Introduction
The Peace Hospice were delighted to be a recipient of a Level 2 award from The Burdett Trust for Nursing in January 2012 towards our work to improve end of life care in local nursing homes. This report highlights our achievements towards key tasks defined for the project, the difference this has made for staff and residents and how our project affirms that empowering nurses and care home staff through education and learning is key to delivering and maintaining excellent end of life care.

Background to our project
The Department of Health’s National End of life Care Strategy (2008), emphasised the need to improve the quality of care provided to dying people in a variety of different settings, including care homes. The Peace Hospice identified an opportunity to meet this need through training and mentoring for staff in local care homes. We supported the implementation of end of life care tools to empower nurses and care home staff to deliver excellent palliative care. Our project was designed to help meet residents’ preferred wishes for care at the end of their life, reduce inappropriate, unplanned and costly hospital admissions and contribute to the development of a practical, sustainable and replicable model to improve end of life care and transform the care home environment.

The aims of our project were to:
- Empower nursing and care staff in care homes to deliver excellence in end of life care
- Participate in and contribute to collaborative working to improve end of life care
- Strengthen the contribution of nurses in delivering palliative care to influence shaping and future funding of palliative care services
**Outcomes and achievements**

**Task 1**  
Implementation of End of Life Care Meetings and Register

Our Nursing Home End of Life Care Educator identified this as a key task towards delivering excellence in end of life care. In reality it has been the most challenging of the tasks to implement.

The Multi-Disciplinary Team Meetings and Register are based on the Gold Standards Framework (GSF) tool which is a systematic evidence based approach to optimising care for people nearing the end of their lives. The aim was to educate care home staff in the principles of the framework and then support them in identifying residents to include in their own internal register. The Register promotes proactive consideration of residents’ wishes and needs and this is documented as evidence and referred to in ongoing discussions and review of care. Implementation of the End of Life Care Register has been included in Section 2 of the Mount Vernon Cancer Network Standards. The document has been drawn up by the West Herts and Bedfordshire Educators and Project Lead, as a guide for managers and staff in implementing excellence in end of life care.

At the beginning of the project the aim was to introduce the Register into the following local homes: Rivercourt, Wilton, Burford and Arden. These homes were identified as each home manager demonstrated a commitment to implementation. Throughout the year managers and staff were supported in understanding principles of the Register and its use but it became apparent that staff needed more support to undertake and document Advance Care Planning (ACP). ACP is critical in ensuring correct use of the Register, and requires staff to initiate sometimes very sensitive discussions with residents and/or their families about end of life wishes. Much has been written, not only about the process, but the skills needed to undertake such discussions. The Educator found that many of the Register meetings took considerable time to proceed because full and detailed documented discussions around ACP between staff and a number of individual residents were incomplete.

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<tr>
<th>Homes</th>
<th>Training given and/or using Register</th>
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<tr>
<td></td>
<td>3 monthly reviews</td>
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<tr>
<td></td>
<td>March</td>
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<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Rivercourt: Hampermill</td>
<td>X</td>
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<tr>
<td>Chess</td>
<td>X</td>
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<tr>
<td>Gade</td>
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<td>Colne</td>
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<td>Wilton</td>
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<td>Burford</td>
<td>X</td>
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<td>Arden</td>
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It can be seen that only one home was using the Register by the end of the year. The main reasons for this were Manager or key staff leaving, necessitating a change in priorities while new staff team was established.
The Educator and other End of Life Care Educators presented a poster on implementation of the Register at the Ian Rennie Grove House Conference in October 2012.

**Task 2**

Work with identified ‘Champion’ nurses and managers in care homes to facilitate the implementation of a framework to deliver excellent end of life care

Through the year the Educator met with care home staff, either formally or informally, some of whom had been identified as ‘Champions’, and others who were responsible for taking a lead in the care of a particular resident. The focus of the meetings was usually around the care of individuals who had either died or were near the end of life, providing the Educator with an opportunity to offer support and mentoring.

The West Herts End of Life Care Educators identified how beneficial it would be for ‘Champions’ from local homes to mix and learn from one another but also receive more formal training. To address this, three ‘Champion’ days were held through the project year.

As the first two ‘Champions Days’ were held near the Dying Matters Awareness Week, staff were invited to plant sunflower seeds as a symbol of the small things they do that can make a difference to the care of someone at the end of life. Dying matters included an article about this event in their newsletter.
Task 3
Encourage implementation of the Liverpool Care Pathway (LCP), integrated care that is used at the bedside to drive up sustained quality of the dying in the last hours and days of life

Formal LCP training was given to staff in three care homes over the project year: The Chase, RiverCourt and Brunswick Court. Of the three homes, Brunswick Court now uses the pathway on a regular basis whereas the other two homes use it more infrequently. This may be attributed to the size of the home and number of deaths.

Formal training was given to staff, nurses and carers in separate groups because responsibilities in using the documentation differed. Twenty eight staff nurses attended a two hour session where they were instructed on how to use all three sections of Version 12 LCP documentation. 101 carers attended an hour long session where they learnt how to complete Section 2 of the document. The confidence questionnaires below show a shift in confidence pre and post following training on completing documentation.

The recent negative press about using the LCP (December 2012) has impacted on its use - particularly in care homes where there were less expected deaths.
Task 4
Encourage and empower care staff to have Advance Care Planning (ACP) discussions with residents and families.

As already mentioned, this critical task became more of a priority to ensure the introduction and implementation of the Register. The East of England End of Life Care Register training, has a module on Advance Care Planning so the Educator supported staff to complete the module, either through e-learning or face to face training sessions. For some staff this involved them talking with residents or their families about their resuscitation status and preferred places of care and death. These can be very challenging conversations and many staff needed mentoring and encouragement to give them the confidence to commence these discussions. The confidence questionnaires show a shift in confidence pre and post following training or mentoring.

During the project year, NHS East of England reintroduced new DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) paperwork which hospitals, hospices and care homes were encouraged to use. The Educator supported key staff in using this documentation. Staff were also encouraged to use the Preferred Priorities for Care (PPC) document as a way of documenting Advance Care Planning discussions. Some organisations embraced this document and have introduced it for all their residents whereas others either use their own internal documents or simply document end of life care wishes and preferences in a resident’s care plan.
Staff were also introduced to the ACP checklist as a way of highlighting and documenting what discussions had occurred and where these were documented in care plans. Some homes have included the checklist in individual care plans and others have created a checklist to fit in with their own paperwork.

**Task 5**

Educate and mentor nursing and care home staff in end of life care

The Educator has been supporting staff participating in the East of England End of Life Care Education Programme. To date, the programme has been introduced in just over 80 care homes in Bedfordshire, Hertfordshire and Luton. 1070 staff have been trained. The Educator was responsible for training 125 staff through the year.

Mentoring has been an integral part of the project. It is key to ensuring staff understand the process and covers many of the tasks associated with delivering excellent end of life care. Without training, staff do not understand, for example, the importance of ACP and the steps which need to be taken to meet an individual resident’s needs at the end of life. In addition, nurses and care staff have benefitted from specific specialist training including pain management and use of syringe drivers to deliver pain medication.
Task 6
Promote local and national end of life care objectives

Joint working has encouraged networking and maximised opportunities to ensure excellence in end of life care across the region. The Educator has been involved in promoting end of life care during Dying Matters and Hospice Awareness weeks during the project year.

Task 7
Project management

Integrated into the Peace Hospice Quality Action Plan, the project has been under the scrutiny of an experienced staff team to ensure high quality and standards throughout. In addition to producing quarterly progress reports towards key tasks, the Educator has also liaised with colleagues working on the East of England End of Life Care Education Programme to evaluate work and collate statistics. In May 2012 the Hertfordshire County Council End of Life Scrutiny Committee visited one care home that the Educator supported in West Herts and another in East & North Herts. Their report was very
positive: “It is clear that end of life training increases staff confidence and therefore the ability to support people to die in their preferred setting.” During the project year the Educator also co-produced a film to inspire and encourage other care home staff embarking on the East of England End of Life Care Training Programme. As some of the care homes have been involved in the Burdett Project a copy of this short movie will accompany a paper copy of this report for your information.

Achievements...

Conclusion
The commitment by the Trustees of The Burdett Trust for Nursing towards our work has enabled us not only to make a difference to staff and residents in local care homes but also to promote excellence and high standards of nursing. We have been able to encourage and celebrate individual achievement and promote the recognition of the contribution of nurses and healthcare professionals in delivering high quality health care.

Quotes from staff after completing training

“I feel I can now make a difference in my resident’s life, by respecting their privacy, dignity and culture”

“I have a better understanding of end of life care”

“I am able to realise what is important to each individual - so that they can leave the world peacefully”