

to dementia service plans; To build collaborative and mutually supportive ways of working with local dementia services; To engage with the community in the development of Dementia Action Alliances.

Conclusions Key learning from this process is that hospices need to be proactive to ensure their service is responsive to people with dementia. Community engagement and cross organisational working is crucial to this with the Hospice being involved in dementia service development and highlighting their commitment to equality of access for people with dementia and their families.

P-135 THE HOSPICE DEMENTIA NURSE FOR CARE HOMES PROJECT

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Context People with dementia may receive sub-optimal end-of-life care (EoLC) in comparison with those who are cognitively intact (Lillyman and Bruce, 2016). Care home staff report feeling poorly-equipped to manage EoLC in dementia (Kupeli *et al.*, 2016). Anecdotal evidence from the delivery of the ABC End of Life Care education programme for care homes by the Hospice of St Francis found challenges for staff included assessment, recognition of dying and symptom control.

The Dementia Nurse in Care Homes project aims to support care home staff in improving the quality of life of people with dementia and their families. A dementia nurse from the Hospice of St Francis will work in three specialist dementia units, a residential care home, a nursing home and a mental health care unit.

Objectives

1. Provide clinical support to care home staff to recognise when the person is dying.
2. Promote compassionate, holistic care in the individual's familiar environment, preventing inappropriate hospital admission and support those important to them through the bereavement process.
3. Initiate and support advance care planning, designing and embedding the documentation, culture and education required to sustain this process.
4. Provide EoLC education through the ABC programme, training the staff to use a supportive care register.

Evaluation and sustainability The ABC end of life care education programme uses a Palliative and EoLC Checklist for care homes for each patient, to record all aspects of support in place, and measure improvements in care. This will be the outcome tool for the Dementia Nurse project. The project is co-funded by Hospice UK and St James Place; the Hospice of St Francis is committed to continuing the post at the project end.

P-136 ADVANCE CARE PLANNING AND ADVANCE HEALTHCARE DIRECTIVES WITH A PERSON WITH DEMENTIA

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Background Dementia is a progressive life-limiting illness. People with dementia value planning ahead. It allows them to express wishes and preferences and reduces anxiety. With the enactment of The Assisted Decision Making (Capacity) Act 2015 guidance in relation to advance care planning and advance healthcare directives with people with dementia is required by health and social care professionals.

Methods An expert advisory group was established. A systematic literature review, searching online databases, CINAHL and PubMed was carried out. Grey literature was also accessed. The themes were presided on by the expert advisory group. Identified literature review themes directed the scope of the guidance.

Results 288 articles were deemed appropriate. Post review with the expert advisory group the scope of the guidance document was extended to reach the person with dementia and family carers as well as healthcare staff across all settings.

The themes from the literature include:

1. Advance care planning and advance healthcare directives with people with dementia
 - a. Advance care planning is difficult to engage in due to fluctuating capacity.
2. Family members:
 - a. Uncertain about roles in advance care planning and having conversations.
3. Professional uncertainty
 - a. Time constraints, lack of knowledge and understanding of dementia, advance care planning and legal responsibilities are factors.

Guidance is offered on each on each of the above areas.

Conclusion A guidance document has been prepared for health and social care staff to provide palliative care to people with dementia. The document will be published and made available via the Irish Hospice Foundation website.

P-137 SUPPORTING PEOPLE WITH DEMENTIA TO DIE AT HOME IN IRELAND

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Background The Irish Hospice Foundation has funded a night-nursing service for people with conditions other than cancer since 2006. The number of people with dementia referred to the service has risen each year since then. The Irish Hospice Foundation carried out an audit of all of the referrals received where people had a diagnosis of dementia between June and December 2015.

Aim The aim was to explore components of care which support a person with dementia who accessed the night nursing service to die at home.

Method Supplementary information from specialist palliative care teams (SPCT) was gathered for 52 dementia referrals to the night-nursing service between May and December 2015.

Results

- The availability of family/friends to provide care to a person with dementia appears to be a key determinant to them staying at home
- Having a supportive GP was important for a large number of the sample.
- The decision to stay at home was made by the person with dementia or their families in over 50% of the sample

- The majority of the sample were referred to specialist palliative care teams in their last week(s) of life
- Access to formal supports and care packages varied throughout the country.

Future plans A report will be made available online with the findings of this audit. This includes recommendations for people with dementia, for family members, for staff and for service planners. Information will also be shared with all of the specialist palliative care teams.

P-138 LOSS AND GRIEF IN DEMENTIA

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Background A range of losses occur throughout a person's journey with dementia. Losses occur for the person and for their families as the disease progresses. Grief as a result of these losses is under-recognised and under-reported by people with dementia and their families.

Aim To develop a guidance document and factsheet to support healthcare staff to recognise, acknowledge and respond to loss and grief in dementia.

Methods An Expert Advisory Group (EAG) was convened. The group followed the NCEC approach to developing clinical guidance which included literature reviews, consensus building and consultation with key stakeholders.

Results The guidance document and factsheets are available to support healthcare staff in working with loss and grief in dementia. The document has four key considerations for staff to use as good practice when working with loss and grief in dementia. These are followed by four guidance areas which are responding to loss and grief, supporting the person with dementia experiencing loss and grief, supporting families with loss and grief and supporting yourself as a healthcare staff member. Resources will be listed for each of these areas.

Conclusion Recognising loss and grief as part of the experience of having dementia is a core part of good dementia care. Provision of supports to people and their families at transition points is essential.

Future plans This guidance document is one in a suite of seven guidance documents developed relating to different aspects of dementia palliative care. A dissemination plan has been developed to ensure findings and guidance are implemented and evaluated.

P-139 CREATING A DEMENTIA FRIENDLY HOSPICE & COMMUNITY CORPORATE PARTNERS

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In 2015 the Douglas Macmillan Hospice launched a project to become dementia friendly as we are supporting more patients with a primary or secondary diagnosis of dementia. Staff undertook the Dementia Friends Champion training and to date we have over 300 dementia friends, staff and volunteers, throughout the hospice and retail outlets.

A cross-hospice working party is evaluating and adapting the hospice environment ensuring it is accessible to those who are

living with dementia. This has led to further discussions and adaptations for all those who have a disability.

Our in-patient facilities and community teams have implemented a Pain Scale Tool to ensure those living with dementia, who are unable to communicate verbally, have their pain effectively managed.

The hospice is engaged with local and national forums to share best practice and to shape and support the local community in becoming dementia friendly.

Creating dementia friendly community corporate partners: In January 2016 we launched the opportunity for our corporate partners to engage with the hospice in an entirely new way. As a way of the hospice giving something back for their support we offered to deliver Dementia Friends training to local companies and their staff. We have sessions booked to create Dementia Friends in our community with Hanley Economic Building Society and other hospice corporate partners.

Case study: Stoke City Football Club Stoke City Football Club have supported the hospice for a number of years, they received the highest Corporate Award the hospice offers and became a Platinum Corporate Partner for contributions made throughout 2015. Since we launched the scheme to our corporate partners over 80 members of staff at the football club have become Dementia Friends. The club is now aiming to become one of the first Dementia friendly football clubs with the support of the Douglas Macmillan Hospice.

P-140 'LOCAL PEOPLE HELPING LOCAL PEOPLE': A TEENAGER'S CONTRIBUTION TO DEMENTIA FRIENDLY SWAY

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Background In the UK there are around 800,000 people with dementia. Dementia friendly communities are places where more people understand dementia and people are supported to live well. Sway is a small village in the New Forest (population 3548). One of Sway Parish Council's strategic objectives is to help ageing people live well. As a carer and as part of her Duke of Edinburgh Bronze Award this abstract describes a 15-year-old's activity in supporting the parish council's strategic objective.

Aims

- To support people with dementia and their carers: 'Local People Helping Local People'
- To connect and collaborate with other local groups: 'Helping People Live Well'.

Method

- Dementia Friends sessions to parish council, girl guide groups, churches, interest groups, care homes and agencies as well as businesses (e.g. hairdresser, gardeners, and postmen)
- Role-modelling dementia friendly attitudes and behaviour (e.g. *there is more to a person than dementia*) in village activities, Saturday job in local coffee shop and monthly dementia friendly coffee and chat group
- Information animations to raise awareness
- Providing a teenager's perspective to local volunteer action group.