

Where are we now? Mapping activity

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| **CIW key assessment themes** | **These link to the organisational audit so** **those criteria should be utilised** | **Step/s** | **Assessment re frequency /attributes** | **Gaps identified** |
| **Leadership and management** | Does the care home have an End of Life Care policy/ guidelines/ statement? | Step on1 |  |  |
|  | Regular Significant Event Analysis | 4 |  |  |
|  | Working within the wider MDT, including appropriate referrals? | 3 |  |  |
|  | Feedback mechanisms/processes are in place | 4 |  |  |
|  | There is a service improvement plan for EOLC | Step off |  |  |
| **Environment** | How is end of life care training provided?How many staff have received end of life care training within the last 12 months? | 4 |  |  |
|  | Is there a plan to consider anticipatory medicines prescribing? | 5 |  |  |
|  | Appropriate environment for end of life care | 5 |  |  |
| **Care and Support** | Do conversations about end of care take place?How are these documented? | 1,2,32 |  |  |
|  | Is information given about approaching end of life provided? | 2,3 |  |  |
|  | Is bereavement support offered? | 6 |  |  |
|  | Care after death, including physical, spiritual, social and psychological care for the deceased, relatives and other residents | 6 |  |  |
|  | Sensitive communications take place around all areas of end of life care | 1,3,5,6 |  |  |
|  | Support of relatives/relatives/friends during the final days of life  | 5 |  |  |
|  | Spiritual and religious needs are identified and met | 2,4,5 |  |  |
|  | There is a nominated end of life champion/lead | 3 |  |  |
| **Wellbeing** | Is an individualised plan for end of life care or similar completed? | 5 |  |  |
|  | Are Advance Care Plan discussions documented?What format do these take? | 1,2,32 |  |  |
|  | Does the care home have a Supportive Care Record in use?Does the care home liaise with GPs re GSF register or similar? | 13 |  |  |
|  | Are Mental Capacity Assessments completed? | 2,3 |  |  |
|  | Do Best Interest Discussions take place? | 2,3 |  |  |
|  | Are DNAR-CPR forms/decisions completed? | 2,3 |  |  |

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| **Other areas to consider** | **Step/s** | **Assessment re frequency** **/attributes** | **Gaps identified** |
| **Add any additional areas below** |  |  |  |
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*Once this mapping activity has been completed, the care home and the Six Steps facilitator will need to use the Action Plan form to address any gaps and plan for the Six Steps Programme*