Care home logo if required

**End of Life Statement for xxx care home**

**Aim of the Statement**

This statement aims to set out the values, principles and practices underpinning this home’s approach to the care of a person who is at the end of life and whose death may be imminent. The statement should be used with reference to other appropriate Policies and Procedures.

**Overall Statement**

To improve the quality of care for persons who are dying, and those who are significant to them, by providing quality individualised care that maintains dignity, supporting impeccable communications, ensuring management of pain and symptoms, and improving awareness of end of life care issues through education initiatives.

In line with NICE guidance, the statement will be identified under seven key principles:

* access to care is fair, personalised and coordinated
* the person has been enabled to express their preferences
* every person has an Individualised Care Plan for End of Life
* emergency admissions to hospital are avoided
* quality of life is maximised, and pain and other distressing symptoms controlled
* carers are informed and supported
* requirements relating to a person’s religion or ethnicity are fully respected

**Access to care is fair, personalised and coordinated**

End of life care will be available to all persons at the time they need it. The care will be personalised to the needs of the individual. The person will get the right help at the right time from the right people and will draw upon the resources both inside and outside of the care home.

**The person has been enabled to express their preferences**

The needs and preferences of each person, and the ways in which those are best met – whether through information, support, care or treatment – fluctuate throughout the course of their illness, and vary from person to person. A person’s personal beliefs, and faith, ethnic and cultural identity will all influence the choices they make. Some people will want to be in complete control of decisions and actions – others will not want, or be able, to take this on for themselves, but their interests must always remain at the centre of any decision or action.

**Every person has an Individualised Care Plan for End of Life**

Each person will have an individual care plan according to their needs. The plan will be discussed openly with the person and those identified as important to them. This plan will be reviewed on a daily basis. The plan will incorporate the five priorities for care for the dying person, which are:

**Recognise** - The possibility that a person may die within the coming days and hours is recognised and communicated clearly. Decisions about care are made in accordance with the person’s needs and wishes, and these are reviewed and revised regularly by doctors and nurses.

**Communication** - Sensitive communication takes place between staff and the person who is dying and those important to them.

**Involve** - The dying person, and those identified as important to them, are involved in decisions about treatment and care.

**Support** - The people important to the dying person are listened to and their needs are respected.

**Plan & do** - Care is tailored to the individual and delivered with compassion - with an individual care plan in place.

**Inappropriate admissions to hospital are avoided**

The need for emergency admissions are inherently complex and multi-faceted, yet when inappropriate can be a frightening experience for older people, especially those who are frail and vulnerable. Where possible, people will not be admitted inappropriately by the use of Advance Care Planning, recognition of the phase of illness a person is at, coordination with other services and training and support for staff.

**Quality of life is maximised, and pain and other distressing symptoms controlled**

Holistic pain and symptom relief as well as spiritual and psychosocial support, as part of end of life care will be provided to all people. Staff will be trained and supported to provide pain and symptom management.

**Families and carers are informed and supported**

People who are living with progressive, life-limiting conditions must be at the centre of any decision, plan or action for their care or treatment. The needs of families, carers and others who are important to them, will be included too, when the person wishes for this to happen.

**Requirements relating to a person’s religion or ethnicity are fully respected**

Universal care needs will be valued at the end of life, and these include the provision of comfort, appropriate communication, respect for spiritual beliefs, and the opportunity for the dying person to say goodbye. Open communication will aim to understand how each person’s belief system shapes their end of life care to form the basis of optimal care and specific rituals, and customs and spiritual and/or religious preferences met for each person.