CAN CARE HOMES BE THE **HOSPICES OF THE FUTURE?**



Y AUTHORS

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Y BACKGROUND

In the past 10 years a gradual increase in the frailty, vulnerability and comorbidities of care home residents has been observed with an increased need for palliative care support, skills and expertise¹.

In 2022, most deaths of long-term care home residents registered in England occurred within their care homes (87.2%), compared with 12.5% that occurred in hospitals and 0.3% occurring elsewhere2.

Nightingale House, is a good example of collaborative work that led to 90% of the annual deaths happening within the service, with minimal input from the local hospice.

RESULTS

Between August 2023 to September 2024, there were 41 deaths identified, within a total of 141 residents.

Only 4 (10%) died in the hospital; 37 (90%) died in the care home. Of these, 100% had an advance care plan.

All the 4 Residents who died in the hospital had an advance care plan stating they would go to hospital for reversible causes, and their wishes were respected.



Y AIM

This case study aims to highlight some of the outcomes related to the provision of end of life care in a Care Home rated 'Outstanding' by the Care Quality Commission.



Y METHODS

The study used a retrospective cohort method that involved examining and interpreting our patient database regarding the records of residents who died between August 2023 to September 2024 in Nightingale House.

The following fields were analysed:

- 1. The recorded advance care plan
- 2. Whether preferred place of care/death was recorded
- 3. Recorded ceiling of treatment



DISCUSSION

Compared to national data, it can be observed that there were a higher percentage of care home deaths in Nightingale compared to national average.

Contributing factors include the systematic end of life education provided to team members on palliative care, the coding of prognosis, the competence with end of life medication, plus the multidisciplinary team within the home, which is unique. The care home (via its charitable foundation) funds a team of General Practitioners, Occupational Therapists, Physiotherapists, Advance Nurse Practitioner, Palliative Care Lead, Pharmacist, and Spiritual Care Lead who all work closely with residents, their families and care staff.

REFERENCES