

**P-23 PROMOTING END OF LIFE CARE CHOICES IN AN EXTRA CARE SETTING – A SUCCESS STORY!**

<sup>1</sup>Debbie Jones, <sup>2</sup>Kim Jackson, <sup>2</sup>Mark Lewis. <sup>1</sup>Wigan and Leigh Hospice, Hindley, Wigan, UK; <sup>2</sup>Elmridge Court, Wigan, UK

10.1136/spcare-2022-HUNC.45

Despite many residents in extra care settings seeing this as their ‘home for life’ – there can often be barriers to achieving good end of life care (National End of Life Programme, 2014). Variation in policy, practices, and support systems across extra care organisations may inadvertently affect how death and dying is perceived, potentially giving way to an over-reliance on crisis management approaches.

The need for a skilled workforce extends beyond the traditional care teams in hospitals and primary care, and should reflect the ethos that ‘all staff are prepared to care’ (National Palliative and End of Life Care Partnership, 2021). As a result, the hospice team embarked on a project with Elmridge Court Extra care scheme, to examine the impact of partnership working on their end-of-life practices.

**Aims** To identify the enablers of good palliative and end of life care in a 41-bedded extra care setting.

**Methods** Using a tried and tested practice development model (Froggatt, Preston, Eastham, et al., 2018. *In*: 10th World Congress of the European Association for Palliative Care) combining formal education with on-site role modelling with staff, and dedicated reflective practice sessions (Gravier, Burney & Radermacher, 2019. *In*Psych. 41).

**Results** During 2021, five residents were identified as being in the last 12 months of life. Four died peacefully in their own home with family present, and one was transferred to the hospice. All achieved their preferred place of death. The results reiterate that good end of life care can and does happen in extra care schemes, and staff now recognise that home is a realistic option (NHS England. 2022).

**Conclusions** Extra care services can provide timely, skilled, individual end of life care with dedicated support, and this model is transferrable across other care settings. The culture of ‘sending everyone to hospital’ has shifted to a recognition that for some, this is not what they want, and may be futile.

Statutory agencies must examine their own commitment to such schemes to enable choice (Local Government Association, 2020), as success is more likely with a whole systems approach.

**P-24 THE WINTER BED PRESSURE PROJECT**

Louise Rivett. Willen Hospice, Milton Keynes, UK

10.1136/spcare-2022-HUNC.46

**Background** Since the COVID-19 pandemic, health and care services have been under unprecedented pressure. The need to keep hospital admissions for urgent and emergency cases has never been greater. The Winter Bed Pressure Project looked at the role of specialist palliative care interventions in the community, in reducing hospital admissions and readmissions for patients with a palliative diagnosis, with particular focus on nursing homes.

**Aim(s)** The project aims to examine the education and support needs of nursing homes and to look at how specialist

palliative care intervention may support patients to remain within their preferred place of care and death.

**Methods** Between January 1st and March 31st 2022, 14 Nursing Home Managers were interviewed and 49 patient reviews took place. 390 urgent unscheduled home reviews were made by the community specialist palliative care team for symptom management. 53 patients were admitted to hospital and 33 patients to the hospice in-patient unit. 140 calls were made to the hospice out of hours’ advice line.

**Results** Potentially avoidable admissions in the community include lack of advance care planning and ceilings of care, intravenous antibiotic administration, safeguarding concerns and carer breakdown.

The project has highlighted significant delays in obtaining medication in nursing homes. Education was lacking in communication, syringe driver and symptom management.

**Conclusions** Medication delays are being addressed through collaboration with the Clinical Commissioning Group to look at improving processes and wider use of Independent Nurse Prescribers involved with nursing home patients. Education needs are being addressed by the local practice development teams. A quality improvement project is being planned to look at improving access to the out of hours’ advice-line and plans for nurse-led admission to the hospice are underway.

**P-25 EMBEDDING A REHABILITATIVE APPROACH IN CARE HOMES TO SUPPORT AND ENABLE RESIDENTS FOLLOWING THE COVID-19 PANDEMIC**

Carmel McCann, Fernanda Patrocínio, Frances Cane. St Christopher’s, London, UK

10.1136/spcare-2022-HUNC.47

This project was designed to inspire and encourage a rehabilitative palliative care (RPC) approach in care homes following the pandemic. Following funding from the local CCG an Occupational Therapist, Physiotherapist and Rehab. Assistant were seconded from the hospice rehabilitation team.

**Aims of the project**

- Train and support staff in understanding the ethos of RPC and how it can benefit individuals and those caring for them.
- Provide a short, targeted intervention to residents to achieve an identified patient-centred goal.
- Support staff to provide and embed a person-centred rehabilitative approach optimising choice, independence, autonomy and dignity.
- Supporting a person-centred approach to encompass psychological, emotional and spiritual needs.
- Support staff to ensure new ways of working are sustainable.

Eight care homes (residential and nursing, totalling 370 residents and 390 staff) were identified as having experienced negative effects from either contraction of COVID-19 or the adverse impact of COVID-19 restrictions. Key performance indicators were agreed with the CCG to measure the success of the project.

**The successes**

- A large number of staff received training in RPC, increasing understanding of the importance of promoting activity through exercise and functional activity and the need to engage residents in conversations about goals and preferences.