

PALLIATIVE CARE POLICY

This policy will only apply where the Service User wishes to remain at home, at the 'end of life' stage.

Prior to end of life, Kemfa care will have carefully and sensitively agreed, with the Service User and other relevant persons, any particular wishes they have regarding the arrangements for their care. A Care Plan will have been agreed prior to the care commencing. This will be in accordance with the Mental Capacity Act 2005.

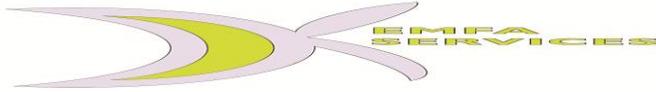
Our Health Care Assistants will be working with Service Users who are terminally ill; this may include illnesses such as heart disease, breathing disorders and cancer.

Being terminally ill is of course very difficult for both the Service User and their family, therefore it is imperative that a consistent routine is provided.

- The terminally ill person will always be allowed to remain at home except where medical advice intervenes.
- This time may also be difficult for Kemfa care Staff and therefore the Company will be 100% supportive to them.
- Palliative (End of Life) Training is essential for all Health Care Assistants.
- Kemfa care will work to maintain the dignity and well-being of all our Service Users. Health Care Staff will work alongside all other Health Care Professionals following closely their medical advice. This will ensure that care staff will provide the very best of care.
- Attitudes, moods, emotions and communication of terminally ill Service Users often change. Kemfa care Staff will be trained to recognize and deal with these changes, enabling a Service User and their family to feel more comfortable and supported.
- As a person's health deteriorates, Care Staff will use their experience and techniques learned in training, to provide the best of care. This may require patience and understanding and possibly extra care time to allow the person to receive the required level of support.
- Reviews will regularly be conducted by a qualified Supervisor due to health changes occurring, e.g., mobility issues requiring a 'double-up' call.
- Health Care Staff are made aware of other changes in a person's health, such as skin deterioration and weight loss due to lack of appetite. Pressure areas will require particular attention and staff will be trained to record, monitor and report these changes immediately to a Health Care Professional.
- Kemfa care Staff will do their best at all times to ensure that a terminally ill person is surrounded by a calm and peaceful environment.

PROCEDURES FOLLOWING THE DEATH OF A SERVICE USER WHO IS TERMINALLY ILL

1. In the unfortunate instance when a terminally ill Service User passes away, Care Staff must report to either the Care Manager or On-Call (out of office hours).



2. If there are no family members present, the District Nurses will be notified by either the office of the carer to enable them to contact a doctor who will then go out to pronounce the death.

UNDER NO CIRCUMSTANCES DO YOU RING 999 TO NOTIFY THE EMERGENCY SERVICES WHEN YOU HAVE BEEN CARING FOR THE TERMINALLY ILL. THE DISTRICT NURSES WHO HAVE BEEN INVOLVED IN THE CARE WILL NOTIFY THE NECESSARY PROFESSIONAL PERSON

3. Care Staff will be expected to remain in the Service User's home unless they have been asked to leave. However, if the carer feels uncomfortable, the company will be happy to replace you with another carer as soon as possible.

4. Either the office or On-Call will then cover the remainder of the carer's round.

5. All Health Care Staff will have the opportunity to have support and counselling if wished.

6. Health Care Staff may be required to wash and help prepare a person in readiness to be collected.

PLEASE NOTE:

A 'Do not resuscitate' or DNR sometimes called a 'No Code' is a legal order written either in a hospital or on a legal form to respect the wishes of a patient to NOT undergo CPR or advanced cardiac life support (ACLS) if their heart was to stop or they were to stop breathing.

The DNR request is usually made by the patient or health care power of attorney and allows the medical teams taking care of them to respect their wishes. A DNR does not affect any treatment other than that which would require intubation or CPR. Patients who are DNR can continue to get chemotherapy, antibiotics, dialysis or any other appropriate treatments.

If a Service User has a DNR in place, it would be found within the yellow District Nurse's file.

A copy may also be found in the Company's Service User Diary