



Guide to assist care home staff in the identification of residents in the last year of life

Supplementary Information

End of life care is extremely important for care home residents and for all of those around them including care home staff, family, friends and medical staff.

'[Ambitions](#)' describes 6 key principles which support high quality end of life care. Unfortunately, though the death of many of our residents in care homes is predictable, conversations and decisions are frequently made in the very last weeks or days of life. This happens largely because we don't adequately identify residents and go on to plan their care. This often leads to distressing and futile hospital admissions or discussions that feel rushed with little time for carers and family to reflect on what is happening.

Rates of death in care homes are significant and increasing in number. Almost 22% of all deaths in England were in care homes in 2016 with almost 37% of all deaths in people aged 85 and above in care homes ([End of Life Care Profiles, February 2018 update](#)).

The NHSE document [Enhanced Health in Care Comes EHCH 2016](#) (p25 2.14) advises:

- a. *An EHCH uses a systematic, proactive approach to identify residents who may require end-of-life care.*

We know that when patients have been identified as approaching the last year or so of life and have a care plan reflecting their wishes and preferences this has been shown to improve the quality of life in the last year, months, weeks and days and beneficial for all of those involved in their care.

There are several 'tools' available which enable clinical staff, e.g. GPs, Consultants and nurses to identify patients who might be approaching the last year of life. These can be quite complicated and require some clinical knowledge e.g. [SPICT](#), [Gold Standards Framework](#)

Based on the above we have developed '**SHADOW**' for care home staff to improve their confidence and ability to recognise those residents approaching the end of life. The guide has been developed by summarising key aspects of well recognised identification documents. This has been tested with care homes using Quality Improvement to ensure the guide is user friendly and applicable in all care homes, both residential and nursing.

'**SHADOW**' should, in theory, provide a systematic and proactive approach to early identification which ultimately triggers multidisciplinary support, discussion, planning and the completion of a care plan and other related documentation. This should then reduce any unnecessary and distressing hospital admissions, ensure that the patients wishes inform any future plans and provide a mechanism to encourage multidisciplinary care in the resident's home. The latter may include District Nurse teams and the local Specialist Palliative Care nurses.

'**SHADOW**' should not require any additional training but care homes who are engaged with the [Six Steps Programme](#) or have received other training regarding end of life care will find the guide easier to follow. If any care home staff are unsure regarding their resident and whether they are in the last year of life you are encouraged to seek medical advice to support you.