

Policy name: Death of a service user 1.10

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1	Sandra Haughton (SH)	Jul 2015	First draft
2	Sandra Haughton (SH)	Feb 17	Major Changes to document to stay in line with compliance.
3	Sandra Haughton (SH)	Feb 18	Major Changes to document to stay in line with compliance.
4	Karen Clandon (KC)	Feb 21	No changes

1.10 Death of a Service User

1.10.1. Introduction

Death can occur in all circumstances; it may be sudden and traumatic or anticipated and expected and affects all ages.

Being an Independent Healthcare Provider for Ophthalmology without overnight patients, death of a service user would be unexpected and might occur while services are being provided in the carrying on of a regulated activity or may result from the carrying on of a regulated activity.

1.10.2. Purpose

The purpose of this policy is to support iSight staff, involved in the care of a deceased user of the services, in understanding the issues around death, and to provide them with advice on how to maintain patients' privacy, dignity and respect. Staff are expected to maintain a caring and sensitive attitude to relatives and carers of the deceased patient.

1.10.3. Aim

The aim of this policy is to ensure that all staff involved in the care of the service's user have the capacity to respond in the most appropriate way according to their respective roles and the needs and preferences of those affected. The intended to set out the values, principles and practices underpinning iSIGHTS approach to services users who die while in the care the clinic.

1.10.4. Statement

iSight is committed to ensuring that deceased patients and bereaved relatives receive a high standard of care.

iSight will ensure that staff involved in any aspects of care of the deceased and those affected by bereavement will deliver high quality, safe, effective and sensitive care whilst discharging their duties and obligations within the resources allocated to them.

This Policy fully adheres to the outcomes Essential Standards of Quality and Safety and its associated outcomes set out by the Health and Social care Act 2008 for regulated activities.

This policy should be read in conjunction with relevant legislation

1.10.5. Scope

This policy applies to all staff in the clinic who assess and meet the supportive care needs of patients/clients, bereaved relatives and carers, and those that have a statutory obligation to comply with legislative requirements in the event of death.

1.10.6. Duties

The **Chief Executive** has the ultimate responsibility for all policies and procedures within the organisation ensuring that all care offered to patients conforms to its expected standards of privacy and respect, and in accordance with all equality and diversity legislations. That responsibility extends to ensuring that deceased patients and the bereaved are treated sensitively and in accordance with their cultural and religious requirements, as far as is practicable.

The **Clinical Services Manager (CSM)** is responsible for ensuring this policy is disseminated throughout the clinic, that all staff is aware of relevant policies and that they are implemented appropriately. CSM also has the duty of identifying any factors that may prevent compliance with the policy within iSight. All clinical staff must be able to recognise where they do not have the abilities to perform their duties in the event of death of a service user, however, is the CSM responsibility to arrange for training and support for the staff lacking in some skills and to ensure that all of their staff are aware of where to seek counselling and support if they need it at difficult times

Clinical staff has the day-to-day operational responsibility for taking the necessary actions once death has occurred. All clinical staff has a responsibility to ensure that the deceased's body is treated with the utmost respect and sensitivity and that the body is only removed from the premises in accordance with the agreed practice. All staff must be able to assess patients with sensitivity regarding disability, gender and race considerations.

It is the **CSM** the responsibility to notify the CQC of the deaths of people who use services so that, where needed, CQC can take follow-up action. There is a specific form provided by the CQC that the CSM needs to fill and send directly and without delay directly to the CQC, that can be found in: F:\applications\Wordp\POLICIES and PROCEDURES 2012\1. General Policies\Policies\1.10 apx Death notification Form for the CQC

If the patient does not have any next of kin close friend to undertake the guidance the **senior person on duty** contacts the patients GP to arrange to certify the death.

1.10.7. Policy

At iSight all deaths are sudden and without warning. Since all of our patients are ambulatory patients on the event of a death on site the senior person on duty will contact an ambulance and the next of kin. If the patient does not have a next of kin the senior person on duty will contact the patient's GP to arrange to certify the death. The service user's GP will inform the coroner's office and the body should not be moved until the coroner has been notified.

The staff affected by a service user's death will be offered emotional support and bereavement counselling if needed.