****

**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 6 most recent individual’s deaths. This includes sudden deaths and individual who have died in hospital. The collation of this data must be obtained before the Step ONE workshop.

**Post Programme**

Please repeat the process using the 6 deaths that occur after Step SIX workshop.

**Section 1** *About your care home*

|  |  |
| --- | --- |
| Care Home Name |  |
| Number of staff employed in your care home |  |

**Section 2** *All of the measures in this section relate to the CIW’s key question “Leadership and management?”*

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

**Section 3** *All of the measures in this section relate to the CIW’s key question “Wellbeing?”*

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

**Section 4** *All of the measures in this section relate to the CIW’s key question “Environment?”*

|  |  |  |
| --- | --- | --- |
| Number of staff who have received End of Life Care training |  | |
| Anticipatory medicines considered? | Yes  □ | No  □ |

**Section 5** *All of the measures in this section relate to the CIW’s key question “Care and Support?”*

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

**Section 6** *All of the measures in this section relate to the CIW’s key question “Wellbeing?”*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| End of Life Care plan or similar completed? | Yes  □ | | | No  □ | | |
| Advance Care Plan discussion documented? | Yes  □ | | | No  □ | | |
| Individual on a Supportive Care Record? | Yes  □ | | | No  □ | | |
| Individual’s *preferred* place of death? | Care Home  □ | Hospice  □ | Home  □ | | Hospital  □ | Not Recorded  □ |
| Individual’s *actual* place of death? | Care Home  □ | Hospice  □ | Home  □ | | Hospital  □ | Ambulance  □ |

**Section 7** *Some further questions around the individual’s death and any time spent in hospital*

|  |  |  |
| --- | --- | --- |
| Number of emergency hospital admissions in the last 90 days of life? |  | |
| Was the individual’s death expected or unexpected? | Expected  □ | Unexpected  □ |

*Adapted with the kind permission of the Cheshire & Merseyside Clinical Network and the Greater Manchester, Lancs & South Cumbria Clinical Network 2020*