



Domiciliary Care— a Cinderella Service

Improving end of life care provided by Domiciliary Home Care Teams in people's homes and boosting confidence and competence of staff



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GSF enables a systematic way to deliver the right care for the right people, in the right place, at the right time, every time.

Quality Improvement

Quality Assurance

Quality Recognition

Aim:

To Improve end of life care provided by Domiciliary Home Care Teams.

Background:

2011 GSF Domiciliary Care Phase 1 piloted in 3 areas
2012 GSF Domiciliary Care Phase 2 - 4 Care Agencies, 6 trainers and 38 carers

Methods:

- Train the trainers model
- Trainers Identify and deliver learning to 10—20 (band 1-4) carers each over 6 1 1/2 hour sessions
- Trainers attend 3 facilitated workshops
- Resources include Trainers guidance, DVD, Good Practice Guide and workbook folder
- Complete programme completed in 4-6 months
- Evaluation of carer, trainer and organisation before and after training
- Recognition of carer, trainer and organisation

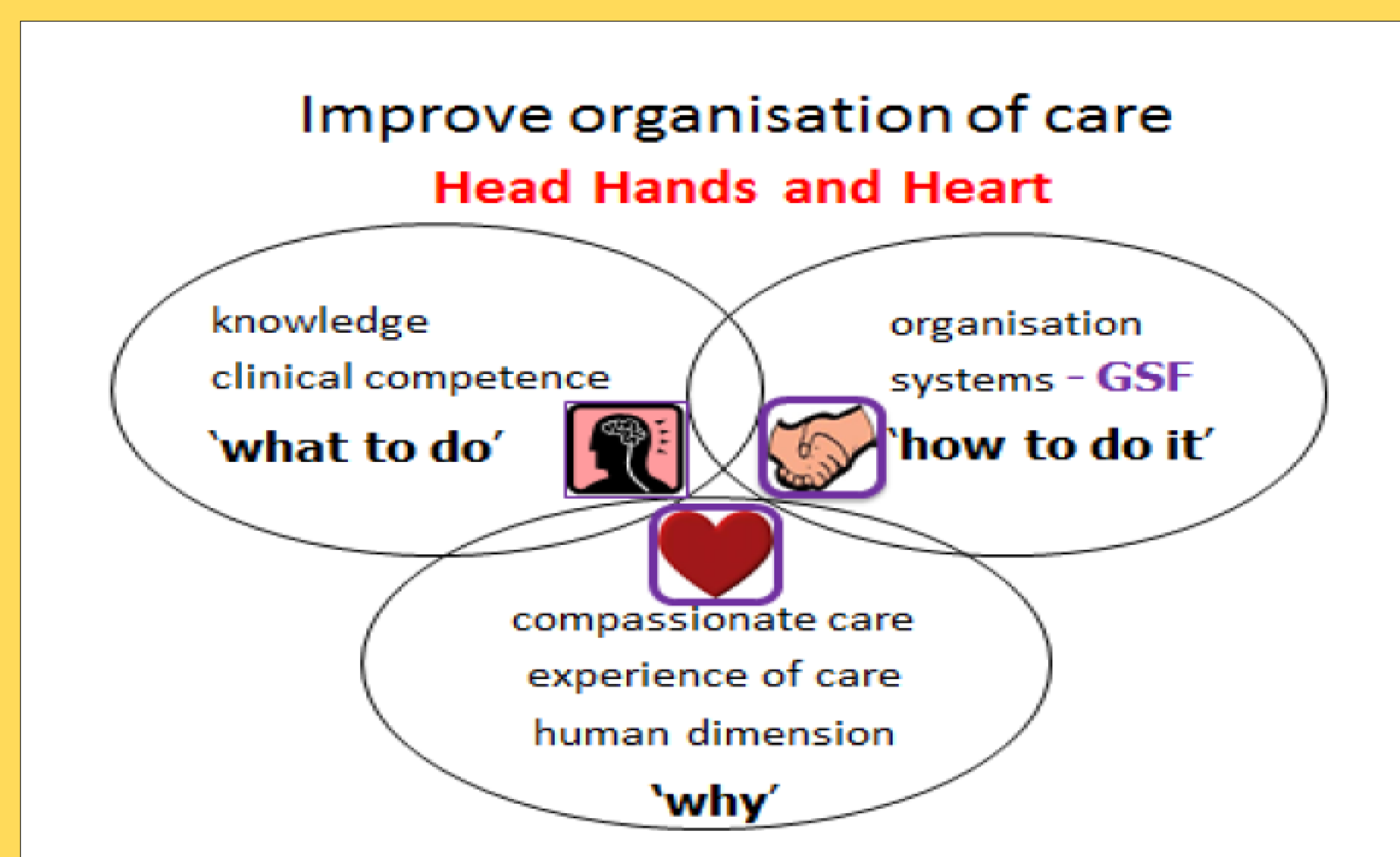
Evaluation:

- Before and after confidence assessment
- Before and after clinical knowledge assessment
- Case study
- Before and after organisational questionnaire

Key Messages

Use of the Gold Standards Framework Quality Improvement Programmes in a variety of different settings (home, care home, hospital etc) greatly increases the identification of people approaching the end of life and helps enable them to be cared for in their preferred place of care with the support that is required for this to happen

"District Nurses are now asking carers for information about service users, more so than previously"



Results:

- Improved communication and collaboration with primary care teams
- Increased use of advance care planning discussions
- Improved staff confidence
- Empowerment of staff to initiate assessments and difficult conversations

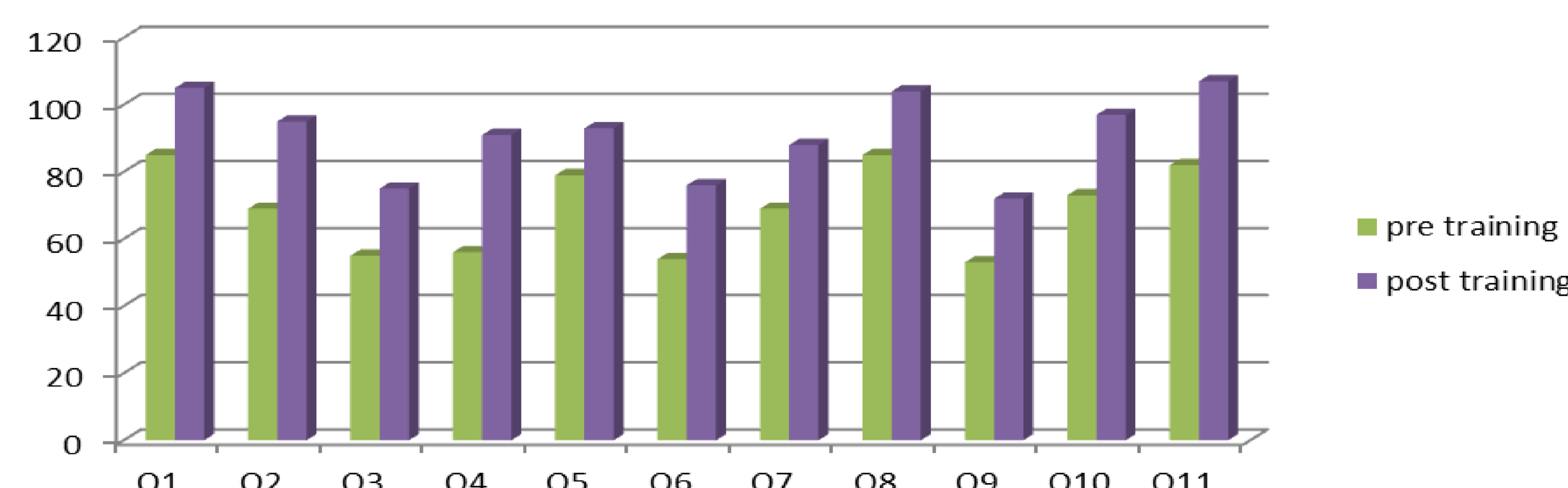
Discussion:

Use of training can increase staff knowledge, confidence, competence and organisation of care at end of life for domiciliary care workers. This can improve cross boundary communication with the wider multidisciplinary team, especially GPs and District Nurses and improve patient care.

Conclusion:

This work highlights the important role that domiciliary care workers have within the primary care team and what is often seen as a 'Cinderella service' allows carers to 'come out of the shadows'

GSF Domiciliary Care training programme phase 1 pre and post confidence evaluation



What difference does GSF make?

- **Quality** - Attitude awareness and approach
- Greater **confidence** and job satisfaction
- **Coordination/Collaboration** -structure, process and patterns
- Better **organisation** + consistency of standards,
- Better **communication** within and between teams,
- **Patient Outcomes**
- Reduced crises/ **hospital admissions** /length of stay
- More recorded **Advance care planning** discussions

Challenges in Domiciliary Care

Workforce

- Isolation of carers
- Young carers—lack of life experience
- High staff turnover
- Training needs
- Lack of confidence
- Feel undervalued—as part of the team

Continuity

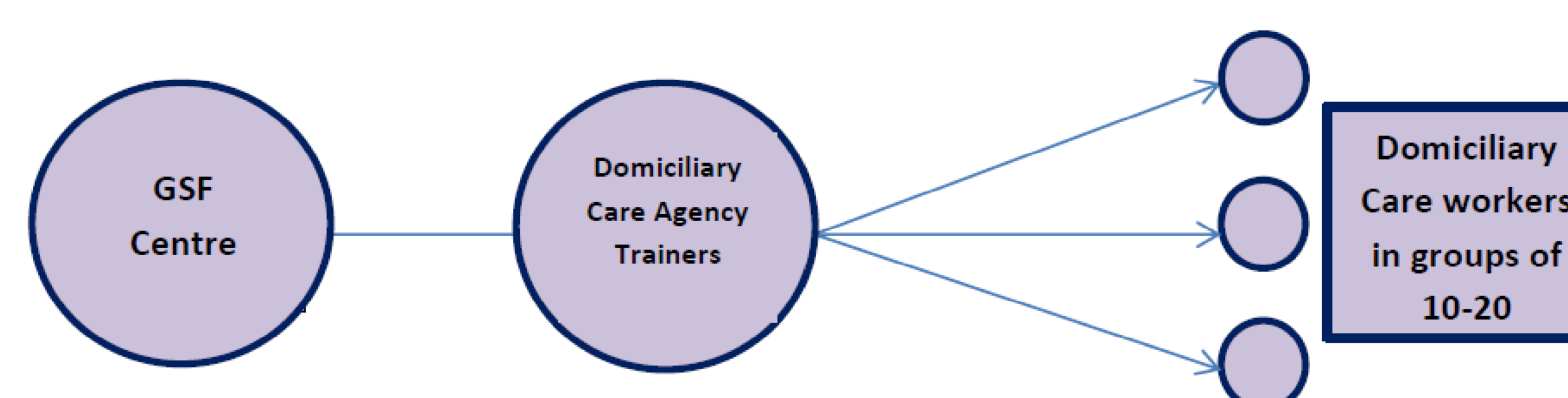
- Different staff visiting at different times
- Difficult to get information
- Different providers when condition changes

Communication

- Other professionals not including them in planning

Train the Trainers

Train the Trainers – cascade model



Primary Care



Care Homes



Acute Hospitals



Community Hospitals



Domiciliary care



Virtual Learning Zone



IT Solutions



Dementia Care

The National GSF Centre in End of Life Care

GSF Quality Improvement Programmes

for generalist frontline staff - enabling a gold standard of care for all people nearing the end of life.

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