



Review Sheet



Last Reviewed
06 Jan '20



Last Amended
06 Jan '20



Next Planned Review in 12 months, or
sooner as required.

Business impact



MEDIUM IMPACT

Changes are important, but urgent implementation is not required, incorporate into your existing workflow.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy outlines the process to follow when an unexpected death occurs in a service. The policy has been reviewed with the objectives having been condensed down and several 'Further Reading' references added to the document. Minor changes undertaken to the content of the policy. The Resuscitation Council ReSPECT process has also been referenced, which staff should familiarise themselves with.

Relevant legislation:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Nursing and Midwifery Council (NMC) Legislation

Underpinning knowledge - What have we used to ensure that the policy is current:

- Author: Her Majesty's Government, (2017), *What to do when someone dies: step by step*. [Online] Available from: <https://www.gov.uk/after-a-death/when-a-death-is-reported-to-a-coroner> [Accessed: 6/1/2020]
- Author: Resuscitation Council, (2019), *ReSPECT*. [Online] Available from: <https://www.resus.org.uk/respect/?assetdeta3af2d45-c6ff-4793-84c9-61858f65b520=31443> [Accessed: 6/1/2020]

Suggested action:

- Encourage sharing the policy through the use of the QCS App
- Share 'Key Facts' with all staff



1. Purpose

1.1 To outline the policy and procedure that staff are expected to follow in the event of a sudden death of a Service User.

1.2 Where there is absolutely no doubt that the Service User is deceased, the following procedure must be followed. Otherwise, basic life support will be started and the Emergency Services called.

1.3 To support HWCGS Care (T/A Segal Gardens) in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?
RESPONSIVE	R3: How people are supported at the end of their life to have a comfortable, dignified and pain free death?

1.4 To meet the legal requirements of the regulated activities that HWCGS Care (T/A Segal Gardens) is registered to provide:

- | The Care Act 2014
- | Care Quality Commission (Registration) Regulations 2009
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Health and Safety at Work etc. Act 1974
- | Mental Capacity Act 2005
- | Mental Capacity Act Code of Practice
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2. Scope

2.1 The following roles may be affected by this policy:

- | All staff

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Advocates
- | Commissioners
- | External health professionals



3. Objectives

3.1 To ensure that staff are clear what actions they must take if a Service User is found deceased and the death is sudden or unexpected, whilst ensuring that the Service User is treated with dignity and respect.

3.2 To ensure that staff are provided with support following an unexpected or sudden death of a Service User and that the family and representatives are also supported at this time.



4. Policy

- 4.1 The sudden death of a Service User will be dealt with in a timely, sensitive and caring manner, respecting the dignity, religious and cultural beliefs of the Service User's relatives and carers.
- 4.2 All staff will adhere to related policies at HWCGS Care (T/A Segal Gardens).
- 4.3 All staff will work co-operatively with the Emergency Services and Coroner's Office.
- 4.4 The Registered Manager will ensure that staff have received basic life support training and understand the procedure in the event of a sudden or unexpected death.
- 4.5 The Registered Manager will ensure that staff understand and follow the Mental Capacity Act and comply with the Code of Practice, as well as understanding the implications of the Deprivation of Liberty Safeguards.
- 4.6 The Registered Manager will ensure that any Advance Directives (Living Wills) including any 'Do Not Attempt Resuscitation' (DNAR) instructions are included with the Care Plan and that this information is shared with the relevant staff. Staff will also be trained to understand the [Resuscitation Council ReSPECT](#) process.
- 4.7 When a Service User's circumstances change or a review is required, the validity of the Advance Directive and/or DNAR will be checked to ensure that it is still valid.



5. Procedure

5.1 Sudden Death

- | Try not to disturb the scene, do not touch, move or disturb anything
- | Do not remove, change or stop any medication infusions
- | Do not remove or touch any life-prolonging medical equipment before the Police arrive on the scene
- | Call the Emergency Services, ask for the Police and Ambulance. Give directions if necessary. Do not leave the home
- | Inform the Senior Manager as soon as possible
- | Co-operate with the Emergency Services when they arrive
- | Death will need to be confirmed and the Police will inform the Coroner before the Service User's body can be removed
- | Complete an incident form at HWCGR Care (T/A Segal Gardens) as soon as possible

5.2 Registered Manager Responsibilities

- | As the Care Worker may not be able to complete the care visit record or remove it from the Service User's room, HWCGR Care (T/A Segal Gardens) will need to ensure that a timeline of events is clearly recorded by asking the Care Worker to provide a detailed report. This may be required if there is a Coroner's Inquest
- | Any Care Records, Medication Record, Visit Logs, Care Worker Rotas etc. must be safely stored in the event there is a request for information from the Police or Coroner
- | The Registered Manager will need to submit a CQC Statutory Notification of Death via the Provider Portal or via email to the Care Quality Commission
- | The Registered Manager will need to ensure that if the Service User's care was commissioned by the Local Authority, the Social Services Duty Team or Named Social Worker, they are informed of the death
- | Details will need to be given to the commissioner about when the service stopped
- | If there are any concerns about Care Workers failing to fulfil their role or there had been concerns about the Service User prior to their death and this was not reported and escalated, a Safeguarding Vulnerable Adults Investigation will need to be commenced. Local reporting procedures will need to be followed and a Statutory CQC Notification will need to be completed
- | If the death is a Notifiable Safety Incident under the 'Duty of Candour', the Registered Manager must notify the 'relevant person' about the incident and follow the Duty of Candour Policy and Procedure at HWCGR Care (T/A Segal Gardens)
- | The incident will be reviewed as part of the governance procedures at HWCGR Care (T/A Segal Gardens), to understand if there are any lessons that can be learnt

5.3 Support for Staff

The sudden or unexpected death of a Service User can be distressing and upsetting for staff. Arrangements for staff support following a sudden death incident will be made via the line manager.

5.4 Informing Relatives

- | The Care Worker must not contact family, friends etc. of the deceased Service User to inform them of the unexpected or sudden death
- | The Registered Manager will liaise with the Police and must not inform the family without prior approval from them. If the Local Authority is involved in the Service User's care and support, guidance must be sought from them before any family, relatives etc. are notified

5.5 Cultural, Religious or Belief Considerations

The Care Worker must be aware of any cultural, religious or belief needs of the Service User. This will be clearly documented in the Care Plan and shared with the Emergency Services.



6. Definitions

6.1 Sudden Death

- | **Sudden death** is any violent or unnatural death, a death where the cause is **unknown or unanticipated** and may include death that occurs under **unexplained** or **suspicious circumstances**

6.2 Unexpected Death

- | **Unexpected death** is a term used when deaths occur under **unexplained** or **suspicious circumstances**

6.3 Expected Death

- | Expected deaths are those that occur as a result of a terminal illness that has been diagnosed by the GP/Consultant and where the Service User has been seen by their GP within the previous 14 days. This is not a case reportable to the Coroner

6.4 Coroner

- | A **coroner** is a person whose role is to confirm and certify the death of an individual. A **coroner** may also conduct or order an inquest into the manner or cause of death, and investigate or confirm the identity of an unknown person who has been found dead within the **coroner's** jurisdiction

6.5 Deprivation of Liberty

- | The **Deprivation of Liberty** Safeguards are an amendment to the Mental Capacity Act 2005. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests

6.6 Advance Directive

- | An advance decision (sometimes known as an Advance Decision to Refuse Treatment, an ADRT, or a Living Will) is a decision that a Service User can make to refuse a specific type of treatment at some time in the future. The purpose is that the Service User's wishes will be known if they are unable to make or communicate those decisions themselves

6.7 CQC Statutory Notification of Death

- | All care providers must notify the CQC about certain changes, events and incidents affecting their service or the people who use it. This includes when a Service User dies

6.8 Duty of Candour

- | Providers under the Duty of Candour have a responsibility to be open and transparent with people who use their services and other 'relevant people'
- | There is also an obligation when something goes wrong in relation to care and treatment that people are informed about the incident and provided with reasonable support and an apology, where necessary

6.9 Mental Capacity Act

- | The **Mental Capacity Act** (MCA) is designed to protect and empower individuals who may lack the **mental capacity** to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over. Examples of people who may lack **capacity** include those with dementia

6.10 ReSPECT

- | ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices
- | The ReSPECT process is a new approach to encourage people to have an individual plan to try to ensure that they get the right care and treatment in an anticipated future emergency in which they no longer have the capacity to make or express choices
- | The ReSPECT process is intended to respect both patient preferences and clinical judgement
- | The ReSPECT process provides health and care professionals responding to an emergency with a summary of recommendations to help them make immediate decisions about the person's care and treatment. ReSPECT can be complementary to a wider process of advance/anticipatory care planning



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- 1 Staff will be trained in how to respond in the event of a sudden or unexpected death
- 1 The deceased Service User will be treated with dignity and respect, however, staff must remember to try not to touch, move or disturb the scene until authorised by the Police
- 1 Staff will not inform relatives of the sudden or unexpected death of a Service User without prior approval from the Police



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- 1 Staff will be trained to understand Advance Directives and the need to respect end of life wishes as far as possible



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Care Quality Commission: Statutory Notification Guidance -

<https://www.cqc.org.uk/guidance-providers/notifications/notification-finder>

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-notification-death-service-user>



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- 1 Service Users' End of Life wishes are recorded clearly in the Care Plan and communicated to staff
- 1 There is evidence that staff have been provided with support following the sudden or unexpected death of a Service User
- 1 The sudden death of a Service User is reviewed as part of the Provider's governance processes to understand any lessons learnt
- 1 The Provider understands their responsibility in relation to the Duty of Candour and has a process in place for communicating with relatives openly and in a sensitive manner
- 1 The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

Currently there is no form accompanied to this policy.