



Talking about Anticipatory Care Planning in a Care Home

This is a guide to help staff, residents, and their relatives or close friends talk together about making a Care Home Anticipatory Care Plan

Not all the questions apply to every resident. They are suggestions to help us think ahead, talk about what might happen, and plan each resident's care.

People who live in a care home often have long term health problems and become unwell at some point. No one knows when a resident's health may change so it is better to plan ahead.

This leaflet aims to help care home residents, close family members, and care home staff to talk about making plans for treatment and care. Then everyone will know what things are important to the resident and what they would like to happen. It helps us make the right decisions when a resident gets unwell, particularly if that happens at night or at a weekend.

We always encourage our residents to take part in discussions about their care if they are able to do that. We involve the people who are close to them as well unless a resident chooses not to do that. A resident may have talked with their family or a close friend about this before. Some people will already have a Scottish Anticipatory Care Plan.

If a resident is not able to talk about anticipatory care planning, we ask those who know them well to tell us about what would matter to the person and what they might choose. If the resident has a welfare 'Power of Attorney' we involve them in care planning.

The plans we make for future treatment and care are put into an 'Anticipatory Care Plan'. These are not legally binding and are updated if the person's health or wishes change.

Here are some ways to have conversations about Anticipatory Care Planning. Most people can start a conversation. Sometimes a more experienced person needs to help with Step 2 and Step 3.

STEP 1: A GOOD PLACE FOR EVERYONE TO START

Talk about what the resident and their family/ close friend know already and what they think might happen in the future.

Some questions that might help:

- Do you know anything about anticipatory care planning? Have you made a plan before?
- How do you think you/ they have been doing recently?
- How did you/they find being in the hospital?
- Can we think about what has happened recently and why you/they are less well now than before?

- What do you think about your/ their health at the moment?
- What have doctors or nurses told you about your/their health?
- What are you expecting to happen with your/their health in the future?
- Is there anything that would worry you about your/their health or care in the future?

- Who is the person we should contact if you/they get unwell?
- It's good that you/they feel fine at the moment, but can we talk about what might happen if you/ she/he were to get more unwell again?



STEP 2: FIND OUT 'WHAT MATTERS MOST?'

It's really important for us to understand what is important to each of our residents as that helps us make good decisions about their treatment and care. This information and is included in their Care Home Anticipatory Care Plan.

Some questions that might help:

- What things are important to you/them that we should know about?
- When you think about the future, what would matter most to you/them?
- If your/their health did change gradually or more suddenly, is there anything you would like to happen or anything you would not want?
- Do you have any particular things you/they would like to be able to do? Is there anything we can do to help with that?
- People often have ideas about how much treatment they would want:
 - Some people feel that staying in their care home to be looked after and not going to hospital is the right thing for them.
 - Some people want to get better, if possible, but think that quality of life is important too.
 - These people might want to think about admission to hospital if there is a good chance of getting back to how they are normally. If hospital treatments may not help or could mean being in much poorer health, they would rather stay in their care home and be looked after by the care home staff and GP.
 - Some people are keen to get better even if that means going to hospital.
- What about you/ your relative?
- Have you discussed this together before?

STEP 3: TALK ABOUT 'WHAT HAPPENS IF?'

It is important that we talk about what treatments may help and those that will not help or are not what the resident would want.

These things can be hard to think about and you may want to talk to your GP and get more information – we can arrange that:

- It is hard to talk about getting less well but we are worried that if we don't do that we may not have good plans in place for your/ their care.
- When a resident's health deteriorates, they may become so ill that a decision will have to be made about whether or not we should send them to hospital. It is better for us to think about this in advance.
- We can look after people in the care home if they become less well or are dying and if they get symptoms like pain or breathlessness, or if they are feeling sick or being sick.
- Sometimes residents get an infection that can be treated in the care home with antibiotic syrup or tablets and we look out for that happening.
- Something we talk about with everyone is CPR or cardiopulmonary resuscitation; do you know anything about it? Has it been discussed with you before?
 - CPR is a treatment that can be used to restart the heart and breathing in some situations. Many care home residents have health problems that mean CPR would not work or leave them in very poor health.
 - We do not give CPR when a person is dying because we want them to die in a peaceful, comfortable and natural way.