# END OF LIFE

**Caretakers Southwest Ltd**

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**Policy Statement**

This policy fully reflects the current guidance issued by NICE and the Leadership Alliance for the Care of Dying People 5 Priorities of Care which are:

Recognise - ‘The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.’

Communicate - ‘Sensitive communication takes place between staff and the dying person, and those identified as important to them.’

Involve - The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.

Support - The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.’

Plan & Do- An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.’

The above guidance provides specific, concise quality statements, measures, and audience descriptors to provide the public, health- and social care professionals, commissioners, and service providers with definitions of high-quality care.

# The Policy

# Procedure

As an organisation, we seek to adhere to the following statements, and through assessment and planning provide effective and caring end of life care for our service users. We work closely with outside professionals such as cancer care nurses, Macmillan nurses, and GP’s to ensure the best possible outcome for the individual.

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 service user, their family or representative have expressed as part of their care and support plan.

The following list of statements is taken from the NICE Quality Statement QS13 andreflects the 5 priorities of care:

[Statement 1](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-1-identification). People approaching the end of life are identified in a timely way.

[Statement 2](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-2-communication-and-information). People approaching the end of life, and their families and carers, are communicated with, and offered information, in an accessible and sensitive way in response to their needs and preferences.

[Statement 3](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-3-assessment-care-planning-and-review). People approaching the end of life are offered comprehensive holistic assessments in response to their changing needs and preferences, with the opportunity to discuss, develop and review a personalised care plan for current and future support and treatment.

[Statement 4](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-4-holistic-support-physical-and-psychological). People approaching the end of life have their physical and specific psychological needs safely, effectively and appropriately met at any time of day or night, including access to medicines and equipment.

[Statement 5](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-5-holistic-support-social-practical-and-emotional). People approaching the end of life are offered timely personalised support for their social, practical and emotional needs, which is appropriate to their preferences and maximises independence and social participation for as long as possible.

[Statement 6](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-6-holistic-support-spiritual-and-religious). People approaching the end of life are offered spiritual and religious support appropriate to their needs and preferences.

[Statement 7](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-7-holistic-support-families-and-carers). Families and carers of people approaching the end of life are offered comprehensive holistic assessments in response to their changing needs and preferences, and holistic support appropriate to their current needs and preferences.

[Statement 8](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-8-coordinated-care). People approaching the end of life receive consistent care that is coordinated effectively across all relevant settings and services at any time of day or night and delivered by practitioners who are aware of the person's current medical condition, care plan and preferences.

[Statement 9](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-9-urgent-care). People approaching the end of life who experience a crisis at any time of day or night receive prompt, safe and effective urgent care appropriate to their needs and preferences.

[Statement 10](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-10-specialist-palliative-care). People approaching the end of life who may benefit from specialist palliative care are offered this care in a timely way appropriate to their needs and preferences, at any time of day or night.

[Statement 11](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-11-care-in-the-last-days-of-life). This statement has been removed and replaced by Quality Standard 144

[Statement 12](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-12-care-after-death-care-of-the-body). The body of a person who has died is cared for in a culturally sensitive and dignified manner.

[Statement 13](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-13-care-after-death-verification-and-certification). Families and carers of people who have died receive timely verification and certification of the death.

[Statement 14](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-14-care-after-death-bereavement-support). People closely affected by a death are communicated with in a sensitive way and are offered immediate and ongoing bereavement, emotional and spiritual support appropriate to their needs and preferences.

[Statement 15](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-15-workforce-training). Health and social care workers have the knowledge, skills and attitudes necessary to be competent to provide high-quality care and support for people approaching the end of life and for their families and carers.

[Statement 16](http://www.nice.org.uk/guidance/qs13/chapter/quality-statement-16-workforce-planning). Generalist and specialist services providing care for people approaching the end of life and their families and carers have a multidisciplinary workforce sufficient in both number and in the mix of skills to provide high-quality care and support.

# What the Quality Statement Means for Us

We ensure that systems are in place to identify people approaching the end of life in a timely way. We use these systems to identify care and support to meet their needs and preferences.

End of life care forms part of holistic care, and as such it should be respected and planned.

As much information as possible is gained following admission during the initial assessment process to ensure that when the death of an individual occurs the relatives are aware of the individual’s preferences, for instance the individual’s choice of burial or cremation.

**Death of a Service User**

It is hopefully a rare occurrence that a death of a service user takes place whilst they are receiving a service from this organisation Nevertheless 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 service user, their family or representative have expressed as part of their care and support plan.

* Staff must remember that the death of a service user does not mean that information is not to be protected and that 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 which promotes the privacy and dignity of the service user their family or representative.

# Confirmation or verification of death [applicable to nursing services]

Confirmation or verification of death is defined as deciding whether a person is actually deceased. Confirmation or verification of death can be undertaken by a registered nurse

Certification of death requires a registered medical practitioner.

The involvement of healthcare professionals, including nurses, does not stop once an individual has died. Caring for dying people at home requires the use of care pathways that include care after death. Nurses are the health professionals most commonly present at the time of an individual’s death. They are therefore ideally placed to verify that a person has died and provide support and information to the bereaved.

# Principles of Practice

When discussion has taken place between the appropriate medical practitioner and nursing staff - and it has been agreed that further intervention would be inappropriate and death is expected to be imminent - designated nurses may confirm or verify the death. Wherever possible the relatives should be made aware of the individual's deteriorating condition and of the individual's care plan.

Where the death is unexpected, the nurse has the responsibility to initiate resuscitative measures, as long as they are in the best interests of the individual and unless an agreed statement has been made that resuscitation is not to take place.

These principles for practice can apply in any health care setting. The nurse must be trained and deemed competent to confirm the death, and there must be explicit details in the care plan/end of life plan.

# Responsibilities of the Nurse or GP

Record keeping is an integral part of the process and there is an expectation that the nursing and medical records must reflect that the death is expected.

Records should also show details of the confirmation of death, with the time, date and any other observations that were recorded. The time and date the doctor was informed must also be included.

# Education and Training

Education and training are made available and nurses and care staff should ensure they have enough confidence, competence, knowledge and skills to equip them for undertaking this role.

Education is based on broad principles for practice as identified in the NMC Code and NICE

Specific topics that may be included are aspects of accountability, current legislation and the necessary skills and knowledge to determine the physiological aspects of death.

Care staff receive training from 3CP Training.

# 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(s). Where an inquest is held, they have a duty to establish the cause of death in so 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 or the police 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 either within 14 days before death 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 of poisoning
* The death was sudden or unexpected
* The death was due to violence or neglect
* The death was in other suspicious circumstances or
* The death occurred in prison or police custody.

**In the event of a death**

In the event of a death of a service user the following process should be adhered to and staff should be supported and assisted throughout. Regardless of the experience of staff in working with the dying it is important to recognise the distress, shock or trauma that can follow, especially where the death is sudden or unexpected.

* If a staff member arrives on a scheduled visit and finds the service user has died their first response should be to dial 999 and request an ambulance. It is important to remember that the death has to be medically certified, so no assumptions should be made regarding the status of the service user. The body should not be moved or handled in any way before the medical services arrive.
* The office should be informed, this includes the on-call, where the death is discovered out of hours. Full details should be recorded, and an incident form completed.
* The staff member who made the discovery should remain at the address so as to assist fully with any enquiries.
* The medical services will lead and liaise with the office as required upon their arrival, e.g. they may ask that the staff stay until the undertaker or next of kin arrives, or the police may request they stay to secure the premises.
* Where staff are really distressed or anxious a member of the office-based staff may be asked to relieve them, and consideration should be given to the cover arrangements necessary for the rest of their schedule.
* The office will liaise with the lead agency until all formalities are settled, and the office will keep detailed records of any dialogue. The file will then be closed in the usual way.
* Consideration should be given to requests to any funeral attendees from the company. This will take into account such things as how long the service user was with us, their regular care workers etc. and the availability of cover.

This organisation will notify the Care Quality Commission (CQC) by email within 24 hours of the death of service user during their service provision as required under the Duty of Candour Regulation 20 of the 2014 Regulation.

**Please Note**

**There is currently a closed consultation on changes to the Death Certification process in England and Wales. The responses from the consultation are now under review and proposals to introduce Medical Examiners are currently in the public domain. When the guidance is finalised and the reforms completed this policy will be updated.**

**Related Policies**

Advance Care Planning

Assessment of Need and Eligibility

Basic Life Support

Consent

Dignity and Respect

DNACPR

Notifications

Nutrition, Hydration and Food Safety

Person Centred Planning

Prevention of Pressure Ulcers

**Related Guidance**

* Nice Guidelines NG31 published December 2015 Care of dying adults in the last days of life. <https://www.nice.org.uk/guidance/ng31>
* End of life care for adult. NICE Quality Standard (QS13) updated March 2017<https://www.nice.org.uk/guidance/qs13>
* Care of dying adults in the last days of life. NICE Quality Standard (QS144) published March 2017 <https://www.nice.org.uk/guidance/qs144>
* Skills for Care - Common Core principles and Competences for social care and health workers working with adults at the end of life <http://www.skillsforcare.org.uk/Topics/End-of-Life-Care/End-of-life-care.aspx>
* One Chance to get it Right – Leadership Alliance for the Care of Dying People. (5 Priorities of Care) <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf>
* Infection Control Guidelines for Care Homes <https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published>
* NICE Helping to prevent infection- A quick guide for managers and staff in care homes <https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Infection%20prevention.pdf>
* Nursing and Midwifery Code <https://www.nmc.org.uk/standards/code/read-the-code-online/>
* Guide to coroner services and coroner investigations – a short guide<https://www.gov.uk/government/publications/guide-to-coroner-services-and-coroner-investigations-a-short-guide>
* Notification of death Regulations 2019 <http://www.legislation.gov.uk/uksi/2019/1112/made>

**Training Statement**

All staff, during induction are made aware of the organisations policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, on-line, workbook, group meetings, individual supervisions and external courses are sourced as required.