

POL90 – End of Life Care Policy and Procedure

Serendipity Healthcare Ltd
Unit 5 Millennium Way, Dunston, Chesterfield, Derbyshire, S41 8ND



1. Purpose

- 1.1 To provide a framework to guide best practice in the care and support of Service Users who have been identified as nearing the end of their life.
- 1.2 To Support Serendipity Healthcare Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
SAFE	S3: How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?
WELL-LED	W1: Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?
CARING	C3: How are people's privacy, dignity and independence respected and promoted?
EFFECTIVE	E1: Are people's needs and choices assessed, and care, treatment and support delivered in line with current legislation, standards, and evidence-based guidance to achieve effective outcome?
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?
RESPONSIVE	R3: How people are supported at the end of their life to have a comfortable, dignified and pain free death?

- 1.5 To meet the legal requirements of the regulated activities that Serendipity Healthcare Ltd is registered to provide:
 - The Care Act 2014
 - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 - Mental Capacity Act 2005
 - Mental Capacity Act Code of Practice

2. Scope

- a. The following roles may be affected by this policy:
 - All staff
 - All staff
 - Family of Staff
 - Anyone working for or on behalf of Serendipity Healthcare Ltd

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2.2 The following Service Users may be affected by this policy:

Service Users

2.3 The following stakeholders may be affected by this policy:

NHS

Advocates

Family

External Healthcare Professionals

3. Objectives

- 3.1 To provide an opportunity to understand the wishes, needs and preferences around the end-of-life care of the Service User that they will have access to end of life care when needed.
- 3.2 To enable staff to work in a multidisciplinary team to provide high-quality, person-centred care to people who are felt to be in the last year of life and to ensure that the family and people important to the Service User are supported, kept informed, enabled, and empowered throughout the Service User's illness.

4. Policy

- 4.1 Serendipity Healthcare Ltd will model the Government's commitments to end the variation in end of life care across the health system. These commitments include:
 - Having honest discussions between care professionals and dying people
 - Dying people making informed choices about their care
 - Personalised Care Plans for all
 - The discussion about personalised Care Plans with care professionals
 - The involvement of family and carers in dying people's care
 - Having a main contact so that dying people know who to contact at any time of day
- 4.2 This policy dovetails with the National End of Life Care Programme, elements of which are Consistent with the best practice identified within the review, in particular, the Individualised assessment and person-centred Care Plans.
- 4.3 Serendipity Healthcare Ltd will offer advance care planning where it is assessed that the Service User is nearing the end of their life or as the Service User discloses. The Service User will be comfortable and as pain-free as possible. Spiritual and emotional support will be available for all Service Users to choose if they should so wish.

Where it applies, end of life care will be in accordance with the Mental Capacity Act (2005) Policy and Procedures as well as the care planning policies and procedures at Serendipity Healthcare Ltd.

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5. Procedure

- 5.1 Staff will be aware that Service Users will respond differently to being able to discuss end of life wishes.
For Service Users who openly disclose their views, information can be gathered when offered, from the start of the Care and over time.
Staff will have access to literature to support the Service User when considering end of life Care Planning. Staff will adhere to the Mental Capacity Act (2005) and Best Interest Decision Making in accordance with the Mental Capacity Code of Practice for those Service Users who are unable to participate in end-of-life discussions.
- 5.2 Decisions about preferred locations for end-of-life care will be respected and all measures taken to try and accommodate the Service User's has stated a preferred place, this will be recorded within their Advance Care Plan.
- 5.3 An Advance Care Plan will be commenced for Service Users who are clear about their future or who are nearing the end of their life. This Care Plan will be subject to review and update. Staff must refer to the Service User Care Planning Policy and Procedure at Serendipity Healthcare Ltd.
- 5.4 Serendipity Healthcare Ltd will ensure that all the staff involved in the direct care and support of the Service User are appropriately trained to support people nearing the end of life. Where other healthcare professionals are involved in their care staff will:
- Be aware of any other end of life Care Plans that have been created for a Service User
 - Ensure that practical and emotional support is offered to the Service User's family and Care Worker's at all times whilst supporting Service Users with end-of-life care
- 5.5 Service Users and their families may need access to a complex combination of services across a number of different settings. They will be able to expect the same high level of care regardless of the care setting.

It is the responsibility of Serendipity Healthcare Ltd to ensure that effective coordination takes place. Essential, practical, day to day procedural matters may include the following:

- Serendipity Healthcare Ltd has contact details for the Service User's palliative care team for advice and support
- Measurement of pain management is ongoing, and staff work in partnership with clinical professionals
- The Service User has diversion therapy e.g. music, radio etc.
- The Service user has the same care worker where reasonably practicable and can establish a good relationship with them.
- The Service User will have a Care Worker to sit with them if they are alone at the end of their life or if they request it, where reasonably practicable and funding granted
- The Service User's environment is clean, odour free and comfortable and their choice and dignity are respected
- The Service User's family members are treated with empathy and offered support and refreshments according to their needs
- Families will be informed about any changes in the condition of the Service User and this will be carried out in consultation with any clinical professionals working with the Service User and with the Service User's consent

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5.6 When an individual enters the dying phase, it is vital that staff can recognise that this person is dying so that they can deliver the Care that is needed.

Individualised planning, assessment, recording and review, as well as information giving, are all essential components of delivering care during the last days of life.

It is responsibility of staff at Serendipity Healthcare Ltd to ensure that effective coordination takes place, particularly during the final days. It is also important that staff ensure that Care Plans are person-centred and introduced as part of a multidisciplinary approach.

5.7 Good end of life care does not stop at the point of death. When someone dies, staff need to follow good practice, which includes being responsive to family's wishes. The support and care provided to families will help them to cope with their loss. Care after death includes:

- Honouring the spiritual or cultural wishes of the Service User and their family, whilst ensuring that legal obligations are met.
- Ensuring that the privacy and dignity of the Service User are maintained
- Ensuring that the health and safety of everyone who comes into contact with the Service User is protected.

5.8 Training and Education

Extensive, comprehensive and detailed training in the issues involved in end of life is essential for all staff within a service providing end of life care.

Staff will be competent in the following areas in order to deliver effective end of life care planning:

- Communication skills
- Care planning and assessment
- Stages of end of life
- Supporting Service Users and families
- Accessing support services and timely referral

Delivery methods for training will be via formal training, mentorship support, supervisions and group discussions.

6. Definitions

6.1 **Palliative Care**

- The World Health Organisations (WHO) defines palliative care as an approach that improves the quality of life of patients and their families facing the problem associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.

6.2 **End of Life**

- End of life is for people who are considered to be in the last year of life, but this timeframe can be difficult to predict. Its aims are to help people live as well as possible and to die with dignity. It also refers to treatment during this time and can include additional support, such as help with legal matters. End of life care continues for as long as it is needed.

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6.3 **Advance Care Plan**

Advance care planning is making decisions about the care people would want to receive if they become unable to speak for themselves. These are the decisions to make, regardless of what they choose for their care and the decisions are based on their personal values, and discussions with their loved ones.

6.4 **Healthcare Professional**

A healthcare professional is an individual who provides preventative care, curative, rehabilitation healthcare services in a systematic way to people, families or communities

Reviewed
Lisa Ward
HR Manager
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