

Policy on End of Life

Aim of the Policy

This policy is to set out the values, principles and practices underpinning this home's approach to the care of clients who are terminally ill and whose death may be imminent.

The policy should be used with reference to Ace Care's Policy and Procedures in the Event of the Death of a Client.

Policy Statement

The standard requires that "care and comfort are given to clients who are dying, their death is handled with dignity and propriety, and their spiritual needs, rights 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

Ace Care 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 clients 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, Ace Care'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 clients own views, where stated, are the most important.

Ace Care ensures that where it offers terminal care and support, the client and those close to them are treated with respect and dignity and their rights to

Spend time alone with one another are fully respected. Ace Care 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.

Ace Care makes every effort to provide and procure all the care and support available from health and local services to make the client 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.

Clients who are under going palliative care possibly involving specialist community medical and nursing staff require specific care plans. These end of life plans are additional to the general client 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

Ace Care recognises that clients who are suffering from terminal illness and who are in their 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 and 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 his/her condition, which have been authorised by the medical practitioner are fully recorded and acted upon.

The care plan includes 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 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 procedure.

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

Ace Care makes every effort to ensure that the client's wishes in respect of their religious or cultural practices are fully respected. In most instances Ace Care is aware of these as they will have been recorded previously in their client's 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, Ace Care makes every effort to ascertain them from relatives, friends and professionals who know the person. This then enables the arrangements to be made to be as close as possible to what the person would have wished. Ace Care's policy in these matters is accordingly worked out in accordance with the "best interest" principle of the Mental Capacity Act 2005.

Monitoring and Observation

Care staff as well as nursing staff contribute to care plans by making detailed observations on the person's condition 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.

Ace Care undertakes to keep everyone informed in the persons care of changes and developments in the persons 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 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 advocates and legal guardians.

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 individuals wishes
- resolve constructively any conflicts of interest or differences of opinion with references to the individual 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

Ace Care accepts that the involvement of family and close friends is essential to the well being of the client. It encourages close family members to remain with the person and friends to visit as the person wishes and is able to see them. Ace Care is able to provide overnight accommodation and hospitality at a small cost to visitors who might require this.

Ace Care encourages its staff to build a relationship of trust with the client and family members so that they remain sensitive and responsive to the clients needs.

Staff are expected to spend time listening and talking to the client as well as caring. They are expected to respond directly and promptly to request for arrangements to be made so that the client 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 that the person could still hear what is being said to and about them. Accordingly they should be taking care not to discuss the client'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 from 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 day 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 fluids, does not feel thirsty and not dehydrate.

Care is taken to provide 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, Ace Care 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

Ace Care receives full medical guidance, including palliative care specialist teams to implement pain management plan for every terminally ill person.

Care staff are 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. Ace Care works on the basis that care staff that are involved in these situations should feel they can discuss their feelings and experiences with other staff members in supervisions 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

Ace Care ensures that the client is not isolated from interacting with other clients within Ace Care unless it is his or her wish to be alone.

Ace Care encourages relatives and friends to visit as often as possible and at any time. They remain 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 terms with the situation.

Relatives are offered meals and refreshments if they are sitting with the client. Ace Care also offers accommodation during the night if the relative wishes to stay with the client or a comfortable chair and blanket if that is their requirement.

Ace Care encourages relatives 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 client or help the client to bed for the night the relative is made aware of the client's normal routine and is encouraged to participate.

Ace Care accepts the idea that other clients may wish to share in the companionship of the dying client and considers it is important that they are not excluded.

Ace Care believes it is essential that clients should realise that the impact of any death within Ace Care 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 Client's Death

After a client has died after having been cared for under an end of life plan of care, home reviews its practice and procedure 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 clients in Ace Care and Ace Care's staff are included in induction training programmes for new staff, particularly the younger staff who might not have experience of people who are dying.

References

Department of Health, Quality Requirement 9: Palliative Care; www.dh.gov.uk
Macmillan Cancer Relief, The Golden Standard Framework, A programme for community palliative care (information from info@goldstandardsframework.co.uk)
National Institute for Clinical Excellence (2004), Improving support and palliative care for adults with cancer; www.nice.org.uk