



# Six Steps

Six Steps to Success in End of Life Care

## Knowledge, Skills and Confidence Audit

To be completed by all staff

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of care home: \_\_\_\_\_

Name of person completing the survey: \_\_\_\_\_

Role of person completing the survey: \_\_\_\_\_

This audit will allow you to self-assess your current level of knowledge, skills and confidence around the core end of life care topics which are covered in the Six Steps programme. Once completed return it to your Six Steps care home representative who will complete an educational needs analysis to identify the training needs required within the care home team.

Considering the following descriptors please assess your knowledge, skills and confidence in relation to each topic and place a tick along the scale:

- 0 This is **not applicable** to my role
- 1 This is within my role but I have **no** knowledge/skills/confidence in this area
- 2 This is within my role but I have **very little** knowledge/skills/confidence in this area
- 3 This is within my role and I have **some** knowledge/skills/confidence in this area
- 4 I have **a good level** of knowledge/skills/confidence in this area most of the time
- 5 I have a **high level** of knowledge/skills/confidence around this topic

### 1. Identifying residents in the last year of life

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

### 2. Holistic assessment

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

### 3. Communication skills

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

#### 4. End of life care discussions

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

#### 5. Advance Care Planning (ACP)

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

#### 6. Mental Capacity Act (MCA)

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- Relevant training? Do you understand the MCA in practice?
- Can you assess capacity, know who should be involved in the process and what a Best Interests Decision is?
- How confident are you applying the MCA to practice?

#### 7. Multidisciplinary working with the Primary Health Care Team

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- Do you know the roles, responsibilities and referral criteria for other health & social care professionals?
- How do you currently share information with external professionals?
- How confident are you liaising and communicating with all other professionals?

#### 8. Significant event analysis (SEA)

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

#### 9. Recognising dying

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- Any formal or experiential training you may have had.
- Can you recognise the changes that may occur in a resident's condition during the dying phase?
- How confident are you in recognising dying?

#### 10. Care of the dying person

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

### 11. End of Life Care Plan (or equivalent)

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

### 12. Reducing inappropriate hospital admissions

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

### 13. Spiritual needs

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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

### 14. Dignity

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

### 15. Bereavement support

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

### 16. Audit

	0	1	2	3	4	5
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider:

- 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?

**Thank you for completing this audit**

**Once completed return this audit to your Six Steps care home representative who will complete an educational needs analysis to identify the training needs required within the care home team**