

reduction in the numbers of care home staff accessing education at the hospice. Analysis of the contributing factors indicates that theoretical and clinical skills education is something the care home staff desire, however this needs to be easily accessible for them, on site and be delivered in a variety of ways which are meaningful for them in practice.

A three-month evaluation has already highlighted a 20% increase in the number of residents with advance care plans, and homes now managing their own syringe driver set up, rather than using community nursing services.

P-158 INTEGRATING A PALLIATIVE CARE APPROACH INTO THE NORMAL CARE PROVIDED IN CARE HOMES WITH NURSING

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The need to provide high quality care for all people at the end-of-life was identified in the End of Life Care strategy (Department of Health, 2008). Twenty one per cent of all deaths occur in care homes in England, highlighting the need for good end-of-life care for those who live within them (Public Health England, 2014).

In order to address this a hospice in North West London funded a facilitator role to empower staff in local care homes with nursing to provide high quality generic palliative care to those residents who may benefit from it. The aims of the post are to work with the homes to adopt a framework that helps staff to ensure that patients in the last year of life are identified, assessed and have an advance care plan put in place in accordance with their wishes. Further objectives are for nursing home staff to feel more confident to diagnose dying and manage the symptoms of residents who suffer advanced incurable illness.

To achieve the aims of the initiative the nursing home facilitator regularly visits the homes and discusses with staff all residents in their care, identifying any changes in their condition. To facilitate identification of appropriate patients a Prognostic Indicator Tool is used. Once identified patients are placed on a Supportive Register, which prompts nursing home staff to undertake advance care planning discussions and take appropriate actions.

A total of 161 staff have attended short training sessions delivered in the homes and End of Life Care Champion Training Sessions at the hospice. Whilst formal evaluation of the project is planned for September 2016, early indications are of an increased number of residents dying in those care homes who are working closely with the nursing home facilitator.

	Pre CHN facilitator post September 2014 – March 2015	Post CHN facilitator post September 2015 – March 2016	Difference
CH with Nursing A	2	14	+12
CH with Nursing B	8	14	+6
CH with Nursing C	3	6	+3

P-159 REFLECTIONS ON DELIVERING A PALLIATIVE CARE INTERVENTION IN ENGLISH CARE HOMES

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Background Little is known about the process of implementing new palliative care interventions within care homes. The European Commission-funded PACE research project is a cluster randomised controlled trial of the 'PACE Steps to Success' intervention.

Aims To reflect on the experience of delivering facilitation for implementation of a palliative care intervention in English care homes.

Method Facilitation was delivered to six care homes on a monthly basis over a year by a clinically experienced trainer to staff. The PACE Steps to Success intervention uses a train-the-trainer approach by identifying key staff as PACE coordinators from within each care home. Implementation focused on: preferences for care, assessment, coordination of care, management of symptoms, and care in the last days of life and after death. Data recorded by the facilitator in a reflective diary was explored on the experiences of the site visits, recruitment to the training, implementation, delivery and uptake of the intervention. Factors that supported and hindered the use of the intervention were identified.

Results Supportive factors: Identified PACE coordinators in the care homes helped promote staff engagement and interest in palliative care. The Nursing and Midwifery Council revalidation system motivated staff attendance at training sessions. Certificates were issued following the completion of all taught sessions. Social media was introduced to create a forum for communication and help promote sustainable support and peer networks.

Barriers: Barriers to the implementation were changes in the employment of care home managers, coupled with poor communication impacted on recruitment of staff to training sessions and use of new tools.

Conclusion Delivering new interventions in the care home sector is influenced by limited resources and competing pressures on staff. It's possible to implement a palliative care intervention in care homes, when managers are supportive and staff are enabled to work in partnership with the trainer.

P-160 THE DEVON CARE HOME KITEMARK – HOW MIGHT PEER-REVIEW AND PEER-LEARNING IMPROVE END OF LIFE CARE IN CARE HOMES?

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The Devon Care Home Kitemark is in its fifth year and has established a strong provider-led coalition, with over 60 member residential care homes. The homes are committed to sharing learning, promoting collaboration and using evidence to enhance best practice. 2016 has seen the movement identify 6 priority topics, including end-of-life care.

The Kitemark approach so far has been to engage and empower residential care homes. The team have used an 'appreciative inquiry' model to create a group of 'critical friends' who