

**Background** The role of hospices in helping people live well with dementia is now clearly recognised (Hospice UK, 2015). Extending care into the community is a key method to build the important relationship between people with dementia, carers and hospice services. Based on this we developed a volunteer-led Community Dementia Companion Service to support service users, build carer resilience and forge their relationship with our hospice to meet future needs.

**Aim(s)** To develop, deliver and evaluate a Community Dementia Companion (CDC) Service led by hospice volunteers which increases social opportunities for service users and breaks for carers. To measure the service's impact on service user and carer well-being, develop a training and supervision regime for volunteers and establish sustainable service delivery.

**Methods** Literature and guidance on volunteering in palliative and dementia care were reviewed, national and local hospice strategic priorities informed service development as did service user and carer feedback. As a result a long term dementia companionship model using a volunteer workforce was developed which is now being trialled.

**Results** The CDC service is now operational and the first cohort of nine service users are starting to receive companion visits – early feedback on the service, and volunteer support model, is favourable.

Volunteer feedback: 'I look forward to my visits, being a friend to my person with dementia and giving the carer some 'me time'.

Service user feedback: 'I enjoy my walks'

Carer feedback: 'A wonderful experience for Alan and I and extremely valuable as it's ongoing, not time limited.'

**Conclusions** Although in its early stages the CDC example of innovation in hospice-enabled dementia care has potential to improve the lives of those with dementia and their carers, use volunteers well and increase familiarity with and timely use of other hospice services. CDC Service development funded by East Cheshire Council.

#### P-102 HOW PRACTICE DEVELOPMENT CAN ENABLE ADMIRAL NURSES TO SUPPORT PEOPLE WITH DEMENTIA AT END OF LIFE

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**Background** Admiral Nurses are specialist dementia nurses who use a range of psychosocial, educative and practical approaches to support families living with dementia. Providing Admiral Nurses with a full programme of professional and practice development is a strategic aim of Dementia UK, therefore identifying learning priorities at the end of life is vital.

**Aim** Admiral Nurses have the support of a practice development approach to their learning based on a competency framework developed by the University of Worcester (2016). Admiral Nurses have supported time away from practice, to develop skills and knowledge to support the people in their care, including end of life. This work explores how a practice development approach enables Admiral Nurses to develop their understanding, skills and knowledge of end of life issues for people with dementia.

**Method** A literature review was undertaken and two focussed discussions with Admiral Nurse Groups exploring end of life

care challenges in practice. Feedback around gaps in practice then informs learning within future practice development sessions.

**Results** One example of a gap in practice identified was the cessation of the Liverpool Care Pathway. Davies et al. (2015) developed a toolkit of heuristics for practitioners when caring for people with dementia at the end of life which was subsequently shared with the group and further discussion on how to use this toolkit in practice. There are now further discussions exploring the skills and confidence of Admiral Nurses having challenging conversations at end of life, including Advance Care Planning, and how a practice development approach could assist development in this area.

**Conclusion** A practice development approach to Admiral Nurses learning on end of life care will ensure that their development is person centred, innovative and valuable. This model of supporting specialist nurses in their practice allows better understanding and awareness to collaborate with palliative care colleagues.

#### P-103 A COMMUNITY OF PRACTICE: BUILDING CAPABILITY TO PROVIDE HIGH QUALITY DEMENTIA CARE

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In recent years there has been a significant increase in policy and guidance, across many countries, to promote palliative and end-of-life care for non-malignant life-limiting conditions. Most notably for people with dementia (PWD) at the end-of-life and facilitate better access to palliative care. PWD, particularly those in the advanced stages, may experience poor end-of-life care because they may not be perceived to have a terminal illness. There is concern in some settings and services that staff are ill – equipped to care for PWD, in respect of knowledge and skills.

Both Hospice UK and Dementia UK thus launched the 'Dementia in palliative and end-of-life care Community of Practice' to bring together practitioners keen, in the spirit of mutual learning, to share knowledge and practice and provide high quality palliative and end-of-life care for families affected by dementia. At the inaugural meeting a nominal group technique was used to identify learning needs across both groups of clinicians. Thirteen learning needs were identified, of which five were ranked as priorities to be met during future meetings. Shared learning through a community of practice is a way of harnessing the expertise across the two care domains, with the common objective of improving the lives, and deaths of PWD and in better support of their families. We hold two community meetings a year and due to increase in engagement will be hosting a conference in 2017. Events are well evaluated and membership is growing.

#### P-104 DEMENTIA HUBS IN A HOSPICE

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