

(NAME OF HOME)

Procedures Manual

Title: **PALLIATIVE CARE AND BEREAVEMENT (KLOE)**

1.0 Scope

1.1 Managing the care of the dying, bereavement of Service Users, relatives and staff.

2.0 Aims and Values

2.1 To maintain the dignity of the Service User and their relatives when the death of a Service User seems imminent.

2.2 To assist the Service User to have privacy, dignity, comfort and a dignified death.

2.2 To help Service Users, relatives and staff to cope with bereavement.

2.3 To ensure End of Life Care Plans are carried out in consultation and with the agreement of service users, families and advocates.

3.0 Contents

6.0 End of Life Care Plan.

7.0 Implementation of End of Life Care Plan.

8.0 Records.

9.0 Care of the dying.

10.0 Suspected sudden death of a Service User.

11.0 Action to be taken following the death of a Service User.

12.0 Actions to be taken by staff in relation to infection control.

13.0 Managing bereavement - Service Users.

14.0 Managing bereavement - staff.

4.0 Referenced Documents

C4-079 Person Centred Care Plan.

C4-081 Service User's Daily Report Record.

C4-083 Service User's Register.

C4-RMPB Service User's Personal Monies and Property Book.

C4-SSCB Senior Staff Communications Book.

MA-03 Infection Control.

5.0 Responsibilities

5.1 Management and all care staff.

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This is the procedure to be followed

6.0 END OF LIFE CARE PLAN

- 6.1 The end of life care provides a plan of care for the dying Service User. The plan provides a palliative framework to aid the Service User in their last stages of life and includes symptom control management, psychological and spiritual care and family support.
- 6.2 The aim of the plan is to ensure the quality of life of those Service Users who are at the end stage of their life. The plan should be created with input from the Service User and involve their family, GP other health care professionals, the Service User's key worker and staff. The development of the End of Life Care Plan should only be done through transparent actions and communications with all those involved.
- 6.3 The family and all others who support the Service User with the End of Life care Plan will be involved in making decisions about the end of life care.
- 6.4 The End of Life Care Plan should include:
- Assessment of care, treatment and support options.
 - Symptom management including medications prescribed for pain, pain management, nausea, agitation and sleeping. It is essential that the service user's family is aware of the different types of medication and the circumstances where their use might be deployed.
 - Where the Service User would like to end their days.
 - Meeting personal preferences, religious and cultural needs and where the person wishes to die. These should be clearly recorded, communicated, kept under review and acted upon.
 - Protected equality characteristics.
 - Arrangements for monitoring the changing conditions in the Service Users Health and wellbeing in the last days of their life.
 - Arrangements where required, that give people rapid access to support, equipment and medicines.
 - Agreement with the service user's family and supporters to the plan.
- 6.5 End of life Care Plan should commence following consultation with the service user's general practitioner, other health care professionals, family, carers, and advocates.
- 6.6 The manager should following consultation with the family, obtain written agreement to the plan (where practical) before commencement.
- 6.7 Before the plan can commence, the general practitioner must review all unnecessary interventions and sign the resuscitation and medication reviewed sections.
- 6.8 The plan should include arrangements to minimise unnecessary disruption to the care, treatment, support and accommodation of the person who uses the service, their family and those close to them.

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- 6.9 Where appropriate, the manager will reassure the Service User that they make arrangements to have access to the specialist palliative care services they need, particularly if they are unable to speak or communicate.
- 6.10 Where required, staff will consult with palliative care services; general practitioners about any specialist equipment that the Service User will need and to assess their comfort and promote dignity in the end stages of life.
- 6.11 The End of Life Plan is not a static pathway for delivering palliative care but should be reviewed by staff when required to ensure that the Service Users dignity and comfort are promoted around the clock. If staff believe that changes to the management of the Care Pathway will assist the Service User, then the General Practitioner should be contacted to review the plan immediately. All changes must be documented.

7.0 IMPLEMENTATION OF THE END OF LIFE CARE PLAN

- 7.1 The manager must ensure the implementation of the End of life Care Plan only commences on the advice of the Service User's GP.
- 7.2 The manager should ensure that when they agree to the Service Users End of life Care Plan they are in a position to allocate sufficient staffing resources to meet the requirements of the plan.
- 7.3 Staff should receive training and supervision to ensure they have the required skills to meet the needs of the Service Users End of life Care Plan.

8.0 RECORDS

- 8.1 The manager should ensure that staff keep detailed records of all matters relating to the End of life Care Plan.
- 8.2 Staff responsible for the End of Life Care Plan will record any expressed preferences and choices in the persons End of Life Care Plan. All care plan interventions will take into account the protected equality characteristics of the Service User and where they wish to die. Staff must ensure that these are acted upon.

9.0 CARE OF THE DYING

- 9.1 Where staff become aware that death of a Service User is imminent, the senior member of staff on duty and the care staff should carry out the following procedure. Staff should ensure that the Service User is:
- Clean.
 - Comfortable.
 - Warm.
 - Given appropriate lighting in the room.

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- 9.2 Staff should ensure the Service User’s privacy; dignity and respect are maintained (being aware that any remarks will still be heard).
- 9.3 Staff should see that the Service User’s possessions are at hand, should comply with the expressed wishes of the Service User and ensure that the Service User is not left alone. The manager provides facilities that enables relatives, carers and friends to stay with the Service User near the end of their life.
- 9.4 Where staff see a deterioration in the condition of the Service User and are concerned that end of life may be imminent, the senior member of staff on duty should ensure that the next of kin or nominated person is informed immediately and that the condition of the Service User has changed and should enquire when they wish to come to the service. Staff must ensure that the Service User has rapid access to support, equipment and medicines?
- 9.5 The senior member of staff on duty should make clear to the relatives that they can visit the service at any time and can stay with the Service User if they wish.
- 9.6 Staff should offer support to relatives and friends of the Service User who visit, by offering sympathy, comfort and refreshments.
- 9.7 Staff will need to be aware of the possible anger and frustration which may be directed at them and try to be understanding and sympathetic.
- 9.8 Where other Service Users ask staff about the welfare of the Service User, they should be informed, unless the Service User has expressed a wish otherwise.

10.0 SUSPECTED SUDDEN DEATH OF A SERVICE USER

Only a qualified medical practitioner can certify that a Service User has died. Staff who are faced with a situation where a Service User appears to have died should refer to the Service User as “a suspected death”.

- 10.1 If a Service User appears to have died, whether very recently or some time earlier, staff should:
- Gain access to the Service User’s room (if necessary), accompanied by another member of staff.
 - Immediately phone the Service User’s GP and inform them of the “suspected death”.
 - Not try to move the Service User until permission has been given by the GP or police.
 - Not touch any of the Service User’s possessions other than to make safe a potential hazard (e.g. switch off fires, kettles, ovens etc).
 - Comfort the Service User’s partner or relatives if they are present.
 - Never remove anything from the room.

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- Ensure that the room is left in a safe and secure condition.
- 10.2 The senior member of staff on duty must notify the next of kin, if they are not already present. This should be done in a sensitive way following guidelines shown below:
- Try to avoid using the telephone to inform a relative that the Service User has died unless absolutely necessary.
 - Think about whether there is another person who might be better able to do this who is less emotionally involved.
 - Think about the distance the relative must travel and the time this might take. It is not safe for a person in a distressed state to rush to the home over a great distance if the Service User has been certified as dead.
 - Many services adopt a policy of telling the next of kin that “your relative has taken a turn for the worse” as a way of asking next of kin to come to the service.
 - Once relatives have been told that the Service User has died, staff should offer support and warm refreshment. They should be offered a private room in which to spend some time alone and the opportunity to spend some time in private with the deceased.
 - Staff should liaise with relatives to ensure that any expressed wishes of the Service User are made known to the relatives.
- 10.3 Where Service Users have no known or declared next of kin, the manager should contact the local Social Services Duty Officer who is responsible for arranging the removal of the deceased service user and any other matters relating to the situation.

11.0 ACTION TO BE TAKEN FOLLOWING THE DEATH OF A SERVICE USER

- 11.1 The manager or senior member of staff on duty should inform the GP immediately. When appropriate, the GP should be informed of preference of the deceased for burial or cremation.
- 11.2 If relatives are not present when the Service User dies, they should be informed as soon as possible by the manager or senior member of staff on duty, indicating that the service user appears to have died, that the doctor has been contacted and, if possible, some indication of the likely time of the doctor’s arrival.
- 11.3 Following the death of a Service User the manager should carry out a risk assessment into any potential hazards to ensure safe working practices and ensure that staff follow the requirements of the Infection Control procedure, MA-03.
- 11.4 The Service User’s wishes about funeral arrangements should have been recorded soon after admission and confirmed with relatives. In cases where the Service User has no known relatives, the Social Services Department will take responsibility or, in the case of fee payers, responsibility will remain with the service.
- 11.5 There should be a record of the ethnic, religious or spiritual needs surrounding the death of a Service User. The manager should ensure that the body of the deceased

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person is cared for in a culturally sensitive and dignified way by staff and the funeral director.

- 11.6 Advice should be provided, by the manager or senior member of staff on duty, to relatives concerning funeral arrangements if required.
- 11.7 The funeral director should be requested to remove the deceased after death has been certified by the GP. The front door should be used unless there are circumstances which make this inappropriate. Personal items on the body should be recorded in the Service User's Daily Report Record, C4-081, and the Senior Staff Communications Book, C4-SSCB.
- 11.8 The wishes of the family should be respected as regards the funeral arrangements and confirmation sought from the family concerning attendance at the funeral by staff or Service Users.
- 11.9 Prior to the removal of any personal possessions from the room, the senior member of staff on duty should seek the co-operation of the relatives in completing the Service User's Personal Monies and Property Book, C4-RPMPB. Cash and valuables should be held in a secure place on the service user's behalf.
- 11.10 Following the death of a Service User the senior member of staff on duty should make final entries in the:
- Service User's Register, C4-083.
 - Person Centred Care Plan, C4-079.

12.0 ACTIONS TO BE TAKEN BY STAFF IN RELATION TO INFECTION CONTROL

- 12.1 Following confirmation by the GP of the death, and before carrying out the last caring duties for the Service User the manager must ensure staff follow the the requirements of the infection control procedure.
- 12.2 Depending on the circumstances it may be necessary to carry out a risk assessment to identify any potential hazards and ensure safe working practices.
- 12.3 The last caring duties for the Service User might include:
- Remove pillows / dirty linen / clothing.
 - Wash the body, comb hair, clean nails.
 - Lay arms and fingers straight.
 - Drainage bags either removed or out of sight.
 - Men to be shaved.
 - Wounds to be dressed.
 - Eyes to be closed.
 - Mouth closed with dentures in.
 - Tidy around the bed.

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13.0 MANAGING BEREAVEMENT – SERVICE USERS

- 13.1 Following the death of a Service User, staff should be aware of the possible reaction of other Service Users, which may result in:
- Loss of appetite.
 - Difficulty with sleeping.
 - Less outgoing than normal.
- 13.2 Staff should record any reactions by Service Users to the bereavement in the Service User's Daily Report Record, C4-081.
- 13.3 Staff should offer the opportunity to other Service Users to visit the deceased and attend the funeral if there are no objections from relatives.
- 13.4 Staff should be aware of the feelings of other Service Users, be open with them and offer them support.

14.0 MANAGING BEREAVEMENT – STAFF

- 14.1 The manager and senior member of staff on duty should take positive steps to inform all members of staff of the death of a Service User at the earliest opportunity.
- 14.2 The manager and senior member of staff on duty should be aware of any adverse reaction of staff resulting from the bereavement.
- 14.3 The manager and senior member of staff on duty should offer the opportunity to discuss feelings about bereavement at supervision sessions and provide staff with support and understanding.
- 14.4 Where staff believe counselling would be of help to them, then this should be arranged by the manager.
- 14.5 The manager should consider how they may commemorate the passing of a Service User.

NOTE: It is important that all referenced documents on page 1 are referred to when following this procedure.

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Guidance for managers

What the Care Quality Commission requires

Key Lines of Enquiry 2018 - **Responsive R3: How are people supported at the end of their life to have a comfortable, dignified and pain-free death?**

Prompt	Compliance Evidence
R3.1 Are people's preferences and choices for their end of life care and where they wish to die, including in relation to their protected equality characteristics, spiritual and cultural needs, clearly recorded, communicated, kept under review and acted on?	Para 8.2 of this procedure addresses the prompt
R3.2 How are people, and their family, friends and other carers, involved in planning, managing and making decisions about their end of life care?	Para 6.3 of this procedure addresses the prompt
R3.3 How are people reassured that their pain and other symptoms will be assessed and managed effectively as they approach the end of their life, including having access to support from specialist palliative care professionals, particularly if they are unable to speak or communicate?	Para 6.4, 6.9 and 6.10 of this procedure addresses the prompt
R3.4 How does the service make sure that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required, that people have rapid access to support, equipment and medicines?	Para 6.4 of this procedure addresses the prompt
R3.5 How does the service support people's families, other people using the service and staff when someone dies?	Section 11.0 of this procedure addresses the prompt
R3.6 What arrangements are there for making sure that the body of a person who has died is cared for in a culturally sensitive and dignified way?	Para 11.5 of this procedure addresses the prompt

Managers will need to demonstrate to CQC that they are complying with the regulation and Fundamental Standard by following the procedure or policy that provides the evidence.

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