more thorough advance care planning conversations occurring in six patients (10%). Almost 30% of patients audited were positive for COVID-19 infection. Where CPR was felt to be of no clinical benefit, COVID-19 infection was rarely (2% of patients) the named medical condition documented in the DNACPR.

**Conclusions** Documentation regarding the timing of DNACPR decisions and DNACPR discussions was of a high standard, despite increased pressures during the COVID-19 pandemic. Advance care planning discussions occurred, however, further analysis would be necessary to fully evaluate the quality of these discussions.

**P-67 COMMUNITY PALLIATIVE CARE RESPONSE TO SUPPORT CARE HOME RESIDENTS AND STAFF DURING THE COVID-19 PANDEMIC**

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10.1136/spcare-2021-Hospice.85

**Aim** To review our response to support residents and staff in Bromley Care Homes during the COVID-19 pandemic (April 2020–March 2021), reflect on our learning, joint working with colleagues and identify good practice to inform future models of care.

**Methods** We collated clinical activity data and key case reviews of care home patients referred to our service over the year. Contemporaneous notes from formal/informal reflections and debriefs (internal and joint with GPs/CCG/other professionals) were reviewed. Themes from feedback of care home staff and managers (ad hoc and formal focus groups) were included with personal reflections.

**Results** 345 patients were referred from 32 care homes. The majority (45%) in Quarter 1 (first wave), 14% in both Q2/Q3 and 27% in Q4 (second wave). Median age 89 (53-110) with 69% > 85 years; two-thirds female. 80% had a non-malignant primary diagnosis. Just over half died within the year; median time referral-to-death 170 (229) days, 81% (23%) remained on primary diagnosis. Just over half died within the year; median time referral-to-death 170 (229) days, 81% (23%) remained on primary diagnosis.

Key themes in Q1 included: limited effectiveness of virtual assessments, atypical patient presentations, significant impact of social isolation on mental health/function, with families unable to advocate and inconsistent messaging about visiting/limits. Care home staff were distressed, burnt out, feeling unable to advocate and inconsistent messaging about visiting/limits, partially due to social isolation and prolonged social isolation.

**Conclusion** Senior clinical leadership, cross-boundary flexible working and willingness to learn together were vital.

**P-69 CARE HOME DESIGNATED TO TAKE COVID-19 PATIENTS – PALLIATIVE CARE SUPPORT**

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10.1136/spcare-2021-Hospice.87

**Background** Three Acute NHS Trusts were reaching maximum bed capacity by January 2021 due to the COVID-19 Pandemic. A local recently refurbished care home was identified as a suitable COVID-19 discharge facility for COVID-19 positive and COVID-19 contact patients whose ceiling of care could be managed in this setting (including oxygen therapy) to help ease bed pressures.

**Aims**

- To support primary care and care home staff with symptom control and decision making for those patients who were end-of-life.
- To help avoid readmission back into the Acute NHS Trusts who were already at capacity.
- To support the relatives of these patients.