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CONFERENCE ABSTRACT

Six Steps to Success programme for Care Homes

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Introduction: The Six Steps to Success Programme for Care Homes focuses on improving quality and experience of end of life care delivered by care homes for both individuals and their families. It uses a quality improvement approach to encourage organisational change and support staff to develop knowledge and skills.

It has since been adopted and implemented by the Macmillan End of Life Care Team, in partnership with our social care colleagues across North Wales. More recently it has been part of a Bevan "spread and adopt" project, utilising a 'train the trainer' model together with domiciliary care to share good practice.

Objectives: The programme is delivered with a standardised approach using blended learning. The programme comprises 6 workshops plus 2 additional sessions, each followed by supportive facilitator visits. Within the programme, the care homes use tools including the North West Model for Life Limiting Disease, and the Good Practice guide to promote early identification of the dying phase and encourage early planning.

The 6 Steps -

1: Discussion as end of life approaches

2: Assessment, care planning and review

3: Coordination of care

4: Delivering high-quality care in care homes

5: Care in the last days of life

6: Care after death.

Highlights or Results and Key Findings: The delegates are required to attend each workshop, and implement a number of organisational changes leading to quality improvements, and compile a portfolio of evidence to become a champion. They are supported and empowered throughout the programme to implement structured organisational changes and build capability within the care home. Improvements are measured using a pre- and post-course audits. An individual audit focuses on the knowledge, skills and confidence of the delegate, while the wider organisational audit examines key outcome measure within each home.

These include -

Reduction in unscheduled admission to hospital

Preferred place of death.

Identification of residents entering the last year of their life to allow person-centred care and needs being met.

Collaborative discussion around end of life care planning with residents and families.

Conclusions: Working collaboratively using standardised training (available to all care homes within North Wales) we have driven up the standard of end of life care and reduced health inequalities. By expanding capabilities within the community we have demonstrated an increase in the number of individuals dying in their place of choice.

Implications for applicability/transferability, sustainability, and limitations: The facilitators undertake sustainability reviews annually. The many challenges of embedding the model may result in an ongoing action plan being developed following the review. Transient workforce provides a particular challenge, but staff are able and encouraged to transfer their knowledge to other homes and promote spread and encourage learning.