

Six Steps Organisational Programme Audit Guidance

Following consultation and review of the Six Steps to Success care home programme the audits have been reviewed. In this guidance you will find instruction on how to run the Six Steps Organisational Programme Audit (previously the Post Death Information Audit)

Templates to download from the Six Steps website <u>www.sixsteps.net</u>

- Six Steps Organisational Programme Audit Word/pdf
- Six Steps Organisational Programme Audit Excel
- Six Steps Organisational cohort Excel
- Knowledge skills and confidence Word/pdf
- Knowledge skills and confidence Excel
- Knowledge skills and confidence cohort Excel

Six Steps Organisational Programme Audit Guidance Knowledge Skills and Confidence Audit Guidance

Principle:

The Six Steps Organisational Programme Audit will be a snap shot of what the current care delivery for palliative and end of life care is within a specific care home.

For care homes newly entering onto the programme, the requirement will be to audit 10 deaths before the start date of the programme and the 10 deaths following the completion date of the programme. NB Deaths that occur during the programme will not be included in the audit process as this will be a transitional phase for the care home.

It is recognised that some care homes will have completed the Six Steps programme and are well into their journey with the programme. For these care homes this is an opportunity to retake the audit using the new tool and review their position.

It is encouraged that care homes continue to audit the care for the dying resident within the care homes and for this they may wish to use the tools provided, setting their own parameters, in discussion with their local facilitator.

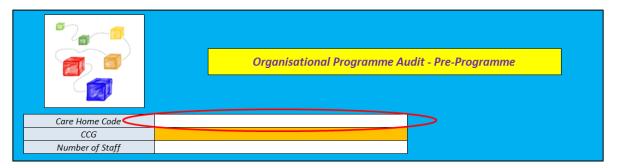
Process:

The Six Steps Organisational Programme Audit has been created in a Microsoft Word/pdf format. 10 copies can be printed and given to the care home to complete (10 x pre and 10 x post) as a hard copy. It was found from the review of the programme this was the most successful method of obtaining the data from the care homes; however if a care home would prefer to complete the audit electronically the Organisational Programme Audit tool (Microsoft Excel) can be shared to be electronically completed.

Facilitators of the programme will then need to ensure data from the word copy is inputted into the Six Steps Organisational Programme Audit tool (Microsoft Excel). This will provide the facilitator with a direct comparison and useful graphs to feedback to each care home.

How to complete the Six Steps Organisational Programme Audit Tool

1. Open the Organisational Programme Audit Tool. On the Pre-Programme tab, type the relevant care home code into the field highlighted below. This will also populate the identical fields on the Results tabs.

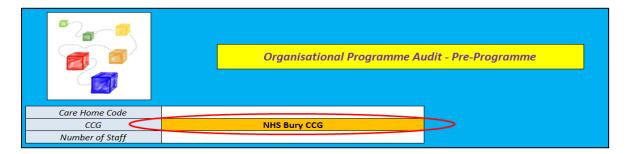


Care home codes

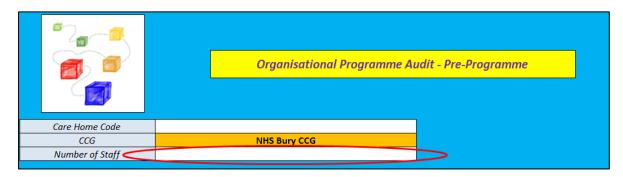
To code your care home please use the key below for your CCG prefix and then number your care homes. Facilitators to manage and maintain their own care home coded list e.g BOL001, BOL002, BOL003.....

| Blackburn with Darwen | BBD |
|--------------------------------|-----|
| Blackpool | BLA |
| Bolton | BOL |
| Bury | BUR |
| Cheshire & South Ribble | CHO |
| East Lancashire | ELA |
| Eastern Cheshire | EAS |
| Fylde & Wyre | FYW |
| Greater Preston | GRP |
| Halton | HAL |
| Heywood Middleton and Rochdale | HMR |
| Knowsley | KNO |
| Liverpool | LIV |
| Manchester | MAN |
| Morecambe Bay | MOR |
| Oldham | OLD |
| Salford | SAL |
| South Cheshire | SCH |
| South Sefton | SEF |
| Southport | SOT |
| St Helens | SHE |
| Stockport | STO |
| Tameside and Glossop | TAM |
| Trafford | TRA |
| Vale Royal | VRO |
| Warrington | WAR |
| West Cheshire | WCH |
| West Lancs | WLA |
| Wigan | WIG |
| Wirral | WIR |
| Non North West | NNW |

2. Click on the CCG field – this will prompt a drop-down list of CCGs to appear. Select the relevant CCG – again, this will prompt the same fields to be completed on the other tabs.



3. Input the number of <u>All</u> staff employed in the care home (please include non-care staff)



- 4. Click on the box adjacent to the "Does your care home have an End of Life Care policy/set of guidance?" field, and select the relevant Yes/No Option.

 A guide can be found in the appendix on the topics that may be covered in an end of life care policy/guidance. It is at the facilitator's discretion to assess what constitutes a valid policy/guideline. It is recommended that the facilitator considers what topic areas are covered from the appendix list in this guide, the date of a policy/guideline and the availability/visibility to care staff.
- 5. Insert the number of staff receiving end of life care training.

 A guide can be found in the appendix on topics that may be covered in end of life care

 Training NB not all the topics have to be accessed to tick yes, it is at the facilitator's

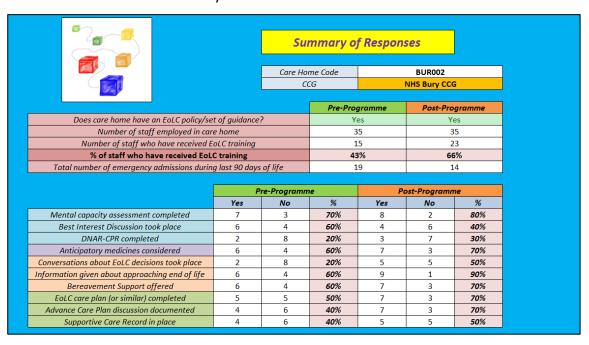
 discretion to agree if the staff members have received end of life care training.

| Well Led | Does your care home have an EoLC policy/set of guidance? | Yes |
|-----------|--|-----|
| Effective | Number of staff receiving EoLC training | 15 |

6. Using the information received on the individual Pre-Programme forms (Microsoft word/pdf), input the information for each of the resident deaths, selecting the relevant response to each question from the drop-down menus.

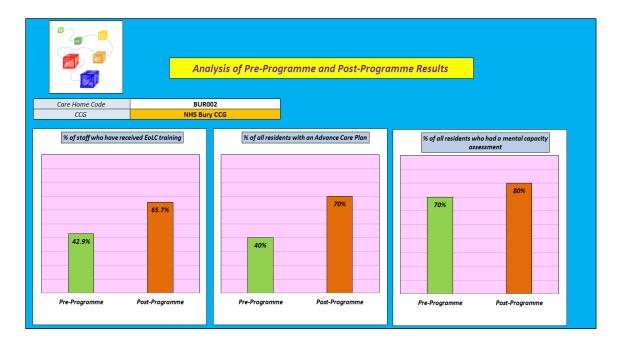
| | | Resident 1 | Resident 2 | Resident 3 | Resi |
|-------------------|--|------------|------------|------------|----------|
| Safe | Mental capacity assessment completed | Yes | Yes | Yes | |
| | Best Interest Discussion took place | Yes | No | Yes | |
| | DNAR-CPR completed | No | No | No | |
| Effective | Anticipatory medicines considered | No | Yes | No | |
| | Conversations about EoLC decisions took place | No | Yes | No | |
| Caring | Information given about approaching end of life | Yes | Yes | | * |
| | Bereavement Support offered | No | Yes | | |
| | EoLC care plan (or similar) completed | Yes | No | | |
| | Advance Care Plan discussion documented | Yes | No | | |
| Responsive | Supportive Care Record in place | Yes | Yes | | |
| | Resident's preferred place of death | Home | Care Home | | |
| | Resident's actual place of death | Hospital | Care Home | | |
| Further Questions | Number of emergency admissions during last 90 days of life | 2 | 0 | | |
| | Was the resident's death expected or unexpected? | Unexpected | Expected | | |
| | | | | | |

7. Once responses have been added, they will automatically be added to the totals detailed on the Summary tab.



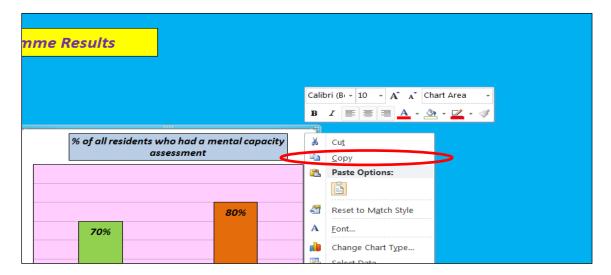
Graphs

The information contained in the Summary sheet is also displayed in graphical form on the Results tab:

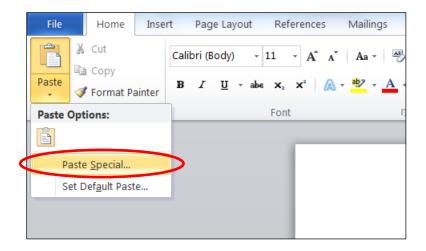


If you wish to share this data with individual care homes or other interested parties, then the graphs can be exported into a Word document by following the steps detailed below:

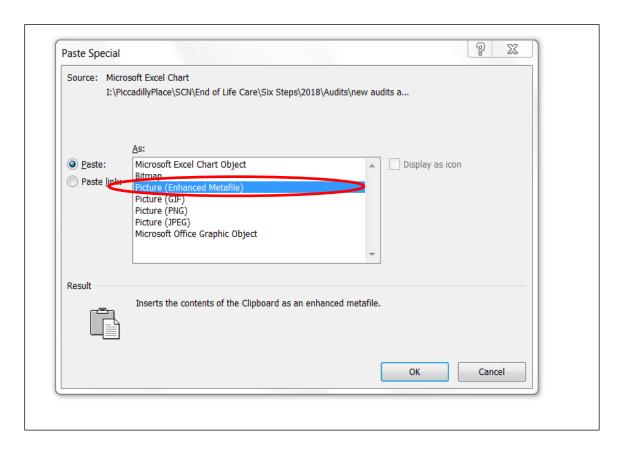
1. In the Excel document, right-click on the graph you wish to export, and then select Copy from the drop-down menu.



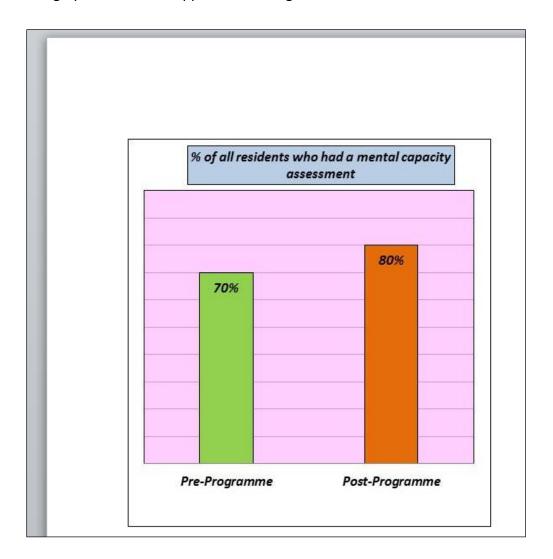
2. Go back to the Word document you are exporting to. Place the cursor at the point where you wish the graph to appear, and then click on the Paste icon in the Clipboard section of the toolbar. Select Paste Special... from the drop-down menu.



3. When the Paste Special dialogue box opens, select the Picture (Enhanced Metafile) option from the list, and then click OK.



4. The graph should then appear as an image within the Word document.



For further support and guidance please visit www.sixsteps.net or contact info@eolp.org.uk

| Appendix | | | |
|----------|--|--|--|
| | | | |

| End of life care areas | Training and education consideration |
|---|--|
| Identifying residents in the last year of life | Any formal or experiential training you have had |
| | Do you know what indicators may suggest a person is in the last year of life? |
| | Are you confident in your ability to identify and start the planning process for the resident's last year of life? |
| Holistic assessment | Any formal training you have had. |
| | What process do you use to rigorously assess the physical, psychological, social & spiritual (not just |
| | religious) needs of a person? |
| | Are you confident in identifying the person's needs in all four domains? |
| Communication skills | Any training around communication skills you have had |
| | Are you confident, knowledgeable and skilled in supporting discussions with residents to identify their wishes |
| | and preferences about their future care? |
| End of life care discussions | Can you identify when it is appropriate to open a discussion with the resident and/or their family about |
| | their wishes for end of life care? |
| | Do you feel confident to discuss their health, information needs and priorities for future care? |
| Advance Care Planning (ACP) | What training you have had on Advance Care Planning? |
| | Are you aware of what documents you can use to support the process, who to share it with and when to review? |
| | Are you confident to support the resident with the ACP process? |
| Mental Capacity Act (MCA) | What training you have had on Advance Care Planning? |
| | Are you aware of what documents you can use to support the process, who to share it with and when to review? |
| | Are you confident to support the resident with the ACP process? |
| Multidisciplinary working with the Primary Health | Do you know the roles, responsibilities and referral criteria for other health & social care professionals? |
| Care Team | How do you currently share information with external professionals? |
| | How confident are you liaising and communicating with all other professionals? |
| Significant event analysis (SEA) | Any training you may have had. Do you know what a SEA is? |
| | Can you support your team in analysing a significant event and support any actions needed? |
| | Do you feel confident in supporting the SEA process? |
| Care of the dying person | Any formal or experiential learning you may have had? |
| | Can you manage symptoms? Can you support the resident and their significant others? |
| | How confident are you in ensuring the resident has a good death? |
| End of Life Care Plan (or equivalent) | Any training you may have received? |

| | Your understanding and involvement with anticipatory prescribing systems? How confident are you to care for a resident who has an end of life care plan? |
|--|--|
| Reducing inappropriate hospital admissions | Do you know when it is inappropriate to admit a resident to hospital? How do you coordinate and minimise the residents' length of stay in hospital? How confident are you to prevent an inappropriate hospital admission? |
| Spiritual needs | Previous education & experiential learning? Do you understand the difference between spirituality & religion? Do you know who to refer on to if necessary? How do you meet cultural needs? How confident do you feel in recognising & managing spiritual distress |
| Dignity | Previous education and experiential learning. How do you consider the environment in which end of life care and support are delivered? How do you maintain dignity at all times? How confident are you in delivering dignity based care at all times? |
| Bereavement support | Previous education and experiential learning e.g. Grieving theories What information should be provided to relatives and carers about what to do after a death? Do you know what services are available to support relatives, other residents & staff post bereavement? How confident do you feel to support relatives post bereavement not just at the time of death? |
| Audit | Previous education and participation in audits. What is your understanding of the audit process? Have you ever been involved in an audit process? How confident are you in participating in audits and supporting the analysis and dissemination of findings? |