Supporting Palliative Care in Care Homes

What can a Palliative Nurse specialist bring to a care home support team?

NHS Social Care

Care Home Support Team

Residents and Staff

Education

Midlothian

Palliative Care

Why?

- **To help create and maintain a review of all residents in care homes in Midlothian.**
- **Ensure that their care is person centred from admission until death.**
- **Assist with the welfare of staff.**
- **To offer support and continual training in aspects of palliative care.**
- **Comply with government policy (Scottish government 2015).**

NHS Lothian

Marie Curie

Care and support through terminal illness

Midlothian Health & Social Care Partnership

Profound thanks too;
Hillary Gardner St Columbus, Jo Hockely Edinburgh University, Liz Forbat Stirling university, Kim Christy Midlothian council, Jo Gordon NHS Lothian, Barbara Stevenson Marie Curie, Anne Wimberly NHS Lothian, health and Social care partnership

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References;
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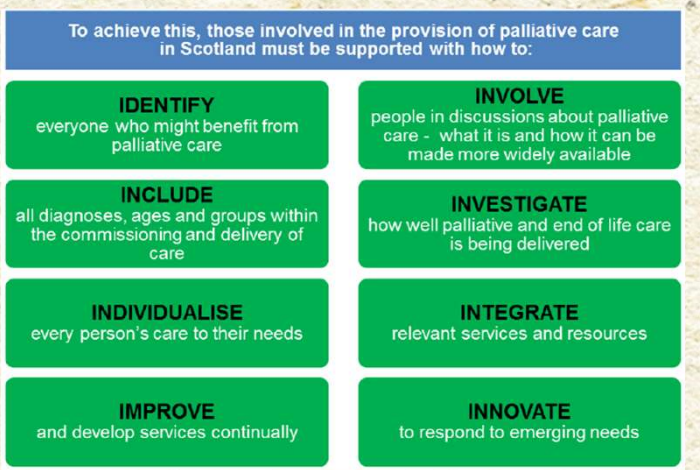
IHUb Healthcare improvement Scotland.
Government, T. S. (2011). Living and Dying Well : Building on Progress Living and Dying Well : Building on Progress. Group.
Hockley, J., & Kinley, J. (2016). A practice development initiative supporting care home staff deliver high quality end-of-life care. International Journal of Palliative Nursing, 22(10), 474–481. https://doi.org/10.12968/ijpn.2016.22.10.474

Investigate

There was a sense that although there was good palliative practice this could be improved on. The care round was started for each of the 548 residents in all the care homes in Midlothian to clarify what might be missing. As identified in the graph below Anticipatory Care Planning (ACP), is a priority, as good quality ACP improve outcomes for residents, reduce unwanted hospital admissions, and improve their quality of life.
As the Scottish government outlined '*Access to palliative and end of life care is available to all who can benefit from it, regardless of age, gender, diagnosis, social group or location*', Scottish government (2015)



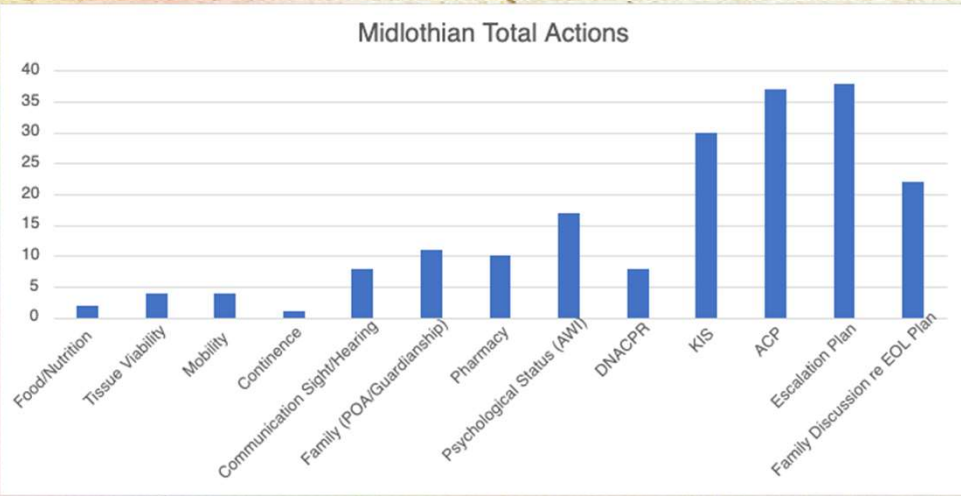
Scottish government (2015)

Aims

To reduce unscheduled and unnecessary hospital admissions, reduce the number of repeated difficult conversations, improve the quality of care at end of life, allow residents to die in their chosen place, give confidence to care home staff when dealing with resident's palliative needs and offer support and reflection to care home staff around coping with grief.

Include, Involve, Identify, Individualise

Care rounds for all residents.
Rolling out to all care homes.
Involving; manager or assistant manager, registered nurse, senior carer, carer, and the CHST manager as well as the palliative nurse and a GP where possible.
Each round was allocated 2 hours, and up to 12 residents were reviewed.
Information gleaned is summarised in the Midlotian Total Actions Graph.
Takeaways are; most nursing needs are met, needs highlighted are; AWI, KISS, ACP, and EOL discussions.



Reflective themes Identified

Sorrow at the decline of the residents in isolation

loss of contact with relatives

Anger- constant change imposed

Friendships have been lost

PPE -multiple changes to the advice given

little understanding of how they felt

Lack of support from above /management (1 exception)

No resentment to staff that had to shield

Counselling phone lines are not the answer when dealing with grief and loss

Is there a plan for the next time?

How the public are acting now

Too little too late

No voice

Helplessness

Lack of understanding of the general public who have not experienced it

Anger from relatives and how to deal with it

Amazing team work and pulling together off the teams

Distress - caused by how quickly and how many residents lost their lives to Covid.

Finding a new way to be in the world

Quotes from individuals who attended:

"Appreciate the time for someone to check on the wellbeing of care staff."

"Good discussion, particularly understanding of feelings of colleagues who have been shielding"

"It was good to discuss everything that happened"

"Nice to hear other people's stories and it not just me going through it."

Reflection

So far 4 care homes are involved;

4 x 1 to 1 Sessions
4 x 1 to 2 sessions
10 group sessions

Total of 52 staff members took part.

Improve, Integrate, Innovate.

Ongoing

Swabbing of staff within care homes.
Swabbing of potential residents prior to their move to care homes .
Regular check-ins with all care homes.
Research and own education .
Networking.

Planned

Restore2.
To enhance residents care and handover to OOH, and GP's to ensure that the residents wishes are upheld.
It offers different levels of assessment.

Challenges

Very short time scale.
Integration between social and health .
Very small team (4).
Covid
Newly reformed team.
Different type of resident/patient from previous experience.
Diverse nature of care homes, council, private (7 different companies)
Seconded post with time limited role.
New role.
Multiple priorities.
Individual needs of each care home.
Whole new language -Social care.
New technology.
Remote training.

3 care homes signed up for training days, four training days each in October/November. Care rounding identified - ACP and identifying the dying. Confirmed by the care homes. The source material to be used is available on IHUB.

There is also an ongoing collaboration with Kim Christie of Midlothian council to complete the MacMillan foundation in palliative care course that had begun just before lockdown. On completion this too will be rolled out to other CH's.

Bite size training modules will be offered In Symptom management.
Length and times of courses are always discussed with the care homes to ensure their needs are met.

This poster is part of the SPPC poster exhibition 2020
Scottish Partnership for Palliative Care