

## DYING & DEATH OF A PERSON WE SUPPORT POLICY AND PROCEDURE

If a person we support has passed away and family are not the primary carer the actions required depend on if the death was **EXPECTED** or **UNEXPECTED**.

### IF **EXPECTED** DEATH AND DOCTOR HAS SEEN THE PERSON IN THE LAST 24 HOURS

- Phone doctor to inform them of suspected death.
  - Phone family.
- Notify line manager, on-call, and send confirmation email.
  - Await for Doctor to attend to certify death.
- Family or us to arrange undertaker to move the person and then make funeral arrangements.
  - Notify CQC, Social Services, Housing, and Benefits Agency.
- Make arrangements with family & others to empty property if required.

### IF **UNEXPECTED** DEATH

- Phone emergency 999
  - Phone family
  - Notify line manager, on-call, and send confirmation email
- 999 will take to hospital for autopsy and certification of death.
  - Notify CQC, Social Services, Housing, and Benefits Agency.
- Family or us to arrange undertaker to move the person and make funeral arrangements.
  - Make arrangements with family & others to empty property if required

**NB. You may be lead through the process by the authorities, family and health professionals – this may require us to flex this policy & procedure. If a person has an end of life plan this must also be followed including their personal wishes, including religious and cultural elements as appropriate.**

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### Policy Statement

The aims of this policy are:

- For each individual to be treated with the upmost respect, and to be supported in a dignified way at the end of their life
- For the staff team to be able to manage the circumstances surrounding the death of a person we support and for them to fully understand the procedure to be followed with regard to reporting to the appropriate authorities and in notifying family members of the situation.

### Procedure

#### Those who are Dying

**Where Ormerod is the primary care provider for the service user the individual should be offered a choice about whether they wish to complete a 'When I die booklet.' The booklet should record the service user's preferences and wishes. This booklet should be filed within the service users care file.**

- i. It is important that whenever we know an individual is terminally ill and/or approaching the end of their life that we work with them, their associated health professionals, family, and friends if required, to identify with them their wishes for the end of their life and what is important to them.
- ii. Community Nurses can assist with supporting us to develop a person centred 'End of Life Plan'. The service user, their family, friends and other carers should be offered an opportunity to be involved and participate in developing the plan. This will take into account the service users preferences for end of life care and where they wish to die. These preferences and choices should take in to consideration their protected equality characteristics, spiritual and cultural needs. The end of life plan should be kept in the service users care file, acted upon and regularly reviewed.
- iii. Should the individual not be deemed to have the capacity to be able to make such decisions, we should work with their family, and/or other professionals involved in agreeing what we collectively feel is in the best interest of the individual, and what is important for them at such an important time.
- iv. The staff team need to be clear of what is expected of them, and an agreed way of working with the individual that is consistent whoever is supporting them. Staff may find a death and dying training course a useful preparation for this and this should be requested by the Team Manager to the Service Manager who will ask the HR & Training Department to find a course.

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- v. At all times staff have to take a person centred approach with the individual, whatever the procedure. All procedures are to be communicated to the individual even if they appear to be too ill to communicate back to you. Staff must ensure that the values of dignity, privacy and respect are upheld at all times
- vi. The service user's communication care plan should identify the means by which a service user will communicate pain. An MDT approach should be implemented to ensure that palliative care professionals are involved to manage pain and other medical needs.
- vii. The 'End of Life' plan should identify the 4 core symptoms; vomiting and nausea, pain, restlessness and difficulties swallowing / increased saliva / mucus secretions. Staff should monitor and observe for these symptoms and contact the palliative care team / medical support as required. A 'just in case pack' should be prescribed and made available to the palliative care / medical support team.
- viii. If the service user experiences a rapidly changing or unpredictable condition staff must ensure that any equipment or medication is accessible and that a written protocol is developed to contact medical support and others.
- ix. At no time must staff show distress or shock to the individual, as this may cause further distress to the person.
- x. If at any time you feel you are struggling to manage the situation, you must speak to your line manager, who will have regular contact with all parties involved, and will provide you with advice, guidance and support.
- xi. At no time during the provision of care for the individual should you give your opinion on the prognosis or estimated timescale of death to family or external partners.
- xii. The balance of being there with an individual at the last moments of their life, and supporting their family is one of great difficulty. The worker must ensure they are tactful and responsive to the individual's family.
- xiii. Staff must ensure that they follow and adhere to the "End of Life Plan"
- xiv. Should an individual not have family to be there with them at such an important time, the team will be expected to work flexibly to make sure there is someone with them at all times until they have passed away.
- xv. If there are family, carers or friends present during the period up to and including the time of death staff should be empathic and sensitive to their needs and emotions. Staff should establish how much involvement the family, carers or friends require from staff and the organisation at this time and staff should ensure that the service user has an opportunity to spend time alone in private with their loved ones. The staff / manager

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should work with family, carers and friends to make all necessary arrangements with regards to notifying the GP and undertakers.

- xvi. Should the individual not have any family, you will be expected to inform your line manager (or on-call), who will make arrangements for you to be supported immediately.
- xvii. If an individual dies within their own home then the GP needs to be contacted in order for a death certificate to be issued. You will be expected to remain at the location with the individual until the GP has pronounced them as dead and arrangements have been made for the body to be removed.
- xviii. If the death was imminently expected, the GP may not request a post-mortem. If this is the case, after the individual has been pronounced dead, we may need to contact an undertaker to remove the individual from their home.
- xix. The undertaker should be provided with a copy of the 'When I die booklet' so that they can follow the preferences and needs of the service user in a culturally sensitive and dignified way. If a funeral plan has been completed the undertaker should also be provided with a copy of this.

### **2.0 Dealing with the Unexpected Death or Suspected Death of a Person We Support**

On arriving at an individual's home, and finding they have passed away unexpectedly or you suspect they may have passed away, the following procedures need to be followed:

- Phone 999 and give the emergency services details of the circumstances. Give them a contact name and location address.
- FOLLOW INSTRUCTIONS GIVEN BY 999.
- Phone your line manager immediately after you have phoned 999.
- Stay with the individual until the emergency services arrive.
- When the police or ambulance arrives, offer as much assistance as is required.
- The GP will have to come to pronounce the individual dead.
- If there is to be an inquest, the ambulance will take the individual away to the hospital mortuary for a post-mortem.

The Team Manager, Service Manager or On-Call Manager must:

- Attend, to support the staff member, as they may be in shock.
- Inform the Operations Manager, who will in turn inform the Chief Executive.
- Make arrangements for someone to cover the shift of the staff concerned should they want to go home.
- Debrief with the staff member prior to leaving the service.
- The most senior person present will notify the next of kin.
- In contacting the next of kin you must:
  - Plan what you are going to say.

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- Be sensitive to their emotions.
- Refer to the deceased by name.

In the absence of any next of kin;

- The most senior staff will nominate an undertaker, depending on whether the individual had savings and/or funeral plan.
- If the individual does not have savings or a funeral plan, the coroner will release the individual's body to the council to arrange the funeral.
- The most senior staff will have to liaise with the coroner's office, to establish when the individual will be released for burial. The coroner's office may release the death certificate to the most senior staff, to register the death, or they may release the death certificate to the council who will liaise with the most senior staff with regards to funeral arrangements.

Notifying official bodies;

As soon after the event and within 1 working day you must notify the following authorities:

- CQC (Care Quality Commission)
- Local Authority (if out of hours Duty Social Work team).

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### **3.0 Supporting Individuals with Wills & Benefits**

- 3.1 Should a person we support request to make a will or amend an existing will, you should treat this request with respect. You should offer to get an independent advocate involved so they can go through the process independently of the organisation.
- 3.2 Where an individual requests the staff to support with arranging to obtain or amend an existing will, the staff can only be involved with making arrangements for the individual to meet with a legal representative of their choice independent of the organisation. Staff must not be connected in any way with the legal representative (relative, friend, acquaintance, or business colleague).
- 3.3 At no time should a member of Ormerod staff become involved in the making, or witnessing of an individual's will.
- 3.4 Individuals have the right not to tell family about their will and its contents.
- 3.5 Should an individual disclose any information about their will to a staff member, the staff member must report this to their line manager. Confidentiality must be upheld at all times.
- 3.6 If at any time a staff member discovers they have been made executor to an individual's will, without his or her prior knowledge, the staff must report this to their line manager immediately and disengage from supporting the individual.
- 3.7 Should it transpire that a staff member is bequeathed a sum of money or a specific gift from the estate of an individual, this should be brought to the attention of the Service Manager immediately. If necessary, legal advice will be obtained on behalf of the staff member. Where records prove an individual has read and understood this policy, these records must be provided as mitigating evidence.

### **4.0 Recording**

- 4.1 Staff should record all actions, undertaken on the Communication Record Sheet, DC-009, within the Service User's Plan, DC-054.