

Centre name:

Centre ID:

**Registered
provider:**

**Person in
charge:**

**Number of current
residents:**

Introduction

This self-assessment questionnaire is a resource to help people providing residential services for older people to prepare for inspection, to measure their performance against regulations and standards, and to identify ways in which they can improve their service. The questionnaire includes a series of detailed questions around the provision of end-of-life care to help providers assess their performance, to identify any gaps and to drive improvement. Section 11 facilitates an overall self-assessment of compliance and identification of actions, if any, to ensure compliance.

The Provider should complete and return this form to rst@higa.ie. The Health Information and Quality Authority will review the information prior to inspection.

Outcome 13: End-of-life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 13: End of Life Care

Standard 2.4 Each resident receives palliative care based on their assessed needs, which maintains and enhances their quality of life and respects their dignity.

Standard 2.5 Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.

Section 1: End-of-life Care Policy

- 1 Is there an end-of-life care policy in place? If your answer is 'No', skip to **Section 2**.
- ☐ Yes
- ☐ No

Does the policy cover the following:		Yes	No
2	A. Care of the dying resident and his/ her relatives prior to death?	<input type="checkbox"/>	<input type="checkbox"/>
	B. Care of the dying resident and his/ her relatives when death occurs ?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Care of the deceased resident and his/ her relatives immediately after his/her death?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Planning for funeral arrangements?	<input type="checkbox"/>	<input type="checkbox"/>
	E. Last offices?	<input type="checkbox"/>	<input type="checkbox"/>
	F. Removal of the deceased resident from his/her room or ward?	<input type="checkbox"/>	<input type="checkbox"/>
	G. Laying out of the deceased resident?	<input type="checkbox"/>	<input type="checkbox"/>
	H. Relatives' access to the mortuary?	<input type="checkbox"/>	<input type="checkbox"/>
	I. Release of the deceased resident from the mortuary?	<input type="checkbox"/>	<input type="checkbox"/>
	J. The deceased resident's belongings?	<input type="checkbox"/>	<input type="checkbox"/>
	K. Internal notification of funeral arrangements?	<input type="checkbox"/>	<input type="checkbox"/>
	L. Staff attendance at funeral/sending of sympathy card/ remembrance ceremony?	<input type="checkbox"/>	<input type="checkbox"/>
	M. Records of the deceased resident?	<input type="checkbox"/>	<input type="checkbox"/>
	N. Notification of the acute hospital (to ensure that no further correspondence goes to the home or family address)?	<input type="checkbox"/>	<input type="checkbox"/>
	O. Notification to HIQA of the unexpected death of a resident and the cause of death?	<input type="checkbox"/>	<input type="checkbox"/>
	P. Quarterly notification to HIQA of the death of any resident and the cause of death?	<input type="checkbox"/>	<input type="checkbox"/>

Does the policy cover the following aspects of bereavement support?		Yes	No
3	A. Family support	<input type="checkbox"/>	<input type="checkbox"/>
	B. Support of other residents	<input type="checkbox"/>	<input type="checkbox"/>
	C. Staff support	<input type="checkbox"/>	<input type="checkbox"/>
	D. Post-death audit and review meeting	<input type="checkbox"/>	<input type="checkbox"/>

4 In what year was the policy implemented/ signed off?

5 When was the policy last reviewed? Please select one option.

Never reviewed	Within 12 months	1 year – less than 2 years	2 years – less than 3 years	More than 3 years ago
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6	<p>Is there a system in place to ensure the policy is understood by clinical and non-clinical staff and implemented in practice?</p> <p>Please provide details.</p>	<input type="checkbox"/> <input type="checkbox"/>	Yes No																					
7	<p>Does the policy support residents' spiritual, ethnic, religious, social and cultural needs in so far as possible?</p>	<input type="checkbox"/> <input type="checkbox"/>	Yes No																					
8	<p>How well is the policy reflected in care practices that ensure residents receive end-of-life care that meets their individual needs and wishes? From the rating scale below, select a number between 0 (meaning <i>Not at all</i>) and 6 (meaning <i>Fully</i>).</p>																							
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 14.28%;"><i>Not at all</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;"><i>Fully</i></td> </tr> <tr style="background-color: #d3d3d3;"> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			<i>Not at all</i>						<i>Fully</i>	0	1	2	3	4	5	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Not at all</i>						<i>Fully</i>																		
0	1	2	3	4	5	6																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Section 2: Staff Development (Education and Training)																								
1	<p>How does the organisation identify training and guidance needs?</p> <p>Please provide details.</p>																							
2	<p>Have staff had training/education and guidance to support them to provide end-of-life care as appropriate to their role?</p> <p>If 'No', skip to Section 3. If 'Yes', complete the panel on the next page.</p>	<input type="checkbox"/> <input type="checkbox"/>	Yes No																					

Please provide details of staff training to support them to provide end-of-life care as appropriate to their role.

	Type/name of training	Date training provided	Who provided the training?	What were the key topics covered?	How many staff attended the training?			
					NURSES	CARE SUPPORT STAFF	HOUSEHOLD STAFF	OTHER
A								
B								
C								
D								
Please provide any additional information on the training.								

Section 3: End-of-life Care Plan (EOLC Plan)

– A written plan to meet the assessed needs of the person

1	Do all residents have an EOLC plan?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
2	Is each resident given the opportunity to discuss his/her EOLC needs and preferences in a timely manner?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
3	At what point are the residents' EOLC needs and preferences assessed?		
4	Who assesses the residents' EOLC needs and preferences?		
5	How frequently are the residents' EOLC needs and preferences reviewed?		
6	Who conducts the EOLC needs and preferences review in Question 5 above?		
7	Is there a system in place for residents to express their wishes with regard to EOLC to any member of staff, clinical or non-clinical, and for this to be recorded and reflected in their EOLC plan? Please provide details.		
8	How are these medical interventions explained and described?		

9	If a resident makes an informed decision to take a risk or to refuse an intervention which has been recommended by health and social care staff, is the resident's preference documented and respected?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
10	Is the resident made aware of his/ her right to refuse future medical interventions?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
11	Are regular meetings held with the resident's family regarding the resident's EOLC plan?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
12	Please provide details including how often the meetings are held? What are the trigger points for holding the meetings?		
13	How often are EOLC plans formally reviewed?		
14	Is the care plan made available to the resident and with the consent of the resident or when the person in charge deems it appropriate made available to his/her family?		
Section 4: Specialist Care			
1	Is there a system in place to access specialist palliative services as appropriate?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
2	If 'No' to Question 1, why is there no system in place to access specialist palliative care services?		
If 'No', having answered why there is no system in place then skip to Section 5 .			

3	If 'Yes' to Question 1, please answer the following questions in relation to the service.		Yes	No
	A.	Is the service consultant led?	<input type="checkbox"/>	<input type="checkbox"/>
	B.	Does the service provide advice over the phone?	<input type="checkbox"/>	<input type="checkbox"/>
	C.	Does the service visit residents?	<input type="checkbox"/>	<input type="checkbox"/>
	D.	Is the service available to residents with conditions other than cancer?	<input type="checkbox"/>	<input type="checkbox"/>
	E.	Has the centre access to general medical out-of-hours services?	<input type="checkbox"/>	<input type="checkbox"/>
	F.	Has the centre access to specialist out-of-hours services?	<input type="checkbox"/>	<input type="checkbox"/>
	G.	Is there a transfer system between out-of-hours care and the GP?	<input type="checkbox"/>	<input type="checkbox"/>
Section 5: Hospital Referrals				
1	How many residents were transferred to hospital in the past two years?		<input type="text"/>	
2	Please provide a breakdown of the main reason for the transfer to hospital for all residents included in Question 1.	Main reason for transfer	No of residents	
		Fall or injury	<input type="text"/>	
		Nausea and vomiting	<input type="text"/>	
		Feeding tube problems	<input type="text"/>	
		Respiratory infection	<input type="text"/>	
		Urinary tract infection	<input type="text"/>	
		End-of-life care	<input type="text"/>	
		Collapse	<input type="text"/>	
		Other, specify here:	<input type="text"/>	
		Total residents		<input type="text"/>
3	Is there a transition document to support continuity of care between the designated centre and the acute hospital, another care facility, or home to the community?		<input type="checkbox"/>	Yes
			<input type="checkbox"/>	No
Section 6: Place of Death				
1	How many residents died in the last two years?		<input type="text"/>	

2	Please provide a breakdown of the place of death for each of the residents included in Question 1.	Place of death	No. of residents
		Designated centre	
		Acute hospital	
		Hospice	
		At home in the community	
		Other, specify here:	
		Total residents	

3	How many of the deaths identified in Question 1 were deemed by the provider to be a sudden death?	
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4	Identify any measures, interventions or facilities in place to support end-of-life care so that the resident is not unnecessarily transferred to an acute setting except for specific medical reasons or in accordance with his/her wishes.

Section 7: Facilities		
1	Do residents have a choice as to their place of death, including the option of returning home as appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do residents have access to a single room in the designated centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please provide details.	
3	Are family/ friends facilitated to be with the resident when they are dying (if in line with the resident's wishes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Which of the following are available to the relatives and friends of residents who are dying?		Yes	No
4	A. Refreshment facilities available 24/7.	<input type="checkbox"/>	<input type="checkbox"/>
	B. Overnight facilities in the designated centre.	<input type="checkbox"/>	<input type="checkbox"/>
	C. Open visiting hours.	<input type="checkbox"/>	<input type="checkbox"/>
	D. Other arrangements, please specify	<input type="checkbox"/>	<input type="checkbox"/>
Section 8: Following a Death			
1	Is there a written procedure for staff to follow after the death of a resident in relation to the pronouncement/verification and notification of death?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
2	Is a deceased resident's body treated with respect and dignity?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
3	Is a deceased resident's body treated in accordance with the resident's spiritual, cultural and religious beliefs?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
4	Is there a written procedure on the practical care of the body after death?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
5	Is there a private facility/room where family/friends and other residents can pay respects in an atmosphere of peace and calm?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
6	Are bereaved family members offered information on how to access bereavement care/support?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
7	If 'Yes' to Question 6, how is the information on how to access bereavement care/support provided?	Yes	No
	A. Verbally	<input type="checkbox"/>	<input type="checkbox"/>
	B. In writing	<input type="checkbox"/>	<input type="checkbox"/>
8	Are bereaved family members offered information on how to register the death?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
9	If 'Yes' to Question 8, how is the information on how to register the death provided?	Yes	No
	A. Verbally	<input type="checkbox"/>	<input type="checkbox"/>
	B. In writing	<input type="checkbox"/>	<input type="checkbox"/>

Are there procedures for staff to follow after the death of a resident in relation to the verification and certification of death?

☐

Yes

☐

No

10 If 'Yes' please outline the procedures.

How soon after the person's death is the final bill issued?

11

12

Is a letter/card acknowledging the death of the resident sent to the deceased resident's family?

☐

Yes

☐

No

Section 9: Personal Effects

Are procedures in place for the return of a resident's personal possessions?

☐

Yes

☐

No

1

Please provide details. Include details of bags used for the handover of personal possessions, relevant time frames and deadlines.

2

Is the return of personal effects formally documented?

☐

Yes

☐

No

Section 10: Other Residents

Following the death of a resident, how are the following groups of people informed of the death?

1

A. The deceased resident's family

B. Other residents

C. Staff

Following the death of a resident, is support provided to the following?

Yes

No

2

A. The deceased resident's family

☐
☐

B. Other residents

☐
☐

C. Staff

☐
☐

Please provide details of the support provided to other residents, staff and the deceased resident's family.

3

4

Where other residents would like to have a remembrance event for a deceased resident, is this facilitated?

☐

Yes

☐

No

Section 11: Overall self-assessment of compliance with Regulation 13: End of Life Care and Standard 16: End of Life Care.

Please tick box that best represents the level of compliance of your service.

Resident's outcome

Each resident receives care at the end of his/her life which meets his/her physical, emotional, psychological, social and spiritual needs and respects his/her dignity and autonomy.

Compliance demonstrated

☐

There are written operational policies and protocols in place for end-of-life care which staff are familiar with.

Care practices, plans and facilities are in place so that residents receive end-of-life care in a way that meets their individual needs and wishes and respects their dignity and autonomy.

All religious and cultural practices are facilitated.

Family and friends are facilitated to be with the resident when they are dying.

Where possible, residents have a choice as to the place of death.

There is access to specialist palliative care services, when appropriate.

Respect is shown for the remains of a deceased resident.

Arrangements for the removal of remains occur in consultation with deceased resident's family.

Minor non-compliance

☐

While there are policies, procedures and practices in place, some gaps are evident in the maintenance of the documentation and care provided.
Care plans do not fully direct the care to be delivered.

Moderate non-compliance



There is an end-of-life care policy but staff are not sufficiently knowledgeable about it.
Processes are in place but they are not always adhered to by staff.
There are no arrangements in place for eliciting residents' end-of-life preferences.
Spiritual, religious and cultural practices are not facilitated.

Major non-compliance



There is no end-of-life care policy.
The care provided at the end of life does not meet the residents' assessed needs and does not take into account their expressed wishes.
Families are not facilitated to be with the resident when he/she is dying.
There is no access to specialist palliative care services, when appropriate.

Please outline specific, measureable, realistic and time-bound actions to ensure compliance with Regulation 13 and Standard 16: End of Life Care

This self-assessment form was completed by

Name:

Date:

Role:

Contact: