

# Dignified End-of-Life Care using the Universal Care Plan

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At Ruislip, we were early adopters of the Universal Care Plan (UCP), and since 2022 it has been instrumental for our provision of **compassionate, person-centred palliative care**. Introduced through a GP-led workshop, the **UCP enables us to have structured conversations with residents and families about advance care planning**, covering DNAR preferences, hospitalisation criteria, and preferred place of death. These discussions ensure that **residents' wishes are prioritised**.

Our team of 43 clinical and non-clinical staff are all trained in the use of the UCP. Within one to two weeks of a resident's admission, we initiate conversations and involve families to establish a plan that reflects the resident's values. Following this, our community care home matron creates and shares the UCP, which then guides the resident's care.

We've seen the impact firsthand. One resident, who developed seizures toward the end of their life, had previously created a UCP detailing their palliative care wishes. When the seizures began, we contacted the London Ambulance Service (LAS), and because the residents' wish for their preferred place of care to remain the nursing home was clearly documented, we were able to liaise with the GP and palliative care team to administer anti-seizure medication within the home.

**This approach spared the resident the distress of a hospitalisation, allowing them to remain in a comfortable and familiar environment.**

Another case involved a resident with diabetes who expressed a clear preference to avoid hospitalisation, even during episodes of high blood sugar. Again, these preferences were documented in their UCP, which became an **important communication tool when working with the diabetes team at the hospital**. Despite the team's initial inclination to recommend hospitalisation, using the UCP enabled the **resident's autonomy to be respected**, allowing them to receive care aligned with their wishes. This **facilitated a collaborative approach**, balancing clinical needs with personal choice, and upheld the resident's dignity throughout their care.

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The UCP is more than just a tool; it's a **way of bringing dignity to residents at the end of life**. It helps families navigate the bereavement process with greater understanding of their loved one's preferences. Its **pan-London accessibility, including the use by LAS, ensures seamless collaboration with external teams**, making it **invaluable in delivering dignified and compassionate care**.