

D12 Dealing with Dying, Death and Bereavement

Policy

Extra Care Housing Service	Support at Home Service	OA Day Services	Residential Services	DMH Day Services	DMH Supported Living Services	Community Equipment Services	Shared Lives Service
✓	✓	✓	✓	X	✓	X	X

To ensure all staff are fully aware of their roles and responsibilities when a person we are supporting is dying.

Procedure

For any specific information about end-of-life care / last wishes refer to the person centred care plan and the advanced care statement

Deterioration in the health of a person we are supporting

If a person we are supporting is taken ill or their physical condition deteriorates to an extent that causes concerns, the following procedures must be followed:

- Request either a health care professional, appropriate specialist or the emergency services and record the details on the daily records / communication records.
- Ensure all staff members are aware of what is happening and updated as required.
- Amend the person-centred care plan / person centred advanced care statement / risk assessments including manual handling assessments and any other health monitoring documentation if required.
- Ensure the person is cared for as agreed and recorded in the person-centred care plan / person centred advanced care statement including administration of pain relief.
- Consider staffing levels.
- Ensure the person's possessions are at hand.
- Ensure the cultural, spiritual and religious beliefs of the service user are respected.
- Privacy and dignity must be respected at all times.

Other aspects to consider:

- Appropriate lighting, music, curtains etc.
- Other personal care requirements.

Staff must follow all appropriate personal care procedures. These should all be recorded on the person-centred care plan.

Ensure the next of kin / preferred contact is informed and offer them an opportunity to stay with the person in accordance with the wishes of the person we are supporting.

Next of kin / preferred contacts should be asked when and how they wish to be informed of the death, e.g. if death occurs in the middle of the night.

Staff must be aware of the possible heightened emotions which may be directed at them and try to be understanding and empathetic.

Other people we are supporting should be informed of the welfare of the dying person, if they ask.

When death is imminent – (following medical advice)

Where the death of the person we are supporting seems imminent, the following actions must be taken:

- Inform the GP of any deterioration. Record any visits, information or advice received from the GP on the daily / communication records including the GP name, the date and the time.
- Inform the next of kin / preferred contact and offer them an opportunity to stay with the service user in accordance with the service user's wishes and ensure refreshments are offered.
- Ensure the person is cared for in accordance with the person-centred care plan and person-centred advanced care statement.
- Ensure staff are available to spend time with the person using the service in accordance with their wishes, where reasonably possible.
- Ensure staff members respect the dying person, N.B hearing is the last faculty to diminish.

When suspected death occurs

Staff must never assume that death has occurred.

The primary health care provider / GP / District Nurse / CHOC / Emergency Services must be telephone immediately and their instructions followed. They must be informed if there is a DNAR (Do not attempt cardiopulmonary resuscitation) in place if known.

Once the emergency services are in attendance, they will take the lead and continue with emergency procedures before confirming the death.

Once the emergency services have confirmed the death, the manager or senior member of staff on duty must contact the preferred / emergency contact to inform them of the death.

The G.P will still need to certify the death.

Managing bereavement – People we support (N/A to Extra Care Services)

1. Other people we support should be informed about the death of the deceased.

2. Any request from other people we support to visit the deceased should be facilitated by the staff if appropriate and in accordance with the deceased's wishes if captured. If not captured consent must be sought from the deceased's preferred contact / emergency contact.
3. Staff shall be aware of the feelings of the other people we support, be open with them and offer them support.

Managing Bereavement - Staff

Staff on duty must be offered the opportunity to discuss the matter and be provided with support and understanding as required.

A debrief should be arranged with the staff member either immediately after the death or at the beginning of their next shift.

The following support is available to staff and they should be reminded of this:

- a. Counselling – a referral can be made either by the manager or staff themselves through the occupational health portal. This can include specific bereavement counselling if required.
- b. Able futures – Able futures provide Mental Health Support Service, providing a wide range of mental health support services delivered by qualified health care professionals. The service is confidential, fast and flexible and is available over the phone, through email and face-to-face meetings. Their contact details are;
 - i. Email: hello@able-futures.co.uk
 - ii. Call their Freephone number 0800 321 3137 (8am to 10.30pm, Monday to Friday)
- c. Trade Union Support – Trade unions are able to support staff and therefore they should be reminded of this.

Managing Bereavement – Other People We Support (N/A Extra Care Services)

Other people we support should be informed about the death of the individual.

Any request from the other people we support to visit the deceased should be facilitated by the staff if appropriate and in accordance with the deceased's wishes.

Staff shall be aware of the feelings of the other people we support, be open with them and offer them support.

Confirmation should be sought from the family concerning attendance at the funeral by staff or other people we support.

The Appendix 1 D11 / D12 form must be used.