End of Life Care

How St Christopher’s and Greenwich & Bexley Community Hospice are Supporting People in Care Homes
Population by age - UK

- **1983**
  - under 16: 20%
  - 16-64: 80%

- **2008**
  - under 16: 15%
  - 16-64: 75%

- **2033**
  - under 16: 10%
  - 16-64: 60%
  - 65-84: 20%
  - 85 and over: 20%
Nurses and residential care places for elderly, chronically ill and physically disabled by sector 1967 – 2000 (Laing and Buisson, 2002)
Care Homes

• In England there are **over 18,000 care homes for frail older people**
  – 4,300 – nursing care homes
  – 14,000 – residential care homes

• 3 times as many care home beds than NHS (Badger et al, 2009)

• Place of death (NEoLCIN, 2012):
  – 18% population die in care homes
  – 5% population die in hospices
‘Weak’ context of Care homes with nursing (Hockley, 2006)

- Relative ‘weak’ context of nursing care homes:
  - High turnover of staff
  - Sometimes less of a focus on a learning culture
  - Mostly unqualified staff
  - Lack of m/disciplinary input
  - Lack of traditional audit & research culture
‘Weak’ context requires ‘high’ facilitation – Kitson, 1998

What is high facilitation?

- Use of evidence-based tools
- Experienced change agent
- Intense input + sustainability initiative
- Supporting and empowering staff within the home
- Education is not enough to change practice (Froggatt 2001)
So what are we doing?
A snapshot

1. Practice Development
2. Research
3. Audit
4. Clinical Practice
5. Other
St Christopher’s

• 5 CCGs and 100+ care homes
• Regional Training Centre for the Gold Standards Framework Care Homes programme – two year facilitated programme
• Steps to Success (4 CCGs) – one year facilitated programme
Greenwich & Bexley Community Hospice

- 2 CCGs and around 40 care homes
- Support for homes going through Gold Standards Framework Care Homes programme – two year facilitated programme
- Locally delivered training and support
Facilitation

• There is little evidence for the most appropriate model of facilitation for the GSFCH programme

• Previous studies highlight the importance of ‘high facilitation’ and ‘action learning’ (Hockley 2005:2006:2010)

‘...it is a continuous process of learning and reflection, supported by colleagues, with an intention of getting things done.’

(McGill & Beaty, 2001)
Arm 1
High facilitation and action learning
(n=12)

Arm 2
High facilitation
(n=12)

Arm 3
Observational
(n=14)

Nursing homes taking part in the CRCT
(n= 24)
High facilitation and action learning (n=12) 83%

High facilitation (n=11) 27%

Observational (n=14) 7%

Nationally 13%
Care Home Project Teams – example model of high facilitation

Preliminary Phase
Foundations in Palliative Care training

Implementation Phase
Visit each care home 2-3 times/month
- To role model/empower ACP discussions and resuscitation decisions
- To implement an end of life care plan
- To start a Palliative Care Register and undertake reflective de-briefings

Consolidation Phase
- Completion of portfolios
- Sustainability
Care Homes - sustainability

Ongoing training for all staff, e.g:
Induction for new starters

Nurses/carers - Foundations in Palliative Care course including Principles of Palliative care; Communication; Pain & symptom control; Mental Capacity Act and Grief/loss

Home Managers - specific support and opportunities for training
On-going learning, bespoke training sessions in the home, critical incident review/ reflective de-briefing/ GSF register meeting

Data collection from every death in every care home
Support to maintain momentum, portfolios and accreditation
### Comparison of place of death across Nursing care homes – St Christopher’s

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
<th>Deaths</th>
<th>NHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/2008</td>
<td>57%</td>
<td>[n=324]</td>
<td>19 NHs</td>
</tr>
<tr>
<td>2008/2009</td>
<td>67%</td>
<td>[n=989]</td>
<td>52 NHs</td>
</tr>
<tr>
<td>2009/2010</td>
<td>72%</td>
<td>[n=1071]</td>
<td>53 NHs</td>
</tr>
<tr>
<td>2010/2011</td>
<td>76%</td>
<td>[n=1375]</td>
<td>71 NHs</td>
</tr>
<tr>
<td>2011/2012</td>
<td>78%</td>
<td>[n=1351]</td>
<td>71 NHs</td>
</tr>
<tr>
<td>2012/2013</td>
<td>77%</td>
<td>[n=1375]</td>
<td>72 NHs</td>
</tr>
</tbody>
</table>

Largely similar at GBCH
Other support

1. Audit and Outcomes Assessment – place of death, Family Perception of Care Questionnaire, VOICES
2. Clinical support – Advice and support to residents, families and care staff – including out of hours
3. Developing models of improving access to palliative care
   - Train the Trainer model for Syringe Driver Training
   - Namaste
4. Coordinate My Care Training and Support to register residents
Namaste Care Program for People with Dementia

Joyce Simard
Namaste

“To Honor The
Spirit
Within”
Namaste Care Programme

• Best practice dementia care
  • enriching quality of life for the individual

• Best practice end of life care
  • providing comfort, dignity and a good death

• Support for residents, family and friends and care staff

• Cost neutral –
  • no new staff/ new space/ expensive equipment
  • 7 days a week / before and after lunch
Namaste Care – Key Elements

• “Honouring the spirit within”
• The presence of others
• Comfort and pain management
• Sensory stimulation: 5 senses
  o Sight, touch, taste, hearing, smell
• Meaningful activity
• Life history
• Care staff education
• Family meetings
• Care of the dying and after death care
Hand massage

Friends: dolls & life-like animals

Nature & the senses

Hydration & food treats

Textures

Music

Stimulation with appropriate DVDs
Namaste family meetings

• Acknowledges disease progression early and in a positive context
• Establishes comfort and pleasure as the aims of care
• Opens conversation around DNACPR, hospitalisation, preferred place of death
• Ultimate goal is peaceful, dignified death
‘Reaching out to each other…..’

‘The biggest thing Namaste has given me is a different focus when visiting Mum. For many years now Mum hasn’t been able to communicate with us...at times she appeared to barely realise that I was there. I now know to do other things as well as talk to Mum, like show her old photos, brush her hair, feed her treats and moisturise her face and hands. This makes spending time with her easier and I feel I am making more of a connection with her and a difference in her life.’ (Relative CH D)
Namaste provides vision and structure

‘I think it has completely changed the way we approach care now. I think it has made my job easier because I had a vision of, you know, you have a vision of what you want in the home and what you want for your residents. Namaste has packaged that into a programme which has allowed me to get things across to the staff in a way they can understand’

(Manager’s interview CH C)
The Namaste Care programme and its potential for change

• Vision – focuses on values - ‘honouring the spirit’
• Offers an alternative structure to care
• Offers guidance for ‘being with’
• Gives permission for intuitive care
• Encourages new skills and creativity
• Fosters relationship centred care
• Opportunities for closer relationships between families
• Creates a positive framework for end of life care conversations and care
Questions

Thank you to Julie Kinley, Min Stacpoole and GBCH Care Homes Team.

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