Conclusions Through partnership working, the programme team were able to reach more people and influence the care that is being delivered to people living with a terminal illness in their own homes and in care homes in Lothian. The impact of this education initiative has resulted in ongoing relationships between all organisations involved.

P-269 ABC 4 LD

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Background Evidence demonstrates that professionals working with people with learning disabilities, report inadequate knowledge of good end of life care (Bekkema et al., 2014; Wiese et al., 2013; Ryan et al., 2011). Specifically, advance discussion about death and individuals' preferences (Tuffrey-Wijne et al., 2013; Wagemans et al., 2013), breaking significant news (Wagemans et al., 2013) and communicating directly with the person with learning disabilities to make end of life decisions (Ryan et al., 2011) rather than deferring to professionals or carers (MacHale et al., 2009) present challenges for staff. Furthermore, staff highlight difficulties in supporting people with learning disabilities and their families through the end of life process (Todd, 2013) and supporting those around them after the person with learning disabilities has died.

Aim To enhance palliative care knowledge and skills for staff working with people with learning disabilities.

Method A six organisation collaborative completed a funded pilot Palliative Care Education Programme for two supported living homes for adults with learning disabilities. The programme was delivered by two hospice educators with support from Learning Disability community nurses and respective Palliative Care CNSs for the two and a half day face-to-face programme. The focus was to equip staff to deliver end of life care based on the hospice model to service users in their home setting. The programme was completed over three months following a pre-audit and preparation period. The ABC 4 LD programme comprised of six modules from the original EOE ABC education programme and was adapted to incorporate a half day managing complex grief and staff resilience.

Conclusions The outcomes of the training have been positive with 46 staff completing the training which has highlighted the gap of knowledge in terms of palliative care and meeting the needs of those adults with learning disabilities. The intention is to roll out a wider programme of training across Hertfordshire to replicate the learning and increase awareness for both palliative care and learning disability services.

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IMPROVING EOLC AT HOME PROVIDED BY DOMICILIARY TEAMS USING THE GSF DOMICILIARY CARE PROGRAMME

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Aim Domiciliary care workers play an important but often unrecognised role in supporting people to remain at home as they near the end of life, especially those with dementia and frailty. Despite this, few receive specific training in end of life care. Focussed training enables home care workers to improve the quality of care for such people working with primary care, and contribute to better co-ordinated cross boundary care.

Method The GSF Domiciliary Care training programme in End of Life Care focuses on enabling generalist frontline staff in end of life competencies. The Train-the-Trainer cascade programme works with domiciliary care agency trainers using action-based, interactive learning and reflective practice in six modules, with virtual learning Zone/DVD, and resources. Comparative before and after qualitative and quantitative evaluation is intrinsic. We present an evaluation of progress of several teams using GSF training in end of life care, some delivered by hospices.

Results Homecare workers in various areas of the country show improvements in:

- Confidence and competence of home care staff
- Communication, working relationships and collaboration with primary care
- More Advance Care Planning discussions, with service users keen to be involved in these discussions
- Encouragement and empowerment of staff to advocate for their service users leading to improved communications with other professionals
- Increased awareness of the knowledge they already possessed and future training needs.

Conclusion This highlights the important role that domiciliary care workers play, and the importance of empowering care staff who interact with the service users on a daily basis. The GSF Domiciliary Care Training Programme boosts the confidence and competence of care workers, improves collaboration and coordination with others and helps to improve care for more people nearing the end of life at home – which is for most the best place to be.

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IS PROACTIVE PRIMARY END OF LIFE CARE POSSIBLE AND SUSTAINABLE?

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