

**P-155 ARE BEREAVED CARERS SATISFIED WITH THE QUALITY OF END OF LIFE CARE? AN INTEGRATED EVALUATION – FINDINGS FROM A 1-YEAR SURVEY (VOICES) IN THE LONDON BOROUGHS OF CITY AND HACKNEY**

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The VOICES Survey (Views of Informal Carers – Evaluation of Services) is a validated survey among bereaved carers, to develop an understanding about the care dying patients and their carers received in the last three months of a patient's life.

City and Hackney Clinical Commissioning Group funded a one year evaluation of care services. The VOICES survey was administered by St Joseph's Hospice following up expected deaths under the care of Homerton University Hospital and St Joseph's Hospice between April 2015 and March 2016. Quantifiable and qualitative findings offer extensive insight into the care provided out-of-hours, in the community, care homes, GPs, hospitals and hospices.

The majority of bereaved participants were pleased with the provided care they. However, the quality of care differs between care settings and patient location. It shows that females are more likely to respond. Also, respondent-patient ethnicities do not reflect the diversity of the local population. This asks for a targeted approach to overcome ethnic boundaries to understand their experience.

Dignity and respect have the best ratings in hospice care (100%) followed by hospital care (89%), GP care (84%) and community care (75%). Pain relief is considerably more successful in inpatient settings (62%) compared to community care (27%). Excellence of care is rated best in hospice care (81%) and dropping to an average of 38% across other services.

Feedback provided by participants offer insight into participant and patient experiences. The comments were often very positive. Nevertheless they highlighted emotional and logistical challenges patients, respondents and professionals experienced how strongly it affected their lives and the care they received.

The final report will be published in September 2016. By July 2016 we expect to have invited around 450 carers and eventually received 90 completed questionnaires. So far 320 people have been invited of which 55 completed the questionnaire.

**P-156 PATIENTS, FAMILY & FRIENDS – SHAPING OUR HOSPICE TOGETHER**

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**Introduction** Woodlands' 2013/14 Quality Account identified the development of a Patient, Family and Friends Forum as its patient experience priority. The objectives were to ensure:

- Current high standards of care were maintained
- Service developments continued to focus on the needs and priorities of patients and families
- People were better informed of services
- There was shared responsibility and partnership.

The first meeting of the Forum was held in March 2014; a core group of attendees has since met regularly with others attending on an ad-hoc basis.

Participation was initially sought from patients already known to the hospice; family members and bereaved carers were also invited. The invitation was extended to members of the local community through local Healthwatch Groups with wider advertising on the hospice website and social media.

**Results** The Forum has contributed to many initiatives which have benefitted patients and carers including:

- Developing the annual patient and family satisfaction questionnaire
- Reviewing the 'Quiet Room' facility; contributing ideas and suggestions included in the resulting refurbishment
- Producing a 'How to Treat Me with Dignity and Respect' card, issued to all staff, volunteers and students as an aide memoire
- Evaluating food served in the hospice cafe, making recommendations to cater for lighter appetites and children
- Revising the inpatient information pack
- Contributing ideas to the Board of Trustees for an organisational 'strapline' and 'vision'.

**Conclusion** The group continues to meet quarterly throughout the year and is regularly asked to contribute to initiatives across the organisation. In 2016 the Hospice is taking part in the 'PLACE' assessment for the first time, with group members acting as assessors.

The group provides a sounding board, a place for debate, an ideas generator and a reality check... enabling the hospice to meet the needs of our population.

**Service Models, Care Settings and Partnerships**

**P-157 'HOSPICE IN YOUR CARE HOME' – A DEDICATED SERVICE AIMING TO PROMOTE HIGH QUALITY PALLIATIVE AND END OF LIFE CARE IN THE NURSING HOME SETTING**

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In November 2015, Wigan and Leigh Hospice launched their 'Hospice in your care home service' which aims to educate and support nursing home staff to enhance the care of their residents and those important to them. The team of four registered nurses and one health care assistant provide formal education, clinical skills training and facilitate resident coding meetings in a bid to increase confidence and competence in the nursing home workforce, whilst advocating a more proactive approach to planning for the end-of-life.

Adapted from the model utilised at St Christopher's Hospice, the service differs in that, the team will respond to urgent referrals from the home or other healthcare professionals, when it has been agreed that the resident is dying and further support and advice may be required. The team will work alongside the staff in the nursing home to embed the five priorities of care, utilising this as a learning opportunity for the care staff via role modelling of sensitive conversations with residents and families/those important to the resident and skilling up staff to promote a good death for the individuals they care for.

The rationale for the team has been the high numbers of hospital admissions from nursing homes within our locality and a

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