Death of a person using the service

Regulations 16 and 20, Care Quality Commission (Registration) Regulations 2009

**Use this form:**

* to tell us a person has died while you were providing an activity we regulate
* to tell us the person’s death may have been a result of the activity we regulate or how it was provided.

## Completing this form

You must provide an answer to every field marked with an asterisk (\*). Other fields are optional but if you have the information please provide it. We will reject an incomplete notification and return it to you.

If you use a computer you can move from answer to answer using your ‘tab’, down arrow, and page down keys. You can also click from answer to answer using a mouse. You can put an ‘X’ in checkboxes using your space bar or mouse when the box is highlighted. You can go backwards to change your answers using your page up key, up arrow key, or mouse.

You can complete this form on a computer using 'Microsoft Word' or 'Open Office'. Open Office is a free programme you can download from [www.openoffice.org](http://www.openoffice.org). The spaces for answers will expand while you type if needed.

## Data protection

Do not include the name of any person in the form, other than the name of the person completing and submitting the form.

Information on how CQC processes and protects personal information, and on the rights of data subjects, are published on our website at <http://www.cqc.org.uk/about-us/our-policies/privacy-statement>

## Submitting the form

Send the completed form as soon as possible to: HSCA\_notifications@cqc.org.uk

|  |  |
| --- | --- |
| Your organisation’s unique reference | Click or tap here to enter text. |

This is your organisation’s choice of unique reference for this notification. We will use it if we need to ask you for more information.

## Section 1: Provider and location

### 1.1 Provider details

|  |  |
| --- | --- |
| \*CQC provider ID | Click or tap here to enter text. |
| \*Name of provider | Click or tap here to enter text. |

### 1.2 Registered location details

|  |  |
| --- | --- |
| \*CQC location ID | Click or tap here to enter text. |
| \*Name of the location | Click or tap here to enter text. |
| \*Location address line 1 | Click or tap here to enter text. |
| Location address line 2 | Click or tap here to enter text. |
| \*Town/city | Click or tap here to enter text. |
| County | Click or tap here to enter text. |
| \*Postcode | Click or tap here to enter text. |

### 1.3 Person completing this form

|  |  |
| --- | --- |
| \*Full name | Click or tap here to enter text. |
| \*Job title | Click or tap here to enter text. |
| \*Date submitted | Click or tap to enter a date. |
| Email address | Click or tap here to enter text. |
| \*Telephone number | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Alternative contact name | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |

## Section 2: Person who died

|  |  |
| --- | --- |
| \*Unique identifier | Click or tap here to enter text. |
| \*Date began to use service | Click or tap to enter a date. |
| \*Was the person receiving end of life or palliative care? | [ ]  Yes[ ]  No[ ]  Not known |

|  |  |
| --- | --- |
| \*Month of birth (mm) | Choose an item. |
| \*Year of birth (yyyy) | Click or tap here to enter text. |

You should use the information that the person or their representative gave you to complete this part of the form. If you do not have this information, select ‘Not known’.

|  |  |
| --- | --- |
| Gender at time of death | [ ]  Female[ ]  Male[ ]  Other[ ]  Not known |
| If other, provide further information | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Did the person identify as transgender at the time of death? | [ ]  Yes[ ]  No[ ]  Not known/person did not wish to disclose |

|  |  |
| --- | --- |
| Sexual orientation | [ ]  Bisexual[ ]  Gay or lesbian[ ]  Heterosexual/straight[ ]  Other[ ]  Not known |
| If other, provide further information | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Religion or belief | [ ]  Atheist or no religion[ ]  Buddhist[ ]  Christian (including Church of England, Catholic, Protestant and all other Christian denominations)[ ]  Hindu[ ]  Jewish[ ]  Muslim[ ]  Sikh[ ]  Any other religion[ ]  Not known |
| If other, provide further information | Click or tap here to enter text. |

### Ethnic group

|  |  |
| --- | --- |
| Asian or Asian British | [ ]  Bangladeshi[ ]  Chinese[ ]  Indian[ ]  Pakistani[ ]  Any other Asian background, describe |
| Black, Black British, Caribbean or African | [ ]  African background, describe[ ]  Caribbean[ ]  Any other Black, Black British or Caribbean background, describe |
| Mixed or multiple ethnic groups | [ ]  White and Asian[ ]  White and Black African[ ]  White and Black Caribbean[ ]  Any other mixed or multiple background, describe |
| White | [ ]  British - English, Welsh, Scottish or Northern Irish[ ]  Irish[ ]  Gypsy or Irish Traveller[ ]  Roma[ ]  Any other white background, describe |
| Other ethnic group | [ ]  Arab[ ]  Any other ethnic group, describe |
| For any other ethnic group, provide further information | Click or tap here to enter text. |
| Or, if the person’s ethnic group is not known: | [ ]  Not known |

### Disability, impairment or long-term health condition

Did the person have any of the following impairments, disabilities or long-term health conditions?

|  |  |
| --- | --- |
| Sight impairment (blindness or partial sight) | [ ]  Yes[ ]  No[ ]  Not known |
| Hearing impairment (deafness or partial hearing) | [ ]  Yes[ ]  No[ ]  Not known |
| Speech impairment | [ ]  Yes[ ]  No[ ]  Not known |
| Mobility or gross motor skills impairment (such as using large muscles of body in legs, torso or arms, for activities such as walking or sitting).This can include balance, strength or coordination. | [ ]  Yes[ ]  No[ ]  Not known |
| Manual dexterity impairment (fine motor skills - such as holding cutlery or using a keyboard) | [ ]  Yes[ ]  No[ ]  Not known |
| Learning disability (such as ability to concentrate, learn or understand) | [ ]  Yes[ ]  No[ ]  Not known |
| Autistic spectrum conditions | [ ]  Yes[ ]  No[ ]  Not known |
| Other neurodiverse impairment (such as ADHD, dyspraxia or dyslexia) | [ ]  Yes[ ]  No[ ]  Not known |
| Memory loss (for example people with dementia)If memory issues are associated with a learning disability, select ‘Learning disability’ instead. | [ ]  Yes[ ]  No[ ]  Not known |
| Mental ill health | [ ]  Yes[ ]  No[ ]  Not known |
| Stamina problems, breathing impairment or fatigue | [ ]  Yes[ ]  No[ ]  Not known |
| Progressive and long-term health conditions (such as HIV, cancer, multiple sclerosis, epilepsy) | [ ]  Yes[ ]  No[ ]  Not known |
| Other impairment, disability or long-term health condition | [ ]  Yes[ ]  No[ ]  Not known |

If ‘other impairment, disability or long-term health condition’, provide further information

|  |
| --- |
| Click or tap here to enter text. |

## Section 3: About the death

### 3.1 Cause, time and place of death

|  |  |
| --- | --- |
| \*Is the certified cause of death known? | [ ]  Yes[ ]  No |
| Cause of death (where known) | Click or tap here to enter text. |
| \*Date of death | Click or tap to enter a date. |
| \*Time of death(use 24 hour clock, hh:mm) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| \*Where did the person die? | [ ]  The location at 1.2, above[ ]  Their own home[ ]  Hospital[ ]  Hospice[ ]  Ambulance[ ]  Other |
| If other, where? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| \*Did the person die as a result of coronavirus? | [ ]  Yes, confirmed[ ]  Yes, suspected[ ]  No |

### 3.2 Circumstances prior to the death

|  |  |
| --- | --- |
| \*Did the person die within 30 days of surgery? | [ ]  Yes[ ]  No |
| If yes, what was the surgical procedure? | Click or tap here to enter text. |
| And where was the surgery carried out? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| \*Did the person die during or within 30 days of the use of restraint? | [ ]  Yes[ ]  No[ ]  Not known |
| If yes, did the restraint occur at the location at 1.2, above? | [ ]  Yes[ ]  No[ ]  Not known |
| And when was restraint last used? | Click or tap to enter a date. |

|  |  |
| --- | --- |
| \*Was the person’s death the expected outcome of an illness or physical condition? | [ ]  Yes[ ]  No[ ]  Not known |
| If yes, when was their last medical consultation in relation to the illness or condition? | Click or tap to enter a date. |
| And were they receiving appropriate care and treatment? | [ ]  Yes[ ]  No - **provide more details in section 3.4**[ ]  Not known |

|  |  |
| --- | --- |
| \*Is the death subject to a formal investigation? For example, by the police, coroner, Health and Safety Executive, or local authority environmental health department. | [ ]  Yes[ ]  No[ ]  Not known |

|  |  |
| --- | --- |
| \*Are you notifying a death that occurred within 12 months of a termination of pregnancy (regulation 20)? | [ ]  Yes - **provide more details in section 3.4**[ ]  No [ ]  Not known |

### 3.3 Unexpected deaths

If this was not an unexpected death, go to section 3.4

#### Details of the last individual involved in providing care to the person who died

|  |  |
| --- | --- |
| Unique identifier | Click or tap here to enter text. |
| Job title | Click or tap here to enter text. |
| Was the person employed by the provider shown in section 1.1? | [ ]  Yes[ ]  No |
| If no, who is their employer? | Click or tap here to enter text. |

#### Medicines

|  |  |
| --- | --- |
| Are there any concerns relating to the use of medicines? | [ ]  Yes[ ]  No |
| If yes, do the concerns relate to a drug error? | [ ]  Yes[ ]  No |
| If there were concerns about a drug error, how did the person die? | [ ]  Drug overdose[ ]  Drug underdose[ ]  Drug not available[ ]  Missed dose[ ]  Wrong drug given[ ]  Other drug error |
| If other, what type of drug error? | Click or tap here to enter text. |

#### Medical devices

|  |  |
| --- | --- |
| Are there any concerns relating to the use of medical devices? | [ ]  Yes - **provide more details in section 3.4**[ ]  No |

### \*3.4 Circumstances around the death

Provide complete details of:

* the circumstances leading up to the death of the person
* the death of the person and how they died
* who was present when the person died
* when the person was last seen by the provider or a member of staff and in what circumstances
* any recent risk assessments carried out for this person.

Provide details of any notifications submitted about this person in the last three months because of:

* a serious incident
* police involvement
* an allegation of abuse.

Provide any other information you think is relevant that is not already covered in this form.

|  |
| --- |
| Click or tap here to enter text. |

## Section 4: Duty of candour

|  |  |
| --- | --- |
| \*Is this a notifiable safety incident under the ‘duty of candour’ (Regulation 20 of the Regulated Activities Regulations 2014)? | [ ]  Yes[ ]  No |
| If yes, have you notified the ‘relevant person’ about this incident? | [ ]  Yes[ ]  No |

If you have not notified the ‘relevant person’, what are your plans for doing so?

|  |
| --- |
| Click or tap here to enter text. |

## Send us the form

Return your completed form to: HSCA\_notifications@cqc.org.uk