

End of Life Policy

Policy Statement

This care service is committed to providing high-quality and compassionate care and support for service users and their relatives, carers and loved ones during the end stage of their life. The service will treat everyone with the utmost respect, compassion, and dignity, supporting them where possible to assist them with their advance decisions relating to their care and treatment, and respecting their preferences. It will comply with all standards and regulations for high-quality end-of-life care as described below.

This policy set outs the values, principles and practices underpinning the care service's approach to the care of service users who are terminally ill and whose death may be imminent.

It is our aim to ensure that the care and treatment of service users is appropriate, meets their needs, and reflects their preferences. This is especially important for people who may lack capacity and includes acting on their behalf where a valid advance decision to refuse treatment is in place.

The agency's service users are supported at the end of their life to have a comfortable, dignified and pain free death. The service will ensure, within the scope of our role and responsibilities, that:

- people's preferences and choices for their end-of-life care are clearly recorded, communicated, kept under review and acted upon
- people, and those that matter to them, are fully involved in the planning, decision-making and management of their end-of-life care
- people are supported to make advance decisions to refuse treatment or appoint someone with lasting powers of attorney in line with their wishes
- people have access to and support from specialist professionals
- staff know how to manage, respect and follow people's choices and wishes for their end-of-life care
- people have the equipment and pain management to meet their end-of-life care needs

Principles of End-of-life Care

SOS Homecare are committed to providing high-quality care to those clients who choose to remain in their own homes when terminally ill or coming to the end of their life, unless there are good reasons for seeking an alternative. Ultimately, service provision will be determined by the person's condition or illness, our capacity to provide the necessary care and support, and medical guidance and advice.

We will:

- ensure that the individual and those close to them are treated with respect and dignity.
- provide the care and support to the highest standard to make the service user feel comfortable, safe and as free from as much pain and discomfort as possible.

- work closely with specialist practitioners to help implement the care plan that has been agreed.
- contribute fully to any end-of-life care plan, in line with agreed roles and the competencies of staff.

Developing an End-of-life Care Plan

An end-of-life care plan (input from healthcare professional) could include descriptions of how to:

- reduce or control a person's pain and discomfort
- reduce or control signs of restlessness, anxiety, or agitation
- manage or control respiratory secretions
- manage or control any nausea/vomiting
- maintain mouth care
- management of urine or faeces
- relieve pressure, reduce or manage pressure points and sores.

Services providing End of Life care should:

- be alerted by a healthcare professional when an end of life care plan has been created for a Service User.
- request a copy of the end of life care plan and assessment from local authority;
- ensure that all staff follow the end of life care plan
- provide a SOS Homecare care plan to ensure the service user's wishes are being followed
- ensure an appropriate person attends all multidisciplinary review meetings.
- ensure practical and emotional support is offered to the Service User's family and carers at all times whilst an end of life care plan is in place

The End of Life care plan will also contain details of any new procedures or interventions to be made in the light of the person's changing condition, and of any current procedures or interventions that have been modified. SOS Homecare will, as appropriate and within the scope of any agreed responsibilities, ensure that all medication and prescriptions, which it has agreed to help administer (including the use of controlled drugs) are recorded on the person's MAR charts in line with established procedures.

At all times SOS Homecare staff will:

- work in partnership with the GPs, community nurses and other specialists involved.
- make every effort to ensure that the service user's wishes in respect of their religious or cultural practices are fully respected.
- respect and follow any advanced care plans that the person has made.

Where the person's wishes remain unclear and they have lost the mental capacity to clarify and communicate these, the manager will make every effort to ascertain them from relatives, friends and professional who know the person. This then should enable the arrangements made to be as close as possible to what the person would probably have wished. The company's policy in these matters is accordingly worked out in line with the "best interests" principle of the Mental Capacity Act 2005.

Care after death

Best practice is that good end of life care does not stop at the point of death. When someone dies all staff need to follow best practice, which includes being responsive to family wishes. The support and care provided to relatives will help them to cope with their loss.

Care after death includes, but is not limited to:

- notifying family/carers/friends.
- notifying authorities where appropriate.
- honouring the spiritual or cultural wishes of the deceased person, while ensuring that legal obligations are met.
- honouring the spiritual or cultural wishes of their family/carers/friends, while ensuring that legal obligations are met.
- ensuring that the privacy and dignity of the deceased person is maintained at all times.

Aftercare for workers supporting during end of life:

- It is recognised that aftercare for the worker is important, and all workers should receive wellbeing and discussions during and after this period.

Monitoring and Observation

The service accepts that its care staff will contribute to the care plan by making detailed observations on the person's conditions and changes that occur when visiting.

Care staff are expected to make sure that the records of the observations or checks made match those that have been agreed as needed on the care plan.

Communication: Keeping Everyone Informed

SOS Homecare undertakes to keep everyone involved in the person's care of changes and developments it has noted in the person's condition.

Staff Roles and Responsibilities

SOS Homecare expects its staff to:

- always maintain the user's need for privacy and dignity
- accept that each situation is an individual one and not to be treated as routine and make sure that the person feels that their wishes are being listened to and respected
- respect the individual's wishes
- resolve constructively any conflicts of interest or differences of opinion with reference to the individual's wishes
- work in partnership with the user and their relatives and friends involved in the person's care
- ensure all cultural and religious preferences are observed and assisted (including secular preferences for those who are non-religious)
- work in partnership with the GP and other healthcare professionals involved
- attend to physical needs to ensure the person is as comfortable as possible and to help make sure that any experience of pain is being managed as effectively as possible

- respond to emotional needs as well as physical needs and to spend time listening and talking to the service user as well as caring wherever appropriate
- respond to the needs for support of relatives and others with a close relationship with the dying person.

Responsibilities of the management team

- To ensure that all workers who are part of supporting a client around end of life receive regular de-briefs and support in the scope of wellbeing and reviews of the client
- To ensure that any worker who are not able to support with end of life care are given the opportunity to support other clients during this period e.g. workers with depression, history of trauma and loss of others – this must be assessed individually

Training

All staff receive comprehensive induction training, in line with the Care Certificate, as detailed in the company Induction Policy.

All staff who are required to work with terminally ill service users receive relevant end-of-life care training from induction onwards and are supported where appropriate in relation to their roles and responsibilities to complete an accredited national training programme.

SOS Homecare will enable key staff to attend specialist training in end of life care.

SOS Homecare uses the services of local End of Life care specialists to provide additional training so that its staff know about the approaches, methods and standards of care for terminally ill service users.

Review

This policy will be reviewed annually, or more frequently if required.