

Golden Years: Improving end of life care in Retirement Villages

With Gold Standards Framework (GSF) Programme - Findings from the first GSF Accredited RVs and reflections in the COVID crisis.



1	GSF MINI PIG Once you have identified your patients you need to code them, what would make you think that the patient was dying, deteriorating or unstable			
Stable (years)	Unstable (months-year)	Deterioration (weeks-months)	Dying (last days)	
Initial Diagnosis maintained of the same Condition	Weight loss	Fear of the future, anxiety / mental health changes	Not eating or drinking, signs of malnutrition and hydration significantly reduced	
Care plans in situ (if on care), Wellbeing assessments	Recurring hospital admissions or infections	Changes in appetite and weight loss Reduction in food and/or fluid intake	Change in appearance and skin colour - pallor	
Physically active	Reduction in capacity - physical and mental?	Frequent hospital or GP visits	Refusal of tasks being carried out, personal care etc, refusal of medication	
Maintaining own health needs	Increased health needs, changes in symptoms	More family visits and contact (if resident has family)	Breathing - shallow or fast breathing	
Has full mental capacity	Abnormal observations, abnormal blood results	Mobility reduces More falls / increased 'frailty'	Low urine output / signs of organ failure - heart, kidneys, liver	
Independent to perform tasks	Possible confusion - could be related to infections	Recurring infections such as UTI	Spff / loss of mobility lethargy	
	Anxiety, knowing something 'isn't right'	Not responding to medication / antibiotics for example	Agitation / hallucinations (aware of date, time, place - limited or no talking - unconsciousness)	
		Issues with skin integrity	Incontinent of urine / and or faeces	

The Gold Standards Framework (GSF) Proactive Identification Guidance Mini-PIG Updated 2018 GSF Centre www.goldstandardsframework.org.uk



Our Aim:

To create a shift in staff mind set allowing them to be able to encourage active living and at the same time promote discussions around end of life planning with residents. To be able to realistically offer residents the option of dying at home.



19 villages promoting independent & active living



4500 residents

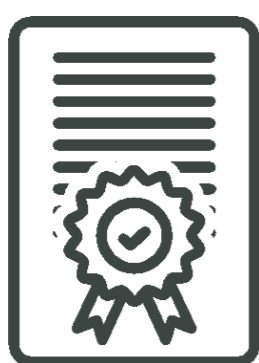


GSF being implemented in a RV setting for the first time

Our Method:

We put together three cohorts of key staff including Care Managers, Wellbeing Advisors, and Location Managers and trained them in GSF methodology. All training was then passed on to location colleagues.

All residents were encouraged to appoint a Power of Attorney and consider plans for later life. Colour coded care plans were created and built into our current care plans. Our GSF process such as the 'MINI PIG' was adapted to Retirement Villages and we held regular coding meetings. A plan was also made to reduce unnecessary hospital admissions.



18 Locations are now Accredited



GSF is now a part of normal working practice now at ExtraCare



ExtraCare End of Life Care package created for people wishing to die at home.



All residents have access to Information packs.



Increase in number of Resident appointed POA's and choosing to die at home

"One of our residents died peacefully at home with the support of GSF training. The family sent a wonderful thank you e-mail to us and even mentioned us on the order of service. Overall, we found just saying that we were an accredited site for GSF was like having a pass key, the District Nurses were great as were most GP surgeries, so very much a positive for the village."

Debbie Owen, Registered Care Manager, New Oscott Village