



Thinking about Improving practice

No. 5: Dying with dignity

Home from home

Most of us express the wish to die at home, with opportunities for loved ones to be close at hand as the end draws near. This hope applies as much to older people living in care homes as it does for their contemporaries still living independently or with family members in the community.

Matters of life and death

Death is a common feature of life in homes for older people and at any one time there may be a number of people in the end of life phase and so staff should be as well prepared for handling this eventuality as they are for other aspects of daily life.

If these sensitive matters are not thought through then it is likely that residents will move out of the home to live for an indefinite period of time in a hospital ward. This is not good for the resident or their family and friends – including other residents with whom they may have developed strong bonds of friendship, perhaps over many years.

Clearly homes that provide nursing care will be considered more suited to supporting people through the final stages of life but that should not be allowed to influence you into believing that a residential care home cannot also provide adequate and sensitive care, by working in partnership with other services.

Good care plans include information collected at other less sensitive times that capture the resident's wishes on how their final days should be handled, whether or not they would prefer to remain at the home for as long as possible, and any limitations on seeing other residents or members of staff that they may stipulate.

Priority for action

There are many issues that will have to be considered, each of which will play a part in minimising the anguish for the individual and those left behind.

- Ensure that care plans contain as much detail as possible on matters as varied as religious rites, any 'pecking order' of friends and family to be contacted, and the use of pain relief

- Make time for the key worker, or another member of staff of whom the resident is especially fond, to be available without interruption
- Take stock of the range of services that could provide help for a dying resident, and develop contacts with key personnel
- Keep family members informed as frequently as necessary about the pace of change in the resident's condition, and any timescale that may be emerging
- Don't avoid talking about the situation with other residents and keep an eye out for other members of the staff team showing signs of stress or pressure
- When the end arrives don't hide it - other residents may well want to celebrate or commemorate the life that has ended
- Think about the instructions you will be giving to the undertaker to ensure that their approach fits the resident's plans and others expectations

Obstacles to making this happen

There may be problems in convincing either the resident's GP, or the PCT that will have to organise palliative care services that they should respect a resident's wish for a care home to be treated as their home.

Family members may also believe that the home cannot provide the specialist care needed, and may even want to override the resident's wishes. Be prepared for this, and share any relevant written agreements you have with both the resident and, for instance the palliative care team, or pain control nurse that will demonstrate that you have considered all the angles. An unhappy relative will transmit his or her feelings to others and cause disquiet at a difficult time. Their last experience of the home ought to be one that they can fondly treasure, rather than one of disappointment or even anger.

Think small, think personal – make a difference.

Contact us

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