

<b>Title of Document</b>	End of Life Policy				
<b>Name of Department</b>	Quality				
<b>What type of document is this?</b>	Policy				
<b>Which Helping Hands POL/SOP/W.I does this document relate to?</b>			<b>Reference number of POL/SOP/W.I</b>		
<b>Which Operational Priority/Priorities does this document link to?</b>	Governance Framework	Superior Client Care	People, Performance & Culture		
<b>Custodian of document</b>	Group Managing Director		<b>Committee/Group responsible for this document</b>	Policy Committee	
<b>Approval date and committee chairperson signature</b>	02.07.2025		<b>When is its next scheduled review?</b>	02.07.2028	
<b>Who does it apply to?</b>	All staff working with Clients				
	<b>Does it apply to bank workers?</b>	Yes	<b>Does it apply to agency staff?</b>	Yes	<b>Does it apply to third party contractors?</b> No
<b>Purpose of the Policy</b>	This policy is to set out the values, principles and practices underpinning the Helping Hands approach to the care of our customers' who are approaching the end of their life and whose death may be imminent.				

## Summary of Key End of Life Policy Requirements

### ROLES AND RESPONSIBILITIES

Role	Responsibility
Managers and Directors	To ensure that the End of Life policy implemented
All Staff	To ensure that all staff read and understand the End of Life policy.

### 1.0 Definition

- 1.1 End of life indicates that a person is likely to die within the next 12 months although this isn't always possible to predict and includes people whose death is imminent i.e. within a few days or hours and those who have advanced, progressive incurable conditions.
- 1.2 Palliative care focuses on the person's symptoms such as pain relief and other symptoms that may be experienced in terminal illness. The aim is to provide comfort even when treatments aimed at cure are no longer possible.
- 1.3 Terminal illness is a disease or condition which can't be cured and is likely to lead to someone's death. It's sometimes called a life-limiting illness.
- 1.4 Advance Decision to Refuse Treatment (ADRT or Living Will): this is statement of a patient's wish to refuse medical treatment or care if they become unable to make or communicate decisions for themselves. They are called Advance Decisions in England and Wales, and Advance Directives in Scotland. If an ADRT is valid and applicable to the person's current circumstances, it must be respected.

### 2.0 Scope

- 2.1 Good end of life care enables people to live in as much comfort as possible until they die and to make choices about their care. It is about providing support that meets the needs of both the person who is dying, and the people close to them. This includes management of symptoms, as well as provision of psychological, social, spiritual and practical support. Care does not end at death but includes appropriate care of the customer immediately after death and support for any family and carers.
- 2.2 Helping Hands understands that customers want to live in their own homes, make their own decisions, and live their lives the way they want to. This includes making decisions about their daily lives and exercising choice over the way their care is delivered. Helping Hands will always recognise the right of the individual to be left alone and free from intrusion or public attention into their affairs. All customers will be treated with dignity and respect regardless of their circumstances and will be treated as unique individuals.

- 2.3 Helping Hands recognises that customers who have a terminal illness and who are in the last stages of that illness need total care, including emotional support and frequent attention.

### **3.0 Customer Assessment and Support Plan**

- 3.1 A collaborative approach to end-of-life care planning is crucial to ensure the best interests of the customer. Therefore, all customer support plans will be completed based on a detailed holistic care needs assessment and must include details from end-of-life support plans developed by healthcare professionals who are involved, such as the palliative care team / GP etc.
- 3.2 A copy of the customer's end of life support plan put in place by external healthcare professionals must be obtained and then integrated into the Helping Hands support plan on the customer's record. The support plan will include physical, psychological and emotional needs as well as spiritual and cultural needs. The support plan will also include spiritual and cultural needs that may be required after death.
- 3.3 Any changes to the customer's care needs which results in a change to the customer's condition will be reviewed and reassessed to ensure the needs of the customer are being met.
- 3.4 All customer support plans will be devised with the customer and representatives compiling information surrounding their choices and the support and care required to meet their needs and requirements. This includes contact details of support agencies during the daytime and out of hours and weekends etc, and first contacts such as family or friends.
- 3.5 All customer support plans will highlight any Advance Decisions or Advance Directives made by the customer and Helping Hands employees will work with our customers to plan care around these decisions.
- 3.6 All customers, and/or their representatives, will be involved in reviewing their support plan before their care commences and consent will be attained to ensure the details are to their agreement.

### **4.0 Working with Healthcare Professionals and other Support Agencies.**

- 4.1 Where healthcare professionals and other support agencies are involved in the customers care, Helping Hands employees will work with them to meet the needs of the customer.
- 4.2 When required Helping Hands employees will support customers with accessing healthcare and when required will contact healthcare professionals when the health needs of the customer changes or concerns arise.

## **5.0 Helping Hands Employees**

- 5.1 All Helping Hands employees will be sensitive and compassionate when discussing all aspects of the customers' care, whilst maintaining confidentiality and respecting the customers wishes, regarding who information should be communicated to.
- 5.2 All Helping Hands employees will ensure that both the customer's and family's needs are met as far as possible.
- 5.3 At all times Helping Hands employees will be made aware of the customer's condition and will ensure any changes to the customer's condition are communicated to those people involved in the customers care.
  - Changes to the customer's condition such as poor symptom control or pressure injury should be submitted on a 'customer notification form' (CNF). If the customer develops a pressure injury this must trigger a Braden score review and risk assessment must be put in place.
  - For customers who are having EOL care, it is important that pressure area care remains proactive, and advice and guidance is sought from the Community Nursing team or Hospice team.
- 5.4 Helping Hands employees will always maintain the customer's dignity and privacy, respect the customer's wishes and work in partnership with the customer, their family and healthcare professionals and other support agencies.
- 5.5 Helping Hands recognises that end of life care can be emotionally challenging for employees. Employees are encouraged to seek support from the Employee Assistance Programme which offers confidential counselling and advice for those in need.

## **6.0 DNACPR, ReSPECT and Advance Decision to Refuse Treatment (ADRT)**

- 6.1 DNACPR - 'Do not attempt cardiopulmonary resuscitation'
  - 6.1.1 DNACPR, also known as DNAR (do not attempt resuscitation) is not a legally binding document but serves as a guidance for health professionals and to respect the wishes of the individual.
  - 6.1.2 A DNACPR may be created and presented by the customer as a short term or a permanent document and therefore, a review date should be noted within the Support Plan (see 6.4.2)
- 6.2 ReSPECT - 'Recommended Summary Plan for Emergency Care and Treatment'
  - 6.2.1 ReSPECT form is not a legally binding document. It summarises recommendations for an individual's care in an emergency, based on

conversations with healthcare professionals, the individual, and their family. While not legally binding, it's designed to guide decision-making during emergencies when the individual cannot express their wishes.

- 6.3 ADRT – ‘Advance Decision to Refuse Treatment’
  - 6.3.1 An ADRT (sometimes known as a living will) is a legally binding document. It is a decision which an individual can make in advance to refuse a specific type of treatment at some time in the future.
- 6.4 If a customer has a DNACPR, ReSPECT, ADRT in place, a member of the branch team must first view the document(s) and verify that the decision is valid and is signed by a correct health care professional and reflects the current feelings and wishes of the customer.
  - 6.4.1 The Support Plan must then be updated to reflect that the relevant documents are in place (pre-set mandated question)
  - 6.4.2 Any pertinent details contained within the document(s) must be detailed within the Support Plan (details box provided within the Support Plan)
  - 6.4.3 The exact location of where the document(s) are kept must be detailed within the Support Plan (pre-set mandated question)
- 6.5 Where a customer has a DNACPR / ReSPECT form in place:
  - 6.5.1 All members of the team attending the customer need to be made aware the document(s) are in place for the customer
  - 6.5.2 All staff must fully understand that the DNACPR ONLY pertains to CPR whilst a ReSPECT form may include other forms of treatment
  - 6.5.3 Where a DNACPR form is in place or a ReSPECT form includes a DNACPR decision, during an incident that would usually require CPR, the care worker must:
    - 6.5.3.1 Avoid CPR as per decision
    - 6.5.3.2 Provide other forms of care that will enhance comfort and dignity
    - 6.5.3.3 Present documentation to emergency services / other healthcare professionals for clarity and compliance
- 6.6 Care workers need be vigilant of a DNACPR being put in place without consultation with the person or people close to them (representatives) and must raise concerns if this occurs.

- 6.7 Care workers should not be asked by hospital staff or a healthcare professional to 'consent' to a DNACPR. If the person lacks capacity, the best interest process must be followed.
- 6.8 Access to treatment must not discriminate and must be in relation to the person's individual circumstances

## TRAINING

<b>Is training required?</b>	Yes
<b>Details of training</b>	All staff who are supporting with EOL should complete the online module on Academy and attend the EOL training session with their Regional Clinical Lead.

## COMPLIANCE

<b>How is compliance with the POL going to be monitored</b>	This policy will be monitored by the Clinical team for compliance and adherence.
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## EQUALITY IMPACT ASSESSMENT AND PROCEDURAL INFORMATION

	Positive / Negative / N/A	Comments
Does the document have a positive or negative impact on one group of people over another on the basis of their:		
• age?	N/A	
• disability?	N/A	
• gender reassignment?	N/A	
• pregnancy and maternity (which includes breastfeeding)?	N/A	
• race (including nationality, ethnic or national origins or colour)?	N/A	
• marriage or civil partnership?	N/A	
• religion or belief?	N/A	
• sex?	N/A	
• sexual orientation?	N/A	
If you have identified any potential impact (including any positive impact which may result in more favourable treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable?	N/A	
If the impact on one of the above groups is likely to be negative:		
• Can the impact be avoided?	N/A	
• What alternatives are there to achieving the document's aim without the impact?	N/A	
• Can the impact be reduced by taking different action?	N/A	
• Is there an impact on staff, client or someone else's privacy?	N/A	<i>If yes, privacy impact assessment required</i>

What was the previous version number of this document?	Version 02	
Changes since previous version	Updated 3.1 and 3.2 to include integration of support plans created by external healthcare professionals New section 6.0 added 'DNACPR, ReSPECT and Advance Decision to Refuse Treatment (ADRT)'	
Who was involved in developing/reviewing /amending the POL?	Clinical Team Quality Development Lead Head of Quality	
How confidential is this document?	Public	Can be shared freely within and outside of Helping Hands

References	
Associated Documents	