

Palliative and end of life care

Trigger tool for improvement



Palliative and End of Life Care - Trigger tool for improvement

For Adult and Older Peoples Services 2017 - 2019

Appendix 1 – Aide Memoir Improving palliative and end of life care

Appendix 2 – Process tool for inspectors to gather evidence

Publication Code:

The contents should not be regarded as a statement of Care Inspectorate policy, nor relied upon as a comprehensive statement of best practice, but as common sense guidance on issues of topical interest based upon authoritative statements of best evidence in the field, at the time of preparation, and which may be of assistance to Care Inspectorate staff when reviewing practice and policies.

This guidance may also be of interest to others who have an interest in palliative and end of life care.

Palliative and End of Life Care

People are able to express their needs	Assessment and observation	Good practice guidance
<p>Early identification of palliative and/or end of life care means that a person's wishes and care needs can be assessed and, as much as realistically possible, addressed.</p> <p>Assessment of capacity to discuss what matters to the person must be considered.</p>	<p>Discuss How familiar are staff with the terms 'palliative care' and 'end of life care'. What has helped in learning about palliative care?</p> <p>Assess Awareness of staff providing palliative and end of life care for people who are living with a long term / life limiting illness.</p> <p>Working as a team Observe how staff interact and communicate with people in the service and their families. Look at staff communication with external visiting staff such as GPs and allied health professionals.</p> <p>What has helped Do people have information on their illness and have they been asked 'what matters to them'?</p>	<p>For managers of the service the vision for palliative care over the next 5 years can be found at: Strategic Framework for Action (December 2015) www.gov.scot/Topics/Health/Quality-Improvement-Performance/peolc/SFA</p> <p>Principles to assist staff in services: Guidance Caring for people in the last days and hours of life www.gov.scot/Publications/2014/12/6639</p> <p>Raising awareness and assistance to talking about death and dying: Good life, good death, good grief website www.goodlifedeathgrief.org.uk/</p> <p>Examples of good practice: Use of documentation, 'Getting to know me' www.alzscot.org/information_and_resources/information_sheet/3472_getting_to_know_me</p>

Thinking ahead and planning

People are respected	Assessment and observation	Good practice guidance
<p>Does the service address the religious, spiritual, psychological and cultural care needs of the person and their family/carers?</p> <p>Are people involved in planning their care? This maybe a 'personalised care plan' if in a community/care at home service or an 'anticipatory care plan' in another care setting such as a care home.</p> <p>Resuscitation decisions Is there evidence that a person's resuscitation status is being considered /discussed and documented where this is necessary in their care plans?</p>	<p>Discuss Can people access spiritual and religious support if they want?</p> <p>Are there interpreters for people who do not have English as a first language?</p> <p>Assess As these plans may change over time are they being updated to suit the person's individual needs?</p> <p>Working as a team As good practice has the person and their family/Power of Attorney been involved in the discussion about resuscitation?</p>	<p>Faith at end of life (2016) A resource for professionals, providers and commissioners working in communities https://www.gov.uk/government/publications/faith-at-end-of-life-public-health-approach-resource-for-professionals</p> <p>Spirituality online resource https://www2.rcn.org.uk/_data/assets/pdf_file/0008/395864/Spirituality_online_resource_Final.pdf</p> <p>Access to NHS Education for Scotland web on Anticipatory care planning: www.palliativecareinpractice.nes.scot.nhs.uk/advance-anticipatory-care-planning-toolkit/introduction.aspx</p> <p>NHS Scotland Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Integrated Adult Policy (2010) (Under review 2015) www.palliativecareinpractice.nes.scot.nhs.uk/advance-anticipatory-care-planning-toolkit/dnacpr.aspx</p>

Relief of symptoms

People have their symptom needs met	Assessment and observation	Good practice guidance
<p>We all express pain in different ways. Some people may not complain of pain whilst others may demonstrate this in their body language.</p> <p>Are families or carers involved in the management of symptoms? Relatives and carers can be very helpful in understanding the person's symptoms if the person is unable to communicate.</p> <p>Is the person being supported to access specialist advice and support if required?</p>	<p>Assess What assessment tools are used for example, for the assessment/management and evaluation of pain. How helpful are they for the person in describing their symptoms?</p> <p>Discuss Can staff access local NHS clinical guidelines on pain and symptom management? Can staff access specialist palliative care clinical advice? For example, if symptoms not controlled.</p> <p>Community involvement Who cares for the person – are specific people involved for example, Community Psychiatric Nurse (CPN), or Clinical Nurse Specialist (s) (CNS) for example, Parkinson's disease, Huntington's disease. Who has helped the person previously for example; Marie Curie or Macmillan nurse is this contact still important to the person?</p>	<p>NHS Scotland Palliative Care Clinical Guidelines (2014) www.palliativecareguidelines.scot.nhs.uk/guidelines/pain/pain-assessment.aspx</p> <p>NHS Scotland Palliative Care Clinical Guidelines (2014) www.palliativecareguidelines.scot.nhs.uk/</p> <p>SIGN 136 Guideline on Management of Chronic pain (December 2013) http://sign.ac.uk/guidelines/fulltext/136/index.html</p> <p>Marie Curie Helpline for services if unsure how to refer: www.mariecurie.org.uk/help/marie-curie-support-line</p> <p>Macmillan Support for assistance and support: www.macmillan.org.uk/information-and-upport/coping/getting-support/talking-to-us/index.html?origin=homepageAugust18</p>

End of Life Care

People and their families are well cared for	Assessment and observation (for comment on an inspection report)	Good practice guidance
<p>End of life care in the last days and hours of life is one component of palliative care. Discussion of the person's care at this time is essential.</p> <p>Multi-disciplinary discussion is necessary so that all reversible causes are excluded – staff, the person who is ill, their relatives, power of attorney should all where possible be included in the conversation.</p>	<p>Assess Has the service implemented an end of life care plan timeously? Assess end of life care plans. Do they seem to be centred on the person and their family and are they reviewed at least daily? Are essential care elements like eye care, mouth care, continence care and personal hygiene included? Nutrition and hydration are very important at end of life. Are these areas considered?</p> <p>Discuss What have staff found helpful? What have carers found helpful?</p>	<p>Guidance on assessment of deterioration: Supportive & Palliative Care Indicators Tool (SPICT™) http://www.spict.org.uk/</p> <p>Clinical guideline for mouth care: www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control.aspx</p> <p>Clinical guideline for care in the last days of life www.palliativecareguidelines.scot.nhs.uk/guidelines/end-of-life-care/Care-in-the-Last-Days-of-Life.aspx</p> <p>Body changes at the end of life at: www.nhsinform.co.uk/palliativecare/deathandbereavement/whatisdyinglike/bodychanges/</p> <p>NICE Guidance Care of dying adults in the last days of life www.nice.org.uk/guidance/ng31</p> <p>Assistance and guidance for carers: www.carersuk.org/scotland</p>

Care around the time of death and after death

People dying and their carers are cared for	Assessment and observation	Good practice guidance
<p>Dying is unpredictable. It's not always possible to know for sure that a person is in the last days of life, predict exactly when a person will die, or know exactly what changes the person you're caring for will experience when they're dying (NHS Inform Palliative care zone – bereavement May 2015).</p> <p>Knowing what the person and their family wants at this time is important – does the family want to be contacted at the time of death or leading up to death (as far as this can be predicted by staff).</p>	<p>Observe Is there access to religious and spiritual support for service users' families?</p> <p>Discuss How do staff meet the needs of families whose loved one is dying or who have been bereaved.</p> <p>Working as a team Explore with staff their own access to bereavement support. Is this in place for staff and what do they find helpful?</p> <p>Following a death Does the service have bereavement packs to offer to bereaved relatives including how to register a death?</p>	<p>NHS Inform Bereavement zone www.nhsinform.co.uk/bereavement/</p> <p>NHS Inform Palliative care zone www.nhsinform.co.uk/palliativecare/</p> <p>What to do after death in Scotland – practical advice for times of bereavement – 11th Edition http://intranet/index.php?option=com_content&view=article&id=8258&Itemid=1215</p> <p>Death Certification www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification.aspx</p>

Links to information on palliative and end of life care

Strategic Framework for Action (December 2015)

www.gov.scot/Topics/Health/Quality-Improvement-Performance/peolc/SFA

NHS Scotland Guidance: Caring for people in the last days and hours of life (December 2014)

<http://www.gov.scot/Resource/0046/00466779.pdf>

NHS Scotland Education for Scotland (NES) Palliative care in practice / Advanced and anticipatory care planning – on line resource

www.palliativecareinpractice.nes.scot.nhs.uk/advance-anticipatory-care-planning-toolkit/introduction.aspx

NHS Scotland Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Integrated Adult Policy (2010) **under review**

<http://www.gov.scot/Publications/2010/05/24095633/0>

Decisions relating to Cardiopulmonary Resuscitation (3rd Edition) October 2014 **under review**

British Medical Association, Resuscitation Council & Royal College of Nursing

<https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/>

Healthcare Improvement Scotland

http://www.healthcareimprovementscotland.org/our_work/person-centred_care/dnacpr.aspx

What to do after death in Scotland – practical advice for times of bereavement – 11th Edition

http://intranet/index.php?option=com_content&view=article&id=8258&Itemid=1215

Supportive & Palliative Care Indicators Tool (SPICT™)

<http://www.spict.org.uk>

NHS Scotland Palliative Care Clinical Guidelines (2014)

www.palliativecareguidelines.scot.nhs.uk/

SIGN 136 Management of Chronic Pain December 2013

<http://sign.ac.uk/guidelines/fulltext/136/index.html>

NHS Scotland Shaping Bereavement Care – a framework for action (2011)

<http://www.gov.scot/Resource/Doc/327965/0105922.pdf>

NHS Scotland Education for Scotland (NES) Guidelines for the use of the CME McKinley T34 Syringe Pump for adults in palliative care (For use in the community setting) (2011)

http://www.nes.scot.nhs.uk/media/347814/mckinley_20t34_20syringe_20pump_20guidelines_20final.pdf

Death Certification

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification.aspx

NHS Education for Scotland

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/spiritual-care.aspx>

NICE National Institute for Health and Care Excellence

Care of dying adults in the last days of life (December 15)

www.nice.org.uk/guidance/ng31

Aide memoir – improving palliative and end of life care (Appendix 1)

<p>Outcome</p> <p>People living in care services are listened to and involved in decisions about their care now and in the future.</p>	<p>To achieve this....</p> <p>Health and social care staff gather the right information to respect a person’s wishes for their future care. Staff are aware of where to find literature that may help initiate some talk and discussion.</p>	<p>Evidence that people are receiving good care</p> <p>Staff are comfortable and can cope well with discussing a person’s future care needs if unwell or if they are approaching the end of their life.</p>	<p>Quick link to good practice for inspectors</p> <p>Good life, good death, good grief www.goodlifedeathgrief.org.uk</p> <p>SPICT™ tool http://www.spict.org.uk</p>
<p>Outcome</p> <p>A person’s anticipatory care plan (ACP) and/or end of life care plan is in place at the right time.</p>	<p>To achieve this....</p> <p>Staff facilitate anticipatory care planning and share (with consent) information gathered with the appropriate people and agencies.</p>	<p>Evidence that people are receiving good care</p> <p>Staff have knowledge about which residents or clients have an ACP and or end of life care plan and follow this as they are able to.</p>	<p>Access to advance and Anticipatory Care Planning Toolkit www.palliativecareinpractice.nes.scot.nhs.uk</p>
<p>Outcome</p> <p>People approaching the end of their life are well cared for by members of a well-focused team of health and/or social care staff.</p>	<p>To achieve this...</p> <p>A multi-disciplinary meeting to discuss if they feel the person is requiring end of life care is held. Any reversible causes re diagnosing dying the lead clinician should identify this.</p>	<p>Evidence that people are receiving good care</p> <p>Staff are confident in their approach to people who are approaching the end of their life, and take good care of the person’s family.</p>	<p>NHS Scotland Guidance: Caring for people in the last days and hours of life (December 2014) http://www.gov.scot/Resource/0046/00466779.pdf</p> <p>Community SPICT™ http://www.spict.org.uk/using-spict/</p>

<p>Outcome</p> <p>People living in services who become unwell with pain or other symptoms will be well looked after.</p>	<p>To achieve this...</p> <p>Staff at the service will be educated in pain and symptom management; and if staff cannot manage they will know how to access further help if needed.</p>	<p>Evidence that people are receiving good care</p> <p>The residents or clients are not in distress or uncomfortable and they know they can have their medicines at the right time.</p>	<p>Quick link to good practice for inspectors</p> <p>Scottish palliative care guidelines http://www.palliativecareguidelines.scot.nhs.uk/</p>
<p>Outcome</p> <p>People's wishes about resuscitation decisions are known.</p>	<p>To achieve this...</p> <p>Staff ask about advance directives/living wills. Staff are educated on resuscitation and familiar with relevant policies for this area of care.</p>	<p>Evidence that people are receiving good care</p> <p>People have been asked about their wishes if appropriate and all decisions about resuscitation have been documented and reviewed as appropriate.</p>	<p>NHS Education for Scotland DNACPR www.palliativecareinpractice.nes.scot.nhs.uk</p> <p>Healthcare Improvement Scotland (person centred care – DNACPR) http://healthcareimprovementscotland.org/</p>
<p>Outcome</p> <p>The person is in the right care setting as far as is possible.</p>	<p>To achieve this...</p> <p>Staff review a resident or client's social, emotional and spiritual needs to address the right place of care for them.</p>	<p>Evidence that people are receiving good care</p> <p>Residents and or clients can live in a care setting that is suitable for them.</p>	<p>Self-directed support http://www.selfdirectedsupportscotland.org.uk/</p>

Process tool for Palliative and End of Life Care (Appendix 2)

Following review of palliative care needs of service users

Name of service:

CS Number:

1. Policies and Procedures

Does the service have policies in place for the following?

Palliative and end of life care

YES NO

Resuscitation decisions/do no attempt cardio pulmonary decisions

YES NO

Pain and symptom management

YES NO

Bereavement Care

YES NO

Medical device/Syringe pump CME T34

YES NO

Anticipatory care planning

YES

NO

What other policies does the service have in relation to palliative and end of life care? Please describe

Are the content of these policies in line with current best practice?

YES

NO

Comments

Are staff familiar with the policies/procedures?

YES NO

Comments

2. Palliative and End of life care plans and monitoring of these plans by the service are in place?

YES NO

3. Education about palliative and end of life care is in place for staff?

YES NO

If yes – what has been provided and by whom

4. Medical devices – syringe pump CME T34

Staff has received education and training on the use of the syringe pump CME T34?

YES NO

Service have information on the syringe pump for their residents and families?

YES NO

Service has access to manufacturer's instructions

YES NO

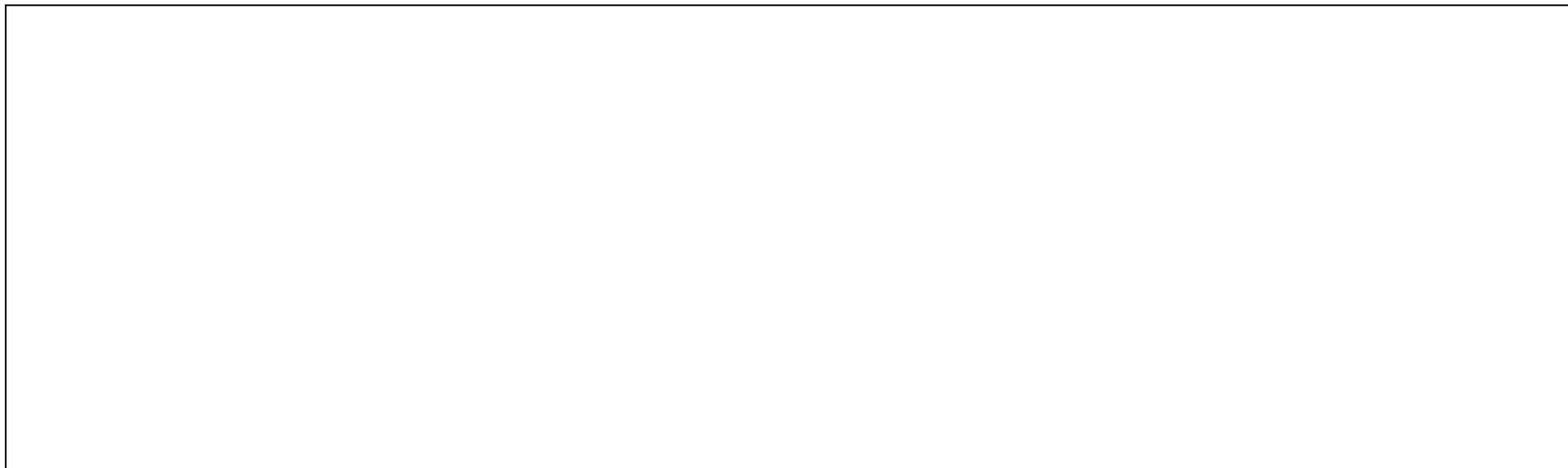
Staff competencies are evaluated

YES NO

5. The service are aware that the Care Inspectorate has to be notified of all deaths?

YES NO

6. Details of good practice evidenced



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