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 <u>after</u> 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?"*

	Yes	No
Does your care home have an End of Life Care policy/set of guidelines?	☐	☐

Section 3 *All of the measures in this section relate to the CQC's key question "Are they safe?"*

	Yes	No
Mental Capacity Assessment completed?	☐	☐
Best Interest Discussion took place?	☐	☐
DNAR-CPR completed?	☐	☐

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

	Yes	No
Anticipatory medicines considered?	☐	☐

Section 5 *All of the measures in this section relate to the CQC's key question "Are they caring?"*

	Yes	No
Conversations about End of Life Care decisions took place	☐	☐
Information given about approaching end of life?	☐	☐
Bereavement support offered	☐	☐

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

	Yes		No		
End of Life Care plan or similar completed?	☐		☐		
Advance Care Plan discussion documented?	☐		☐		
Resident on a Supportive Care Record?	☐		☐		
	Care Home	Hospice	Home	Hospital	Not Recorded
Resident's *preferred* place of death?	☐	☐	☐	☐	☐
	Care Home	Hospice	Home	Hospital	Ambulance
Resident's *actual* place of death?	☐	☐	☐	☐	☐

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?		
	Expected	Unexpected
Was the resident's death expected or unexpected?	☐	☐