

# End Of Life Care Policy

CM18

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|-----------------|--|
| Date Written    |  |
| Author(s)       |  |
| Version         |  |
| Date Signed Off |  |
| Reviewed by     |  |

Date: [ ]

## Review Data

### Initial Production

| Name | Role/Department | RACI | Date |
|------|-----------------|------|------|
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**R** = Responsible for writing the policy; **A** = Accountable; **C** = Consulted; **I** = Informed

### Change History

| Version | Date | Details of Change | Author |
|---------|------|-------------------|--------|
|         |      |                   |        |
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|         |      |                   |        |

### Emergency Contact Details

| Name | Email | Mobile |
|------|-------|--------|
|      |       |        |
|      |       |        |
|      |       |        |

## CQC Fundamental Standards

| Regulation Number                 | Regulation Details                                                                                 |
|-----------------------------------|----------------------------------------------------------------------------------------------------|
| Regulation 9: Person-centred care | A person's care and treatment must be designed to make sure it meets all their needs.              |
| Regulation 11: Need for consent   | Care and treatment of service users must only be provided with the consent of the relevant person. |

## Key Lines of Enquiry

| KLOE       | How this applies to End of Life Care                                                                             |
|------------|------------------------------------------------------------------------------------------------------------------|
| Effective  | Maintaining proper records of the wishes of the service user enables us to provide a service which is effective. |
| Caring     | Providing a professional and person centred service at the end-of-life as part of our caring approach.           |
| Responsive | Providing a person centred service for those who are terminally ill evidences our responsive approach.           |

## Related Documents

This policy should be read in conjunction with our:

- CP02 - Care Planning Policy
- CM17 - Dignity and Respect Policy
- CP07 - DNAR Policy
- HR17 - Religion and Belief Policy

## Policy Statement



### Policy Aims

This policy is to set out the values, principles and practices underpinning Careville Ltd'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 person centred care plans and Procedures in the Event of the Death of a Client.

The national 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.

The NICE Quality Standard for End of Life Care (2011) provides a comprehensive picture of what high quality end of life care should look like. This has been crucial in helping us to define commitments to end of life care, which are aligned with Careville Ltd's role, mandate and ambitions.



### **Key Question: How often does the End of Life Strategy need to be revisited?**

The End of Life Care Strategy needs to be revisited and refreshed annually so that national actions align with both the current needs of the population and arrangements in the health and social care system following the Health and Social Care Act 2012. But improving end of life care involves a wide range of people and organisations, across the health and social care, professional and public, and statutory and voluntary, spectrum.

## **Principles of End of Life Care**

Careville Ltd 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).

Careville Ltd is committed to continuing the care of its Service Users who are 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, Careville Ltd'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.

Careville Ltd 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 dignity and privacy are fully respected.

Careville Ltd 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 undergoing palliative care 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.

## **End of Life Care Plan**

Careville Ltd 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.

Careville Ltd 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 Service User'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 oral hygiene;
- 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 Service User'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 MAR charts in accordance with established procedure.

At all times staff are made aware of the Service User's condition and are in constant contact with their 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.

Careville Ltd makes every effort to ensure that the clients wishes in respect of their religious or cultural practices are fully respected. In most instances, Careville Ltd is aware of these as they will have been recorded previously in their clients plan of care or as an advanced directive. Where the Service User's wishes remain unclear and they have lost the mental capacity to clarify and communicate these or they are not in the care plan, Careville Ltd makes every effort to find them from relatives, friends and professional who know the person. This then enables the arrangements to be made to be as close as possible to what the Service User would have wished.

Careville Ltd policy in these matters are worked out in accordance with the "best interest" principle of the Mental Capacity Act 2005.



### **Key Question: How are Service Users observed?**

Care staff as well as nursing staff contribute to care plans by making detailed observations on the Service User's condition and changes that occur.

The arrangements for monitoring and observing the Service User's condition are carefully structured, e.g. 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**

Careville Ltd undertakes to keep everyone informed in the Service User's care of changes and developments in the Service User's conditions.

A record is kept of all their contact details to assist communication and information of passing: e.g. 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, social worker/care manager and other representatives such as advocates and legal guardians.

## Staff Roles and Responsibilities

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 service user.



### Key Points to Take Away

- The national 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 End of Life Care Strategy needs to be revisited and refreshed annually so that national actions align with both the current needs of the population and arrangements in the health and social care system following the Health and Social Care Act 2012
- Careville Ltd undertakes to keep everyone informed in the Service User’s care of changes and developments in the Service User’s condition.

## Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director