Six Steps to Success:
The North West End of Life Care Programme
for Care Homes Evaluation

Executive Summary

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Brief Background to the Six Steps to Success Programme

There are about 403,000 older people residing in independent sector care homes in the UK. Gomes et al (2011) cite 2010 Office for National Statistics (ONS) figures showing that only 18% of deaths are in care homes and 21% are at home, this is despite 60-70% of people having a preference to die in their usual place of residence (DH 2008). Most deaths in England occur in hospitals (53%), with hospices accounting for around 5% of deaths. Inappropriate admissions to hospital from care homes at the end of life (EoL), identified within the End of Life Care (EoLC) Strategy (DH 2008), resulted in the call for education surrounding EoLC for care home staff. In response to this the Greater Manchester & Cheshire Cancer Network, the Merseyside & Cheshire Palliative and End of Life Care Network and the Cumbria & Lancashire EoLC Network, with endorsement from the National EoLC Programme, have developed the Six Steps to Success programme for care home staff. This organisational change programme is based upon the NHS EoLC Programme, The Route to Success in EoLC – Achieving Quality in Care Homes (2010). The application of the Six Steps programme in the North West has focused on the care home sector, where historically a good many residents have died in hospital as well as in the care homes themselves. The aim of the programme is to ensure all residents receive high quality EoLC provided by a care home that encompasses the philosophy of palliative care and that allows people to die where they choose. The outcome of enabling people to die where they choose is clearly one that care homes are aspiring to in order to follow policy, but more than this, it reflects the notion of ‘putting the patient first’, a key recommendation of the Francis Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013), and so ensure that residents in their care are more likely to experience a ‘good death’.

Residents dying following an emergency admission to hospital can also be distressing for staff, who may feel that they had not done enough to prevent the transfer; they can experience sadness and distress that residents died in unfamiliar surroundings (Shemmings, 1996). Of related concern from a policy perspective is the cost of emergency hospital admissions and care. There is likely to be less call on resources if emergency admissions from care homes can be prevented by skilling up care home staff to provide end-of-life care. Therefore there is clearly an economic case, in addition to a strong compassionate case, for developing models of optimal EoLC for care homes.

The Six Steps to Success programme is based upon a workshop format addressing the core phases of EoLC within a cycle involving six steps:

- Step 1: discussions as EoL approaches
- Step 2: assessment, care planning and review
- Step 3: co-ordination of care
- Step 4: delivery of high quality care
- Step 5: care in last days of life
- Step 6: care after death

In addition, the programme incorporates mandatory education updates that include training on: communication skills, Advance Care Planning (ACP) and Liverpool Care Pathway (LCP) for the dying patient. Care home staff are supported by an EoLC Facilitator from the local area who delivers the Six Steps to Success workshops and provides support and education to all staff.

Methodology

The overall broad aim of the study was to explore the impact of the Six Steps to Success programme via a mixed method evaluation.

Project Methodology and Design

The evaluation took place between September 2012 and March 2013 and was based in three network areas:

- Greater Manchester and Cheshire Cancer Network,
- Merseyside & Cheshire Palliative and End of Life Care Network
- Cumbria and Lancashire End of Life Care Network

The evaluation focused on Facilitators and care homes from cohort 1 who had successfully completed the Six Steps programme workshops by 1st November 2012.

The evaluation consisted of three phases;
Phase one: Examination of audit data
As part of the Six Steps to Success Programme the following data were routinely collected from care homes before (pre), during (ongoing) and after (post) the programme; Quality Markers and Measures Audit, Post Death Information Audit and Knowledge, Skills and Confidence (KSC) Audit. These data were analysed using simple descriptive statistical comparison to determine differences between pre and post programme scores. It should be noted that incomplete data sets were not included in the analyses.

Phase two: Six Steps Facilitators Evaluation
The aim of this phase was to explore the experiences of Facilitators of the programme through the use of electronic questionnaires and telephone interviews.

Phase three: Case studies with care homes that had completed the programme
To obtain a more detailed picture of the impact of the Six Steps programme six case studies were conducted. All homes that had completed the programme in cohort 1 were invited to take part in the case study by the network leads. The care homes included in the case studies were purposively selected from those who volunteered. For each of the selected homes qualitative digitally recorded interviews were held with the Facilitator, Clinical lead, the Champion and Clinical staff.

Results

Summary of data in relation to deaths
- The percentage of residents that died with an Advance Care Plan documented increased from 45% to 56% after the programme.
- The percentage of residents dying in their care home decreased by 2.4% after the programme.
- The percentage of residents who died in the place indicated as their Preferred Place of Death increased from 81.5% to 83.1%.
- The percentage of residents that had no unplanned admissions went down from 61% for pre programme to 47% for ongoing & post programme, and the average number of unplanned admissions per resident went up from 0.68 to 0.81;
- The percentage of residents that died with the Liverpool Care Pathway increased from 54.0% to 56.5% following the programme.

Summary of Quality Marker Data
There were clear improvements resulting from the programme, with 100% of care homes showing improvement for ‘Advance Care Planning and Communication’, 95.5% showing improvement for ‘Workforce’ and 95.5% showing improvement for ‘Monitoring’; slight worsening of some scores is noted.

Summary of KSC Audit Data
From the data it is apparent that around two-thirds of staff, who completed the audit and were included in the analyses, showed improvements in their Knowledge, Skills and Confidence for each of the 16 questions/topics. Greater improvements were noted for some questions/topics e.g. 92% improvement for Spirituality skills, 79% improvement for ACP Knowledge, 78% improvement for LCP Confidence.

Economic Evaluation
The costs data developed were based on an agreed model of a Six Steps programme, which utilised available data from across the networks. It is important to highlight that the different networks adopted different approaches to funding their Six Steps programmes.

Six Steps Programme – Essential Costs per Care Home: Relating to Number of Care Homes covered by Individual Programme

The economic data collected for this evaluation clearly shows that the cost associated with one care home completing the Six Steps programme is dependent on a number of local factors. The data
does indicate that costs can be spread more effectively by closely examining the number of care homes within each cohort of the programme, and the number of attendees at individual sessions, with higher numbers in each regard improving value-for-money. However, there is a need to be mindful of the caveat that the quality of the learning should not be compromised. In order to cover costs associated with the programme delivery, if a single Six Steps programme can save as few as two or three unplanned admissions per annum it effectively pays for itself on ‘essential costs’.

**Interviews and questionnaires**

Sixteen Facilitators completed the online survey (88.8% response rate), and nine (50%) volunteered to be interviewed.

**Model of delivery**

There were marked differences in the way in which the Facilitators chose to deliver the programme. The number of homes in cohorts varied widely between Facilitators from 3 to 35. Some had moved away from the suggested half day sessions and had delivered the programme over a full day which provided plenty of opportunity for group work, discussion and exchange of ideas, which they felt was beneficial. Some Facilitators delivered the programme from a central location. Others, in areas with a wider geographical spread of homes, chose to deliver the sessions from different homes or venues each time as they felt this gave participants chance to see other models of working. Facilitators using that model felt that staff benefitted from visiting the other homes. Sessions were generally delivered in monthly intervals with the programme mostly lasting between 7 and 12 months.

**Membership of Cohorts**

Cohorts consisted of mixed registered homes with nursing and residential homes. The mixed groups were felt to add a positive element as the discussion was varied and it was felt that homes learnt more from one another.

Staff who attended the programmes and were selected as ‘Champions’ were reported to be mainly senior care staff or managers with some junior care staff also attending. Facilitators felt that having a consistent Champion throughout the programme (from start to finish) was extremely important.

‘The care home Champion is a vital link between the Facilitator and the home, the more senior the Champion the better when cascading the learning’. (Facilitator questionnaire respondent 13)

Facilitators with capacity on their programmes opened up the sessions to allow care homes to invite any staff member who may be particularly interested in individual sessions.

**The Six Steps Programme Content**

The Facilitators felt that the documentation provided for them to deliver the Six Steps programme was comprehensive and self-explanatory. They reported the fact that although there was a great deal of time involved in preparing the materials for the first cohort, such as power point presentations activities and the gathering of support materials, once these were developed they could be utilised for subsequent cohorts with minimal preparation required.

Resources are now shared through the Facilitator forum which minimises the amount of time spent on preparation. It was noted that there was great flexibility in the programme design allowing Facilitators to deliver it how they felt was most appropriate for their particular cohort.

**Support Provided for Homes throughout the Programme**

The support provided for homes by the Facilitators was comprehensive and flexible and delivered according to individual care home need. It generally consisted of a one to one visit to each home between each step to provide support. All Facilitators also provided additional support and documentation via telephone and email throughout the programme along with personalised support to assist the care home in building their portfolio.

All Facilitators commented that using computer resources including the Internet was problematic. Access to computers and printers was generally restricted to care home management. This led to many Facilitators spending a considerable time providing paper based resources to staff in order to ensure they were gaining access to the necessary support material.

**Ensuring Commitment by the Care Homes**

Many Facilitators reported that it was extremely important, at the start of the programme, to provide a very clear outline of the
commitment required from care homes in order to complete the programme. This commitment was in terms of time allocated by managers for staff to complete the additional work required and a requirement of attendance at the face to face sessions. Many Facilitators said that although this was outlined at the beginning of cohort 1, by cohort 2 they appreciated they had to spend more time elaborating on this point and ensuring that care home managers knew the commitment that was required.

**Challenges to Care Homes Completing the Programme**

Facilitators reported that high sickness rates meant Champions could not always be released for training workshops as they were needed clinically; continuity was difficult too as some homes had changes of staff during the programme. Challenges were also faced by Facilitators when inappropriate staff were selected by the home to attend i.e. too junior to disseminate learning or implement change.

Facilitators reported that time was perhaps the biggest challenge to care homes completing the programme. Often staff were not given the time they were originally promised by managers, or they had underestimated the amount of work involved in the programme. Indeed, although Facilitators often acted in a mediator capacity with management in an attempt to negotiate time and access to electronic resources, staff often reported doing work for the programme in their own time or on their days off.

Computer access was also a challenge; this made communicating with staff very difficult as they often did not have sufficient access to such facilities.

**Cascading of Information**

Many staff found this aspect of the programme challenging. Facilitators reported that staff selected to be Champions did not necessarily have the skills or confidence to train other staff. Cascading of the information was often reported to have been done informally and by leaving documentation for staff to access independently. However, in some instances the cascading process worked very well and participants did feel empowered.

**EoL Policy**

Facilitators reported that staff struggled with the creation of an EoL policy and found the procedure challenging but worthwhile. The process was usually done by working through the individual steps and adding to a policy template.

**Advance Care Planning (ACP)**

Facilitators reported staff on the programme growing in confidence once they had implemented and experienced successes in their ACP conversations. Although this was a challenging area for staff to approach with residents many reported real success stories feeling that they had gained confidence from the ACP element of the programme.

‘The most positive factor for me is empowering the care home Champions to draw up ACPs that result in far better communication and enable residents and families to think about wishes and preferences and because these are documented everybody is aware and works towards fulfilling these requests’.

(Facilitator questionnaire respondent 4)

**Portfolio Creation**

Facilitators commented that the development of the portfolios was a challenging and very time consuming aspect of the programme. Portfolios were developed as each step was delivered giving care homes time after the course had finished to complete them;

‘This was challenging for homes as they often had never done anything like this before. They needed support to understand the breadth of evidence that could be submitted’. (Facilitator questionnaire respondent 6)

Portfolio guidance and continual support was given to care homes to ensure they understood what should be included.

The Facilitators felt it was very important to ensure that work was done on the portfolio in stages and they often offered time within the face to face sessions to support portfolio work. Some Facilitators found that it was useful to formatively assess the portfolios prior to the end of the course which provided an opportunity to highlight any problems and provide additional support where it was needed.
An additional benefit of the portfolio was noted as care homes that had been recently inspected by external Quality Assurance (QA) agencies such as Care Quality Commission (CQC) had reported the benefits of having a comprehensive portfolio to show inspectors.

Audit Data Collected by Care Homes

The Facilitators reported struggling to get audit information from staff and spent a lot of time chasing figures. However, they did comment that actually processing the figures themselves was beneficial as they could see where improvements were being made.

Benefits to the Home Completing the Programme

All Facilitators reported that the care home staff that had completed the Six Steps programme had experienced real benefits from the knowledge, skills and confidence they had acquired as a result. Homes felt that the personalised support they had working through the programme had helped them change practice;

‘One girl said the best thing for her was having someone to come in, help them to review what they’re doing and to change their practice because I think they felt it was quite hard to do that alone…’. (Facilitator interview respondent 1)

Facilitators reported there being a reduction in inappropriate EoL hospital admissions;

‘We can see, on the post-death audit information, more residents are dying in the care homes rather than being transferred to hospital’. (Facilitator interview respondent 1)

Indeed Facilitators reported that all homes felt that they had improved their practice as a result of being on the Six Steps programme and some health professionals had also acknowledged that there had been an improvement;

‘They all have reported in that they’ve improved what they do and we’ve had feedback from some external professionals cause we work with …. district nurse just saying that you know the homes were much more clued up on what was expected of them’. (Facilitator interview respondent 3)

In fact some care homes had really been able to improve communications with their GPs;

‘There’s another home who has really made brilliant links with their GPs and district nurses and… reported that the confidence that the GP has in them…’. (Facilitator interview respondent 4)

One of the major factors that seemed to have benefitted homes was that the staff had grown in confidence;

‘It’s built their confidence so much it was unbelievable from when they started, there was some that thought they knew it all and realised how much they didn’t know and recognise it and were quite happy to tell us that and they have learned a lot since then, they even feel confident enough to challenge GPs…’ (Facilitator interview respondent 5)

Facilitators all believe that the programme was having a positive impact on reducing hospital admissions at EoL, even if this was not necessarily reflected in the initial audit figures;

‘Anecdotally they’re feeding back as if it’s mainly having a positive impact, and like I say I don’t know the recent figures, but I know we were disappointed with the first lot of figures, but they would have been collected from maybe halfway through the programme, so at that point they probably hadn’t fully engaged with it and made the changes that they needed to make’. (Facilitator interview respondent 6)

Comments Received from Other External Professionals

Facilitators had minimal feedback from any external professionals about the impact of the Six Steps programme but the ones that had were reporting positives comments;

‘I’ve had a little bit of feedback from a couple of the specialist palliative care nurses in the community, so they’ve said they’ve seen a difference, they’ve had some people in care homes who’ve been very well supported at EoL, and families have been well supported, so it’s made their job a little easier I think… it’s great to see the impact and also with GPs saying that they can see a little bit of difference in, you know, EoLC and nurses actually saying, please don’t send this person to hospital keep them here’. (Facilitator interview respondent 1)
‘I attend GP palliative care meetings where they discuss patients on the EoLC register. On one occasion a GP was discussing his patient and stated that he had been to this wonderful care home in which the staff had all the paperwork ready for him to complete, had discussed PPC with the resident and the resident’s family, and were very knowledgeable about EoLC. I … was delighted to hear it was a care home that was on the Six Steps programme’. (Facilitator questionnaire respondent 12)

Post Programme Support and Sustainability

There was no set protocol of how support for completing care homes was going to be sustained. Facilitators reported differing levels of support for homes that had completed the programme, from losing contact with them to having good regular communication and the Facilitator regularly visiting the home to provide ongoing support. Most Facilitators had a plan of when they were going to contact homes again to offer further support and to check on their progress and on their updated paperwork/portfolio.

Some Facilitators had helped to set up care home forums to assist in sustaining the programme principles and to encourage peer support from other homes that had completed the programme. These forums were set up on an individual basis and the requirements for membership were different depending on area.

One of the major challenges to sustainability was felt to be staffing change and Facilitators felt that it was important to implement a mechanism that would support staffing changes and ensure that the Six Steps programme embedded values remained at the forefront of the minds of care home staff;

‘An induction programme for new starters across the cohorts could be developed in order to continue to embed and sustain the programme’. (Facilitator questionnaire respondent 8)

Facilitators felt that it was fundamental to provide ongoing support for the care homes and had concerns over how this would be managed if funding for the programme did not continue;

‘The process doesn’t stop once the education has finished- it’s the start of a big change and homes can require a lot of support through the process depending on their individual circumstances. Each home has its own challenges and these must be recognised and flexibility should be made available within the programme’. (Facilitator questionnaire respondent 3).

Facilitators Overall Impressions of the Programme

Facilitators were very positive about the ethos behind the programme and felt that it was making improvements to EoL support and care of residents and families; they felt that, anecdotally, they had evidence of reduced hospital admissions at EoL. They believed that the programme was well designed and comprehensive and that staff were benefitting personally from an increased knowledge and sense of confidence after completing the programme;

‘I think it’s an excellent programme, I think it’s really good and I think at last we are doing something for the care homes … it has been very positive for me, I’ve enjoyed it’. (Facilitator interview respondent 5)

‘The Six Steps programme has opened up the opportunity to access an excellent programme that empowers care homes to take responsibility for improving their residents EoLC by educating their staff themselves’. (Facilitator questionnaire respondent 5)

Summary of the 6 Case Studies’ Data

The care homes that were involved in the case studies were in the main very positive about the experience of attending the Six Steps programme and felt that it had raised the profile of EoLC within the home. There had been significant improvements in their practice as a direct result of attending the programme.

- Staff confidence had increased due to the acquisition of new knowledge and new processes, or receiving confirmation that their existing EoLC practice was correct.
- ACPs were taking place routinely with all residents/families; this had enhanced communication with residents and families.
- Communication had improved with Multi Disciplinary Teams. Care home staff reported feeling empowered to insist on the EoLC that they believed to be correct and now felt in a position to challenge decisions of other professionals where necessary.
- EoLC documentation had improved. Staff had created/implemented new forms of documentation which
enhanced communication with external professionals. Examples of their use were found within the portfolios.

- Internal communication regarding EoLC had also improved e.g. personal care file in each resident’s room.

However, it was also noted that;

- Cascading of Six Steps information was not done consistently and staff interviewed, who had not personally attended the programme, seemed unclear about the contents of the programme. This, at times, resulted in minimal/superficial understanding of changes that were being implemented as a result of the Six Steps programme.
- There was lack of guidance regarding the function of the portfolio and what it should contain, with some homes seeing it mainly as a repository for information/educational material from the workshops.
- There were differing levels of prior EoLC knowledge amongst homes starting the programme, and therefore some homes felt that they spent a lot of time recapping on existing knowledge.

Limitations of Evaluation

- Facilitators reported homes not completing the audit properly so caution is required over interpretation of the audit results.
- There were no set, definable calendar periods that described “before” and “after” with regards to the audit data and, due to timing issues, the amount of data that was available for “Post Programme” was limited, and geographically biased.
- This evaluation only covers cohort 1, lessons learnt from the implementation of the programme have been applied to subsequent cohorts potentially ironing out many of the difficulties experienced during the first cohort.
- In compliance with confidentiality requirements, Facilitators were initially approached to take part in the evaluation by the network leads. It is not known whether this may have had an impact on their willingness to participate.
- 30 care homes volunteered to take part in the case studies, from which 6 were purposively selected by the research team. It is not known how these may differ from the other homes that were not selected.

Although there are limitations to be noted when considering the interpretation of the findings, these centre, in particular, on the audit data where incomplete data sets were excluded. It should be recognised that this Northwest evaluation also employed qualitative elements that gathered substantial amounts of data reflecting the personal experiences of those who have delivered the programme as well as those who have undergone the training. These experiences have provided valuable insight into the positive impact of the Six Steps programme on EoLC within the care homes.

Recommendations

Audit data collection

- It is recommended that the data collection, entry and analytical tool spreadsheets are reviewed to ensure consistency of data collection.

Research/evaluation

- This evaluation only addressed the impact of the programme on cohort 1. There is a need for longitudinal evaluation in order to determine the long term impact of the Six Steps programme.
- The evaluation only obtained Facilitator and care home staff views on the implementation and effects of the Six Steps programme. It is important that residents’ and family members’ views are sought on the implementation of EoLC tools (e.g. ACP) within care homes.
- An observational study of the interaction between care home staff and residents regarding ACP discussions would provide valuable insight.

Programme

- It is recommended that clearer processes for cascading information within care homes are established to ensure that all staff are fully aware of the programme and its implementation. Additionally, the EoL Champion within the home needs to be a senior member of staff with the authority to introduce change.
- The purpose of the portfolio should be re-visited. In many cases it was used as a repository for educational materials

1 Portfolio guidance was developed for subsequent cohorts to rectify this issue
from the workshops which was not its intended purpose. There were comments from homes that it was difficult to get to grips with the portfolio which were echoed by the Facilitators. As this was the first cohort, it is possible there was some uncertainty amongst Facilitators also which should be lessened with subsequent cohorts, as Facilitator and care home guidance was subsequently developed. Facilitators should provide examples of ‘live’ portfolios for care homes.

- There is a need to establish an ‘educational’ materials file within care homes which should be housed within an easily accessible location (i.e. accessible by all staff).
- It is important that Facilitators have the necessary knowledge and skills to deliver the programme, especially in regard to ACP/MCA, to enable effective delivery of the programme within settings that care for people with dementia.
- For future programmes it may be worth identifying the care homes from which there are most unnecessary hospital admissions and prioritising them initially: this targeted approach could result in potential financial savings through reduced hospital admissions.
- The direct cost of each programme is not large, whether “Full Costs” or “Essential Costs” are considered. Nevertheless, all programmes should be made as cost-efficient as possible, and therefore it can be suggested that some cost savings could be made by exploring the method of delivery and attendance at the programme. No one model or approach was apparent; indeed a bespoke and individually tailored delivery could be seen. Whilst the flexibility for Facilitators to make local decisions to reflect local need makes obvious sense, the fact that in one locality the average maximum number of attendees for each of the six mainstream sessions was less than five suggests a need for the Networks to review the topic of coverage and attendance numbers, with a view to establishing clear recommendations/guidance for their Facilitators, so as to ensure an appropriate level of value for money (balanced with learning experience). This may involve setting some minimum (and perhaps) maximum values.

**Sustainability**

- Measures should be included to ensure that sustainability is embedded within the programme. Facilitators and delivering organisations should have a clear project plan prior to commencement of the programme to include sustainability, continued assessment against the programme outcomes and audit evaluation.
- There is a need for ongoing support and refresher training for care homes (to also take account of new staff) following completion of the programme. The development of short online training packages to be embedded within the Six Steps programme website should be investigated. Furthermore, these training packages could be credit-bearing to provide trainees with academic qualifications, as in the St Luke’s Hospice Plymouth Six Steps programme in conjunction with Skills for Care.

**Education**

- Comments received from both care home staff and Facilitators revealed a lack of understanding of the Six Steps programme amongst some health professionals with whom the care homes were in contact. There is a need for education programmes to enlighten these health professionals (e.g. GPs, DNs) about the Six Steps programme.

**Conclusion**

With an increasing aging population it can be expected that the number of people who move into residential care will continue to rise. For many people these care settings then become their home and therefore support to enable them to be cared for, and to die there if they so wish, should be promoted. Therefore there is a need to ensure care home staff have the necessary training and support to deliver effective EoLC.

This evaluation of the North West Six Steps to Success programme has shown that this flexible and adaptable model of training for care home staff, is starting to improve EoLC in care homes. The use of audit data complemented by additional qualitative data, including case studies from across the North West Region, has suggested an overall positive impact from the programme. Care home staff reported they felt the programme was helping them to use the EoLC tools more effectively, but importantly it had increased their personal confidence in having EoL care conversations. This will undoubtedly go some way to helping to promote choice and ensure the recommendations of the
Francis Report (2013) for the planning of compassionate and person centred care are met.

References