*OP23 Death of an Individual who Uses our Service*

1. **Policy Statement**
	1. Shared Lives South West is committed to ensuring that Carers and employees understand what to do as far as is reasonably possible in preparation for, and in response to, the death of an individual who uses our services taking place, and that those affected are properly supported through an emotional and traumatic period of time.
2. **Discussing and Preparing for Dying**
	1. Shared Lives Coordinators and carers should use a person-centred approach when talking about dying and bereavement with individuals who use Shared Lives services.
	2. Shared Lives Coordinators should ensure discussions about dying take place at least annually during the review of an individual’s Shared Lives Plan and should provide support to carers so that they are also able to have these conversations with the people they support.
	3. Carers, supported people and Shared Lives Coordinators should work together to ensure all required information is readily available within a person’s Shared Lives Plan and/or Hospital passport. This should include Next of Kin, identification of a will and location of a funeral plan if they exist.
	4. Talking to people about dying and death is difficult, but it is really important to ensure they are prepared for the inevitable. Topics might include:
* Talking about dying
* Making and storing a will
* How to ensure their dying wishes are clear and understood, making funeral arrangements and how these will be paid for.
* Talking about, encouraging and supporting individuals to purchase funeral plans
* Whether the person wants to go on the organ donation register and what this means
1. **What to do When an individual Dies at home**
	1. Upon discovering that an individual has died, the emergency services should be called.
	2. If the person has recently been treated by a Doctor, the Carer may be asked to contact the person’s GP. If this is out of working hours, the GP practice’s on-call number should be used and the on-call GP should attend to verify the death.
	3. A medical professional such as GP, Qualified Nurse or Police officer will need to attend to verify the death. The police or GP may make arrangements for the body to be moved on behalf of the coroner for an autopsy to establish the cause of death. The carer should ensure the professional in attendance understands the deceased person is being cared for in a formal arrangement.
	4. The carer should ask the attending professional to make arrangements for moving the body because the person is in a formal care arrangement.
	5. It is of upmost importance that the dignity of the deceased is maintained and trauma for the carer and household is minimised.
	6. If there is a next of kin they will be responsible for contacting a funeral director to have the body moved to a funeral home, following a Funeral plan or any expressed wishes if previously indicated.
	7. The carer or Shared Lives South West should contact the Adult social care duty team of the local authority where the individual has died and ask them who to contact to arrange the removal of the body. It is important that a record of the name of the duty team call handler is kept.
	8. If there is no funeral plan or next of kin, the Carer should request that the attending Dr or emergency services contact the coroner or funeral director to instruct removal of the deceased body.
	9. Under no circumstance should a carer or member of Shared Lives South West staff make first contact with a funeral director, as this may make them liable for subsequent costs.
	10. If the attending professional or the emergency duty team are unable to guide, it may be suitable for the carer to contact a funeral director but they must be clear that they or Shared Lives South West are unable to pay for services and the deceased is the responsibility of the local authority.
	11. Funeral directors will be able to advise if they hold a contract with the local authority for ‘Public health’ deaths or funerals.
	12. If the attending doctor or emergency services have any concerns about the death they may have the body transported to a coroner for further investigation. In such an event they will advise of the next steps.
2. **When an individual dies in a hospital**
	1. If the individual dies in hospital or whilst in transit to a hospital but does not have a next of kin, the NHS will be responsible for making the necessary arrangements
3. **Registering the Death**
	1. A death needs to be registered within 5 days unless a coroner is investigating the circumstances of the death.
	2. In most cases, deaths are recorded by a relative or next of kin of the person. If there are no relatives or next of kin the following people can register a death:
* Someone who was present at the death. This could include a relative, the Shared Lives carer or a Shared Lives South West staff member.
* A person who also lives at the house where the person using Shared Lives died. This could include the Shared Lives carer or any other adult living in the home.
* If the person died in hospital, a hospital administrator will usually register the death
	1. A doctor will issue a death certificate, which explains how and why that person died. This will usually be the person’s GP or a doctor who cared for the person during an illness that led to the death and who understands the patient’s medical history. In hospital it will usually be the consultant in charge of the person’s care who will have responsibility for certifying the death. The purpose of the death certificate is to:
* Enable the death to be registered
* It provides a legal record of the death
* It ensures the disposal of the body can take place
* It enables the deceased’s estate to be taken care of
	1. For the death to be registered the registrar will require;
* The death certificate issued by the doctor
* Any coroner’s report where a post mortem has been carried out
* A copy of the person’s birth certificate or passport if available
	1. At the end of the process the registrar will issue a death certificate. There is usually a small fee for this, which should be paid by the next of kin, a family member, the executor of the will, or whoever is sorting out the estate of the deceased.
	2. The death must be registered at a government Register Office.
1. **Other organisations to contact**
	1. The Shared Lives Coordinator will notify the individual’s social worker or care team of their death and handle any discussions or arrangements thereafter if they haven’t been notified previously.
	2. If the person who has died was receiving a regulated activity SLSW will also notify CQC of the death ‘without delay’ using the relevant notification form.
	3. In the days following the death, the Shared Lives Coordinator and a member of the Funding & Benefits team should meet to identify all other parties that need to be informed such appointees, DWP, HMRC, Motability, mobile phone providers, DVLA etc, and produce a plan of action to handle each one, liaising with any next of kin as necessary.
2. **Funeral Arrangements**
	1. The next of kin is responsible for arranging the funeral, taking into consideration any will or plans the person might have made prior to their death.
	2. Where there is no next of kin, Shared Lives South West will discuss the situation with all relevant parties, taking into consideration access to finances to fund the funeral, and ultimately contacting the local authority if they are responsible for make the arrangements.
3. **Support following a death of an individual using our service**
	1. Shared Lives South West recognises that it is always traumatic and difficult when someone dies, but even more so when the person has lived as part of the family.
	2. Carers may find that they are giving support to grieving relatives and friends and need to ensure they take time for themselves and ask for the help and support that they need.
	3. Shared Lives South West will ensure that the carer has access to both the practical and the emotional support they need at this difficult time. The Shared Lives Coordinator will also engage the support of other agencies if that is appropriate and helpful to the carer.
	4. SLSW staff build close, trusting relationships in the course of their work and the death of a person supported may be triggering. SLSW staff should, with support of their line manager, ensure they are able to take sufficient practical steps to maintain their wellbeing and continuity of work, which might include considering peer support and/or external support.
4. **Review**
	1. This policy will be reviewed every two years, or earlier if needed.
5. **Responsibilities**
	1. The Registered Manager has overall responsibility for the implementation of this policy.