

# Going for gold: be recognized for excellent end of life care

Now entering phase seven, The Gold Standards Framework in Care Homes Training Programme began its initial pilot phase in 2004/5. Starting the GSFCH training programme is straightforward. Each home needs to appoint two people who are going to be the coordinators. They will act as representatives by attending the four workshops, and then liaising with a local GSF facilitator. It is the job of the coordinators to cascade the information to all staff within the home. Homes can sign up as part of a commissioned NHS project within a local venue, or join an open programme as an individual home, in which case the venue will be funded by the GSF Centre.

Those homes that have implemented GSF most successfully have done so by meeting the individual special requirements of their home. Essentially adapting what is available to suit their residents' specific needs. The training programme is not rigid, and so allows room for creative flexibility.

On starting GCFCH training, each home will also be asked to complete a baseline audit of the last five patient deaths before starting the programme. This is done using the After Death Analysis (ADA) online audit tool. When compared with five deaths after the completion of the training, this provides a means of measuring improvements in end of life care in the home. The ADA tool is now available in an easy electronic format enabling rapid data entry and feedback.

## Stage one: getting started

Good preparation will set the tone for the duration of the programme. Key to this is establishing strong working relationships

**Almost 1500 homes have now completed the Gold Standards Framework Training since its inception in 2004. Across the UK managers can see the benefits of completing GSFCH training and accreditation.**

with the local GP practices, district nursing teams, and specialist palliative care team. GSF will provide you with template letters of introduction which you can send to the primary and specialist care teams, as well as to families and residents.

In addition, the competency document that is provided will enable care support staff to identify their strengths and weaknesses so that the training can be targeted to specific needs. Newly enrolled homes will receive a DVD which gives all care home staff an overview of what involved throughout the two year period of training and subsequent Gold Standard accreditation.

The 3-6 month preparation period also allows time for staff to build a relationship with their local GSF facilitator. This person will be the local link to the national GSF team. They'll have all the resources and can help get a home started.

Residents and their families are the main beneficiaries of the programme, and so it is important to keep them fully informed. Residents are at the core of the programme and so the preparation period provides staff with the opportunity to explain the process of GSF accreditation and the benefits service users will experience in light of the fundamental changes that are about to take place. It is important to keep all staff and visitors up to date on the home's progress. This easily achieved by use of a notice board

## Stage two: training

Following completion of the preparation period, training will start in earnest. It is recommended that the same two members of staff from each home attend all four workshops over a period of nine months. These workshops provide the cornerstone of the programme. The responsibility for the effective embedding of GSF principles across the home rests with the coordinators. After each of the four workshops the participants will be given three 'homework' tasks. Together these will form the basis of a building block of skills and processes.

Attendees are encouraged to share experiences and to network, enabling them to hear firsthand the successes and struggles of others. The workshops themselves focus on the GSFCH's key tasks, also known as the seven Cs: Communication, Coordination, Control of Symptoms, Continuity, Continued Learning, Carer Support and Care for the Dying.

Between each workshop facilitators will maintain a constant open dialogue and homes will progress at the pace that best suits them, adding to what has been accomplished at each previous stage. There is also the opportunity for conference calls and mentoring sessions for the participants between workshops.

## Transferable knowledge

Care home owners and managers often despair of the number of times they have sent staff on expensive and time consuming training courses only for that individual to leave the home within weeks or months, taking their new skills with them. GSFCH is about changing the whole culture and structure of a home; organizational change, as well as individual staff learning and education.

It is the responsibility of the coordinator to embed the new approach in a way that improves the outcomes for all residents, and not just those in the last stages of their lives. Once these systems have become part of the working culture, the legacy will

exist independently of the coordinator and become part of the fabric of the home. The training intends to foster shared responsibility and knowledge in a manner that will draw together groups of health and social care professionals. This is so an entire local health subcommunity can share and benefit from the GSFCH protocols and guidance.

### Successful communication

For the GSFCH training to succeed good communication between all is essential. That means open discussion between care home staff and residents, staff and the residents' support network, and between staff and their counterparts in the local health community.

Talking about death and dying, for example, can be difficult for professionals as well as for residents and their carers. But asking residents and noting how and where they would like to be cared for, whilst developing an advance care plan at the earliest possible opportunity, is recommended practice that will make for a better end of life experience.

The GSFCH workshops are experiential and peer-supported and make use of real life examples witnessed in residential and nursing homes. Sharing experiences of Advance Care Planning (ACP), for example, can help staff develop new ways of communicating difficult messages to the person receiving end of life care, and those close to him/her. ACP enables staff, residents and their families to reach a shared understanding so that their future care is tailored to their individual needs. This helps avert difficult situations and crises and aids communication.

### Strive to be the best

GSFCH training is founded on the belief that staff have a special relationship with their residents and aspire to be the best deliverer of care possible. It is about taking a holistic approach to affirming and encouraging all staff. This is achieved by enhancing confidence and personal ability so that all involved can provide excellent care.

An important feature of GSFCH is collaborative working with specialists, GPs and other services. It is how a home functions in all areas, and how the 'gold standard' of care runs through it, that will be assessed.

### Tools

The tools used are centred on identifying, assessing and planning for end of life care. The use of needs support matrices will help staff to identify a resident's stage of life with a view to dovetailing appropriate care to those stages: thereby providing the right care, at the right time, to the right person, in the right place.

GSFCH will assist homes to employ the many different assessment tools that can be useful when treating pain and depression

### Developing learning

GSF builds in means of continuous learning. This is done by ensuring learning from reflective practice, taking time to discuss recent deaths, and other significant events, in a supportive way to learn from and improve practice. It also ensures support for colleagues when situations have been difficult or indeed to affirm good practice when things go well.

### Embedding training

When stage two of the programme is completed there is a period of 4-6 months of consolidation to embed the training firmly, enabling it to be sustained and become a part of the daily working of the home. This period allows all staff to become familiar with the new systems and structure. Most training programmes are about the development of individuals, GSFCH is more holistic, aimed at developing a new structure, and changing culture and attitudes in a home that benefits all staff, residents and their families.

Giving homes a period of time to work with the new system also allows them to use the After Death Analysis online audit tool to review the care of five residents following their death. This can be compared with care given to five residents who died prior to the completion of the training.

### Stage three: accreditation

'Going for Gold' ensures that the implementation of GSF training is sustained in the home and has a genuine and long lasting impact on the standard of care. Homes must assess themselves against a checklist of 20 clear standards of best practice. Homes must also assemble a portfolio of evidence.

The final stage of the process is a quality assessment visit. GSFCH assessors will

spend time with the staff, residents and families to gain an understanding of how good practice takes place in the home. The visit can also be an opportunity for the home to seek valuable external feedback and support in their bid to further improve the service on offer.

The findings from all four elements are presented to an independent panel of quality assessors who make an objective judgment. The homes will be judged in one of three categories: beacon, commend or pass. There is a fourth category, 'deferred', for homes that require more time and support in meeting the necessary standard.

This twice yearly process leads to the presentation of the Quality Hallmark Award for the successful homes that have achieved the required standard. The award ceremonies (held in June and January each year) celebrate their achievement and showcase their examples of good practice.

In June 2010 another 31 homes were awarded the Quality Hallmark Award, bringing the total number of accredited homes to 143.

### Conclusion

Homes that have completed the programme experience a number of benefits; most significantly: better planning, staff coordination and communication, and the ability to deliver better end of life care where and when their residents want it. This means more people living and dying in their chosen and preferred place; which is more often than not in the care home.

As well as fulfilling the wishes of the resident, following GSFCH training staff experience an increase in self-confidence and job satisfaction. By utilizing smarter working methods, staff will avert crises and avoid unnecessary hospital admissions. The experience for families is also much improved. In economic terms, less hospital admissions also means significant savings to costs and resources. **NRC**

### Further information

[www.goldstandardsframework.nhs.uk](http://www.goldstandardsframework.nhs.uk)