

# End of life care

Support during the  
COVID-19 pandemic



During the COVID-19 pandemic, more than ever, people working in health and social care who may not be specialists in this area are finding themselves working with people who are dying, or whose condition is deteriorating rapidly. The work you're doing is exceptional, and we all appreciate your continued professionalism and quality of care during these challenging times.

The following information draws on examples from the '[Good and outstanding care guide](#)' and the updated '[End of life care - common core principles](#)'.

Supporting people at the end of their life is something providers of good and outstanding services see as a privilege. From adapting care to meet people's changing needs to effectively managing their comfort, the service will prioritise a dignified death that draws on expertise available from within and outside of the service. This resource summarises key points to note and includes useful links for further information.

## **End of life care – common core principles**

These principles remind us how to respond to providing excellent care to people approaching the end of their life. These are linked to examples and recommendations from good and outstanding providers below.

**Principle 1** A person-centred approach

**Principle 2** Clear communication

**Principle 3** Integrated working

**Principle 4** Good, clear and straightforward information

**Principle 5** Regular reviews

**Principle 6** The needs and rights of carers and families are recognised

**Principle 7** Employers provide appropriate learning and development

Recommendations from Good and Outstanding providers		Support resources
1	Ensure advance care plans, which record people's preferences when they near the end of their lives, are in place, well documented and regularly reviewed. These include adaptable activities suiting someone's changing needs and wishes.	<a href="#">NICE: Advance care planning guidance</a>
2	Where appropriate, involve the person's family, friends, power of attorney and advocates to discuss decisions about their end of life care.	<a href="#">Joint statement on advance care planning</a>
3	Ensure end of life care plans take into account the person's language, ability to communicate and mental capacity to ensure it is as accessible to the person who needs care and support (and/or their family/ advocates) as possible.	<a href="#">National Voices: Every Moment Counts (easy read end of life care guidance)</a>
4	Ensure end of life care plans take into account people's protected equality characteristics.	<a href="#">Department of Health &amp; Social Care: Responding to COVID-19 (ethical framework for adult social care)</a>
5	Where appropriate, ensure all staff, including managers and leaders, are trained in appropriate levels of end of life care and resilience. These skills are refreshed to reflect latest practice.	<a href="#">Skills for Care: End of life care (webpage)</a>  <a href="#">e-Learning for Healthcare: End of life care for all (e-ELCA programme)</a>  <a href="#">e-Learning for Healthcare: learning objectives (e-ELCA)</a>
6	Establish close links with end of life care professionals to ensure the support reflects good and best practice. If the organisation has implemented an end of life care programme, for example Six Steps or Gold Standards Framework, use an expert external organisation to review this.	<a href="#">The End of Life Partnership: Six Steps to Success (COVID-19 resources)</a>
7	As people approach the end of their life, regularly monitor people who need care and support and assist them with symptom and/or pain management.	<a href="#">The End of Life Partnership: Six Steps to Success (COVID-19 resources)</a>  <a href="#">NICE: COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community</a>

8	Ensure the service is appropriately staffed to ensure people at the end of life receive additional support and are not alone. This includes enabling visiting to occur as recommended in line with current guidelines and practice.	<a href="#">Skills for Care: Safe staffing guide</a>  <a href="#">Department of Health &amp; Social Care: Admission and Care of Residents during COVID-19 – Incident in a Care Home</a>
9	Ensure specialist equipment and medicines are readily available at short notice.	<a href="#">The End of Life Partnership: Six Steps to Success (COVID-19 resources)</a>  <a href="#">NICE: COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community</a>
10	Expand care during this difficult time to include support needed by family, friends and advocates of those at the end of their lives and following their passing.	<a href="#">Cruse Bereavement Care: Coronavirus (dealing with bereavement and grief)</a>
11	Provide opportunities for people nearing the end of their life to engage in adaptable activities that suit their changing needs and wishes.	<a href="#">The End of Life Partnership: Six Steps to Success (COVID-19 resources)</a>  <a href="#">The End of Life Partnership: Activities for older adults during COVID-19</a>
12	Provide opportunities for people’s religious beliefs and associated priorities to be respected and adhered to as part of their end of life care.	<a href="#">Public Health England: Faith at end of life</a>
13	Regularly review your end of life care approach as part of staff supervisions, team meetings and document what went well and plans for any areas of improvement.	<a href="#">Skills for Care: Understanding roles (working together to improve end of life care)</a>  <a href="#">Skills for Care: Effective supervision in adult social care (summary)</a>
14	After the person has passed, ensure the body is cared for in a dignified and culturally sensitive way.	<a href="#">Public Health England: guidance for care of the deceased with suspected or confirmed coronavirus (COVID-19)</a>
15	In addition to caring for the person at the end of their life, the provider also supports other people who need care and support, staff, family, friends and advocates to deal with the death of a loved one.	<a href="#">National Bereavement Alliance: Care after caring (supporting family carers facing and following bereavement)</a>  <a href="#">MIND: Coronavirus and your wellbeing</a>  <a href="#">Beyond Words: When someone dies from coronavirus (easy read)</a>

Practical examples from Good and Outstanding providers	Recommendation
<p><b>A)</b> Where people don't have capacity to make decisions, we involve family, advocates and carers in completing end of life plans to ensure that we never miss likes, dislikes and preferences.</p>	<p><b>2</b></p>
<p><b>B)</b> Where appropriate, the service ensures the care plan clearly documents religious beliefs and related actions needed associated with their end of life. For somebody who was not able to talk, this was documented in picture form to ensure they could review and approve their end of life care.</p>	<p><b>1, 4, 12, 14</b></p>
<p><b>C)</b> The service has established end of life care champions to support the development of others. Champions ensure that everyone in the organisation is involved and committed to delivering great end of life care.</p>	<p><b>5, 6, 8,11, 13</b></p>
<p><b>D)</b> The service had established a training facility on site offering a wide and comprehensive education and training programme including specialist palliative care delivery. The training and associated study days was open to staff, volunteers, external health and social care professionals and carers.</p> <p>The facility also included a library of books covering a wide range of palliative care topics, as well as research and education were available.</p>	<p><b>5, 13</b></p>
<p><b>E)</b> When the mother of a person who needed care and support passed away, the registered manager and staff worked tirelessly to support the individual through their grief and helped to arrange the funeral. The service also ensured that the person didn't withdraw from community engagement, something they were at risk of as a result of the trauma.</p>	<p><b>2, 6, 10, 15</b></p>
<p><b>F)</b> The homecare agency supported people to remain at home through illness and at the end of their lives. One person whose health had deteriorated quickly following a death of a family member was provided with emotional and spiritual support during their grieving process.</p> <p>The person was unable to attend the funeral, so the service arranged for one of their regular care workers to sit with them for the day to provide emotional support for them during this difficult time.</p>	<p><b>15</b></p>
<p><b>G)</b> The homecare agency liaised with district nurses for another person to arrange appropriate pain relief and equipment and ensured that the communication between the multi-disciplinary team was working well as it helped the service to provide good and effective end of life care.</p>	<p><b>7, 8, 9</b></p>

<p><b>H)</b> The home care provider was available on the on-call phone throughout the night to offer support to the family. During the person's final days, care workers put flowers in their room and pretty pillows around to make the person feel as comfortable and at ease as possible. It also gave comfort and re-assurance to the family that the person was cared for and listened and understood the family's feelings.</p>	<p><b>1, 2, 4, 8, 10, 15</b></p>
<p><b>I)</b> As part of providing emotional support for staff, Schwartz Centre Rounds had recently been introduced. These were a forum for staff from all backgrounds and levels of the organisation to come together once a month and explore the impact that their job had on their feelings and emotions. The aim was to offer staff a safe environment in which to share their stories and offer support to one another.</p>	<p><b>7, 9</b></p>

## Key resources

[Common core principles:](#)

[End of life care during the COVID-19 pandemic \(Skills for Care\)](#)



[End of life care webpage \(Skills for Care\)](#)



[Coronavirus Act 2020](#)



[Six Steps: COVID-19 resources](#)



[Clinical resources \(Hospice UK\)](#)



[CQC notifications](#)

