The admission also offered an appreciation that the team already had transferable skills, confidence and experience to carry out this care. The reflection of the last team within the hospice to care for a young adult highlighted:

'A mountain has been climbed; the final piece of the jigsaw is in place'.

Conclusions Evaluation challenges the misconception that adult hospices have nothing to offer young adults with palliative care needs. It also affirms that the skills the team already have are transferable.

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YOU SAID, WE DID: HEARING THE YOUNG ADULT VOICE

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Background Those living with life-limiting conditions and physical disability are living longer (McLaughlin, Marosi, Robb, 2020; Landfelt, Thompson, Sejersen, et al., 2020). Advancing age can bring increasing disability and dependence, contrasted with a desire for autonomy and control. At home, such young adults create useable and safe environments around them, achieving more independent living (Bann, Abresch, Biesecker, et al., 2015; Frank, 2020). The lack of such an environment within a hospice may be a barrier to using the services on offer.

Aims

- To understand what is important to a young adult on admission to a hospice inpatient unit (IPU).
- To create an independent and accessible environment for young adults at The Prince and Princess of Wales Hospice.

Methods SHANARRI wellbeing indicators (Scottish Government. Getting it right for every child (GIRFEC), 2017) – safe, healthy, achieving, nurtured, active, responsible, respected and included – were used as a template to gather feedback following a young adult's IPU stay. This involved a one-to-one conversation, capturing verbatim what they said. A process of change was then commenced, and the results shared with the young adult: *'You said, we did'*.

Results The young adult identified that access to the following items in the IPU were essential to ensure wellbeing during their stay:

- Equipment: e.g., profiling bed, mattress, tracking hoist.
- Technology: e.g., gaming, computer, phones, WiFi.
- Environmental controls: e.g., lighting, heating, call system, monitoring.

Conclusions Feedback in the form of *'You said, we did'* demonstrates commitment to listening and responding, enables rich communication, generates feelings for the young adult of being respected and appreciated, and accelerates adoption of a wide range of changes by the hospice for the young adults. Using verbatim what the young adult said made the case for change personal and more credible. Connection to, and control of, their world, through technology and environmental controls, contributes to their overall mental health and wellbeing. Reproducing their home environments ensures that, when in new surroundings, they are not wholly dependent on others but rather they are safe, achieving, and more independent.

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BUILDING CARERS' RESILIENCE AND WELL-BEING INTEGRATED WITHIN A RESPITE PROGRAMME

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Improving end-of-life care is a strategic priority for commissioners and has been for some years. The mean number of hospital admissions in the last 12 months of life averaged in England is 2.28 occupying 30.05 bed days (Bardsley, Georgiou, Spence, et al., 2019). A Carers UK (2016) survey identified that carer breakdown led to unnecessary, distressing and expensive admissions to hospital of the person being cared for, and suggested that if the carer had greater and higher quality support, it could have a significant impact on the number of emergency admissions.

St Giles Hospice recognised that there was still more needed to enable families and patients to feel supported at home. After speaking to families, patients and community healthcare professionals, the organisation identified a gap in service provision for respite care. Consequently, in March 2021 St Giles launched a new respite service which was funded by the generosity of a local business. The aim of that service was to provide support to patients and carers in the last 12 months of life by providing respite care and education within the home setting. This will be achieved through:

- Building resilience and wellbeing within the carer.
- Increasing knowledge and skills for informal carers to support them in the provision of care to those they are caring for.
- Offering respite care in the home causing minimal disturbance to the patient and provide the carer with a much-needed break.
- Supporting patients and carers to maximise the scope for self-care and to combine formal and informal support.
- Acting as a flexible, responsive service.
- Supporting the wider shift from hospital to primary care by avoiding hospital admissions.
- Ensuring staff are trained as 'train the trainers' with additional skills in dementia care as it is acknowledged that dementia is not only a primary but a secondary diagnosis and the number of people of dementia is increasing as people live longer.

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SUPPORTING CARERS DURING A PANDEMIC – TRANSFORMING DEMENTIA CARERS' SUPPORT

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Dementia is a far-reaching disease and it is estimated that approximately 850,000 people are living with dementia in the UK; this is estimated to increase to over 1 million by the year 2025 (Prince, Knapp, Guerchet, et al., 2014).

Caring for people with dementia is demanding and this care is often provided by unpaid carers in the home (National Institute for Health Research, 2016). So often people are uncertain about what the future could hold following diagnosis and how to support a person with dementia. Due to this