

George House :

An End of Life Journey...

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George House : A 46 bed 24 hour staffed housing project for homeless vulnerable people based in Devonport Plymouth.

I have managed homeless housing projects in Plymouth since 2002 and George House since 2013. During this period of time myself and dedicated, committed team members have overseen and encountered many challenging scenarios from drug use, violence, sexual violence, criminality along with behavioural and mental health situations.

In 2014 I was faced with the most difficult situation presented for me to manage, the first death in George House and my first experience in having to deal with a deceased client in my role.

As the manager, I decided I did not want any of the staff to have to see or deal with this situation in order to minimise the distress and impact on them of what I had witnessed due to the scene and presentation.

This situation impacted on me both personally and professionally and sadly marked the beginning of a significant increase in deaths within the homeless population in Plymouth.



An End of Life conversation....

In late 2015 we had an end of life conversation with St Luke's to consider offering an existing terminally ill resident a bed within the hostel. My response to this, given that we had a further 2 deaths in the hostel, was that our service is about working with people in order to move them on to independence and that we were are not a hospice....in short it was a "No thanks!"

I later met with Gail Wilson to discuss 'End of Life Ambassador and Champion' training for homeless services. Gail was very understanding of my situation and the difficulties and limitations that hostels are faced with when dealing with End of Life.

Gail acknowledged the challenges and built them into the training sessions....



End of life: The journey explained...

In 2016 St Luke's delivered 'End of Life' training sessions and discussions exploring the journey. This covered all areas from, identifying those who are deemed end of life on the RAG scale, End of life conversations, TEP forms (Treatment Escalation Plan), and the client's life story and how they would like their end of life to be.

This training gave me food for thought and made me consider my own issues with death, as well as those of my staff, when taking on the End of Life work. I gave this issue a lot of thought and weighed up the implications and complications when taking on this decision.

In late 2016 we had a resident whose health was in decline and had several hospital admissions and was known to homelessness services for a significant period of time...



The journey's end....

After discussion with the team, acknowledging the challenges and difficulties, we decided that we would undertake the support of this resident to explore his end of life journey.

This was, and is, a challenging piece of work for all concerned and it continues to be a challenge for some team members. However, with the support of St Luke's, George House support staff have acknowledged that people should be able to die in the place they call home and as such, a complex needs cluster has been established to support those who wish to end their time in George House.

As his health declined, End of life conversations were held with the resident, myself, Gilly Barringer and Pia Martinus (outreach GP Adelaide surgery). The TEP form was completed and care was sought and provided. On February 14th 2017, his wishes to die in the place he called home were met, with the people who knew him best and next door to his closest friend...

