A note from the CEO

Why the Urge?

Let down by "agonising" end-of-life Care(or the lack of it) The current state of UK Care

Mars Burke †, CEO
Florence Legacy LLP
† CEO@FlorenceLegacy.co.uk
www.FlorenceLegacy.co.uk

Article:
End-of-life Care in **Care Home**, **Nursing Home** and **Assisted Livings** is one of the most sensitive aspects of adult social care, demanding both skill and compassion. Recent findings suggest unacceptable variability in standards, leaving some families watching loved ones suffer unnecessarily. This article presents a detailed, firsthand account of these failings. At Florence, we are working hard to bring positive changes to all aspects of secondary care.

Staff shortages and inadequate training mean that end-of-life Care for elderly people in some UK Care/ Nursing Homes is often unacceptable, a leading expert (Sarah. Bloch-Bodzier) has warned in 2018 and unfortunately the conditions since then have worsened. Andrea Sutcliffe, chief inspector of adult social care at the Care Quality Commission (CQC) believes that every Home (Care/Nursing/Assisted) must be capable of supporting residents through their final days with dignity and pain relief.

Two true stories:
Relatives of two women who died in a central London Nursing Home run by (***Name has been removed to preserve anonymity***) say that, despite the Home advertising specialist palliative care, staff were inexperienced and unable to deliver timely relief to dying residents. "Nursing Homes are where we see the greatest struggles in adult social care, largely because of the difficulty in recruiting and retaining skilled nursing staff. It's not acceptable that we cannot support people at the end of their life in the way that we want to. Some places can do it, but it's not happening everywhere, and we need to get that sorted" Ms Sutcliffe commented.

Anne's story
In May 2017, 92-year-old (Anne. W) died in a Care Home near Kensington. Her daughter (Ingrid. P), had insisted on her being discharged from hospital so she could spend her final days in her own room but says the Home was not ready:
"It was clear that the Home didn't have anyone trained to use a syringe driver, and my mother's GP expected them to have that ability." A syringe driver is a small pump used to deliver continuous pain relief, an essential tool in palliative care. Mrs (Ingrid. P) recalls:

"None of the staff there, apart from one wonderful carer, recognised the signs of dying. I was frantically trying to get someone to administer the end-of-life drugs that would have eased her pain and fear. At one point the nurse asked me what I saw. I said I saw the most cruel thing; no one should ever have to die that way."

Barbara's story
Barbara W. aged 106, died in the same Home in December 2017. Her daughter (Lindy.E) says sedatives and painkillers had been supplied by her GP three months earlier, but staff delayed for hours before administering them:

"There was a wait of five-and-a-half hours. That doesn't sound long, but it's very long for someone in distress. The nurse was ringing the GP for dosage guidance because she didn't know the correct amount or method of delivery."
Mrs (Lindy.E) argues that nurses caring for the elderly should by law have extra palliative-care training.

Regulatory findings and responses
The home's August 2017 CQC inspection rated the service "requires improvement," specifically citing faults in end-of-life medicines administration and a lack of appropriate staff training.

CQC view:
"Every nursing home supporting older people, especially those with dementia, should be capable of end-of-life care. They must ensure they have enough trained staff who understand residents' needs." Andrea Sutcliffe, CQC chief inspector

Provider response (***Name has been removed to preserve anonymity***)
"We don't recognise that our team lacked confidence; all staff have since completed regular and additional palliative-care training, including syringe-driver use." – V.B, Director of Quality

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