- Care staff were given tools to initiate a regular seated exercise group.
- Provision of targeted input to some residents which showed improved elements of function, mood and quality of life (this was evidenced by verbal feedback).
- Raised the profile of St Christopher's' rehabilitation service and built relationships with local care homes.
- Enhanced understanding of the experience of living in care home settings for residents and care staff.

On conclusion of the project, a resource was developed with the focus on Rehabilitation in Care Homes – for staff, families and residents allowing further opportunity for enabling and embedding a rehabilitative palliative care approach.

P-26 CLINICAL NURSE SPECIALISTS IN PARTNERSHIP WITH PRIMARY CARE AND CARE HOMES TO EMBED 'RESPECT' AND ACP

Tricia Evans, Louise Greenaway, Claire Evanson. *Compton Care, Wolverhampton, UK*

10.1136/spcare-2022-HUNC.48

Introduction Care home residents are conveyed to acute settings in more frequent episodes in the absence of a completed ReSPECT process or clear escalation plan. Resuscitation is required to commence in the absence of a clear do not attempt resuscitation decision. There is a large percentage of decisions to convey a resident in the absence of a ReSPECT document and/or an advance care plan to support wishes to remain in their usual place of residence.

The scope of this service is to ensure that all ReSPECT and Advance Care plan documentation was up to date and fully completed with residents/families and other professionals, working in partnership with primary care and the care home sector across Wolverhampton.

Methods The service initially commenced within 3-6 care homes with a population of 50-75 residents, identified by conveyance figures, GP and PCN leads. The aim to complete, per home, 75% of all identified residents ReSPECT document prior to engagement with other homes.

Compton Care Clinical Nurse Specialist engaging with care homes to proactively embed the ReSPECT process, support and role model advance care planning conversations increasing the confidence and skills of care home staff in identifying their residents' needs.

Results From the onset of the service February to April 2022 increased activity over timeline. Increased numbers of both care homes and residents engaging in the process of ReSPECT in support of dying within usual place of residence. Further results to follow on poster.

Discussion The implementation of this service will ensure that residents are able to have meaningful conversations in relation to their wishes and preferences for palliative and end of life care. From onset the feedback received from care home staff, PCN leads and GP who have been supportive toward the service, PCN ANPs and both residents and families has remained positive. The team have led on meaningful ACP discussions and facilitated ReSPECT process to support residents' choices. The increased demand and activity across Wolverhampton has enabled further expansion of the team by Compton Care; increasing the number of both CNS and paramedic practitioners within the service, each now aligned with individual PCNs.

P-27 VOLUNTEER ADVANCE CARE PLANNING SERVICE PILOT

Elizabeth Brown. *Saint Michael's Hospice, Harrogate, UK*

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Background Advance care planning (ACP), with particular reference to care home residents, has been brought to the fore by the COVID-19 pandemic, with concern over residents' involvement in resuscitation decisions leading to a review by the Care Quality Commission (2021). Whilst recently published Universal Principles (NHS England. 2022) will be helpful, achieving high quality ACP consistently with impact and at scale has proved elusive. In response to this need we piloted an innovative ACP service for capacitous care home residents; delivered remotely by trained volunteers to include treatment escalation plans.

Aims To evaluate our ACP service with reference to: a) concordance between treatment escalation decisions made by residents when supported by a volunteer compared to a GP; b) time taken by volunteers and GPs; c) acceptability of remote ACP in this population; d) feedback on the service from GPs, residents and care home managers.

Methods Apr – June 2020: service set up with PCN leads' support, recruitment and training of volunteers (counsellors and medical students), partial funding from West Yorkshire & Harrogate Health Inequalities Fund. Residents completed an ACP with a volunteer which was then re-discussed with GP. July 2020: Pilot commencement with data collection on time taken, outcomes and feedback questionnaires to all involved. Service evaluation after 25 appropriate referrals.

Results 95% concordance in escalation plans created with volunteer compared to GP. Average time taken; volunteer 52 mins, GP 12 mins. 100% of residents found the service useful and would recommend to others, with 88% finding the remote platform acceptable. The GPs reported the service as being useful for 96% of referrals.

Conclusion An ACP service for capacitous care home residents delivered remotely by trained volunteers is feasible and acceptable. This has the potential to allow GPs, or clinicians within an ACP service, to reduce down the time taken by building on volunteer-led ACPs or concentrate on complex ACP decisions where clinical input is needed.

P-28 PARTNERSHIP WORKING TO ESTABLISH A VOLUNTEER COMPASSIONATE COMPANION SERVICE WITH AN ACUTE TRUST

[1]Helen Meehan, [2]Wendy Meilton. [1]*Royal United Hospitals Bath NHS Trust Foundation Trust, Bath, UK;* [2]*Dorothy House Hospice Care, Winsley, UK*

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Background Not many of us express a wish for where we wish to die; a lot of us would hope to be at home, but for many it is hospital where they are cared for in the last days of life. For some patients and families there was a need for companionship support in the last days of life in hospital.

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