

Title of SOP: Procedures Following the Death of a Customer

Custodian: Group Managing Director

Version Number: 04

Issue date: 29.08.25

Review date: 29.08.28

STANDARD OPERATING PROCEDURE (SOP)

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| Title of SOP | Procedures Following the Death of a Customer | | | | | |
| What type of document is this? | Standard Operating Procedure | SOP Reference Number | HHH-SOP-015 | | | |
| Purpose of SOP | <p>Helping Hands is committed to ensuring that individuals who are receiving care from Helping Hands at the time of their death will be dealt with in a dignified way.</p> <p>The purpose of the standard operating procedure to ensure that Helping Hands employees are supported and have clear guidance to follow in the event of discovering an individual who has died, unexpectedly or expectedly.</p> | | | | | |
| ROLES AND RESPONSIBILITIES | | | | | | |
| Include in this section details of the key roles and associated responsibilities relevant to the document | | | | | | |
| Roles | Responsibility | | | | | |
| Group Managing Director | Responsible for ensuring this procedure is reviewed as per schedule or in line with changes to internal procedures. | | | | | |
| Divisional Directors | To initiate and oversee procedures within each Division. | | | | | |
| Area Care Managers | To ensure procedures outlined in this SOP are embedded throughout services. | | | | | |
| Line Managers | To ensure employees adhere to this policy ensuring expected and unexpected deaths are reported and recorded as per procedures | | | | | |
| All Employees | To adhere to this SOP | | | | | |
| Scope of SOP | This SOP applies to all Helping Hands employees who may discover an individual receiving care from Helping Hands who has died expectedly or unexpectedly. | | | | | |

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| | <p>This SOP applies to all employees who may have expected, unexpected or unnatural deaths reported or escalated to them.</p> |
| 1.0 Sudden or Unexpected Death | |
| 1.1 A sudden death is any kind of death that happens unexpectedly. This includes undiagnosed advanced terminal illness, such as advanced cancer, sudden natural causes, such as heart attack or brain haemorrhage, or a sudden death from a communicable disease such as COVID-19. This also could be sudden death from a serious illness that was known about, but where death was not expected, for example epilepsy. | |
| 1.2 Unfortunately, there may be a sudden death due to unforeseen circumstances which is not a natural death such as overdose, death by choking, death as a result of an incident such as a fall, self-harm, or murder. Unnatural deaths required to be immediately escalated to your line manager, see appendix one - Internal Escalation of Unexpected & Unnatural Deaths. A root cause analysis and lessons learnt will need to be undertaken and reviewed at regional and corporate Governance meetings. | |
| 1.3 In the event of the unexpected death of an individual, Helping Hands employees will follow all required procedures and provide support to all those who may be directly affected. | |
| 1.4 It is recognised that people receiving domiciliary care services could die for reasons that are unrelated to the services provided. There could be instances when someone dies while carers are actively involved, and they may need to act to make sure that due process is followed. For example, a carer could find one of their customers dead when arriving at the property or they could be present when a customer dies unexpectedly. The death of a customer must be handled sensitively with the utmost respect and dignity for the customer and those who are close to them. | |

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1.5 Employees should be aware that how they deal with the death of an individual might have a very profound effect on other people. Employees should adopt a calm and professional attitude.

2.0 Procedure for Unexpected Death (*in order of process*)

2.1 If you discover a person who you think is dead, whatever the circumstances make a note of the time.

2.2 Immediately call 999 and request ambulance and police assistance. Give as much detail as possible about the customers circumstances and position as possible. You may need to state their DNAR status after disclosing the circumstances.

2.3 Follow any instructions given by the emergency services e.g., applying basic first aid, starting CPR or not touching the individual.

2.4 Notify the line manager, or out of hours manager and agree with the police who will take responsibility for contacting the next of kin or emergency contact.

2.5 The agreed responsible person will phone the next of kin/ emergency contact saying that the individual has died but this is yet to be verified by a doctor.

2.6 Notify the GP if appropriate, though in most circumstances this will be undertaken by a relative.

2.7 Do not move the individual or touch any of their possessions unless it is to make a potential hazard safe, like turning off a cooker. Avoid touching anything else as this may disturb forensic evidence. If the death is sudden or the customer has not been seen by a GP for 14 days or more the individuals GP will inform the Coroner's Office and the body should not be moved until the coroner has been notified. Nothing in the home should be moved or cleared away until the authorities contacted confirm that it is not a suspicious death. This is to ensure any evidence is protected until the death is ruled as unsuspicious. The coroner will arrange for removal of the

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body. The police may visit the establishment and statements taken as to the circumstances leading to the death. The police will arrange for the body to be moved by a funeral director acting for the coroner if the death is unexpected. If a doctor has confirmed death that is not deemed to be suspicious the funeral director identified in the advanced wishes or in consultation with family or carers may be contacted.

2.8 Once death has been verified by a health professional, appropriate care can be completed by carers to ensure dignity is maintained. Heating should be turned off and the body presented in a way that is dignified in death i.e., covered with a sheet. When the body has been removed the area should be left secure, clean, and tidy.

2.9 All medications must be kept for seven days following the death of an individual, after seven days all medications must be returned to the pharmacy. This is the responsibility of the next of kin/ representative/police or coroner.

2.10 Branch employees should complete an 'Accident and Incident' form as soon as possible, detailing the incident as fully and as accurately as possible, and include the names and contact details of all involved i.e., attending Dr, Police Officer, and anyone else who was present.

2.11 Branch employees should be sensitive and empathetic to the needs of the carer(s) involved in any unexpected customer death. For some carers, it may be the first experience that they have of seeing a person in death. For others it may bring up difficult past experiences of dealing with death. Pastoral support should be offered at the earliest opportunity, and managers should signpost all affected employees to appropriate support i.e., Employee Assistance Programme for counselling support, or the carer's GP.

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3.0 Death that is Expected

3.1 Expected death is following on from a period of illness, which has been identified as terminal, and where no active intervention to prolong life is ongoing. Death is recognised as the expected outcome by the customer's family/representative/advocate, by the healthcare team and by the person him/herself if in a condition to express a view.

4.0 Procedure for Expected Death (*in order of process*)

4.1 An employee who finds someone who may have died, should note the time.

4.2 Refer to notes for GP details and for customers instructions in care plan.

4.3 Phone the line manager or out of hours manager and GP or NHS111 if out of normal GP hours.

4.4 The GP will certify that death has occurred.

4.5 Consult the care plan to identify any religious/cultural/personal considerations to be observed.

4.6 If you leave the individual, ensure the room is secure, clean and tidy and suitable for any next of kin to enter the room. Preserve the dignity of the individual before the next of kin arrives. Such as cleaning up bodily fluids, adjusting clothing and combing hair.

4.7 Ensure next of kin are supported as much as possible.

4.8 Update care plan.

4.9 All medications must be kept for seven days following the death of an individual, after seven days all medications must be returned to the pharmacy. This is the responsibility of the next of kin/ representative/police or coroner. If there is a

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syringe driver in-situ and/or district nurses or Hospice at Home team involved, they should be contacted as soon as possible.

5.0 Information Recording

5.1 The essential information that an employee needs when they find a customer who they believe to be dead is:

- Next of kin/emergency contact details
- Religious personal beliefs and preferences
- GP details
- DNAR status

5.2 For customers who are known to have a terminal illness, where death is the expected outcome and/or they have no next of kin/ representatives/ advocates, the following information should be recorded within the End-of-Life care plan, if they have one.

- Next of Kin/emergency contact details (and whether they want to be notified “out of hours” of any serious incidents)
- GP details (and whether they want to be called out if the individual dies out of hours)
- Wishes regarding burial/cremation
- Specific cultural and religious considerations regarding death and dying
- Wishes regarding contacting a spiritual advisor
- Whether there is a living will
- Wishes regarding preference of undertaker
- Who has power of attorney
- Any special wishes regarding funeral services

6.0 Media

6.1 The circumstances around the death of an individual may draw the attention of the media. If this does happen, senior managers must be made aware, employees must not discuss any individual or the circumstances around their death with anyone from the media.

6.2 Employees should not post any comments or opinion relating to the incident on any social media platform.

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7.0 Possessions and Pets

7.1 A detailed record should be kept in the notes of any personal possessions that:

- Have gone with the deceased to the mortuary/funeral directors if employees are present when the deceased is moved
- Have been removed by the individual's representative if employees are present when possessions are removed
- If the deceased had any pets, their care would need to be organised with next of kin/neighbours or relevant agencies if this is not possible without delay

8.0 Supporting Employees

8.1 Line managers where possible and appropriate may wish to consider leave of absence for employees to attend the funeral of an individual with whom they have had a regular, professional relationship.

8.2 The clinical team are registered nurses who are experienced in caring for people in expected and unexpected death and can provide professional support such as explaining medical conditions or answering questions that carers may have around death or palliative care/End of Life care.

8.3 The clinical team can be contacted via email @clinicalcare

9.0 Reporting of Death to Helping Hands and the Regulator (CQC / CIW)

9.1 The death of the customer should be recorded on an 'Accident and Incident' form if any of the following has happened:

- Death occurred whilst care was being provided to the customer, e.g., such as during a care visit
- Death had occurred and a Helping Hands employee found the customer on arrival to a care visit
- Death has, or may have, occurred as a result of care provided by Helping Hands

9.2 Branch employees should complete an 'Accident and Incident' form as soon as possible, detailing the incident as fully and as accurately as possible, and include the names and contact details of all involved i.e., attending Dr, Police Officer, and anyone else who was present.

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9.3 CQC Regulation 16: Notification of death of service user. You must complete a notification to CQC about the death of a person using the service if either of the following has happened:

- Death has occurred while services were being provided in the carrying on of a regulated activity or
- Death has, or may have, resulted from the carrying on of a regulated activity.

9.4 CIW, please log into CIW portal, select notifications and complete appropriate form online.

9.5 Reporting deaths by completing regulation documentation must be completed without delay.

9.6 There is also a requirement within our NHS contracts that we notify the Commissioner if any notification is made to a relevant Regulatory or Supervisory body about one of their Service Users. If a notification of death is sent to CQC/CIW, then a copy must also be sent to the Commissioner.

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| TRAINING | Yes |
| Is training required? | |
| Details of training | End of Life Care training is available via Academy and face to face training with the Clinical team. |

| EQUALITY IMPACT ASSESSMENT AND PROCEDURAL INFORMATION | | |
|---|-----------------------|----------|
| | Positive/Negative/N/A | Comments |
| Does the document have a positive or negative impact on one group of people over another on the basis of their: | | |

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| • Age? | N/A | |
| • Disability | N/A | |
| • Gender assignment? | N/A | |
| • Pregnancy and maternity (which includes breastfeeding) | N/A | |
| • Race (including nationality, ethnic or national origins or colour)? | N/A | |
| • Marriage or civil partnership? | N/A | |
| • Religion or belief? | N/A | |
| • Sex? | N/A | |
| • Sexual orientation? | N/A | |
| If you have identified any potential impact (including any positive impact which may result in more favourable treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable? | N/A | |
| If the impact on one of the above groups is likely to be negative: | | |
| Can the impact be avoided? | N/A | |

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| What alternatives are there to achieving the document's aim without the impact? | N/A | |
| Can the impact be reduced by taking different action? | N/A | |
| Is there an impact on employee, customer or someone else's privacy? | N/A | |
| Changes since previous version | <ul style="list-style-type: none"> • Merged statement into purpose section • Updated Roles & Responsibilities • Updated Appendix One – Internal Escalation of Unexpected & Unnatural Deaths • Updated terminology and job titles • Added to new SOP template | |
| Who was involved in developing /reviewing/amending the document? | Clinical Manager Quality Development Lead Safeguarding Lead | |
| How confidential is this document | Restricted | Can be shared freely within Helping Hands but NOT outside |
| References | Health and safety at Work Act 1974 Health and Social Care Act 2012 Care Act 2014 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Care Quality Commission (Registration) Regulations 2009 The Regulation and Inspection of Social Care (Wales) Act 2016 | |
| Associated Documents | <i>Accident, Near Miss & Incident Reporting SOP</i> | |

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Appendix One – Internal Escalation of Unexpected & Unnatural Deaths
