

# DEATH OF A RESIDENT

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## Policy Statement

It is important that staff are aware of how and, perhaps more importantly, when to respond in order to minimise distress and adhere to any cultural beliefs or preferences that the resident, their family or representative have expressed as part of their care and support plan.

## The Policy

The policy aims to make clear the process and a step-by-step method of mitigating distress whilst ensuring compliance with any lawful requirements, particularly in regard to other multi-agency partners such as the fire, police, or health services.

## Principles

- ☞ Staff must remember that the death of a resident does not mean that information is not to be protected; confidentiality is still in place;
- ☞ This organisation will co-operate fully with multi-agency partners to ensure all lawful requirements are met and will assist, where appropriate, when asked or directed by a lead agency;
- ☞ All communication will be dealt with in a sensitive, professional manner that promotes the privacy and dignity of their family or representative.

## Deaths and the Role of the Coroner

Under English law the coroner is an independent judicial office holder, paid for by the relevant local authority. They must be either a lawyer or a GP sometimes both. Their role is to inquire into certain types of death. Where an inquest is held they have a duty to establish the cause of death as far as this is possible. They are not allowed to determine criminal liability nor who was responsible; the criminal court would decide this.

Coroner's officers work under the direction of the coroner and liaise with bereaved families, police, doctors, witnesses and funeral directors. They receive reports of deaths and make inquiries at the direction and on behalf of a coroner.


## Reported Deaths

Registrars of births and deaths, doctors, and the police can all report unexpected deaths to a coroner in specific circumstances. These include where it appears that











- ❗ No doctor attended the deceased during their last illness
- ❗ Although a doctor attended during the last illness the deceased was not seen within 14 days either before or after death
- ❗ The cause of death appears unknown
- ❗ The death occurred during an operation or before recovery from the effects of an anaesthetic
- ❗ The death was due to an industrial accident, disease or poisoning
- ❗ The death was sudden or unexpected
- ❗ The death was due to violence or neglect
- ❗ The death was in other suspicious circumstances
- ❗ The death occurred in prison or police custody.

## In the Event of an Unexpected or Sudden Death









- ⚠ Dial 999 and ask for the ambulance service

 Following the care or support plan information relating to resuscitation of the resident. Appropriately qualified staff should commence cardiopulmonary resuscitation where directed (CPR).

This must not be in contravention of any written 'Advance Care Plan' refusing life-sustaining treatment

-  Ambulance staff or police will advise on actions to be taken, including whether any items can be removed
-  Contact relatives and inform them that you have reason to believe that their family member has died, but that because it was unexpected or sudden you are waiting for the ambulance and police to visit. Inform them that they are welcome to come to the home, if they wish, or that you will contact them again after the emergency services have attended
-  Inform the Manager and the deputy of the situation
-  They must not be moved. If they are in a communal area discreetly invite the others to move to another area of the home and ensure no one unexpectedly enters that area. If the resident is in their own room ensure that nothing is moved (both areas should be treated as a crime scene)
-  Inform the Care Quality Commission (CQC) within 24 hours of the death and include the cause of death
-  Once the police have completed their investigation they will allow items to be moved; the room should be made tidy, bedding taken to the laundry, and the bed cleaned and covered
-  No personal belongings (other than jewellery and cash etc.) are to be removed without the permission of relatives or representatives. A list of any items removed by relatives should be made by staff and checked against the resident's property inventory sheets. Appropriate action should be taken to safeguard personal belongings until relatives or representatives have visited
-  All medication should be removed from the drugs trolley, clearly identified and placed in lockable storage for 1 week before disposal
-  Personal files to be placed in locked storage in chronological order with name and date of death on outside; personal files must be stored for
-  Consideration should be given, if requested, to any funeral attendees from the company. This will take into account such things as how long the resident was with us, their regular care workers, the availability of cover and so forth.

### **In the Event of an Expected Death the Manager or Person in Charge of the Shift will:**

-  Contact the GP; remember a locum may only verify death but not certify;
-  Contact relatives and inform them that there is reason to believe that their family member has died, that the GP has been contacted and their visit is awaited; inform them that they are welcome to come to the home, if they wish, or that they will be contacted again after the GP has visited;
-  Inform the manager and deputy of the situation
-  Prevent the resident from being moved. If the resident is in a communal area discreetly invite the other residents to move to another area of the home and ensure no one unexpectedly enters that area. If the resident is in their own room, pull the curtains and close the door;
-  Inform the CQC within 24 hours of the death, giving the cause of death;
-  Inform the preferred undertaker and ensure the resident's jewellery is dealt with according to their recorded wishes and include any religious or cultural requests for last offices, as recorded in their care or support plan;
-  Record the incident in the appropriate files, complete an incident report form and provide support to staff.
-  Prevent the valuables (e.g. jewellery and cash) being given to relatives without their first being checked against the inventory of belongings. If they are not collected immediately valuables or money must be kept in secure storage. Relatives must provide proper identification and sign to

record receipt of the goods. (Note: a Lasting Power of Attorney becomes null and void immediately upon death. Responsibility for the property and effects transfers to the legal process of last wills and testaments or a death intestate);

- ☞ Ensure that the resident's room is tidy, bedding taken to the laundry, and the bed cleaned and covered;
- ☞ Ensure that no personal belongings (other than jewellery and cash etc.) are removed without the permission of relatives or representatives. A list of any items removed by relatives should be made by staff and checked against the resident's property inventory. Appropriate action should be taken to safeguard personal belongings until relatives/ representatives have visited;
- ☞ Ensure all medication is removed from the drugs trolley, clearly identified and placed in lockable storage for 1 week before returning to the pharmacy;
- ☞ Personal files to be placed in locked storage in chronological order with name and date of death on outside; personal files must be stored for 3 years from the last date of entry

In the event of a death of a resident, the above process must be adhered to and staff supported and assisted throughout. No matter how experienced a staff member might be in working with the dying, it is important to recognise the distress, shock or trauma that can follow a death, especially where it is sudden or unexpected.

### **Additional Last Offices for a Known Infected Body**

The body of a person who has been suffering from an infectious disease may remain infectious to those who handle it. The funeral director should be informed of the potential infectious risk. Further advice is available from the Department of Health "Infection Control Guidelines for Care Homes"

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214929/Care-home-resource-18-February-2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214929/Care-home-resource-18-February-2013.pdf)

When dealing with any resident who has died, all infection prevention controls, such as the wearing of personal protective clothing and hand washing, must be followed.

### **Training Statement**

All staff will undertake appropriate level of training to deliver the service to the required standard.

*Related Policies*  
*Advanced Care Planning*  
*Consent*  
*Duty of Candour*  
*End of Life Care*  
*Notifications*  
*Responsive Service*