

## 'Going for Gold': GSF in Care Homes Training Programme

### Overview

The Gold Standards Framework in Care Homes (GSFCH) Training Programme is now the most widely used care homes' training programme in UK end-of-life care. It can assist commissioners and care homes to meet their local and national quality targets. The key aims are to improve quality of care and collaboration with GPs and reduce hospitalisation. The programme has evolved over the last 5 years and is closely linked to the GSF in Primary Care Programme, which is used by the majority of GP practices. The work is still developing and is backed

by a growing evidence base and the shared experience of over 700 care homes. Attaining quality care is now firmly on the government agenda (Darzi, 2008). The GSFCH programme provides quality improvement, quality assurance and quality recognition for end-of-life care in care homes, enabling all care homes to meet the standard of excellence required. This article will provide further details of this exciting programme, its key lessons and demonstrated benefits, with ideas for future development.

Currently in England almost half a million people live in the 18,577 registered adult care homes. Of these, just over 4000 are nursing homes (Department of Health (DH), 2008a). Almost a fifth of all deaths occur in care homes, but there are serious concerns about the significant number of residents transferred from care homes to acute hospitals in the last stages of life, when this may not necessarily be their wish or in their best interests (DH, 2008a). The UK population is ageing and its pool of carers is shrinking. With the rising prevalence of dementia, the increase in single occupancy households and difficulties in providing adequate community services and support for carers, it is predicted that there needs to be a significant increase in care home beds over the next two decades to meet demand (DH, 2008a). However, the quality of care presently provided for people nearing the end of life in care homes is variable and at times sub-optimal. There can be inadequate planning for likely needs, lack of advance care planning discussions with residents and families, poor collaboration between GPs and primary care teams and poor staff training, leading to an excessive number of crisis hospital admissions and hospital deaths. The *End of Life Care Strategy* (DH, 2008a) and the *Quality Markers* (section 5) (DH, 2008b) re-emphasise the need to focus on strategic planning and training in end-of-life care in care homes and indicate key areas for attention.

The need to ensure high-quality care is stressed in all sectors, but few comprehensive training programmes exist that bring together quality improvement measures in all areas of care for all people in their final years of life. Care homes require support to be able to develop pre-planning skills, anticipate likely needs, and deliver sustained and consistent high-quality care, with resources and tools that are practical and meaningful to grassroots' care home staff, using validated, quality-assurance processes. In addition to training for quality improvement, there needs to be a specific end-of-life care accreditation process for recognised quality assurance, leading to recognition of good practice.

The Gold Standards Framework in Care Homes (GSFCH) Training Programme and accreditation process 'Going for Gold', is the one national training programme that attempts, comprehensively, to meet all these requirements, help homes achieve the high-quality standard required and meet the challenges of the future. The full GSFCH programme for care

homes includes means of quality improvement, quality assurance and quality recognition. Care homes that have undertaken the GSFCH Training Programme have been able to demonstrate evidence of the value of using this framework to support residents, their families and the staff to improve care (Badger et al, 2007; Clifford et al, 2007). Research evidence suggests that education in care homes alone cannot improve the standards of care (Froggatt and Payne, 2006). If good practice is to become the norm, sustainable, long-term system and process changes must occur involving all staff members. A specific and unique feature of this GSFCH Training Programme is that it focuses on organisational learning and system change, complemented by clinical and personal staff training. According to Clare Henry, National Programme Director, NHS End of Life Care Programme: 'It is vital that staff in care homes are given the right support and training to care for their residents who are nearing the end of their life. The Gold Standards Framework provides a structured approach to help support care homes' staff to do this.'

### The challenge

The social care/care home sector has an estimated workforce of over 1.2 million. Significant issues within this sector include high staff turnover, particularly in inner-city areas and potential barriers of language and ethnicity. The sector is widely dispersed and regulated, with the majority of homes privately owned and managed. In addition, the four main care home associations — National Care Association (NCA), National Care Forum (NCF), English Community Care Association (ECCA) and Registered Nursing Home Association (RNHA) — only cover a minority of homes. Currently, developments in regulation procedures are occurring in England. From 2010, the Care Quality Commission will take over the regulation and inspection of care homes from the Commission for Social Care Inspection. In addition, the focus on end-of-life care is developing through Skills for Care ([www.skillsforcare.org.uk/home/home.aspx](http://www.skillsforcare.org.uk/home/home.aspx)). With an increasing number of care home residents having a degree of cognitive impairment and dementia and the complex interplay of multiple morbidities and frailty, as well as inherent poly-pharmacy, the clinical challenge in providing good care for people nearing the end of life remains considerable. To achieve this aim, it is suggested that four areas need development:

- ▶ **Individual** staff training needs: both clinical and attitude/experiential
- ▶ **Organisational** change within the care home: this is the focus of the GSF
- ▶ **Community** support: with local support from the primary care trust (PCT), the local authority, the local hospice, the ambulance service and others
- ▶ **National policy and regulation:** national policy guidance and inspection procedures.

To sustain best practice, all four areas need to work together to improve the quality of care provided. The GSFCH Training Programme focuses

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mainly on the second area of organisational change, but complements, and collaborates with, the other three. Therefore, organisational system change provided by the GSF is seen as a key part of the jigsaw in improving care, in line with clinical education, community policies and national regulation. Systemic change in the organisation and daily routine of a home is required to ensure that better systems of care are introduced; the programme has a significant effect on the daily processes and routine of all staff and changes the 'this is what we do' ethos.

### The Gold Standards Framework in Care Homes (GSFCH) Training Programme

Professor Keri Thomas and the GSF team developed the GSFCH Training Programme in 2003, as a modification of the GSF in Primary Care Programme. The GSF in Primary Care Programme originated in 2000 in England, resulting from the desire of primary care practitioners to improve palliative care in the community. GSF uses systematic processes and numerous tools and resources, based on best available evidence, to improve the quality and organisation of care provision and optimise teamwork between generalists and specialists. GSF in Primary Care is now used by over two-thirds of GP practices. With the new GP contract, there are now Quality Outcomes Framework (QOF) points for palliative care and nationally 90% of practices claim these points, using the basic principles and downloadable tools of the GSF (see GSF website, QOF section).

The GSFCH Training Programme developed as an extension of this successful work with primary care teams, but was firmly rooted in the practical experience and feedback from grassroots' staff in care homes. It grew from three pilot phases and currently over 700 care homes have undertaken the GSFCH Training Programme with, so far, two rounds of accreditation. GSFCH is endorsed by the NHS End of Life Care Programme, the Royal College of General Practitioners and Help the Aged and is supported in national policy recommendations such as the *End of Life Care Strategy* (DH, 2008a) (Table 1).

Within the programme, key tasks, resources and tools have been piloted and 'road-tested' in care homes and adapted and validated by them. Additional resources have been developed by accredited homes that are shared as real examples of best practice. This ensures credibility and transferability, using peer support and encouragement to develop a momentum of best practice that can be adopted by all homes. Reflections, problems and ideas are fed back through structured listening (speed dating; Table 2), informal and formal feedback, reference groups, etc.). The workshops involve considerable interaction and local peer support, as well as the sharing of experience via video clips. An important feature is the development of local care home groups with coordinators, between and beyond the workshops. This develops a localised, tailored backbone of encouragement through peer support, something that is notably rare in this sector. The training process has been evolving over the last 6 years. In-depth, university-based evaluations and recommendations have been fully integrated into each stage of the programme, as well as local feedback from over 50 regional workshops. Continuous improvement is inherent in the dynamic work programme, with further refinements and showcased examples developing all the time.

The national training programme is being disseminated across the country by the national GSFCH team, working in partnership with local areas. This enables in-depth implementation through local facilitators and specialists, and content is tailored according to local needs and context. The GSFCH Training Programme now has a standardised curriculum, with comprehensive and well-defined learning outcomes at each stage, related to the key standards to be assessed at accreditation. The team works in partnership with local

**Table 1**

#### Aims of the GSF in Care Homes Training Programme

1. To improve the quality of care for residents nearing the end of their lives
2. To improve collaboration between GPs, primary care teams and specialist palliative care teams and providers
3. To reduce the number of admissions to hospital in the last stages of life and enable more people to die in the care home, which is their home

#### Three-stage process

**Stage 1:** Preparation (3-month preparation period)

**Stage 2:** Training and consolidation (four interactive training workshops over 9 months followed by 6 months' embedding GSFCH)

**Stage 3:** Accreditation (the accreditation process involves accreditation check list, portfolio, After Death Analysis, GSF visit, panel for decision, i.e. defer, pass, commend, Beacon status)

**Table 2**

#### Use of 'speed-dating' at GSFCH workshops

##### Speed-dating feedbacks challenges and solutions, experience and progress

- ▶▶ Four subjects per workshop, everyone contributes to the sharing table
- ▶▶ Focus on the experience from previous key tasks of previous workshop
- ▶▶ Key elements of discussion captured and shared with others
- ▶▶ The experience evaluates well; there is useful learning and networking with others
- ▶▶ Provides the GSF team with valuable feedback, assessment of progress and real examples from practice

**Table 3**

#### The seven key tasks of the Gold Standards Framework (the 7 Cs)

##### The 7 Cs of the Gold Standards Framework:

- ▶▶ **C1:** Communication
- ▶▶ **C2:** Coordination
- ▶▶ **C3:** Control of symptoms
- ▶▶ **C4:** Continuity out of hours
- ▶▶ **C5:** Continued learning
- ▶▶ **C6:** Carer support
- ▶▶ **C7:** Care in dying phase

commissioners and providers to adapt the programme to meet local needs and continue to refine, evaluate and develop the programme, based on growing experience of the best way to implement this work. Innovative new resources and approaches developed by homes are shared with others, as part of the developing momentum of best practice.

The programme covers the same 7Cs of GSF in Primary Care (Gold Standards Framework Update, 2008) (Table 3) but has specific developments focusing on the needs of care homes. Resources include a *Good Practice Guide*, updated each year, which is a step-by-step guide to implementation of GSFCH with many shared examples from other GSFCH-accredited homes (Gold Standards Framework in Care Homes Training Programme, 2008). There are also DVDs, preparation packs and many other resources. The Training Programme is brought to each commissioning area, such as a PCT or strategic health authority (SHA) as a complete 1–2 year programme, with all resources and training provided. An exciting new development is the establishment of a few GSFCH regional centres around the country to deliver the training. St Christopher's Hospice, London, is the first such regional centre and will be carrying out GSFCH training twice a year, over the next 6 years.

**Table 4**

### Benefits of undertaking the GSFCH Training Programme

The programme has been shown to improve three main areas:

- ▶▶ Attitude/approach, teamwork, confidence and consistency
- ▶▶ Processes and documentation of care
- ▶▶ Outcomes, with decreased admissions (admissions to hospital reduced by 12%, and deaths in hospital by 8%) (Clifford et al, 2007), increased numbers of advance care planning discussions

### The GSFCH accreditation process

With the recent development of the GSF accreditation process 'Going for Gold' and the Quality Hallmark Award, supported by Help the Aged, the programme now offers quality improvement backed by quality assurance (Figure 1). The rigorous accreditation process focuses on 20 key standards that must be achieved, plus specific evidence of implementation. The Quality Hallmark Award is valid for up to 3 years, with further quality assurance accreditation after that time. The process includes self-assessment through the accreditation checklist, a portfolio of evidence, a quality assessment visit by an informed GSF facilitator and the use of the After Death Analysis (ADA) online audit tool. Accredited homes can be awarded a pass, commend or Beacon status and are included in a 'Solid Gold Club' of associate members, with numerous educational and other benefits. More details of the training programme, accreditation process and benefits of accreditation are available from [www.goldstandardsframework.nhs.uk](http://www.goldstandardsframework.nhs.uk) or Judy Simkins in the GSF Centre ([judy.simkins@walsall.nhs.uk](mailto:judy.simkins@walsall.nhs.uk)).

Advance care planning (ACP) is a central feature of the programme. There is specific guidance and training on the practice and process of ACP and conducting difficult discussions. The GSFCH Training Programme also leads seamlessly onto use of the Liverpool Care Pathway for the Dying Patient or other integrated care pathways. There are four non-negotiable standards for accreditation out of the 20 that must be met if the homes are to pass:

- ▶▶ Homes must offer ACP discussions to every resident
- ▶▶ Homes must demonstrate improved collaboration with GP practices
- ▶▶ Homes must demonstrate means of reducing hospitalisation and hospital deaths
- ▶▶ Homes must use a care pathway or protocol for the dying.

### Useful tools and resources

The tools used in the GSFCH Training Programme focus on identifying, assessing and planning end-of-life care for all residents in the last years, months, weeks and days of life. Residents are coded into groups according to their likely needs and prognoses, with a view to ensuring that appropriate care is provided at each stage through the use of GSF Needs Support Matrices. These are experience-based checklists of the key needs of patients and the support required at each stage. They ensure that planning is introduced at an earlier stage leading to fewer crises or unforeseen events. Several specific assessment tools are advocated for use with appropriate patients, e.g. pain, distress and depression tools. Improved means of collaboration with GPs and reducing hospitalisation are recommended. ACP tools are promoted, including *Thinking Ahead — Advance Care Planning Discussion* (Gold Standards Framework Programme, 2008). Continuous, ongoing learning and quality improvement is important, e.g. using reflective practice, taking time to discuss recent deaths in a supportive way in order to learn from and improve practice, supporting colleagues when the deaths have been difficult and affirming good practice when all has gone well. Evaluation has occurred using the ADA audit (specially designed by the GSF team), formal university evaluations plus feedback from care home staff during workshop speed-dating and networking.



**Figure 1. The Gold Standards Framework Quality Hallmark Award**

### What are the benefits of GSFCH?

The benefits of undertaking this work can be described in three main areas (Table 4). An important feature is an increase in confidence of the staff involved with the programme. Staff also feel valued for the work they do in caring for vulnerable people. The significant reduction in hospital crisis admissions and deaths is a key feature, leading in some areas to almost half the numbers of residents dying in hospital, compared with before the training.

### Testimonials

*'The GSFCH programme focuses on many aspects of good organisational skills in practice, which are transferable to other aspects of business. It is worth doing as it is a good marker for excellent care and a good investment for care homes and PCTs, with benefits for all, residents, families and staff.'*

**Mandy Thorne, Managing Partner, Uplands Nursing Home, Oxon**

*'GSF hits all the buttons of quality, choice, equity and value for money, in the crucial area of end-of-life care that affects everyone of us, as people and as professionals.'*

**Strategic health authority senior manager**

*'The real value of GSF lies in the fact it keeps all the elements of good care together. Too often, care at end of life is a haphazard affair. GSFCH allows us to work to a framework, reducing the risk that we will leave something out.'*

**Andrew Makin, Director of Nursing, Registered Nursing Home Association**

*'The NCF is proud to be associated with the GSF which has been developed to ensure that people in care homes receive the best quality of care and support. The professional and rigorous framework that it brings and the commitment to staff training it requires, provides an important level of reassurance about the services being offered.'*

**Des Kelly, National Care Forum**

*'The GSF advance care plan has allowed me to discuss my wishes with matron, written in my advance care plan, so people know when the time comes that I would like to stay here in the care home.'*

**Iris, resident of Arboretum Nursing Home**

*'The care for dad here in the home was wonderful; nothing was overlooked, we were well supported all the way through, now mum is here, I can relax when I go home knowing she is well cared for also.'*

**Relative of resident in Claremont Care Home**

*'The care home staff have implemented GSFCH into the home into everyday practice and are providing excellent care for residents and their families.'*

**Specialist palliative care nurse**

*'Dementia care has been a poor relation to cancer and it is nice to have something that is specialist to end-of-life care without having cancer.'*

**Care home manager**

### Key lessons learnt

Undertaking this process takes time and commitment. However, it is enjoyable and rewarding. Workshops provide a standardised structure, with interactive, lively, ongoing discussion and networking (a very important part of the process). Peer support at these events is vital and staff learn a great deal from the experience of others, ensuring that this work is rooted in real, practical experience. The structure gives participants an opportunity to contribute and ensures that homes develop local ownership and commitment, adapting the framework to suit the home. The accreditation process has improved the learning and raised expectations of the care homes. It helps direct staff through the individual key standards of the programme, via the accreditation checklist. A list of accredited homes is available on the GSF website, as are means of application for the training and accreditation programme. The 'Going for Gold' leaflet detailing the benefits of accreditation is also available.

### Conclusions

The GSFCH Training Programme meets the needs of care homes and commissioners aspiring to provide high-quality care for all residents nearing the end of their lives. It covers all care from the point of admission to the care home and includes the dying stage, but its key focus is early planning of care and seeking to fulfil the wishes of the residents and their families. It will help lead to a better standard of care throughout an area by improving collaboration and reducing hospitalisation. Some care homes will struggle and will require extra support to enable them to meet the high standards required. The programme can be commissioned as a specific project in a local area such as a PCT, working in close collaboration with local facilitators and other stakeholders. The national GSF team delivers the training and provides all the practical resources and experience of previous work. Undertaking this programme will help care homes deliver best care for some of the most needy in our communities.

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### Background reading

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