



**APRIL COMPLETE CARE SOLUTIONS LTD  
(The “Company”)**

**Death & Dying Policy**

**April Complete Care Solutions Ltd**

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## **Introduction**

April believes that every individual has the right to die with dignity, without pain and in their own familiar surroundings, with people they know and trust nearby. The quality of care an individual receives in their last days is as important as the quality of life that they experienced prior to this time.

April recognises the complexities associated with death, dying and bereavement and the impact these processes have on our vulnerable client groups. Particular communication difficulties can add further complications to complex and emotive issues. We also recognise the additional emotional intensity resulting from the long-term relationships built up over many years between staff and individuals.

The company ensures that the ageing, illness and death of a individual are handled with sensitivity and respect by its staff. The staff team will take full account of the individual's physical, emotional, cultural and spiritual needs and wishes.

The company also believes that individuals and staff should have appropriate counselling and support to help them through the bereavement process. In the event of a death, April will contact you and invite you to attend a counselling and support meeting as soon as you feel able to attend. Further or ongoing sessions can be planned as you feel necessary.

## **AIM OF THE POLICY**

This policy is intended to set out the values, principles policies and procedures underpinning the approach to the treatment of dying individuals and support through the bereavement process.

### **1. Preparing for death**

1.1 We should ensure that every reasonable effort is taken to ascertain the views of individuals towards their own death. This may include an advance medical directive, which will contain specific instructions to the health care team in the event that the individual is no longer able to express their own wishes in the context of a future serious medical condition.

1.2 It is necessary to consider the appropriateness of resuscitation in the event of cardiopulmonary failure. Any decision not to resuscitate should always be taken following full and open discussion between everyone who is concerned for the welfare of that individual and recorded appropriately in a fully compliant DO NOT RESUSCITATE or DNR document .

1.3 We should ensure that all individuals with the assistance of their family and friends (if that is what the individual desires) are given the opportunity to discuss and plan for ageing, terminal care and death.

1.4 The individual's needs and wishes should be fully documented and should take into account any specific requirements i.e.

- Cultural needs
- Religious/Spiritual needs
- Financial considerations
- Palliative care arrangements
- Who, when, how information about dying-death is shared
- Specific requirements for burial/cremation
- Specific funeral service requirements

1.5 There should be clear written guidelines for staff detailing preferred ways of communicating with a individual about these issues. For example, do staff agree that direct and open discussion with the individual about their death is a preferred option? These guidelines should also assist staff to know how best to reassure and support the individual.

## **2. Care of the Dying**

1. Individuals should be allowed to die in peace, quietly and reverently.
2. All staff should deal with the death of the individual with sensitivity and respect.
3. Individual's wishes concerning terminal care and death should be discussed, respected and carried out, including observation of religious and cultural customs.
4. Specialist professionals or agencies can provide palliative care, bereavement counselling, practical assistance and advice if the individual wishes.
5. Individuals should be able to die at home, if that is their wish, unless there is a medical reason for an alternative setting.
6. Individuals, especially those who have been terminally ill for some time, should be offered the choice of dying at home or in a hospice if this is possible.
7. Other individuals and staff should be supported to deal with the illness or death of the individual.
8. The daily routine of washing, bathing, grooming should continue as far as possible to preserve the dignity of the individual.
9. Care plans and guidelines for individual individuals should take full account of the need to eliminate or minimise distressing symptoms:

### **i) Pain:**

- Every effort should be made to prevent and minimise pain.
- Pain and pain control measures should be continuously assessed and should take account of non-verbal as well as verbal indicators of pain.
- The team should seek to identify all factors that relieve or aggravate pain for that individual (e.g. heat, cold, noise, touch).

### **ii) Anorexia, nausea and vomiting:**

- Offer small appetising, easily digested foods.
- Keep the mouth and teeth fresh and clean at all times in order to prevent infections.

### **iii) Difficulty in swallowing/dehydration:**

- Offer frequent drinks off choice in small amounts.
- Maintain good mouth care.

- Record fluid input/output to check on fluid balance if required.
- Watch for signs of dehydration and report any concerns to the manager.

iv) Difficulty with elimination:

- All staff should be aware of the distress experienced by individuals with urinary and or faecal incontinence.
- Staff should deal urgently and sympathetically with episodes of incontinence.

v) Skin Integrity:

- Maintain appropriate diet and fluid intake so as to improve tissue resistance to pressure.
- Ensure regular standardised assessment of tissue viability.
- Prevent skin damage utilising good practice in the way that the individual is handled and moved.
- Ensure that the consequences are dealt with promptly and adequately.
- Position individuals in ways that avoid potentially damaging and localised pressure, regular and frequent changes of position are an integral part of the individuals care plan. Appropriate specialist equipment should be utilised.

Vi) Difficulty with Breathing:

- Ensure adequate ventilation in room.
- Monitor respiratory function.
- Help individual to maintain posture consistent with good respiratory function.
- Seek emergency medical assistance.

vii) Personal Care:

- Where ever possible the individual should be encouraged to continue to care for themselves.
- Where staff are increasingly required to contribute to the individual's personal care every effort should made to ensure maximum privacy and dignity.
- Particular care should be taken with eyes, mouth perineal area, hair and feet/nail care.

viii) Psychological and Emotional issues:

- Every one is an individual and will express fear of death, dying or pain in different ways.
- Carers should make every effort to spend time in the company of the individual – who may well be feeling very lonely at times.
- Individuals should be enabled to express their thoughts and feelings in a safe and secure environment.
- Individuals may benefit from visits from representatives of their chosen faith – if any.
- Individuals should be given every opportunity to maintain a positive self image.
- The staff team should be aware of and respond to the changing emotional needs of the dying individual.
- Staff should be open and honest in their communication.
- Special care should be taken to ensure that no member of staff can be overheard discussing the condition of the individual.

### 3. Actions following a death

Inform the manager who will contact the next of kin if not already done.

Call the emergency services.

The manager will notify the GP immediately and the time and persons present at death must be recorded. The GP will confirm that death has taken place and in most cases will issue a death certificate.

When the cause of death is sudden, uncertain or through injury the GP will notify the local coroner, who will investigate the cause of death and issue the certificates required.

Carers must ensure that all these tasks are carried out with sensitivity maintaining privacy and dignity at all times.

The manager will send a notification of death to CIW as soon as is practicable to do so.

#### **Failure to gain access to an individual's home:**

If you cannot obtain an answer from a individual you should:

Check through the letterbox, windows and back of the house to see if it is accessible.

If you cannot see the individual check with neighbors.

If the neighbor cannot help telephone the office and the Care Manager will inform you as to further action.

If you can see individual by any of those means and they are on the floor or not responding:-

Ring for an ambulance.

Ring Care Manager.

If you know of a key holder near by, go to them - contact office when you reach them.

#### **If you find an individual who has passed away:**

Call the emergency services.

Call the office, on-call Duty Manager depending on the time of day. DO NOT TOUCH ANYTHING. Someone will come to assist you at once.

If the individual lives in sheltered accommodation pull the emergency cord.

**EVERY TIME YOU ARE UNABLE TO GET AN ANSWER FROM AN INDIVIDUAL YOU MUST REPORT THIS IMMEDIATELY TO THE OFFICE OR ON-CALL MANAGER IF OUT OF OFFICE HOURS.**