NursingDirect

REFERENCE NUMBER OF DOCUMENT:	11.2.366.02
COMMITTEE IDENTIFICATION:	Galago Directors
SECRETARIAT:	MS
DOCUMENT TYPE:	External Policy
DOCUMENT LANGUAGE:	E
THIS POLICY IS FOR:	Staff including Agency Workers (temporary workers), Commissioners and Service Users

UNEXPECTED DEATH

WARNING:

If the document contains proprietary information, it may only be released to third parties after management has approved its release.

Unless otherwise marked, documents are uncontrolled; uncontrolled documents are not subject to update notifications.

The latest revision of this document can be found in the reference panel above. It can also be determined and double checked by checking the 'Master Document List' before using or sending.

Any changes must be requested through the 'Document Control Manager' by submitting a 'Document Change Request' form.

UNEXPECTED DEATH OF A SERVICE USER POLICY AND PROCEDURE

This policy ensures that Nursing Direct Healthcare Limited (hereinafter referred to as "Nursing Direct") upholds its duty of care in the event of an unexpected death of a Service User at home, in the community or elsewhere outside a hospital. It provides clear guidance and protocols for staff, including agency workers, to handle such events with sensitivity and professionalism. Given the complexities of unexpected deaths, multi- agency involvement may be necessary, posing challenges for both the bereaved family and professionals involved.

Nursing Direct acknowledges that an unexpected death under its care can be distressing for both the family and healthcare team. The causes may vary and necessitate tailored approaches. While some deaths may be unrelated to the services provided, the organisation recognises the need for clear guidelines to support appropriate action.

This policy aligns with Regulation 9: Person-Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, ensuring that care and treatment meet individual needs and preferences, including at the time of death. Additionally, Nursing Direct complies with Regulation 16 of the CQC (Registration) Regulations 2009, requiring notification of deaths occurring during service provision or in connection with it.

Nursing Direct is committed to adhering to all legal requirements and best practices in managing unexpected deaths, ensuring dignity and respect for service users and their families.

1. PURPOSE

1.1 To outline the policy and procedure that all staff including Agency Workers 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 individual is deceased, the following procedure must be followed. Otherwise, basic life support will be started, and the Emergency Services will be called.

1.3 To follow best practice guidance and protocols to support Nursing Direct in meeting the Key Lines of Enquiry and the Quality Statements set out by the Care Quality Commission (CQC).

1.4 To meet the legal requirements of the regulated activities that Nursing Direct 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
- Nursing and Midwifery Council (NMC) Legislation
- Coronavirus Act 2020

2. SCOPE

2.1 The following roles may be affected by this policy:

- All Staff including Agency workers

2.2 The following people may be affected by this policy:

- All Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Commissioners
- External health professionals / External organisations
- NHS / Local Authorities / CCG / ICB

3. OBJECTIVES

3.1 To ensure that all staff including Agency Workers are clear on what actions they must take and what protocols to be followed if an individual is found deceased and the death is sudden or unexpected, whilst ensuring that the deceased Service User is treated with dignity and respect.

3.2 To ensure that all staff including Agency Workers are provided with support following an unexpected or sudden death of an individual whilst providing regulated activities, whilst the bereaved family and representatives are also supported at this time.

3.3 To identify under what circumstances the Service User's death should be investigated, the level of record keeping and who has responsibility for this.

4. POLICY

4.1 The sudden death of a Service User will be handled promptly, sensitively, and with compassion. The dignity of the deceased, along with their religious and cultural beliefs, as well as those of their relatives and caregivers, will be respected at all times.

4.2 Nursing Direct recognise it has legal, contractual and specific duties to report the deaths of Service Users to the various statutory bodies as well as other bodies. Where relevant, it also has a duty to ensure that any untoward incidents which may have played a part in the Service User's death are not only identified and reported, but that appropriate investigations are carried out to ensure that lessons are learnt.

4.3 All staff, including Agency Workers, will work co-operatively with Emergency Services and Coroner's Office.

4.4 Nursing Direct will ensure that all staff including Agency Workers have received basic life support training and understand the procedure in the event of a sudden or unexpected death.

4.5 Nursing Direct will ensure that any Advance Directives (Living Wills), including any 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) instructions, are included with the Care Plan, or kept in an agreed safe place and are shared with all staff including Agency Workers. They will also be trained to understand the Resuscitation Council ReSPECT process.

4.6 When a Service User's circumstances change or a care plan review is required, the validity of the Advance Directive and/or DNACPR will be checked to ensure it is still valid.

4.7 It is standard practice to have a medical professional verify the death of an individual (whilst providing regulated activities). This could be a GP or Paramedic, or other suitably qualified person. Following verification of death, care after death can be performed according to the wishes of the deceased as far as is reasonably practicable.

Note: Verification of death is the process of confirming the fact of death. It is different to certification of the cause of death. Certification of the cause of death remains the responsibility of a registered medical practitioner via a Medication Certificate of Cause of Death (MCCD) that can be completed later.

4.8 Nursing Direct will ensure that staff including Agency Workers understand and follow the Mental Capacity Act 2005 and comply with the Code of Practice as well as understanding the implications of the Deprivation of Liberty Safeguards.

5. PROCEDURE

5.1 **DNACPR - Do Not Attempt Cardiopulmonary Resuscitation**
All staff including Agency Workers must be aware at all times about which Service Users are for active resuscitation, and which Service Users have DNACPR in place. Staff including Agency Workers will understand the importance of ensuring that Service User's wishes and preferences are recorded and shared/agreed with a medical professional when determining the actions staff including Agency Workers must take in the event of a medical emergency.

5.2 **Sudden Death Procedure**
If you discover a Service User who appears to be deceased, do not leave the home/ premises, and follow these steps:

1. **Record the Time**
   Note the exact time of discovery.

2. **Call the Emergency Services, ask for the Police and Ambulance**
   Give as much detail about the deceased Service User's circumstances and position as possible, give directions if necessary. Follow any instructions given by the emergency services e.g. not touching the deceased Service User.

3. **Resuscitation**
   If the deceased Service User is for resuscitation, staff including Agency Workers should follow the Resuscitation Policy and Procedure at Nursing Direct and the directions from the emergency services.

4. **Preserve the Scene**
   Try not to disturb the scene, do not touch, move, or disturb anything apart from during any resuscitation attempt.

5. **Medical Equipment & Medications**
   Do not remove, change, or stop any medication infusions or any life-prolonging medical equipment before the Police arrive on the scene.

6. **Notify Nursing Direct**
   Inform Nursing Direct or the Out of Hours service as soon as possible.

7. **Assist Emergency Services**
   Co-operate with the Emergency Services when they arrive.

8. **Safeguarding Alert**
   Where abuse is suspected to have played a part in the death of the deceased Service User, the staff including Agency Worker on duty will notify Nursing Direct who will consequently submit a safeguarding alert at the earliest opportunity, following the Safeguarding Policies and Procedures of Nursing Direct.

9. **Confirmation of Death**
Staff, including Agency Workers, must remain on duty until the death is confirmed and the Police determine whether the Coroner's involvement is necessary. The deceased Service Users body cannot be removed until this process is complete.

10. **Incident Reporting**
The staff including Agency Worker who witnessed the death, arrived first on the scene or who has concerns about the circumstances of the death must complete an incident and accident form and be given to Nursing Direct immediately.

Other processes that may take place;

- **The Coroner** – May order a postmortem examination to determine the cause of death and then issue the documents allowing the death to be registered.
- **The Police** – Will arrange for the body to be moved by a funeral director acting for the coroner if the death is unexpected.
- **Funeral Directors** – Provide a service any time of day or night to move the deceased to a funeral home.
- **Specialist Cleaning Services** – If the death involved some kind of trauma, it may require specialist cleaning services to help deal with the place where the Service User has died. There are companies that provide these services with sensitivity and discretion.
- **Safeguarding** – Where abuse is suspected to have played a part in the Service User's death, Nursing Direct will submit a safeguarding alert at the earliest opportunity and follow the Safeguarding policies of Nursing Direct.

Staff including Agency Workers should refer to the Death Investigation in England and Wales for further information.

5.3 **Cultural, Religious or Belief Considerations**
Staff including Agency Workers 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.

5.4 **Nursing Direct's Responsibilities**
- Where staff including Agency Workers may not be able to complete the care visit record or remove it from the home, Nursing Direct will need to ensure that a timeline of events is clearly recorded by asking the staff including Agency Workers to provide a detailed report. This may be required if there is a Coroner's inquest.
- Staff, including Agency Workers, may complete a digital record in the usual way and must be sure to add details to the record, confirming time of arrival.
- Any paper care records, medication records, visit logs, monitoring forms etc. must be safely stored in the event that there is a request for information from the Police or Coroner.
- The police or coroner may request access to digital care records. Nursing Direct understands the requirement for this and will allow secure access as and when requested.

5.5 **The Registered Manager's Responsibilities**
- If the death occurred whilst the staff including Agency Workers were present or may have been a result of the regulated activity and how it was provided, 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 staff including Agency Workers failing to fulfil their role, e.g. they failed to attend, or there had been concerns about the Service User prior to their death and this was not reported and escalated, a Safeguarding Vulnerable Adults and Children 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 Nursing Direct.
- The incident will be reviewed by the Registered Manager as part of the governance procedures at Nursing Direct to understand if there are any lessons that can be learnt.

5.6 **Unable to Gain Access - No reply**
- If staff, including Agency Workers, arrive at the service user's residence, are unable to gain access, but observe the service user in a compromised condition, emergency services must be called immediately.
- If the staff, including Agency Workers, are unable to see the service user and receive no response the Access to People's Homes (No Reply) Policy and Procedure must be followed.
- During these events, Nursing Direct will ensure that all other service user visits are appropriately covered.

5.7 **Informing Relatives**
- Staff including Agency Workers must not contact family, friends etc. of the deceased Service User to inform them of the unexpected death
- The Registered Manager or a nominated member of the clinical team will first liaise with the Police and/or GP and take direction from them regarding notification to family members
- If the Local Authority/ICB is involved in the Service User's care and support, guidance may also be sought from them, where possible, before any family, relatives etc. are notified
- Once the Registered Manager or nominated member of the clinical team has approval to inform the family, friends etc., contact must ideally be undertaken face to face. The person informing the family, friends etc. must be suitably trained and have the knowledge to carry this out
- The Registered Manager or nominated member of the clinical team must record in the deceased Service User's daily notes and the CQC notification, the date and time these calls or meetings took place

- If the Service User's death has occurred as a result of something going wrong with their care, the Registered Manager or person of sufficient seniority that this is delegated to, should explain to the family with openness and empathy what is known so far about the Service User's death, acknowledging and apologising that the event has happened, in line with the Duty of Candour policy at Nursing Direct. If an investigation is to take place, this should be explained with as much as is currently known about what that investigation will involve. Family members should be offered the opportunity to be involved in the investigation as much or as little as they wish.

5.8 **Support for Staff including Agency Workers**

- The sudden or unexpected death of a Service User can be distressing and upsetting for staff including Agency Workers. Nursing Direct will maintain communication staff including Agency Workers at the property to offer support.
- Arrangements for staff including Agency Workers support following a sudden death incident will be made via Nursing Direct management.
- Staff including Agency Workers must be given the opportunity to attend bereavement training.
- Nursing Direct should take into consideration the length and intensity of the professional working relationship between staff including Agency Workers and individuals and their family/representatives when deciding whether they can attend the funeral, with agreement of the deceased service user's family.

5.9 **Investigation**

The system for death investigation in England and Wales essentially fits into one of four pathways (GOV.UK 2024):

1. Death which is anticipated due to naturally caused ill health and where a medical doctor is able to issue a Medical Certificate of the Cause of Death (MCCD).

2. Death where a doctor is unable to issue an MCCD because there is reason to suspect the death is violent or unnatural, or they have not recently attended the deceased or because the cause of death is unascertained. The case is then referred to a coroner for investigation. This will usually involve the police and a coroner's officer, who attends the scene of the death to complete an initial investigation on behalf of the coroner. If the outcome of that investigation is that the death is not suspicious and there is no third-party involvement, the coroner will continue with the investigation. This is often assisted by the police and may involve the coroner appointing a non-forensic hospital pathologist (known as a 'histopathologist') to conduct a post-mortem examination to help determine the medical cause of death.

3. Non-suspicious, unnatural deaths that will need automatic referral to a coroner, for example, deaths from industrial disease, suicides, or drug-related deaths.

4. Death where the outcome of the police investigation is that the case is suspicious (caused by a criminal act). The police then take on primacy in the investigation. In consultation with the police, the coroner will appoint a Home Office registered forensic pathologist to conduct the post-mortem examination. Normal non-forensic post-mortem examinations and forensic post-mortem examinations are very different. Therefore, if the outcome of an initial police investigation is flawed, and the decision by the police is that the case is not suspicious, there will be no forensic examination of the body, and a potential homicide could be missed.

For any unexpected death, staff including Agency Workers must work with the coroner and police to establish roles and responsibilities in the investigation process.

Following the reforms to death certification from 9 September 2024:

- A medical practitioner will be eligible to be an attending practitioner and complete an MCCD, if they have attended the deceased in their lifetime
- The attending practitioner will propose a cause of death, if they can do so, to the best of their knowledge and belief
- The introduction of medical examiners will see routine, independent scrutiny of the cause of death proposed by an attending practitioner
- Attending practitioners must share the MCCD and proposed cause of death with a medical examiner, who will scrutinise these before submission to the registrar
- Under the medical examiner's regulations, medical examiners provide independent scrutiny of causes of death and will be a contact for bereaved people who wish to ask questions or raise concerns
- A new MCCD will replace the existing certificate to reflect the introduction of medical examiners, who will scrutinise the proposed cause of death

6. DEFINITIONS

6.1 **Staff including Agency Workers**

6.1.1 **Staff**

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 **Agency Workers**

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 **Nursing Direct**

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 **Nursdoc Limited**
As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 **CQC (Care Quality Commission)**
CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 **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 persons'
- 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

6.6 **Coronavirus**
Novel coronavirus is a new strain of coronavirus first identified in Wuhan City, China. The virus was named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease it causes is called COVID-19

6.7 **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 to make immediate decisions about that person's care and treatment. ReSPECT can be complementary to a wider process of advance/anticipatory care planning.

6.8 **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.

6.9 **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

6.10 **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

6.11 **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

6.12 **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

6.13 **Unexpected Death**
Unexpected death is a term used when deaths occur under unexplained or suspicious circumstances

6.14 **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

6.15 **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

OUTSTANDING PRACTICE

To be 'outstanding' in this policy area Nursing Direct would provide evidence that:

- The wide understanding of the policy is enabled by proactive use of the Policy and procedures.
- The sudden death of a Service User is reviewed as part of the governance processes at Nursing Direct to understand any lessons learnt
- Nursing Direct understands its responsibility in relation to the Duty of Candour and has a process in place for communicating with bereaved relatives openly and in a sensitive manner
- Service Users' End of Life wishes are recorded clearly in the Care Plan and communicated to staff including Agency Workers

- There is evidence that staff including Agency Workers have been provided with support following the sudden or unexpected death of a Service User

FORMS

Police Practice Advice: Dealing with Sudden Unexpected Death – Suspected homicide' guidance. Figure 1 below, shows the process of a death investigation which now includes the Medical Examiners scrutiny of the MCCD.

COMPLETED DATE:	16.04.2025
SIGN OFF DATE:	16.04.2026
REVIEW DATE:	16.04.2027
SIGNED:	 Marc Stiff – Group Managing Director