HEALTH CONDITIONS AND CARE AT HOME

Continence care with dignity: a guide for families

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IN BRIEF

Incontinence is common in later life, but it is not an inevitable part of ageing and it can often be improved or even cured. Start with the GP, who can look for causes such as infection, constipation or medicines and refer to the NHS continence service, which may supply products. Good care protects the skin, keeps routines regular and always puts the person's dignity first.



IN THIS GUIDE

1. Why bladder and bowel problems happen in later life
2. How to get NHS continence help, step by step
3. Treatments that can help
4. Checklist: a three-day bladder diary
5. Choosing continence products
6. Caring for the skin
7. Protecting dignity
8. Routines that help
9. Managing nights
10. When to call the GP, 111 or 999
11. Checklist: a continence care kit
12. How care at home can help
13. Where to get support
14. Help with costs
15. What to do next
16. How we can help
17. Common questions

Why bladder and bowel problems happen in later life

Incontinence means leaking urine or faeces without meaning to. It is common, and it is often hidden because people feel embarrassed. But it is a symptom, not a diagnosis, and there is usually a reason that can be looked into.

The main types of bladder leakage are:

- **Stress incontinence:** leaks when coughing, sneezing, laughing or lifting, usually because the pelvic floor muscles are weaker.
- **Urge incontinence:** a sudden, strong need to go, with leaks before reaching the toilet.
- **Overflow incontinence:** the bladder cannot empty fully, so it leaks often. In men, an enlarged prostate is a common cause.
- **Mixed incontinence:** a combination of stress and urge.

Many older people also leak because they cannot reach or use the toilet in time, for example because of slow walking, arthritis, or dementia making it hard to find the toilet or recognise the need to go.

Bowel incontinence is less common but very distressing. One of the most frequent causes in older people is constipation, when hard stool blocks the bowel and looser stool leaks around it.

Other common contributors are urinary infections, some medicines (water tablets, for example), not drinking enough, reduced mobility, stroke, Parkinson's, diabetes and the after-effects of childbirth or surgery.

How to get NHS continence help, step by step

1. **Book a GP or practice nurse appointment.** Say that you would like help with bladder or bowel control. If the person is housebound, ask whether the district nurse can visit.
2. **Keep a three-day bladder diary** beforehand (see the checklist below).
3. **Expect simple checks:** questions, a urine test, an examination, and a review of medicines that might be making things worse.

4. **Ask for a referral to the NHS continence service** (sometimes called the bladder and bowel service). Some areas accept self-referral, so check the local NHS website or ask the surgery.
5. **The continence assessment:** a specialist nurse looks at the causes, suggests treatment and, if products are needed, which type and size.
6. **Products and review:** if your area supplies them, products are delivered to the home. Ask how to reorder and when they will be reviewed, and ask for a review if needs change.

Treatments that can help

Depending on the cause, the GP or continence nurse may suggest:

- **Pelvic floor exercises,** ideally taught by a specialist physiotherapist or nurse.
- **Bladder training,** gradually lengthening the time between feeling the urge and going.
- **Treating constipation,** with diet, fluids, activity and, if needed, laxatives.
- **Medicines** for an overactive bladder or an enlarged prostate.
- **Referral to a specialist** for further tests.

Even when incontinence cannot be cured, it can usually be managed much better.

Checklist: a three-day bladder diary

For three days, write down:

- Every drink: the time, what it was and roughly how much.
- Every toilet visit: the time, and roughly how much urine was passed.
- Every leak: the time, and what was happening (coughing, rushing to the toilet, asleep).
- Pad changes, and how wet each pad was.
- Bowel movements and any accidents.

Choosing continence products



No single product suits everyone, and many people use a combination. Types include pads and pull-up pants, bed and chair protection, handheld urinals for men and women, toilet frames, commodes and, for some people, sheaths or catheters. Washable options are available too.

The right size and absorbency matter for comfort, skin health and dignity, because the wrong product can leak, rub or feel bulky. Ask the continence nurse to review the choice if leaks, soreness or discomfort continue, and plan different products for day, night and outings.

Caring for the skin

Urine and faeces irritate the skin quickly, and older skin is thin and easily damaged. To protect it:

- Change wet or soiled pads promptly, rather than waiting for set times.
- Wash gently with warm water and a pH-balanced cleanser or wipes designed for continence care, rather than ordinary soap.
- Pat the skin dry; do not rub.
- Use a barrier cream only as advised, in a thin layer, as thick layers can stop pads absorbing properly.
- Check daily for redness, soreness or broken skin, especially over the bottom, hips and heels.

Report red or broken skin to the district nurse promptly. Our guide to nutrition and hydration explains why eating and drinking well also protects the skin.

Protecting dignity

Continence care is one of the most personal kinds of help anyone can receive. Good care feels respectful and calm:

- Close doors and curtains, cover the person as much as possible, and only have the people present who need to be.
- Ask about preferences, including whether they would prefer a carer of the same sex.
- Use adult language: “pads” or “pants”, never “nappies”.
- Stay matter-of-fact after an accident; reassure and never scold.
- Let the person do as much as they can for themselves.
- Choose clothes that are easy to undo, such as elasticated waists.

Routines that help

- Offer regular toilet visits, for example after meals and before going out, rather than waiting to be asked.
- Watch for signs of needing to go, such as fidgeting or getting up suddenly.
- Make the toilet easy to find and use: a clear sign on the door, the door left open, good lighting, a raised seat and grab rails.
- Keep drinks regular through the day.
- Support regular bowel habits with fibre, fluids, activity and unhurried time on the toilet, ideally with the feet raised on a small step.

These simple steps help many people living with dementia stay dry and comfortable for longer.

Managing nights

Night-time toilet trips disturb sleep and are a common time for falls. Helpful steps:

- Drink less in the couple of hours before bed, while keeping up daytime drinks.
- Use the toilet just before going to bed.
- Light the route with night lights or motion-sensor lights.
- Keep a commode or urinal by the bed if walking at night is unsafe.
- Use a night-time pad with higher absorbency, and washable or disposable bed protection.

If someone needs help several times a night, a carer providing a waking night can help them to the toilet safely, change pads and bedding, and settle them again, so the family can sleep.

When to call the GP, 111 or 999

- **Call 999** if the person is suddenly confused, very drowsy or has difficulty speaking.
- **Call NHS 111 or go to A&E** if they cannot pass urine at all, or have severe tummy pain.
- **Ask for an urgent GP appointment or call NHS 111** (free, 24 hours) if someone aged 65 or over may have a urine infection, or has a high temperature or feels hot and shivery.
- **Book a GP appointment** about any new or worsening leakage, blood in urine or stools, a change in bowel habit, or constipation that does not improve.

Checklist: a continence care kit

- Pads or pants in the size and absorbency the nurse advised.
- A pH-balanced cleanser or continence wipes, soft cloths and towels.
- Barrier cream, if advised.
- Disposable gloves and bags for used products.
- Bed and chair protection.
- A change of clothes and bedding within easy reach.
- A small travel kit for days out.

How care at home can help

The right carer makes continence care feel ordinary and private. A consistent live-in carer gets to know someone's patterns, prompts at the right times, keeps skin healthy and notices changes early. Many people find it easier to accept this help from one familiar person than from several different visitors. Our page on types of care at home explains the options.

Where to get support

- **Bladder & Bowel UK confidential helpline:** 0161 214 4591, or email bbuk@disabledliving.co.uk. Specialist nurses and a product adviser can explain options and how to find your local service.
- **Your local NHS continence service,** through the GP, practice nurse or district nurse.
- **Age UK Advice Line:** 0800 678 1602 (free). 8am to 7pm, every day of the year.
- **Carers UK Helpline:** 0808 808 7777. Monday to Friday, 9am to 6pm.

Help with costs

- NHS continence products after an assessment, depending on local policy.
- No VAT on incontinence products for people who are disabled or have a long-term illness.
- Attendance Allowance, £76.70 or £114.60 a week, for people over State Pension age who need help with personal care, including at night. It is not means-tested.
- Free equipment, such as a raised toilet seat, commode or grab rails, if the council assesses a need and it costs £1,000 or less.

What to do next

1. Book a GP or practice nurse appointment and start a three-day bladder diary.
2. Ask for a referral to the NHS continence service and a product assessment.
3. Set up a simple daily routine for drinks, toilet visits and skin checks.
4. Make the route to the toilet safe and well lit at night.
5. Claim Attendance Allowance if the person needs help day or night.

How we can help

Day and Nightcare has supported people at home since 2008. We provide home care visits from one hour, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England, and fully managed live-in care anywhere in England from £1,550 a week. If you would like to talk about the support your relative needs, in confidence, call 01865 715780 to arrange a free assessment.

Common questions

Are incontinence pads free on the NHS?

They can be, depending on where you live. Most local NHS continence services supply products after a continence assessment by a nurse or other health professional, often with a set number per day and home delivery. The rules vary between areas, so ask the GP or district nurse how to be referred. If you buy your own, people who are disabled or have a long-term illness should not be charged VAT on incontinence products for their personal use.

Should someone drink less to avoid accidents?

No, not during the day. Drinking too little makes urine more concentrated, which can irritate the bladder and make urgency worse, and it raises the risk of urinary infections, constipation and dizziness. Aim for regular drinks through the day. It can help to drink less in the couple of hours before bed and to cut down on tea, coffee, cola and alcohol, which can irritate the bladder.

How can I raise incontinence with my parent?

Choose a private, unhurried moment and be matter-of-fact. Many people feel deeply embarrassed and may have been hiding the problem for some time. You might say that it is very common, that it is often treatable, and that the GP can help. Focus on comfort and health rather than accidents, use the words they are comfortable with, and let them decide who is involved.

Does incontinence mean someone has to move into a care home?

Not on its own. Incontinence is one of the most common reasons families feel they cannot cope, but with a proper assessment, the right products, regular routines and help with personal care, most people can be cared for well at home. Night-time care can take the pressure off family carers. A care home may become the better choice when incontinence is one of several needs that require help around the clock and home care cannot meet them.

When is a catheter used?

A urinary catheter, a thin tube that drains the bladder, is used for specific medical reasons, such as when the bladder cannot empty properly. It is not usually the first answer to incontinence, because catheters carry a risk of infection and other problems. If someone has a catheter, the district nurse or continence team should explain how to care for it, and what signs of infection or blockage to look out for.

Sources and further information

- NHS: Urinary incontinence
- NHS: Incontinence products
- NHS: Bowel incontinence
- NHS: Urinary tract infections (UTIs)
- Bladder & Bowel UK: Promoting and maintaining continence
- GOV.UK: Reliefs from VAT for disabled and older people (Notice 701/7)

Read next

HEALTH CONDITIONS AND CARE AT HOME

Dementia care at home: a practical guide for families

How to support someone with dementia at home: the stages, communication, routines, eating and drinking, sundowning and nights, wandering and safety, Lasting Power of Attorney, support for carers and how care is funded, including NHS Continuing Healthcare and council tax.

Read the guide →

HEALTH CONDITIONS AND CARE AT HOME

Nutrition and hydration in later life: a guide for families

Why older people are at risk of malnutrition and dehydration, the warning signs, practical ways to help someone eat and drink well, texture-modified diets and swallowing support, monitoring weight, and where to get help, from the GP and dietitian to meals at home.

Read the guide →

LIVING SAFELY AND WELL AT HOME

Equipment and home adaptations: what is free and how to get it

How to get equipment and home adaptations for an older or disabled person in England: occupational therapy assessments, free council and NHS equipment, Disabled Facilities Grants of up to £30,000, VAT relief, beds, hoists and stairlifts, and how to buy safely.

Read the guide →

All guides in the information centre **Check what help you could get**

Talk to our care team: 01865 715780
enquiries@dayandnightcare.co.uk · Out of hours: 07775 686272
Day and Nightcare Live In Limited, 9 Hollow Way, Cowley, Oxford OX4 2NA
CQC overall rating: Good (report published 20 April 2018)

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Information, not advice: please check anything important with the organisation named.