



## End of Life Care Policy

REVISED MARCH 2013

## *Policy on End-of-life Care*

Care home name: The Wellbeing Residential Group

### Aim of the Policy

This policy is intended to set out the values, principles and practices underpinning the Wellbeing Residential Group's approach to the care of service users who are terminally ill and whose death may be imminent.

The policy should be used with reference to the Wellbeing Residential Group's [Policy and Procedures in the Event of the Death of a Service User](#).

### Policy Statement

The Wellbeing Residential Group's policy fully adheres to the new outcomes essential standards of quality and safety which consist of 28 regulations and its associated outcomes. They are set out by the Health and Social Care Act 2008 for regulated activities.

The standard requires that "care and comfort are given to service users who are dying, their death is handled with dignity and propriety, and their spiritual needs, rites and functions are observed". The standard also requires homes to have in place policies and procedures for handling death and dying and to ensure that these are observed by staff.

## *Principles of End-of-life Care*

The Wellbeing Residential Group implements as fully as possible the guidance on palliative care produced by the Department of Health and the Palliative Care protocols that have been approved by the National Institute for Clinical Excellence (NICE) (See References).

It is committed to continuing the care of its residents who choose to remain there when terminally ill or in a terminal condition, unless there are good reasons for seeking an alternative. These are determined by the nature of the condition or illness, the Wellbeing Residential Group's capacity to provide or procure the necessary care and support and medical guidance and advice. The views of relatives are also taken into account, though the resident's own views, where stated, are the most important.

The Wellbeing Residential Group ensures that where it offers terminal care and support, the resident and those close to them are treated with respect and dignity and their rights to spend time alone with one another are fully respected. The Wellbeing Residential Group thus tries to follow the principle that a person should be cared for in their final days as if he or she was in their own homes if that is their wish.

The Wellbeing Residential Group makes every effort to provide and procure all the care and support available from health and local services to make the resident comfortable, safe and as free from as much pain and discomfort as possible. This includes where

appropriate the involvement of palliative care practitioners and services and provision of counselling and other forms of psychological support.

Residents who are undergoing palliative care possibly involving specialist community medical and nursing staff require specific care plans. These end-of-life plans are additional to the general service user plan and are used in association with established procedures and clinical recording tools.

Each aspect of the end-of-life care is handled sensitively with the aim of ensuring people can die in a dignified, respectful manner, as free from pain and distress as possible and in accordance with their own wishes.

### *Developing an End-of-life Care Plan*

The Wellbeing Residential Group recognises that service users who are suffering from terminal illness and who are in the last stages of that illness need total care, including emotional care and frequent attention.

It achieves this by drawing up an end-of-life care plan, which is based on a detailed needs assessment. To draw up the care plan it receives the help of the medical team involved, who makes the necessary decisions and recommendations which can be followed up in the plan of care. Any changes to the person's medication regime as a result of any changes to her/his condition, which have been authorised by the medical practitioner are fully recorded and acted upon.

The care plan includes descriptions of how to:

- reduce or control pain and discomfort
- reduce or control signs of restlessness, anxiety or agitation
- manage or control respiratory secretions
- manage or control any nausea/vomiting
- maintain mouth care
- manage or control elimination of urine or faeces
- relieve pressure, reduce or manage pressure points and sores.

The care plan contains details of any new procedures or interventions to be made in the light of the person's changing condition and of any current procedures or interventions that have been modified. All medication and changes to prescriptions, including the use of controlled drugs are also recorded on the person's MAR charts in accordance with established procedures.

At all times care staff are made aware of the service user's condition and are in constant contact with the service user's GP and community nurses who may be involved to ensure that the service user is in the best possible place and to provide the care required.

The Wellbeing Residential Group makes every effort to ensure that the service user's wishes in respect of their religious or cultural practices are fully respected. In most instances the Wellbeing Residential Group is aware of these as they will have been recorded previously in their service user plan of care or as an advanced directive.

Where the person's wishes remain unclear and they have lost the mental capacity to clarify and communicate these, the Wellbeing Residential Group makes every effort to ascertain them from relatives, friends and professional who know the person. This then enable the arrangements made to be as close as possible to what the person would probably have wished. The Wellbeing Residential Group's policy in these matters is accordingly worked out in accordance with the "best interests" principle of the Mental Capacity Act 2005.

### *Monitoring and Observation*

Care staff as well as nursing staff contribute to care plan by making detailed observations on the person's conditions and changes that occur.

The arrangements for monitoring and observing the person's condition are carefully structured, eg hourly, two-hourly etc.

Staff are expected to make sure that the records of the observations or checks made match those that were agreed as needed on the care plan.

### *Communication: Keeping Everyone Informed*

The Wellbeing Residential Group undertakes to keep everyone involved in the person's care of changes and developments in the person's condition. A record is kept of all their contact details to assist communication and information passing, eg of next of kin, other family members, friends, GP, specialist medical staff from the Palliative Care team, including Macmillan and community nurses, key worker and other care staff involved, religious/spiritual advisors such as priest, rabbi, imam, social worker/care manager and other representatives such as advocate and legal guardian.

### *Staff Roles and Responsibilities*

The end-of-life care plan identifies staff roles and responsibilities and the practices and procedures that they should follow. Staff are expected to:

- maintain privacy and dignity at all times
- accept that each situation is an individual one and not to be treated as routine
- respect the individual's wishes
- resolve constructively any conflicts of interest or differences of opinion with reference to the individual's wishes
- work in partnership with relatives and friends
- ensure all cultural and religious preferences are observed and assisted (including secular preferences for those who are non-religious)
- work in partnership with the GP and other health care professionals involved
- attend to physical needs to ensure the person is as comfortable as possible and pain is being managed as effectively as possible with resources to achieve this made available
- respond to emotional needs as well as physical needs
- respond to the needs for support of both relatives and staff who had a close relationship with the dying person.

## *Procedures and Processes*

### *1. Attendance and Companionship*

The Wellbeing Residential Group accepts that the involvement of family and close friends is essential to the wellbeing of the service user. It encourages close family members to remain with the person and friends to visit as the person wishes and is able to see them. The Wellbeing Residential Group is able to provide overnight accommodation and hospitality at a small cost to visitors who might require this at a time in need.

The Wellbeing Residential Group encourages its staff to build a relationship of trust with the service user and family members so that they remain sensitive and responsive to the service user's needs.

Staff are expected to spend time listening and talking to the service user as well as caring. They are expected to respond directly and promptly to requests for arrangements to be made so that the service user feels that their wishes and decisions are respected.

Staff are expected to be aware and sensitive of what is happening at all times. For example when caring for someone who appears unconscious, staff are instructed to be aware of that the person could still hear what is being said to and about them. Accordingly they should be taking care taken not to discuss the service user's condition within the room.

### *2. Comfort*

Care staff (and nursing staff where used) make the person as comfortable as possible and make regular checks to make sure they remain comfortable and free of pain.

Care staff continue to treat the person with dignity and respect and help to maintain all aspects of the person's personal day to care such as washing, grooming, mouth care, etc as directed by the person's plan of care.

Care staff adopt all procedures to risk assess, monitor and treat pressure sores, tissue viability, oral hygiene and dehydration.

### *3. Nutrition*

Care staff regularly provide refreshing drinks, mouth swabs and fluids to ensure that the person consumes enough fluid, does not feel thirsty and does not dehydrate.

Care is taken to provide a diet that meets the person's nutritional needs, which might include liquidised food, soups and food supplements. Where food has to be provided through peg feeds, the Wellbeing Residential Group ensures it receives

full medical guidance on the protocols and procedures it is expected to follow and advice from a qualified nutritionist.

All efforts are made to provide the person with food and drinks that they enjoy and ask for.

#### *4. Pain management*

The Wellbeing Residential Group receives full medical guidance, including from palliative care specialist teams to implement a pain management plan for every terminally ill person.

Care staff responsible for the monitoring and administration of any pain relieving medication receive training and supervision to ensure that they are competent to follow the agreed plan.

#### *5. Staff support and supervision*

Care staff closely involved in the implementation of a care plan for a terminally ill person receive supervision and good emotional support to help them provide a high standard of care. The Wellbeing Residential Group works on the basis that care staff involved in these situations should feel that they can discuss their feelings and experiences with other staff members in, eg supervision and staff meetings.

Care staff receive training and supervision in palliative care processes so that they can respond to people's feelings and thoughts, which may be connected directly or indirectly to their impending death.

Staff are expected to engage in rather than to avoid awkward conversation, also to talk naturally to the person following their agenda.

#### *6. Social relationships*

The Wellbeing Residential Group ensures that the service user is not isolated from interacting with other service users within the home unless it is his or her wish to be alone.

The Wellbeing Residential Group encourages relatives and friends to visit as often as possible and at any time. It remains in constant contact with them to make sure they are informed of all important developments.

Relatives are offered emotional comfort and support and are given opportunities to share their fears and experiences with caring staff. This helps both staff and relatives come to term with the situation.

Relatives are offered meals and refreshments if they are sitting with the service user. The Wellbeing Residential Group also offers accommodation during the

night if the relative wishes to stay with the service user or a comfortable chair and blanket if that is their requirement.

The Wellbeing Residential Group encourages relatives who wish to become involved in caring for the dying person. Care staff make every effort to involve them in the daily routine, eg if a relative wishes to help feed the service user or help the service user to bed for the night the relative is made aware of the service user's normal routine and is encouraged to participate.

The Wellbeing Residential Group accepts the idea that other service users may wish to share in the companionship of the dying resident and considers it is important that they are not excluded.

The Wellbeing Residential Group believes it is essential that residents should realise that the impact of any death within the home becomes a shared experience and everyone can expect to have the same level of devoted care under those circumstances.

### *Review of Issues Raised by a Service User's Death*

After a resident has died after having been cared for under an end-of-life plan of care, home reviews its practice and the process followed with those involved (staff team, other professionals and relatives). The purpose of the review is to assess if as much was done as possible to ensure that the process was managed as well as possible and to consider any improvements that could be made to the procedures.

### *Training*

The care of terminally ill residents in the home and the Wellbeing Residential Group's policy are included in induction training programmes for new staff, particularly the younger staff who might not have experience of people who are dying.

The Wellbeing Residential Group also provides or enables key staff to attend specialist training in palliative care.

The Wellbeing Residential Group uses the services of local palliative care specialists to provide staff training so that all staff are competent in the care of terminally ill service users.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Policy review date: \_\_\_\_\_

## *References*

Department of Health, Quality Requirement 9: Palliative care; [www.dh.gov.uk](http://www.dh.gov.uk).

Macmillan Cancer Relief, The Gold Standards Framework, A programme for community palliative care (information from [info@goldstandardsframework.co.uk](mailto:info@goldstandardsframework.co.uk)).

National Institute for Clinical Excellence (2004), Improving supportive and palliative care for adults with cancer; [www.nice.org.uk](http://www.nice.org.uk).