist care. <i>(Quality Standard 4)</i> |

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| | <ul style="list-style-type: none">• Involve specialists such as Medical Practitioners/Specialists; Nurse Practitioners; Advanced Practice Nurse; Nurse Continence Specialists; Urology Nurses; Physiotherapists; Accredited Practicing Dietitians; Wound Management Specialists/Consultants; and Therapists to assess and manage co-existing comorbid conditions that impact a resident's continence status or ability to successfully toilet. <i>(Quality Standards 3, 7)</i> |
| Resident Outcomes | <ul style="list-style-type: none">• A resident has access to a comprehensive and evidence-informed assessment to identify their continence care values, goals, preferences, and clinical care needs. <i>(Quality Standard 2)</i>• A resident is able to choose who to involve in their own continence care planning and evaluation. <i>(Quality Standards 1, 2)</i>• A resident receives continence care that:<ul style="list-style-type: none">○ Aligns with their values, goals and preferences. <i>(Quality Standard 3)</i>○ Promotes healthy bladder and bowel function. <i>(Quality Standard 3)</i>○ Addresses their emotional, social and clinical care needs, including elimination, skin care and hygiene needs. <i>(Quality Standard 3)</i>○ Minimises the risks of incontinence-associated dermatitis, falls, depression, and bladder and bowel signs and symptoms that warrant medical attention. <i>(Quality Standard 3)</i>○ Addresses their need for services and supports for daily living i.e. incontinence products, assistance, and/or specialist care. <i>(Quality Standard 4)</i>• A resident can access specialist support, including medical advice about medications and other factors that potentially influence bladder and bowel function. <i>(Quality Standards 3, 7)</i>• A resident is involved in their own continence care assessment, planning and evaluation, and their care plan is readily available to them. <i>(Quality Standard 2)</i> |

Principle 3: Continence Care is Informed by the Best Available Evidence

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| Description | Increasing and expanding the capability of the aged care workforce to access, understand, use and embed evidence in their work practice is a priority. This principle encapsulates continence care that is informed by the best available evidence about incontinence, bladder and bowel function and about person-centred care. All individuals involved in a resident's continence care should have an understanding of, and commitment to evidence-informed practice to ensure that a resident's continence care is informed by the best available evidence. An evidence-practice gap leads to ineffective, unnecessary or potentially harmful care. Resident and family member testimony are important sources of evidence, as are clinical practice guidelines, research studies, and systematic reviews . Organisations should have strategies in place to support the workforce to access evidence, interpret it, and translate it into practice. |
| Application to Practice | Providers have policies, procedures and systems in place to: <ul style="list-style-type: none">• Use a comprehensive and evidence-informed continence assessment tool (i.e. the Continence Resources for Aged Care) that prompts assessment of all factors that contribute to bladder and/or bowel dysfunction, including non-biological factors, and use that assessment to inform continence care planning, care and evaluation. (<i>Quality Standard 2</i>)• Facilitate staff access to contemporary evidence about bladder and bowel symptoms and continence care, such as Clinical Practice Guidelines. (<i>Quality Standards 7</i>)• Ensure that a resident's continence care is based on the best available contemporary evidence. (<i>Quality Standard 7</i>) |
| Resident Outcome | <ul style="list-style-type: none">• A resident's continence care is based on the best available contemporary evidence. (<i>Quality Standards 3, 8</i>) |

Principle 4: Continence Care Protects a Resident's Dignity

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| Description | <p>Dignity is a core value that informs and guides continence care in many care settings, including residential aged care homes. Aged care providers have a duty to maintain residents' dignity, even when there is a question mark about residents' capacity or awareness about what is happening to them. Whilst some continence care practices honour a resident's dignity, others can diminish it. Continence care practices that are characterised by respect, empathy, trust, privacy, autonomy and communication, are likely to honour a resident's dignity (Ostaszkiwicz et al., 2020a). For example, the way a care provider communicates with a resident about incontinence or care dependence and interacts with them during continence care interactions is likely to uphold or diminish that resident's dignity. People often differ in their beliefs about what causes their own dignity, or the dignity of others to be violated, i.e. use of an incontinence product could honour the dignity of one resident, and diminish the dignity of another. Hence, it is important to understand the resident's values, preferences, and goals and integrate them into their clinical care.</p> |
| Application to Practice | <p>Providers have policies, procedures and systems in place to:</p> <ul style="list-style-type: none">• Ensure staff have a shared understanding of continence care practices that are likely to honour a resident's dignity. <i>(Quality Standards 1, 7)</i>• Equip staff with therapeutic communication skills to manage the interpersonal dynamics of the caregiving encounter in ways that protect a resident's dignity, builds their resilience, and promotes their physiological and psychological wellbeing. <i>(Quality Standards 7)</i>• Ensure staff are aware of the role of empathy and trust in the caregiving relationship. <i>(Quality Standard 7)</i>• Ensure a resident's continence care plan addresses the goal of their dignity. <i>(Quality Standards 1, 2)</i>• Ensure the home is equipped with features to protect a resident's dignity and privacy during toileting or changing of incontinence products, such as curtains and doors, and private bathrooms where possible. <i>(Quality Standard 5)</i> |
| Resident Outcomes | <ul style="list-style-type: none">• Choice and dignity underpin all aspects of a resident's continence care. <i>(Quality Standard 1)</i>• A resident receives continence care that protects their dignity, thus maintaining their personhood and integrity. <i>(Quality Standard 1)</i> |

Principle 5: Continence Care Optimises a Resident's Functional Abilities

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| Description | <p>An older person's continence status is directly related to their functional status. Functional status refers to a person's mobility, lower limb strength, transfer ability, balance and toileting skills. Maintaining or restoring a resident's functional status can improve or restore their continence status. Continence care should therefore focus on preventing or slowing the rate of functional decline or helping a resident to regain lost function, through incidental and prescriptive activity. Strength training programs should be developed and delivered in an individualised way in consultation with trained therapists. A coordinated, multidisciplinary approach is essential. This approach involves all staff working together with the resident to conduct a 'functional assessment' and to develop and implement a plan of care that optimises a resident's functional abilities.</p> |
| Application to Practice | <ul style="list-style-type: none">• Providers have policies, procedures and systems in place to identify and respond to opportunities to maintain or improve a resident's functional status. <i>(Quality Standard 3)</i>• Providers ensure a resident has access to individualised strength training programs to maintain or improve their functional status. <i>(Quality Standard 3)</i>• Providers ensure a resident's strength training program is developed and delivered in consultation with trained therapists. <i>(Quality Standard 3)</i>• Providers ensure the physical design of the home optimises a resident's continence and independence. Barriers such as poor lighting, poor access, inadequate space, a cluttered environment, poor toilet signage, distance to toilet, lack of gender appropriate toilets, lack of access to a call bell and malodour are addressed. <i>(Quality Standard 5)</i>• Providers ensure a resident has access to assistive equipment to optimise their continence and independence. <i>(Quality Standard 5)</i>• Providers ensure a resident is able to request and obtain appropriate assistance to optimise their continence and independence. <i>(Quality Standard 5)</i> |
| Resident Outcome | <ul style="list-style-type: none">• A resident has access to continence care that maintains or improves their functional and continence status. <i>(Quality Standard 3)</i> |

Principle 6: Continence Care is Timely and Responsive

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| Description | <p>Best practice continence care responds to the different needs of residents and also accommodates the fact that a resident's need for support may change over time. Timely and responsive continence care is characterised by:</p> <ul style="list-style-type: none">• Timely responses to a resident's request for assistance.• Practices that aim to make a resident feel comforted and comfortable.• Timely responses to changes in a resident's bladder and bowel symptoms and continence care needs.• Care plans that are responsive to resident differences and to a change in a resident's continence care needs. <p>A lack of timely and responsive continence care causes iatrogenic or potentially preventable incontinence as does the promotion of incontinence products as a substitute toilet. The more satisfied residents are with staff responses to their calls for help with toileting, the more satisfied they are with the home.</p> |
| Application to Practice | <p>Providers have policies, procedures and systems in place to ensure staff have the knowledge, skill and resources to:</p> <ul style="list-style-type: none">• Identify and respond in a timely and responsive way to residents' requests for support to maintain continence or to manage incontinence. (<i>Quality Standards 3, 7</i>)• Identify and respond in a timely and responsive way to changes in a resident's continence care needs. (<i>Quality Standards 3, 7</i>)• Develop, implement and evaluate continence care plans that are targeted and responsive to resident differences, including:<ul style="list-style-type: none">○ A preventative continence care plan. (<i>Quality Standard 7</i>)○ A restorative continence care plan. (<i>Quality Standard 7</i>)○ A maintenance continence care plan. (<i>Quality Standard 7</i>)○ An end-of-life continence care plan. (<i>Quality Standard 7</i>) |
| Resident Outcome | <ul style="list-style-type: none">• A resident receives timely and responsive continence care. (<i>Quality Standard 1</i>) |

Principle 7: Continence Care is Inclusive and Respectful of a Resident’s Culture, Diversity, Identity and Life Experiences

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| <p>Description</p> | <p>A person-centred approach to continence care is characterised by a tailored and appropriate approach to meeting the needs of residents with diverse characteristics. The Model stresses a resident’s rights to inclusive and respectful continence care, while embracing their culture, diversity, identity, and life experiences. Factors that support the provision of inclusive, respectful continence care are: (i) <i>Adoption of contemporary diversity policies</i>; and (ii) <i>Adoption of a human rights-based approach to healthcare</i>.</p> |
| <p>Application to Practice</p> | <ul style="list-style-type: none"> • Providers ensure that staff who are delivering continence care have access to cultural competency training and diversity training that aligns with local needs, and equips staff with the knowledge and skills to: <ul style="list-style-type: none"> ○ Develop continence care plans that consider a resident’s individual needs with regards to culture, diversity, identity, life experience, access and equity. <i>(Quality Standard 7)</i> ○ Deliver skilled and sensitive continence care for a resident who identifies as Lesbian, Gay, Bisexual, Transgender and Gender Diverse, and/or Intersex. <i>(Quality Standard 7)</i> ○ Deliver skilled and sensitive continence care for a First Nations resident. <i>(Quality Standard 7)</i> ○ Deliver skilled and sensitive continence care for a resident from a Culturally and/or Linguistically Diverse background <i>(Quality Standard 7)</i> ○ Deliver trauma-informed continence care for a resident with diverse life experiences. <i>(Quality Standard 7)</i> • Providers have workforce recruitment and retention approaches in place to ensure that staff delivering continence care reflect the diversity of residents and the community, such as the employment of bilingual and First Nations staff. <i>(Quality Standard 7)</i> • The governing body ensures that the <i>Aged Care Diversity Framework</i> and its accompanying <i>Action Plans</i> are embedded into organisational planning practices related to continence care. <i>(Quality Standard 8)</i> |
| <p>Resident Outcomes</p> | <ul style="list-style-type: none"> • A resident receives continence care that respects and responds to their individual needs with regards to culture, diversity, identity, life experience, access and equity. <i>(Quality Standard 1)</i> • A resident and/or their nominated care partner(s) have access to translation services and/or information in an accessible format when discussing that resident’s continence care needs. <i>(Quality Standards 2, 7)</i> |

Principle 8: Continence Care is Safe

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| Description | <p>Principle eight relates to the right for a resident with continence care needs to be safe at all times. Safe continence care is planned, integrated, coordinated and evaluated. It is enabled and characterised by:</p> <ul style="list-style-type: none">• <i>A systematic approach to continence care planning and delivery</i>• <i>The involvement of residents and care partners</i>• <i>Feedback systems</i>• <i>The use of evidence-informed quality indicators</i>• <i>An appropriately trained and skilled workforce</i>• <i>The adoption of aged care policies and principles</i>• <i>Systems and processes to respond effectively to changes in a resident's continence care needs and bladder and/or bowel symptoms that require medical attention</i> <p>Although it is ultimately the governing body's responsibility to ensure a resident is safe through good corporate governance, including clinical governance, many governance responsibilities are distributed throughout the organisation (Australian Commission on Safety and Quality in Health Care, 2017). This means, although the governing body bears the overall responsibility of establishing sound policies and procedures to ensure continence care is planned, integrated, coordinated and evaluated; implementation involves contributions by individuals and teams at all levels of the organisation.</p> |
| Application to Practice | <ul style="list-style-type: none">• The governing body has a clinical governance framework characterised by systems and processes for screening, assessing, managing, communicating, auditing, and evaluating a resident's continence care needs. (<i>Quality Standard 8</i>)• The governing body has systems and processes in place to identify and respond effectively to changes in a resident's continence care needs, such as:<ul style="list-style-type: none">○ A referral system for urgent medical or specialist attention for bladder and bowel symptoms that warrant medical attention such as urinary tract infections, urinary retention, renal failure, constipation, faecal impaction, voiding difficulties, bowel obstruction. (<i>Quality Standard 8</i>)○ A mechanism to monitor, report and reduce the risks associated with incontinence such as incontinence-associated dermatitis, falls, and depression. (<i>Quality Standard 8</i>) |

- A monitoring and review system to ensure minimal use of: (i) anticholinergic medication, (ii) opioid medication, (iii) laxatives, and (iv) urinary and/or faecal diversions, and to ensure their use remains clinical valid and that there are no adverse side effects. (*Quality Standard 8*)
- Standardised infection prevention programs that are integrated into policy and practice to minimise the risks associated with urinary and faecal diversions, including the risk of antibiotic resistance. (*Quality Standard 8*)
- The governing body monitors/audits the quality and safety of continence care to inform continuous quality improvement and uses evidence-based quality indicators for continence care. (*Quality Standard 8*)
- The governing body ensures that the organisation has:
 - A stable cohesive workforce of employees who know residents and their individual continence care needs
 - A workforce with strong leadership, including clinical leadership.
 - Clearly defined roles, responsibilities and accountabilities and clear lines of communication among staff who provide direct or indirect continence care and processes to assess the continence care competence of the workforce and monitor if staff are working within their defined scope of practice.
 - A sufficient number of staff with the knowledge and skills to implement best practice continence care.
 - Staff who have undertaken cultural competency training and diversity training.
 - Staff access to specialist clinical advice about continence care.
 - Staff access to education programs about continence care that:
 - Are informed by contemporary evidence about bladder and bowel health, incontinence, person-centred care and supported decision-making, and equip all staff who provide continence care with the competence to communicate with residents' and/or their nominated care partner(s) about a resident's continence care needs and to convey kindness and empathy
 - Accredited and provided by individuals/organisations that do not stand to gain financially from the promotion of incontinence
 - Reflect contemporary evidence about culture and diversity.
 - Are informed by contemporary aged care policies, standards of practice, and codes (*Quality Standard 8*).
- The governing body implements change-management strategies and evidence-informed interventions related to continence care that are tailored to organisational culture to promote adoption and sustainability. (*Quality Standard 8*)
- The governing body provides a mechanism for a resident and/or their nominated care partner(s) to input into the development and evaluation of clinical governance related to continence care. (*Quality Standard 8*)

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| | <ul style="list-style-type: none">• Providers have processes in place to capture feedback from a resident, their nominated care partner(s) and the community about continence care, and demonstrate how they have acted on this feedback. (Quality Standard 6) |
| Resident Outcomes | <ul style="list-style-type: none">• A resident with continence care needs, including a resident with a urinary and/or faecal diversion has access to evidence-informed, person-centred clinical care that keeps them safe. (Quality Standard 3)• A resident and/or their nominated care partner(s) have the opportunity to be involved in developing and improving continence care practices, including systems and processes for screening, assessing, managing, communicating, auditing, and evaluating a resident's continence care needs. (Quality Standard 8)• A resident, their nominated care partner(s) and the community have regular opportunities to provide feedback on and engage in discussion about continence care. (Quality Standard 6)• A resident has access to specialist support from Medical Practitioners/Specialists; Nurse Practitioners; Advanced Practice Nurse; Nurse Continence Specialists; Urology Nurses; Physiotherapists; Accredited Practicing Dietitians; Wound Management Specialists/Consultants; Therapists; and Continence Clinics. (Quality Standards 3, 7) |


Principle 9: Continence Care is Provided by an Appropriately Trained and Skilled Workforce

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| Description | <p><i>Caring without competence often leads to harm, while competence without caring is often inhumane</i> (Marcum, 2012). This important statement emphasises the importance of a workforce that is appropriately trained and skilled, has the requisite competence to undertake their role, and is clear about their own roles and responsibilities and those of their colleagues. An appropriately trained and skilled workforce is critical to the implementation of evidence-based, safe, clinically informed, person-centred continence care that optimises a resident’s functional abilities and responds to their individual needs, choices and dignity.</p> <p>A trained and skilled workforce has:</p> <ul style="list-style-type: none">(i) Access to evidence-informed education about person-centred continence care(ii) Continence care competencies<ul style="list-style-type: none">• Communication skills• Attributes of kindness and empathy• A commitment to honouring each resident’s dignity• Cultural competence• The ability to identify and respond to changes in a resident’s continence care needs and bladder and/or bowel symptoms that require medical attention(iii) Clarity of roles and responsibilities. The ability to work as a member of a team and understand their own and other staff members’ roles and responsibilities and work within their scope of practice. |
| Application to Practice | <ul style="list-style-type: none">• Providers ensure a resident has access to specialist support and continence care from a workforce with relevant knowledge or qualifications to assess and manage a resident’s continence care needs. (<i>Quality Standards 3, 7</i>)• Providers offer regular education about continence care to all staff involved in providing or supervising a resident’s continence care (including registered professionals, support workers, supervisors and those in leadership roles). (<i>Quality Standard 7</i>)• Providers ensure staff have access to education programs that:<ul style="list-style-type: none">○ Are informed by contemporary evidence about bladder and bowel health, incontinence, person-centred care and supported decision-making, and equip all staff who provide continence care with the competence to |

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| | <p>communicate with a resident and/or their nominated care partner about the resident's continence care needs and to convey kindness and empathy. <i>(Quality Standard 7)</i></p> <ul style="list-style-type: none"> ○ Accredited and provided by individuals/organisations that do not stand to gain financially from the promotion of incontinence. <i>(Quality Standard 7)</i> ○ Reflect contemporary evidence about culture and diversity. <i>(Quality Standard 7)</i> ○ Are informed by contemporary aged care policies, standards of practice, and codes. <i>(Quality Standard 7)</i> <ul style="list-style-type: none"> ● Providers ensure that staff providing continence care have access to cultural competency training and diversity training (see Principle 7). <i>(Quality Standard 7)</i> ● Providers have systems in place to assess the continence care competence of the workforce and monitor if staff are working within their defined scope of practice. <i>(Quality Standard 7)</i> |
| Resident Outcome | <ul style="list-style-type: none"> ● A resident has access to best practice continence care from staff who are appropriately skilled and educated, including specialists <i>(Quality Standards 3, 7)</i> |

Principle 10: Continence Care is Appropriately Resourced

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| Description | <p>The implementation of evidence-based, safe, clinically informed, person-centred continence care that optimises a resident's functional abilities and responds to their individual needs, choices and dignity depends on appropriate resourcing. These resources include:</p> <ul style="list-style-type: none">• An enabling environment• Assistive equipment• Incontinence products• A sufficient number of skilled and qualified staff <p>An enabling physical environment that is resourced with an appropriate number of staff with the knowledge and skills to deliver continence care combined with the appropriate use of assistive equipment and incontinence products can optimise a resident's continence, independence, health, well-being and quality of life.</p> |
| Application to Practice | <ul style="list-style-type: none">• Providers have policies and procedures in place to identify and address structural conditions that contribute to poor quality continence care, i.e. physical environmental barriers, understaffing, and an insufficient number of adequately skilled and qualified staff. (<i>Quality Standards 5,7</i>)• Providers ensure the home optimises a resident's continence and independence and manages incontinence, including:<ul style="list-style-type: none">○ Clear signage to indicate the location of toilets in the home (including signage in languages that reflect the linguistic demographic of the resident population). (<i>Quality Standard 5</i>)○ The home is equipped with features to protect a resident's dignity and privacy during toileting or changing of incontinence products, such as curtains and doors, and private bathrooms where possible. (<i>Quality Standard 5</i>)○ Appropriate waste disposal systems and policies to handle incontinence products. (<i>Quality Standard 5</i>)○ Equipment and facilities related to toileting are safe, clean, well maintained and suitable for the resident.○ Sufficient supplies of suitable incontinence products that a resident can access when needed. (<i>Quality Standard 5</i>) |
| Resident Outcomes | <ul style="list-style-type: none">• A resident has access to best practice continence care from staff who are appropriately skilled and educated, including specialists. (<i>Quality Standards 3, 7</i>)• A resident and/or their nominated care partner(s) have access to translation services and/or information in an accessible format when discussing that resident's continence care needs. (<i>Quality Standards 2, 7</i>)• A resident has access to the products, equipment and toilets necessary to self-manage or have staff manage their incontinence and/or symptoms, consistent with their goals, values and preferences. (<i>Quality Standard 5</i>) |

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- A resident has access to assistive equipment that enables them to use the toilet, including hoists, walking frames, and railing within bathrooms. (*Quality Standard 5*)
 - A resident is able to access a call bell to enable them to request assistance with toileting and/or changing incontinence products. (*Quality Standard 5*)
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