



## End of life care

Notice to employees using a paper copy of this policy  
The company Policies folder on the shared drive holds the most recent version of this document and all employees must ensure that they are using the most recent guidance.

## Document Control

<b>Document Name</b>	End of Life Care
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<b>Purpose</b>	This policy is intended to set out the values, principles and practices underpinning Libertatem Healthcare Group's approach to clients and their families in end of life care.
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## Version Control

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V1.0	January 2017	Jonathon Short	New document implemented
V2.0	November 2017	Karen Hodgkinson	Incorporated DNAR/ Dying in the policy
V3.0	03.07.2019	Karen Hodgkinson	Updated with standard document control and version

## Contents

<b>Subject</b>	<b>Page Number</b>
Introduction	4
Underlying Principles	4
Principles of end of life care	4
Developing end of life plan	4
Monitoring and observation	5
Staff roles and responsibilities	5
Death of a person we support	5

## **End of life care**

### **Introduction**

The aims of this policy are:-

- To enhance the quality of life for people we support with long term conditions
- To provide the people we support who have advanced life threatening illness with good end of life care in coordination with the wider multi-disciplinary team
- To ensure that people we support have a positive experience of care, in a safe environment and are protected from avoidable harm
- To enable the person we support to have active participation in end of life care decisions as appropriate
- To identify any service user for whom cardiopulmonary arrest represents a terminal event in their illness and in whom attempted cardiopulmonary resuscitation would be inappropriate.
- To identify those service users who do not wish CPR to be attempted on them and, with full understanding, refuse this treatment.
- To be fully compliant with the current standards for end-of-life care as suggested by the NICE Guidance QS13 and as defined by the current Care Quality Commission Regulations and the National End-of-life Care Programme.

### **Underlying Principles**

Libertatem Healthcare aims to promote the independence of the person receiving support by consulting with them, or their nominated representatives about support requirements and agreeing the support to be provided through a robust assessment process.

Wherever possible the service will endeavour to support the person to maintain control in managing end of life decisions and with the consent of the individual, the service will seek support from other relevant agencies (for example, the community nursing team, palliative care nurse or General Practitioner).

People receiving support have the right to expect that care and comfort are provided at all times and each person is treated with dignity and respect. To meet this care staff will have received the appropriate level of training for the care involved.

It is Libertatem Healthcare Group's policy to make sure that in the event of a death, either expected or sudden, it follows all required procedures and provides support to bereaved relatives, friends and other staff who may be affected.

## **Principles of End of life care**

Libertatem Healthcare Group are committed to providing end of life care as approved by the National Institute for Clinical Excellence in the Quality Standard guideline 13. Our care team will endeavour to work to the expected high standards of care and to the wishes of the individual as detailed in the care and support plan. Our care team will work in conjunction with the wider multidisciplinary specialists to ensure care that remains dignified and respectful and takes into consideration the thoughts and views of the person we support and those important to them.

## **Developing an end of life plan**

Libertatem Healthcare Group recognises that those who require end of life care will require a specialised and detailed needs assessment and this will be undertaken by a practitioner with relevant experience and in cooperation with the wider multidisciplinary team.

The care plan will detail new procedures and interventions that may be required in the light of a person's changing condition. Support staff will be aware of the contact details for the GP, community nursing team and specialist nurses who may be involved to ensure the best possible continued care.

The care and support team will endeavour to ensure the wishes of the person we support in respect of their cultural and religious practices as detailed in the support plan. Where the person's wishes are unclear or they do not have capacity to clarify or communicate these, we will make every effort to ascertain from relatives and friends or health professionals.

## **Monitoring and observation**

Care staff will make observations, as detailed in the care and support plan, in the daily log on the person's condition and any changes that occur.

## **Staff roles and responsibilities**

Staff will maintain practices and procedures to ensure:-

- Privacy and dignity at all times
- Respect individual wishes
- Work in partnership with relatives and friends, enabling privacy as required
- Work in partnership with the wider medical and nursing team
- Ensure cultural and religious practices are observed
- Attend to physical needs of the person we support to ensure they are as comfortable as possible
- Ensure pain control is maintained as per support plan and medication chart
- Respond to emotional as well as physical needs
- Ensure nutritional and hydration needs are met and if unable to tolerate oral nutrition and fluids oral hygiene is maintained for comfort.
- Support those people close to the person, with sensitivity and care.

- Seek personal support and supervision from the Libertatem healthcare group management team for carers emotional well being

### **Considerations around Cardiopulmonary Resuscitation**

It is the policy of Libertatem Healthcare Group to identify any service user for whom cardiopulmonary arrest represents a terminal event in their illness and in whom attempted cardiopulmonary resuscitation would be inappropriate. It is also essential to identify those service users who do not wish CPR to be attempted on them and, with full understanding, refuse this treatment.

Libertatem Healthcare Group is aware of the need for clarity in this area. It has therefore decided to adopt Department of Health policy regarding the consideration of a "Do Not Attempt Resuscitation (DNAR)" order for those service users:

- where an explicit advance decision has been made by medical professionals, which is recorded, that resuscitation should not be attempted
- where the person has made a living will or an advance directive indicating that they do not want to be resuscitated
- where it is considered unreasonable to attempt to resuscitate a person who is in a terminal phase of illness or for whom the burdens of the treatment clearly outweigh the potential benefits.

### **Defining CPR**

Cardiopulmonary Resuscitation (CPR) is defined by the Resuscitation Council UK as the provision of basic and advanced life support delivered to a person in a state of either respiratory arrest or cardiopulmonary arrest. Cardiopulmonary resuscitation is indicated for those who are unconscious, not breathing, and who are exhibiting no signs of a circulation.

CPR could, in theory, be attempted on every individual prior to death. However, in reality, there comes a time for some people when death is inevitable and the exercise of CPR would not be indicated on medical or ethical grounds. In such cases CPR may not only be inappropriate but may prolong the distress associated with the death and compromise the dignity of the dying person. There are also occasions where individuals themselves do not wish for CPR to be conducted upon them and make their feelings known through Advance Directives.

### **DNAR decisions are considered appropriate if:**

- it is the wish of a mentally competent person not to have CPR performed on him/herself in the event of cardiopulmonary arrest
- cardiopulmonary arrest is the end result of a disease process in which appropriate treatment options have been exhausted
- Successful restoration of the circulation is likely to be followed by a duration or quality of life that would be unacceptable to the person.
- A DNAR decision should be a clinical one, therefore the responsibility for a DNAR order lies with the person's named doctor or GP.

- All DNAR orders should be made with due reference to the requirements of the Mental Capacity Act 2005 and in full consultation with the person, their doctor and, where appropriate, with relatives, carers and advocates.
- Relatives, carers and advocates are entitled to reflect the person's wishes but cannot legally make decisions on their behalf — they are not entitled to consent to or refuse treatment on behalf of a service user.
- All DNAR decisions should be made on an individual basis, respecting human rights and taking into consideration the person's personal and clinical circumstances — they should be based upon individual condition and circumstances and age, gender, religious beliefs or disability should not solely influence a decision.
- A DNAR order means that should the person sustain a cardiopulmonary arrest, resuscitation will not be initiated — however, all other care and treatment appropriate to the service user is not influenced or precluded by the DNAR order.
- Where a DNAR order has not been made and an Advance Directive has not been made, then resuscitation should be initiated and an ambulance called if cardiac or pulmonary arrest occurs — in the event of such a situation it is expected that all staff would support the resuscitation attempt in accordance with their role, training, experience and competence.
- The DNAR order may not apply when unexpected collapse is caused by unforeseen circumstances, e.g. choking, trauma.
- All DNAR decisions should be recorded in the service user's care plan and an appropriate form signed — all staff involved in the care of a particular person should be made aware of the DNAR order.
- Should a DNAR decision be revoked, the person's notes and the DNAR form should be amended

Libertatem Healthcare Group believes that this represents the best way to ensure that all decisions relating to resuscitation are clear, agreed by all concerned and fully documented.

### **Procedure in the event of death of a person we support**

The key actions to be taken by the care staff present at time of death include the following.

- Documentation of the time of death and date in the care record and record of circumstances of death
- Notify GP to request visit for verification and certification of death
- If required contact community nursing team to attend to switch off medicine syringe pumps
- Contact the next of kin or the other relatives detailed in the personal support plan if not present.
- Offer emotional care and support to the relatives present
- If detailed and requested in the care and support plan contact the undertakers.

- Contact the Libertatem Healthcare Group office to inform management team

Libertatem Healthcare Registered Manager shall:-

- notify CQC as per regulations
- contact the care and support team involved and arrange supervision and emotional support as required for each individual and arrange peer group meeting if required by support team
- contact the relatives to offer ongoing emotional care and support
- Arrange for collection of any documentation in the home and arrange safe storage, electronic records will be archived in client file.