



Updates from the GSF Team

Interview with 5th time Accredited Warwickshire Care Home, Galanos House



How have you maintained the standards of GSF within your service for the last 12 years?

GSF has just become a way of life here at Galanos House. From quite early on the staff could see the huge benefits of using the principles of GSF to support our end of life care. Some 14 years later it is truly embedded as part of our care.

What do you see as being the main benefits to your residents? And your care that you provide?

New staff are taught about GSF during their induction and then are shown it in action, once they start to work alongside the residents and their families. The principles of GSF can be seen role modelled throughout the home by staff from every department. We want to work in a way that is proactive, by thinking and planning ahead. Since we began the journey with GSF in 2008, not one resident has been sent to hospital for end of life care. We have wonderful GP support and work together to ensure that every resident has an advanced care plan/respect form. The staff have become confident in having those 'difficult conversations'. Residents are supported to think about their wishes and to discuss them with their loved ones. Having these conversations early on means that then the residents can concentrate on living and having fun, knowing that they have discussed options and are reassured that we will respect their final wishes.

How do you plan to sustain and maintain this for a further 3 years?

The nursing staff are all competent in managing symptoms during the final stages of life and are skilled at explaining to residents and families what to expect, so generally there are no surprises. Death is part of life and we do not hide it. We support residents to say their goodbyes to friends, sometimes sitting with them to read or share memories. Being part of the Royal British Legion we use

Remembrance time to reflect and remember those we have loved and lost. Staff and residents join families to share memories and celebrate lives.



How as a home have you benefited from GSF being part of your practice? Did it improve upon your CQC rating for example?

As a recognised quality standard we are proud of our GSF accreditation and are sure that it has supported us to achieve our last 2 Outstanding CQC ratings. The underlying principles of GSF, communication, compassion, planning ahead, resident wishes, living well and reflection are all themes that run through the care we offer every day. We are always proud to share our work and to support others to implement GSF.

GSF Training & Accreditation Dates

Upcoming Training

Care Homes Training & Accreditation Programme: Thursday 7th April 2022

Domiciliary Care Training & Accreditation Programme: Tuesday 19th April 2022

Hospitals Training & Accreditation Programme: Wednesday 20th April 2022

Retirement Villages Training & Accreditation Programme: Thursday 21st April 2022

Upcoming FREE Accreditation/Re-Accreditation Refresher Sessions:

Care Homes: Wednesday 13th July 2022

Domiciliary Care: Tuesday 12th July 2022

Hospitals: Tuesday 19th July 2022

Retirement Villages: Wednesday 20th July 2022

Accreditation / Re-Accreditation Timeline

Invitations sent out: 10th January 2022

Registration deadline: 25th February 2022

E-Portfolio Submission Deadline: 22nd April 2022

If you haven't registered yet, but would like to, please send your registration form to accreditation@gsfcentre.co.uk.

As you will have been informed by Sue when we invited you for re-accreditation, our Accreditation cycle is now going to be held on an annual basis. For more information, please contact the team by emailing info@gsfcentre.co.uk.

GSF Frailty and End of Life Care

What is frailty and why is it important for end-of-life care?

Frailty is a clinical syndrome related to the ageing process in which multiple body systems gradually lose their in-built reserves. It is a long-term condition. Older people living with frailty are at risk of adverse outcomes such as dramatic changes in their physical and mental wellbeing after an apparently minor event, such as an infection or new medication. Around 10 per cent of people aged over 65 years have frailty, rising to between a quarter and a half of those aged over 85. The strongest risk factor of frailty is age, but other risk factors include being female, low mood and other long-term conditions such as diabetes. Frailty can be thought about across a spectrum of mild, moderate or severe frailty. Identifying frailty is important and using frailty assessment tools alongside multidisciplinary team conversations with the person and their loved ones, is useful. One such tool is the Clinical Frailty Scale.

Clinical Frailty Scale-if the person is acutely unwell score how they were 2 weeks ago

CLINICAL FRAILTY SCALE	
	1 VERY FIT People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	2 FIT People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. occasionally.
	3 MANAGING WELL People whose medical problems are well controlled, even if occasionally symptomatic, but often are not regularly active beyond routine walking.
	4 LIVING WITH MILD TO VERY MILD FRAILTY Previously "robust," this category marks early transition from complete independence. While not dependent on others for daily help, often experience some activities. A common complaint is being "slowed up" and/or being tired during the day.
	5 LIVING WITH MODERATE TO SEVERE FRAILTY People who often have more evident slowing, and need help with high order instrumental activities of daily living (shopping, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.
	6 LIVING WITH MODERATE FRAILTY People who need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need maximal assistance (using, standing) with dressing.
	7 LIVING WITH SEVERE FRAILTY Completely dependent for personal care, those who lose consciousness (e.g. cognitively). Even so, they seem stable and not at high risk of dying (within 6 months).
	8 LIVING WITH VERY SEVERE FRAILTY Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.
	9 TERMINALLY ILL Approaching the end of life. This category applies to people with a life expectancy of months, who are not otherwise living with severe frailty. (Many terminally ill people can still exercise until very close to death.)

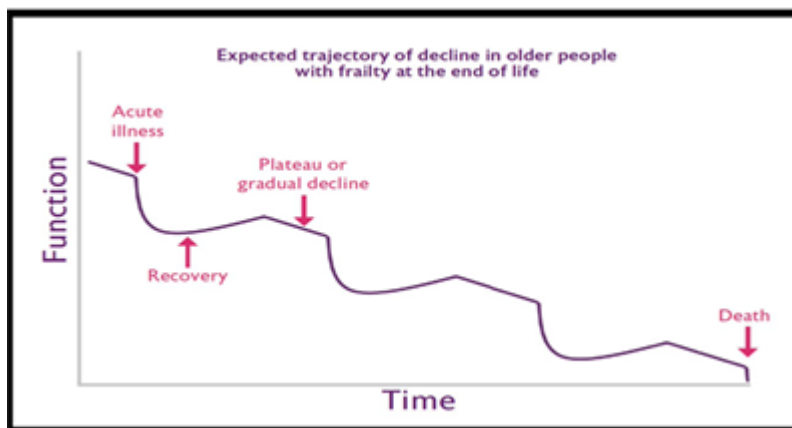
SCORING FRAILTY IN PEOPLE WITH DEMENTIA	
The degree of frailty generally corresponds to the degree of dementia. Extreme symptoms of mild dementia include forgetting the details of a recent event, though still remembering the event itself, requiring the care carers/visitors and social withdrawal.	In moderate dementia, social capacity is very limited, even though they continue to careen between their old and new world. They can do personal care with prompting, in severe dementia, they cannot do personal care without help. In very severe dementia they are often bedfast. They are already frail.

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Why is frailty important for end-of-life care?

People with severe frailty are five times more likely to die in a year than those who are not frail. However, this is not always recognised. Dying with frailty is often a progressive decline or prolonged dwindling over several months or years, where there may be episodes of acute illness- each of which may be a terminal event.



This means that using 'time until death' as the sole indicator of end of life need is unhelpful and we need to think about the quality of life for people with advancing frailty as well as the last few days of their life. People with frailty are projected to be one of the largest users in end of life care (Bone et al 2018) and deaths at home and in care homes are set to double by 2040, so a shift in clinical focus and practice to meet these challenges is required now.

Living and Dying Well with Frailty: The PALLUP Study



The PALLUP Study will help community services to meet the needs of older people living with advancing frailty who are in their final years of life, and their families. We have interviewed older people with advancing frailty and their families and has identified a wide range of common end of life needs. They told us that whilst acute physical needs were responded to, important on going needs, e.g., having meaning and purpose in life, physical rehabilitation, and managing long-term conditions were harder to address.

What does this mean for me?

The aims of the PALLUP study are strongly aligned with the work of the GSF, to upstream palliative care to the frontline of care delivery so that it can be given across settings to all people who need it, when they need it.

Palliative care is everybody's business, which is reflected in the GSF programme, and now for the first-time frailty is being firmly incorporated into this programme. The film showing older people with advancing frailty talking about their own needs and what matters most to them is now available on the GSF platform. Frailty will also feature in GSF's evaluation metrics for an updated curriculum to ensure that frailty as an important consideration at end of life becomes more recognised in clinical practice.

Dying Matters Awareness Week

From 2 - 6 May 2022, communities across the country will come together to talk about death, dying and bereavement. You can read more about it here: [Dying Matters Awareness Week](#)



Action for Happiness Calendar Link

The Action for Happiness monthly calendars are one of the tools we have introduced as a team and more widely used in our training. Reflecting on the note of the day offers reflective practice, stimulates new thoughts or new ways of working and ultimately makes us smile. You can view the latest calendar here: www.actionforhappiness.org/february

Your Success Stories

As always, we are keen to hear about how you have implemented and embedded GSF in your organisation, and would like to share your stories! If you're happy to be interviewed, please email Ann-Marie@gsfcentre.co.uk.

We are Recruiting

If you are a registered nurse and passionate about End of Life Care then come and join our team of experienced Clinical Associates. For all enquiries, please email info@gsfcentre.co.uk or download an Application Form here: <https://www.goldstandardsframework.org.uk/we-are-recruiting>

It's a New Year!

From conversations we've had with care home teams, we understand that for many of you, Covid-19 is still having a large impact in your home. In light of this, if you need any further support with the accreditation process, please contact the GSF team.

Best Regards,



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