



Six Steps

Six Steps to Success in End of Life Care

Organisational Programme Audit Pre and Post-Programme

In order to develop the Six Step to Success Programme it is important to capture data to demonstrate the effectiveness of the programme and identify the provision of end of life care in relation to nationally recommended best practice at end of life. The data may be used collectively to demonstrate challenging areas or improvements in end of life care provision. You may be asked to share this data as per local agreement and so to guarantee confidentiality please ensure all information provided does not contain any identifiable data.

Pre Programme

Complete the form below for the 10 most recent resident deaths. This includes sudden deaths and residents who have died in hospital. The collation of this data must be obtained before the Step 1 workshop.

Post Programme

Please repeat the process using the ten deaths that occur after workshop six.

Section 1 *About your care home*

Care Home Name	
Number of staff employed in your care home	
Number of staff who have received End of Life Care training	

Section 2 *All of the measures in this section relate to the CQC's key question "Are they well-led?"*

Does your care home have an End of Life Care policy/set of guidelines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Section 3 *All of the measures in this section relate to the CQC's key question "Are they safe?"*

Mental Capacity Assessment completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Best Interest Discussion took place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DNAR-CPR completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 4 *The measure in this section relates to the CQC's key question "Are they effective?"*

Anticipatory medicines considered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Section 5 All of the measures in this section relate to the CQC's key question "Are they caring?"

Conversations about End of Life Care decisions took place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information given about approaching end of life?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bereavement support offered	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 6 All of the measures in this section relate to the CQC's key question "Are they responsive?"

End of Life Care plan or similar completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Advance Care Plan discussion documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Resident on a Supportive Care Record?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Resident's <i>preferred</i> place of death?	Care Home <input type="checkbox"/>	Hospice <input type="checkbox"/>	Home <input type="checkbox"/>	Hospital <input type="checkbox"/>	Not Recorded <input type="checkbox"/>
Resident's <i>actual</i> place of death?	Care Home <input type="checkbox"/>	Hospice <input type="checkbox"/>	Home <input type="checkbox"/>	Hospital <input type="checkbox"/>	Ambulance <input type="checkbox"/>

Section 7 Some further questions around the resident's death and any time spent in hospital

Number of emergency hospital admissions in the last 90 days of life?		
Was the resident's death expected or unexpected?	Expected <input type="checkbox"/>	Unexpected <input type="checkbox"/>