

P-18 **END OF LIFE COMPANIONSHIP: EQUIPPING VOLUNTEERS WITH BASIC SKILLS TO OFFER SUPPORT IN THE COMMUNITY**

¹Lynn Bassett, ²Alejandra Dubeibe Fong, ³John Downey, ⁴Margaret Doherty, ⁵Jon Cornwall. ¹Centre for the Art of Dying Well, Twickenham, UK; ²St Vincent de Paul Society (England and Wales), London; ³Plymouth Marjon University, Plymouth; ⁴Centre for the Art of Dying Well, St Mary's University, Twickenham; ⁵St Vincent de Paul Society, England and UK

10.1136/spcare-2022-HUNC.40

Background The value of volunteer end-of-life companions has been recognised in hospitals and compassionate neighbourhood schemes (Hall & Meiton, 2019. *BMJ Support Palliat Care*. 9:229; Wilson, Justice, Thomas, et al., 2005. *Health Serv Manage Res*.18:244). Experience of people spending their last days in isolation during the COVID-19 pandemic intensified the call that no one should be left to die alone unless it is their wish (Ramos, Hashimoto & Henry, 2020. *Int J Care Caring*. 4:595). The End of Life Companionship project is a funded collaboration between the Centre for the Art of Dying Well at St Mary's University, Twickenham and the St Vincent de Paul Society, England and Wales (SVP) to equip SVP Members with basic companionship skills to support people nearing the end of life and their families.

Aim To provide End of Life Companionship training to 500 SVP Members during 2021-2022; to give them increased confidence to support dying beneficiaries, friends, and family members; to raise awareness of opportunities to volunteer as a companion in hospitals, hospices and community settings.

Method A three-hour online training course introduces the context of death and dying in the UK, spiritual values underpinning companionship, self-care and settings for companionship. Data from pre- and post-course surveys are analysed using a qualitative content analysis approach (Lindgren, Lundman, Graneheim, 2020. *Int J Nurs Stud*. 108: 103632) to gain understanding of changes in participants' perception of how it is to be with someone who is nearing the end of their life. In phase two of the evaluation, beneficiary experience of companionship will be explored using Transformative Evaluation (Cooper, 2014. *The Learn Org*. 21:146).

Results In the year to April 2022, 176 participants completed the course. Initial analysis of the first 90 surveys shows that 64 participants identified changes in themselves including feeling of reassurance, reduced fear of death and better understanding of the qualities needed to be a companion. 19 participants, who mostly had previous experience of end-of-life accompaniment, described no change in perception but they reported heightened awareness and/or that the course has broadened their knowledge.

P-19 **ONEBEXLEY: IMPROVING COLLABORATION AND ACCESS TO END OF LIFE CARE BY DELIVERING ADULT SOCIAL CARE SUPPORT**

Jon Devlin. *Greenwich and Bexley Community Hospice, London, UK*

10.1136/spcare-2022-HUNC.41

Background/Aims In 2019, Greenwich & Bexley Community Hospice (GBCH) joined a consortium with seven other local organisations in Bexley – 'OneBexley'. This consortium comprises: Age UK Bexley; Bexley Mencap; Bexley Voluntary

Service Council; Carers' Support Bexley; Crossroads Care South East London; Inspire Community Trust; Mind in Bexley.

Since September 2020, GBCH have been the prime contractor for a contract that has seen the London Borough of Bexley commission 'OneBexley' to undertake Care Act assessments, reviews and carers' assessments for non-complex referrals to Adult Social Care. The organisations have engaged trained Trusted Assessors, trained to use the Council's CRM and to fulfil the statutory requirements of Care Act assessments, using their knowledge of the local landscape to implement creative care packages that enable people to live a life, not a service.

Methods/Results/Conclusions We will discuss how working in partnership has enabled the hospice to provide support to patients with palliative care needs as well as those of our partners' ability to support people at the end of life via their own services. We will share case studies of where the hospice team in completing a Care Act assessment during/ following routine hospice visits has enabled us to better support our patients. We will reflect on how this joint work has enabled us to provide ad hoc training to people working outside of the end of life care system, enabling others to deliver better care and support to our beneficiaries. We will discuss how stronger links with key colleagues at the Local Authority have strengthened our relationships and have contributed to the hospice's sustainability. We will share evidence demonstrating how working with Adult Social Care has enabled us to identify people appropriate for hospice support earlier, as well as enabling palliative care support for more people who would not otherwise have been referred for hospice support.

P-20 **END OF LIFE EDUCATION AND TRAINING TO SOCIAL CARE PROFESSIONALS IN A RESPONSE TO AN URGENT NEED IN THE A CRISIS SITUATION AS AN EFFECT OF THE COVID-19 PANDEMIC**

Fran Evett-Towner. *Pilgrims Hospices and part of the Kent and Medway education collaboration, East Kent, UK*

10.1136/spcare-2022-HUNC.42

Background Dying and death are still a taboo topic in society, highlighting barriers in holistic management of end-of-life care. People are living longer and will require end of life care in community environments. The pandemic evidenced this significantly, bringing a raised awareness of lack of knowledge in care of the dying.

Aim Collaboration was inspired and launched in response to unprecedented numbers of deaths. Three hospices and an NHS Trust in the south of England developed fundamental end-of-life training initially aimed just at nonqualified health care professionals who work across all areas of social care, from domiciliary carers and carers from residential and nursing care homes, as they are the biggest end of life care givers in our community.

Methods Eleven bite-size education sessions on end of life with multimedia contents for all learning styles, delivered virtually. This was agreed through the strategy group for quality and governance. Evolvement to a pre-learning assessment to compare and contrast the pre- and post- evaluations of

participants. This demonstrates evidence of the participants' learning and development of understanding and knowledge.

Results Evaluations and chat box comments documented to analyse, together with reviewing patient outcome data where available.

Conclusions From a response to a need in a crisis situation, this has evolved to long term collaboration between four organisations across a region, working to provide end of life care education. This will continue to improve end of life care for the patient and their families. Our evidence has shown already that these education sessions are not just required for social care but for all health care and social care professionals. Because of its success, this is now being open to all health and social care.

How innovative or of interest is the abstract? Since commencing two years ago, these sessions have gathered momentum from others in health care. We have successfully gained further funding from our local commissioning group to continue this work and the eleven education sessions are funded until November. We are currently bidding for further funding to continue this great and much needed education that is now accessible to all health and social care professionals. We plan to develop the education sessions to the next level of knowledge and skills as requested by those who have attended the first sessions, it's good to see a thirst for knowledge and education towards end-of-life care.

P-21 IMPROVED OUTCOMES FOR CARE HOMES ISLAND BETTER CARE: MOVING FORWARD – REVIEWING, REVAMPING, AND REVISING

Linda Prendergast, Louise Pickford. *Mountbatten Hospice, Newport, UK*

10.1136/spcare-2022-HUNC.43

Background Following an 'Outstanding' CQC rating, Mountbatten, Isle of Wight was commissioned to deliver a training programme to local care organisations, to share and teach knowledge and skills, with the intention of raising care standards. At the end of the programme CQC ratings had risen to 86%, from just 63%. With a further 5-year funding from 2022, what lessons have we learnt and where do we go from here?

Aims To develop a new programme with a shift from the legal framework to a quality framework.

To deliver a revised programme which reflects lessons learnt from the coronavirus pandemic against a changed landscape and focus of inspection from the Care Quality Commission.

Method The Moving Forward programme will incorporate; Leadership; Staff Wellbeing; Interoperability; Community Engagement; Workforce Development; and the new CQC inspection framework. It will be facilitated over six half day workshops, for proprietors and managers of local care organisations. Staff at all levels will be encouraged to attend other Mountbatten training programmes to improve both end-of-life knowledge and skills.

Results Strong partnerships and good working relationships forged from the initial programme will be built on to ensure patients receive high quality end of life care no matter where they are, a key aim of Mountbatten's strategy. Knowledge and

skills gained from this learning opportunity will be evaluated using both quantitative and qualitative data. Furthermore, we expect increased engagement with Mountbatten's other core end-of-life training offer and will present data on attendance rates along with self-reported improvements in knowledge, skill and confidence post training. CQC ratings will be reviewed to ensure they are maintained.

Conclusion The 'reviewed, revised and revamped' programme will enable Mountbatten to continue as a strong arm of support to local care organisations, and to work together to capitalize on both their experience and valuable learning, ensuring future survival and provision of outstanding care moving forward.

P-22 NURSING HOME PROJECT – IMPROVING CONFIDENCE IN CARE

Syed Qamar Abbas, Enam Khan, Alison Kempthorne. *St Clare Hospice, Harlow, UK*

10.1136/spcare-2022-HUNC.44

Introduction Achieving good palliative care in all areas is a goal for palliative care. During 2019-20, in West Essex, there was an increase of 8% admissions to hospital from the nursing homes (NH). 42% of those patients were identified as end of life care (EOLC) patients. Many of these patients were not known to the hospice team. The aim of this new project was to improve access of NH residents to hospice and support for the NH staff to manage palliative and end of life care patients.

Methods The NH project involved:

- Regular monthly contacts and networking with nursing home staff and managers.
- Direct clinical care of the identified nursing home residents.
- Bed-side teaching with nursing home staff on assessment, management and communication for end of life care patients.
- Face-to-face teaching and training sessions for nursing home staff on end of life care.

Evaluation was completed by feedback forms and audit of activities.

Analysis 16 nursing homes were identified for contact. After 18 months, a total of 15 nursing homes of the West Essex area participated in this project. From August 2020 to March 2022, 120 patients were referred to hospice from those nursing homes. 116 (96%) of those patients died at the nursing home, one patient died in the hospice and three patients died in the hospital. Four teaching sessions were organised on 'Recognising and care of dying' and 50 nursing home staff participated in those teaching sessions. Completion of Proactive Enhanced Advance Care Escalation plan (PEACE) for nursing home residents was put into practice. 31% of referred patients had PEACE document completed.

Conclusion Improved access to specialist palliative care services for the nursing home residents leads to increased nursing home deaths and decreased hospital admissions. Regular contact, networking and partnership working with care home colleagues were factors to improve care and access to the service provision. Nursing home staff developed their knowledge and skills to look after palliative and end of life care patients.