END OF LIFE POLICY

Purpose

- To provide a framework to guide best practice care and support of Service Users who have been identified as nearing the end of their life.

Scope

- Service Users who have been identified as nearing the end of their life.

Policy

- . Advance Care Planning where it is assessed that a risk of death while receiving services . is a possibility, for any reason, in order to provide a framework within which the care and support preferred by Service Users is delivered whenever possible.

- Service Users will be enabled to be as comfortable and as pain free as possible.

- Spiritual and emotional support will be available for all Service Users to choose if they should so wish.

- End of life care will be in accordance with assessments and subsequent Care Planning, and in particular end of life guidance relating to mental capacity.

- The following procedures are intended to ensure that effective co-ordination takes place between the various persons and agencies involved in end of life care.

Care setting

The need for care of dying people can occur in any care setting but is most likely to be

(if most people's personal wishes are met), in the Service User's own home.

Summary

Providing effective end of life care goes through a number of stages:

- Discussions as the end of life approaches
- Individualised Assessment, care planning and review
- Co-ordination of care
- Delivery of high quality services
- Care in the last days of life
- Care after death

Discussions as the end of life approaches

- A planned approach to advance care planning can be effective, and this may include difficult discussions. This includes:

- Raising the topic and giving information
- Facilitating a structured discussion which is then recorded
- Periodically reviewing and updating the Service user's wishes / instructions
- Ensuring that prior wishes are used to inform actual decisions day to day

Individualised Assessment and care planning

An effective end of life support plan will always consider:

- Support for carers
- Information for Service Users and carers
- Spiritual care
- Social care

The steps for individualised assessment and care planning are:

- Assess
- Document (having developed ideas, discussed with the Service User and authorised representatives and the Service User having chosen from alternatives available)
- Plan
- Record care offered/given
- Review

Staff undertaking care planning in End of Life situations must be trained to implement fully personalised and individual assessments and care plans (and not just to use a tick box approach) . All the staff involved must be appropriately trained and the service co-ordinated by a highly capable and skilled person, with the ability to manage details required in order to achieve a quality outcome for the Service User.

Coordination of care

normally alerted by a Healthcare professional of situations where an end of life care plan has been created for a Service User

- then request a copy of the end of life Care Plan and assessment and ensure that our own detailed care plan reflects the Healthcare professional's plan to ensure a cohesive service is provided
- Ensure an appropriate person on behalf of. attends all multidisciplinary review meetings
- Ensure practical and emotional support is offered to the Service User's family and

Carers at all times whilst an end of life care plan is in place

Service delivery

• Individualised assessment and care planning are essential to effective end of life care. Excellent holistic assessments lead to the full needs of the Service User being identified and then these can be consistently met.

• Extensive, comprehensive and detailed training in the issues involved in end of life care is essential for all employees within a service providing end of life care because end of life care is so different from other types of care such as reablement for example.

• Some essential practical day to day procedural matters include:

- Service Users will have access to a medical specialist in palliative care.
- Pain management measurement will be ongoing.
- The Service User has comfort needs attended to; chair, bed etc.
- The Service User has diversions that they enjoy such as music, radio etc.
- The Service User has a person/carer of their own choice, with whom they can spend some one-to-one quality time each day.
- The Service User's environment will be clean, odour free and comfortable.
- The Service User will have a member of staff to sit with them if they request it.
- The Service User will have a Support Worker or Carer to sit with them if they are alone at the end of life.
- The Service User's family are treated with empathy and offered support
- Relatives will be informed about any changes in the condition of the Service User.
- Relatives will be informed of the death of a Service User at a time to minimise distress, e.g. in the morning after a death in the night, unless otherwise requested by the family.

Situations , such as pain control, staff will always be made aware of who to contact in the event that they observe or become aware of any problems, or distress to the Service User.

Last days of life

• When an individual enters the final dying phase, it is essential that staff can recognise this, so they can deliver the care that is needed.

• Individualised assessment, planning, effective recording and review, and information giving are essential parts of delivering care and support during the last days of life.

• It is the responsibility of the primary care giver, particularly during the final days, to ensure

(1) That effective co-ordination take place, (in situations where care planning may be carried out by each of the agencies responsible for elements of the total service),

(2) That care plans are individualised, including those of other agencies, and negotiate rectification if they are not.

Care after death

- Good end of life care doesn't stop at the point of death. When someone dies all staff need to follow good practice, which includes being responsive to family wishes.

- Care after death includes

    - Honoring the spiritual or cultural wishes of the deceased person and their family/carers, while ensuring legal obligations are met;
    - Preparing the body for transfer to the mortuary or the funeral director's premises;
    - Offering family and carers present the opportunity to participate in the process and supporting them to do so;
    - Ensuring that the privacy and dignity of the deceased person is maintained;
    - Ensuring that the health and safety of everyone who comes into contact with the body is protected;
    - Honoring people's wishes for organ and tissue donation;