Palliative Care: Audit Tool for Adult Care Homes 2011-2012

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Name of Care Service:

Address:

Date of Use:

Reason for audit tool being used:

This audit tool is assist the Professional Adviser Palliative Care, IHD Advisers and The Care Inspectorate Inspectors to evaluate palliative care practice whilst carrying out inspection, complaint or enforcement activity in adult care homes.

The audit tool has taken account of information and best practice from standards and guidance published in:

- National Care Standards for older people
- Making good care better

National practice statements for general palliative care in adult homes in Scotland (May 2006) available at www.palliativecarescotland.org.uk

Palliative Care Management

1. Admission Assessment Applicable regulations/national care standards & best practice guidance	Examined	Not examined	Guide to gathering evidence
National Care Standard (NCS) Older People Standard 1,3 Making good care better (MGCB) National Statements 1,7, and 16			
Good practice Statement 1 • The home will have policies and procedures relating to the care of people with palliative care needs, including end of life care.			
Statement 7 • An opportunity to identify a legal representative has been given if in the event you become incapacitated Statement 16 • Staff in the home will know or find out from you the people that are important to you. With your permission these people will be kept informed of your wellbeing. This will be done in private. Statement 19 • The care home will have a policy allowing nurses, once they have had appropriate training, to confirm deaths that GPs have considered likely to happen. This will mean that, if your death is expected, these nurses can inform your family/those closes to you of			

2. Personal Plan Applicable regulations/national care standards & best healthcare assessment of palliative care. Applicable regulations/national care standards & best practice guidance.			
NCS older people 6 (3) 14 (9) MGCB National statements 6 and 14			
Good practice guidance Statement 6 • The member of staff (key worker) who is responsible for developing your personal plan with you must have the skills, knowledge and confidence to discuss your individual health care needs, communication needs, social needs and spiritual needs. • As your needs change they will be monitored and reviewed and your personal plan adjusted with your involvement. This may need to be done very frequently. Statement 14 • You can be confident that care home staff will assess your condition as often as necessary, recording this in your care plan and taking any action promptly. • You and those closest to you, will be fully informed in the continuing development of your care plan			
NCS older people 14 (3) (8) MGCB National statements 5, 14			

Good practice guidance Statement 5 • Staff in your care home can regularly access guidance such as assessment tools in palliative care Statement 9 • The care home will have a policy with symptoms of agitation or restlessness which makes clear the importance of seeking medical advice to assess the cause of these. Statement 14 Care home staff will: • Have protocols in place to ensure that they access staff the appropriate skills and knowledge to meet these needs, including accessing your GP/district nurse or specialised care services. • Have protocols in place to ensure that they access any appropriate equipment required to meet your needs			
Best practice guidance • In homes providing nursing care you can be confident that registered nursing staff will have the appropriate skills and knowledge to manage the symptoms of your illness and will work with your primary health care team, local support services and local specialised care services to ensure you receive the appropriate care • Staff use of appropriate methods for assessing symptoms			

4. Education , training and qualifications of care home staff Applicable regulations/national care standards & best practice guidance	Examined	Not examined	Guide to gathering evidence
NCS older people standard 5 MGCB National statements GP 5,11,17, 19 & BP 1			
Good practice guidance Statements 5 and 11 • All staff have access to basic training in palliative care approach. They will listen sensitively to your concerns and will know how to act upon them, Statement 17 • Care staff will be trained to a basic level in listening skills and will discuss with you any concerns you have about the quality of your daily life. Statement 19 • At least one member of staff will have basic training in around death and dying.			
Best practice guidance Statement 1 • There will be an on-going programme of education/practice development in the palliative care approach for staff in all care homes Statement 5 • In homes providing nursing care, at least one			

4. Education, training and qualifications of care home staff. Applicable regulations/national care standards & best practice guidance			
• Care staff at your home have, or are working towards palliative care qualification e.g. SVQ level 3 or equivalent • Volunteers at the care home who work directly with you have received education and training in palliative care Statement 19 • At least one member of staff has had appropriate training in loss, death and bereavement			
5. Management of equipment used for palliative care. Applicable regulations/national care standards & best practice guidance			
NCS older People Standard 4(22), 5(12), 6(1), 14(11), 15(4), 18(2) MGCB National Statements GP 14, 15 and 19 BP 14			
Good practice guidance Statement 19 – Support in care in dying and death. You can expect that your physical need will be met and your symptoms controlled when you are dying. Staff will be able to: - access your primary health care team (e.g. GP and district nurse)			

- call appropriate advice and support when you need it - acquire and safely use equipment that may be needed for your comfort.			
Statement 14 - Keeping Well – Healthcare • Care home staff will have protocols in place to ensure that they access any appropriate equipment required to meet your needs. Items may include - drip stand/electric fan naso-gastric feeding - pump/oxygen/portable nebuliser pressure relieving equipment/recliner chair suction machine syringe driver or syringe pump Statement 15 – Keeping Well – Medication • Should your medication require to be changed urgently you can no longer take your medicines by mouth, you can be sure that staff will have locally agreed procedures to access: - medication out of hours - necessary equipment - appropriately qualified staff			
6. Audit and evaluation of care Applicable regulations/national care standards & best practice guidance			
NCS older people Standards 14 (8) 19 MGCB National statements GP5, BP 8			

Good practice guidance Statement 5 • Staff in your care home regularly access guidance such as assessment tools used in palliative care			
Best practice guidance Statement 8 • Your choices concerning your care during the last few days of life will be reviewed with you regularly by a member of staff trained in communication and counselling skills. This includes around what should happen following your death. Has an audit of assessment tools/preferred plan of care undertaken? Is this documented?			
7. Privacy, dignity Applicable regulations/national care standards & best practice guidance			
NCS older people 1,4,8,10,16,19, &20 MGCB National statements GP 3,16			
Good practice Statement 3 • If it is felt that the care home can no longer meet your palliative care needs this will be fully discussed with you/and or your representative and with the primary health			

Statement 16 • Provision will be made for relatives or friends to be accommodated overnight in the care home in order that they can be with you at the end of your life if that is and their wish. This will include facilities for sleeping, eating and washing. Statement 19 • Anyone who normally helps you with any communication difficulties (e.g. key worker, support worker, interpreter) will be made aware of the effect of any change which affects your ability to communicate in order to help them meet your needs.			
8. Social, cultural and religious belief or faith Applicable regulations/national care standards and best practice guidance			
NCS older people Standards 14 (8) 19 MGCB National statements GP 5, BP 8			
Good practice guidance Statement 12 • The care home will have access to someone with the knowledge and confidence to discuss			

• If you require help to follow your chosen religious or spiritual practices, and if staff are unfamiliar with your particular faith, they will find out how to help you.			

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