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TAPESTRY

A Toolkit for Supporting Bereavement within Care Homes



This project is funded by NHS Greater Glasgow & Clyde. Professor Bridget Johnston is the Primary Investigator. This toolkit is currently under development. The study team is looking for care home staff who have read any of this draft to participate in a short evaluation interview. To register your interest in participating in an interview, scan the QR code or email Maria Drummond at maria.drummond@glasgow.ac.uk.



Welcome to Tapestry

Introduction

Each care home community is like a unique tapestry woven from threads that represent the many experiences, relationships, hopes, and memories of those involved. Just as life contributes threads, so too does the experience of death and bereavement. How these threads are acknowledged and supported significantly influences the richness and meaning of the tapestry as a whole.

Purpose of the Toolkit

The Tapestry Toolkit is designed to be an accessible guide for all care home staff in providing compassionate, personalised, and effective bereavement care. It has not been designed to be ready from cover to cover. Rather, you can read the section(s) that interest you or apply to your role as and when it suits.

It recognises the importance of supporting other residents, relatives and staff within the care home, ensuring the threads that form from death and bereavement are woven with care, dignity, and respect.

Development of the Toolkit

This toolkit has been developed by reading existing research on bereavement support in care homes and then through engagement with care home staff, and experts in bereavement and palliative care.

Intended Users

The Tapestry Toolkit is intended to be useful for care home staff, including nurses, carers, administrative personnel, domestic workers, and management teams.

Structure of the Toolkit

The toolkit is organised into four chapters, describing **What** the reader can do, **When** they can take action and **How** to do it. Wherever possible, we have linked to relevant resources.

The focus groups we held with care home staff identified the key roles that Registered Nurses (where appropriate), Senior Carers and Managers have in bereavement care and the need for extra care to be taken when supporting people with advanced dementia. This is why some pages have sections for Care Home Leaders and Considerations for People with Advanced Dementia.

The Chapters are:

1. **Everyday Approaches**: Regular practices that sensitively support bereavement.
2. **Planned and Practical Support**: Activities and actions that require time to ensure everyone involved in a death has the practical help and information they need.
3. **Emotional Support**: Ideas for helping people who need a bit more help and support to manage their grief.
4. **Wider Care Home Culture**: Guiding principles to support positive attitudes towards death and bereavement.



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Helpful External Resources

Understanding Bereavement

[A Bereavement Charter for Children and Adults in Scotland](#)

[Kathryn Mannix: Dying for Beginners](#)

[Age UK: Lets Talk about Death and Dying](#)

[NHS Education for Scotland: Dealing with Death in the Workplace](#)

Resources for Supporting People with Dementia

[Dementia UK: Breaking Difficult News to a Person with Dementia](#)

[Hospice UK: Talking about Death and Dying to Someone with Dementia](#)

[Alzheimer's Society: Supporting a Person with Dementia During a Bereavement](#)

[Life Story Work for People with Dementia](#)

Bereavement Event Ideas and Campaigns

[Hospice UK: Dying Matters](#)

[Death Cafe](#)

[Good Life Good Death Good Grief: Demystifying Death](#)

[To Absent Friends](#)

Leaflets and further information that can be printed

[Scottish Government: What to do After a Death in Scotland](#)

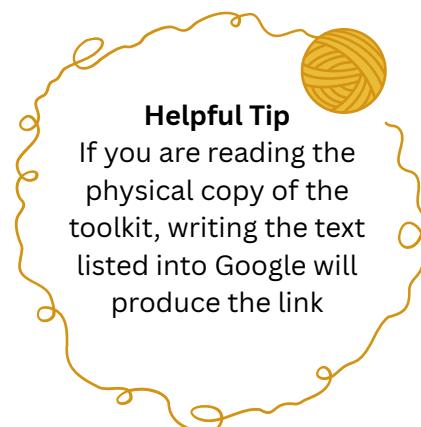
[Marie Curie: Providing Spiritual Care](#)

[Cruse: Grief booklets](#)

[Cruse: How to Help Someone with Grief](#)

[Mind Tools: How to Manage a Grieving Team Member](#)

[Hospice UK: Helping People to Remember: Memorialisation](#)



Structured Debriefing tools

[The Open University Debriefing Approaches including the SHARE debriefing tool](#)

[Post-Event Team Reflection \(PETR\) tool](#)

[NHS Education for Scotland TALK tool](#)

Training and Further Learning

[My Grief My Way](#)

[TURAS: Bereavement Section](#)

[TURAS: Psychological First Aid](#)

[Palliative Care Needs Rounds](#)

[NHS Education for Scotland: Delivering the News of a Death by Telephone](#)

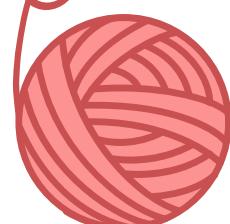
[Caring for the Dying: Navigating Difficult Relationships with Dr. Kathryn Mannix](#)

Links to find local services

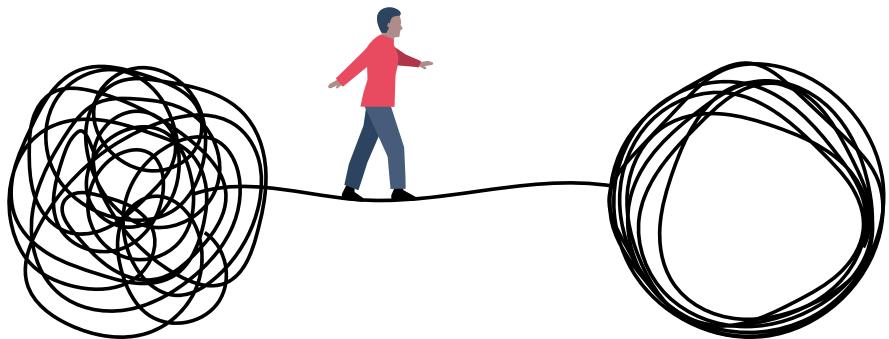
[Volunteer Scotland](#)

[AtALoss.Org](#)

[Bereavement Advice Centre](#)



Everyday Approaches



Everyday Approaches

Support for New/Young Staff and Students - Role Modelling Care for Dying Residents Before and After Death (Learning Opportunities)



What?

New members of the care team and student nurses are actively included, with guidance, in caring for residents who are dying and in last offices. Exposure demystifies death, builds clinical skill, nurtures compassion and emotional resilience, and reinforces that end-of-life care is part of all roles, not just a task for senior staff. Experienced colleagues' model best practice, provide space for questions and reflections, and transfer knowledge that sustains quality care.

When?

Introduce the subject during induction. Whenever a resident is recognised as approaching the end of life, pair a newcomer with a competent mentor for bedside care, family support and post-death procedures. Follow each encounter with a short debrief while memories are fresh. Subsequent opportunities arise whenever the learner voices curiosity, a death occurs, or reflective sessions are scheduled.

How?

- **Mentorship:** allocate buddies to support supervision, then gradually assist with comfort measures, using assessment tools (such as Abbey Pain Scale), mouth care and body preparation.
- **Clear roles:** before each task, outline exactly what the learner will do and to whom they should turn for help.
- **Encourage dialogue:** welcome questions in the moment; afterwards hold a debrief to normalise grief and reinforce learning.
- **Learning support:** have some written materials available so students and new members of the team can contextualise what they've witnessed with evidence. This might include noisy breathing (Cheyne-Stokes) or agitation.
- **Recognition and wellbeing:** praise gentle, respectful actions; allow time-out if emotions overwhelm; repeat exposure in manageable steps; integrate learners into team remembrance rituals.



Care Home Leaders:

Create a formal buddy scheme, protect mentor time on rotas, embed end-of-life competencies in appraisals and student objectives, and maintain an open-door policy for staff needing emotional support. Ensure protocols state that new staff should be involved with supervision, whenever possible, and celebrate good practice publicly to signal its value.

Considerations for People with Advanced Dementia:

Teach new members of the team or students to read non-verbal signs of discomfort, use multisensory comfort and keep familiar objects close. Explain common symptoms and presentations so they are not alarmed. Show how to involve families with touch and music even when verbal response is absent. Emphasise that dignity, routine and gentle presence remain paramount, and that reassurance rather than factual explanation often best meets the person's needs.



Everyday Approaches

Unrestricted Opportunities to Spend Time in the Care Home When a Loved One Is Dying (Including Overnight)

What?

Unrestricted visiting means family and close friends can be with a dying resident at any time, day or night. This approach recognises that in a resident's final days or hours, every moment is precious. Allowing loved ones to stay overnight or visit freely provides comfort and support to the dying person and their family. It helps create a more homely, caring atmosphere in the resident's last moments, reducing regret and distress by ensuring nobody is denied the chance to say goodbye.

When?

This open visiting policy is especially relevant as soon as a resident is identified to be approaching end of life. In practice, that could be in the final weeks, days or hours of life - whenever the resident's condition is such that death is imminent or their need for family is heightened. Families should be notified promptly when a resident's health deteriorates so they have the opportunity to come in. Unrestricted visiting is crucial during the active dying phase (last days/hours) and at the moment of death. It's also important immediately after death.

How?

- Open Policy & Communication:** Establish a clear policy that family and friends are welcome whenever a resident is dying, including overnight. Communicate this early (for example, in admission packs or meetings) so people know they will be fully supported to be there at end of life. Reassure families that being present is not only allowed but encouraged as a vital part of care.
- Comfort Arrangements:** Provide practical support for overnight stays. This could include a reclining chair or fold-out bed in the resident's room, clean bedding, and pillows.
- Staff Support:** Educate the care team on warmly welcoming late-hour visitors.
- Flexibility:** Normal routines (like strict mealtimes or bedtime rounds) may need adjustment. Small gestures like offering tea in the early morning or making a quiet space for a prayer or phone call, go a long way.
- After Death:** When a resident dies, do not rush the family away. Allow them unrestricted time to sit with their loved one's body if they wish, even outside normal hours. Care staff can gently prepare the deceased (washing, dressing) and then move them into a private room or keep them in their own room, so family and friends can visit and pay respects.



Care Home Leaders:

Care home managers and senior leaders should champion an open-visiting ethos. This means putting flexible visiting policies in place and empowering frontline staff to bend any "rules" when a person is dying.

Considerations for People with Advanced Dementia:

In cases where a grieving person (family member or other resident) has dementia, extra support is needed: staff might need to repeat explanations about what is happening or be ready to support them to leave the bedside if they feel overwhelmed or distressed. Above all, maintain a flexible, person-centred approach - the goal is to make the experience as minimally distressing as possible for both the dying or dead resident and any visitor with cognitive impairment.



Everyday Approaches

Opportunities to Visit a Resident Before and After Death for Personal Reflections

What?

This practice involves giving staff the opportunity to spend personal, unhurried time with a resident both before they die (when death is near) and after the death has occurred. It's about acknowledging the importance of "saying goodbye" in one's own way. Before death, this might mean sitting quietly at the bedside, sharing memories, or simply being present. After death, it often means allowing people to see and sit with the body of the deceased or spend time in their room to reflect. Such opportunities can be deeply meaningful by helping staff process the reality of the loss and begin to grieve. It also acknowledges that the relationships the resident built with staff during their time in the care home is valued.

When?

Opportunities for personal reflection should be offered both immediately before and shortly after death.

How?

- **Invite Personal Goodbyes:** Proactively let staff know they can have this time.
- **Prepare the Body and Space (After Death):** Once the resident has died and the death has been verified or confirmed, staff should check their care plans to check if any preferences about presentation have been documented. Then, staff should tenderly prepare the body (laying them on their back, closing eyes and mouth, washing and dressing in clean clothes or a gown). Make the person look as natural and restful as possible, e.g. position their hands comfortably, perhaps holding a flower or religious item if appropriate. Create a calm setting: tidy the room, dim lights, maybe place a battery candle or flower.
- **Guidance and Support:** Some staff (especially new or less experienced staff) may feel anxious about viewing the body or unsure if they want to. Gently explain what they can expect (for example, "He feels cool to touch, and there may be some discolouration on his hands, but this is natural after death. He looks comfortable."). Answer their questions honestly.
- **After the Visit:** When staff have finished their private time, check on them. They may be emotionally drained. Offer a glass of water, a quiet room to compose. Normalise their feelings and offer reassurance.



Care Home Leaders:

Management plays a key role in making these personal reflection opportunities possible. Leaders should establish protocols that do not remove the body too quickly. For example, a policy might state that after a death, the deceased can remain in situ for a minimum number of hours (unless culturally inappropriate) to allow time for visits. Leaders can provide staff with training or reflective debriefs on post-mortem care and supporting viewing, so that team members feel confident handling these delicate moments. Leaders modelling this respectful approach sets the tone for staff to follow. Finally, leaders should support any team members who find it difficult – not all staff are immediately comfortable with death. A debrief or a simple acknowledgment can validate the staff's role in these important practices.



Everyday Approaches

Reciprocal Benefits of Talking About Someone Who Has Died

What?

This approach encourages open conversation about the person who has died, such as sharing stories, memories, and feelings, and recognises that such dialogue benefits everyone involved. The term “reciprocal benefits” highlights that talking about the deceased isn’t only for the bereaved. Reminiscing can be healing: it validates the importance of the person who died and helps keep their memory alive in the home. Culturally, encouraging these conversations helps shift the care home environment away from silence or stigma around death. Instead of death being a taboo or the deceased “vanishing” from daily discourse, their name and legacy remain present in anecdotes and reflections. Overall, making it normal to talk about someone who has died, whether in a one-to-one chat or a group reminiscence, benefits the speaker and listener alike: it helps grief to be expressed and empathy to be exchanged, fostering a compassionate community.

When?

Opportunities for these conversations arise naturally and should be embraced whenever they do. In the days and weeks immediately following a death, relatives and fellow residents often have a strong need to talk about the person - repeating stories or going over the last moments. Staff should be prepared to listen during this acute grief phase. However, the need doesn’t vanish after the funeral; ongoing moments are important too. Also consider future planning discussions - for instance, another resident might bring up a deceased friend when discussing their own care wishes. These are openings to gently delve into memories. As the culture becomes more open, these conversations will happen regularly as a healthy part of life in the home.

How?

- **Foster a Listening Culture:** Remind staff that one of the simplest but most profound things they can do is listen to someone who wants to talk about a person who died. This means giving full attention, using warm body language, and not rushing or changing the subject.
- **Share Memories Both Ways:** Reciprocal means it goes both directions. Encourage staff and other residents to share their own memories of the person with the bereaved.
- **Normalise and Encourage Reminiscing:** Build remembrance into the fabric of home life. After a death, it could be as simple as over tea one afternoon a nurse saying to a small group of residents, “Shall we share some nice memories of Mary? She was such a big part of our community.” By gently leading the way, staff can show that it’s healthy to talk about those we’ve lost.
- **Use Resources and Activities:** Consider creating tangible opportunities for memory-sharing. A memory book or remembrance board is a great tool: have a book where staff, family, and friends can write down their favourite recollections or attach a photo of the person who died. Embracing technology, perhaps have a digital photo frame in a common area that occasionally displays photos of past residents during meaningful moments, handled sensitively.





Everyday Approaches

Future Life Planning

What?

This approach is about involving residents, and everyone close to them in conversations about future care, including end-of-life care so that their preferences and wishes are clearly documented and respected when the time comes. In essence, it's promoting Future Care Planning discussions as a normal practice in the care home. This means discussing things like: How would the resident want to be cared for if they became very unwell? What are their spiritual or personal priorities as they approach end of life? Also, how do they want their funeral or legacy to be handled? By having these discussions early, regularly and inclusively, the care home ensures that the resident's voice guides their care, and that families' insights are heard too. Ultimately, this approach leads to greater peace of mind for residents and families, knowing that when the time comes, the resident's final chapter will respect their wishes and the "final threads" of their tapestry will be woven according to their design.

When?

The ideal time to start these conversations is as early as feasible, often soon after admission or once the resident has settled in and built some trust with staff. Look for natural triggers or opportunities:

- During routine care plan reviews
- After a health change or diagnosis
- Following an experience in the home
- Admission or post-admission checklist
- Resident or family initiation

How?

- **Initiate the Conversation Sensitively**
- **Gather and Document Wishes**
- **Include the Right People:** Always involve the resident to their maximum capacity. If they agree, involve family or those important to them as they often provide context and will be the ones to advocate if the resident cannot later on. Be open-minded about who the right people are, it may be a lawyer or neighbour.
- **Honouring and Recording Specific Wishes:** Some wishes might be non-medical but very meaningful so record those too.
- **Use Plain Language & Avoidance of Euphemisms:** As part of communication, be clear yet gentle. Use words like "death" and "dying" when needed, for example, "Some people, when they are dying, prefer not to be taken to hospital. How would you feel about that?" Avoid vague phrases ("if something happens") which might confuse.
- **Honour the Plan:** This ensures everyone is on the same page. Care homes might also integrate these wishes into their electronic records or flag systems.
- **Revisit and Update:** Treat the future care plan as a living document. Circumstances and minds can change.





Everyday Approaches

Being Able to Talk About Death and Dying with Staff and Those Who Are Important to Them

What?

In a care home, dying is part of living. An open culture lets residents, relatives and staff discuss death, fears and memories without euphemisms or whispers. Permission to talk reduces stigma, surfaces wishes and deepens compassionate, personalised care. No one is forced; everyone simply knows the door is open, turning the home into a safe space that echoes campaigns such as Dying Matters.

When?

Conversations start at when a residents moves into a care home, continue during care-plan reviews and surface whenever a resident is dying or has died. Everyday cues such as a newspaper obituary, TV news or a passing remark, can prompt gentle dialogue, as can events like **Dying Matters Awareness Week** or a **Death Café**. Staff stay alert to verbal or non-verbal signals and follow them in one-to-one chats, small groups or community meetings.

How?

Staff practice core skills:

- Listen without judgment.
- Use clear words (“die”, “death”, “dying”) in a warm tone.
- Weave discussions into routine care.

Validate emotions (“It’s natural to feel scared, would you like to talk?”), answer questions honestly, involve nurses, chaplains or leaflets, and record key wishes so colleagues can follow up. Optional group activities like **reminiscence, creative writing, film nights, remembrance boards** can normalise the topic while respecting cultural or faith traditions.

Encourage staff to document any significant discussions about death with residents in the care notes (as long as it’s appropriate) and communicate to the team. For example, if a senior carer has a heart-to-heart with a resident who says he’s not afraid to die but worries about his daughter, that should be passed on in report so others can follow up supportively (“His main concern is his daughter’s wellbeing”). Also, update care plans if relevant (like if someone reveals a preference or a fear, note it).



Care Home Leaders:

Managers model candid, compassionate language, embed communication training in induction, set policies for how deaths are shared with residents and families, fund memorials and debrief staff after difficult conversations. Their visible support signals that talking about mortality is valued work, not an awkward side-line.

Considerations for People with Advanced Dementia

Do not push conceptual talk that may confuse or distress. Respond to cues with brief, soothing reassurance, validation therapy and comforting presence such as touch, music, familiar voices, and be ready to redirect gently if anxiety or distress rises. Families can still discuss end of life with staff and express love to the resident. Emotional security, not factual detail, is the priority.



Everyday Approaches

Informal Debriefing Opportunities with Senior Staff (Open-Door Policy Leadership)

What?

Informal debriefs give care staff quick, low-barrier chances to talk through death and bereavement with senior colleagues. A quiet chat in an office, corridor or over tea lets staff release emotion, reflect on practice and avoid burnout. Seniors act as mentors and listeners, validating feelings and sharing experience. An open-door promise means anyone can seek support at any time, without stigma or booking. Regular conversation prevents grief from building up and turns each death into shared learning. Keep an open mind about who might need a debrief, not everyone shows distress or stress in the same ways.

When?

Offer support as soon as practical after a death: a short huddle once essential tasks are finished, a one-to-one check-in before shift-end or next day, and whenever several losses occur close together or when death has been unexpected. Notice visible distress and prompt a chat. The open-door ethos also applies weeks later if feelings resurface.

How?

- **Keep it casual:** ask, “How are you feeling after today?” in private, let the staff member lead, listen actively.
- **Normalise emotion:** sadness, anger or numbness are human, not weakness.
- **Encourage expression:** allow tears or frustration, offer tissues or a brief walk, do not rush closure.
- **Reflect and learn:** after feelings ease, discuss what went well and what could improve, praise good practice and frame mistakes as team learning.
- **Signpost help:** if distress lingers, suggest occupational health, bereavement helplines or peer buddies.
- **Keep confidence:** trust is important in work relationships, unless safety or serious mental-health issues arise.



Care Home Leaders

Managers must model availability, train seniors in supportive dialogue and protect time for debriefs on rotas. After every death check that there has been a brief staff huddle. Provide a quiet room, reminder messages and praise those who seek or give support. Monitor for compassion fatigue and arrange formal counselling when required. Visible, approachable leadership embeds the message that no one copes alone.

Considerations for People with Advanced Dementia:

Deaths following advanced dementia may leave staff doubting whether the resident was comfortable or aware. Debriefs should explore the challenges of reading non-verbal pain, long decline and repeated reassurance of other residents. Validate carers' patience, highlight successes such as calming music or gentle touch, and affirm that comfort and presence, not conversation, define a good death in dementia care. This recognition eases feelings of futility and honours staff efforts.



Everyday Approaches

Acknowledgement of the Impact of Regular Bereavement on Senior Staff and Leaders (Conveying This to Others)

What?

Senior and leadership staff face residents' deaths and emotionally charged situations with relatives repeatedly. Openly recognising their own grief shows humanity and gives the whole team permission to share feelings. Leaders who admit "These three losses hit me too" dispel the myth of invulnerability, encourage support-seeking and guard against burnout through self-care and reflection.

When?

Make acknowledgement routine. Speak soon after clusters of deaths or a traumatic loss. Include reflection slots in handovers, meetings and supervisions. Address strain as soon as it shows, for instance when a usually upbeat nurse grows withdrawn. At policy launches, memorials or anniversaries, add personal comments that losses affect leaders too.

How?

- **Lead by example:** Show genuine emotion, perhaps a quiet tear at a service, and share coping strategies such as walks, colleague chats or counselling.
- Start team check-ins where everyone names one feeling.
- Explain cumulative grief and compassion fatigue, then discuss practical self-care.
- **Build structures:** flexible time off, regular debriefs, a quiet room, memory boards and rota cover to prevent overload.
- **Be Mindful of Tone:** When leaders discuss this topic, it should be done with genuine empathy and without seeming like complaining. The goal is not to burden junior staff with the leaders' stress, but to illustrate shared humanity and to cultivate a supportive



Care Home Leaders:

Regional or head-office managers must care for home managers in the same way as other staff. Provide peer networks, counselling access and appreciation messages after heavy periods. Ensure policies let leaders rest if numbness or fatigue appears. Visible top-down care keeps the culture open.



Everyday Approaches

Communication from Staff About Death and Dying - Clear, Sensitive, and Tailored to Needs and Understanding

What?

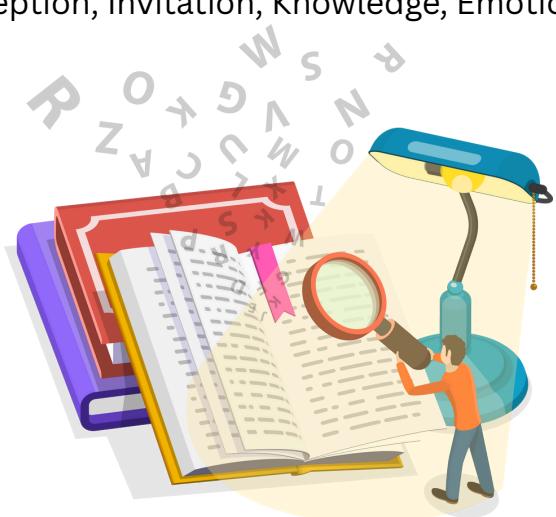
Care home staff often need to tell residents, relatives and colleagues that death is near or has occurred. Good practice combines clarity, kindness and personalisation. Clarity means plain words such as “died” rather than vague phrases. Sensitivity means respectful tone, private setting and empathy. Tailoring means matching language and detail to age, culture, cognition and preference. A resident with early dementia may need short sentences repeated; a family of clinicians may want medical specifics; a bilingual family might need an interpreter.

When?

- When decline is recognised, tell the resident if they wish and inform family early so visits can be arranged.
- **At death**, give direct, compassionate notice to the next of kin and close residents.
- **After death**, explain practical steps, invite farewells and safeguard belongings.
- During advance care planning, define terms such as DNACPR and confirm understanding.
- Give honest phone updates about changes so relatives can decide whether to come.
- In handovers, share exact status and what has been told, keeping messages aligned.
- Answer any death related question promptly and honestly.

How?

- **Use plain words**: “I am sorry, your mother died peacefully at 2.30 this morning.”
- **Show compassion**: choose a quiet place, gentle tone, eye contact, allow silence, acknowledge feelings.
- **Check understanding**: invite the listener to recap; clarify straight away.
- Follow a structure such as SPIKES to cover Setting, Perception, Invitation, Knowledge, Emotion and Support.
- Keep team messages consistent with logs and agreed phrases.
- Use teach back to confirm understanding, especially when shock may impair memory.
- Provide written follow ups, contact numbers and information leaflets.
- Support staff through mentoring; encourage requests for help.



Care Home Leaders:

Leaders set the standard, audit family feedback and fund training. Policies must mandate prompt calls, clear wording and accurate records. Praise good practice publicly. Review each death to learn, and model honesty by showing how they cope themselves and by seeking supervision when needed.

Considerations for People with Advanced Dementia:

Late-stage dementia often prevents understanding, so repeated reminders can distress. If the person asks and seems able to absorb, give a brief factual answer then comfort; otherwise focus on calm routines, familiar voices and gentle touch. Explain this approach to families and record it so all staff act consistently. Families often fear silent suffering; staff can reassure by describing turning schedules, mouth care, soothing music and observation of non-verbal signs of comfort.

Planned and Practical



Planned and Practical Support

Future Care Planning Soon After Move-In



What?

Future care planning is the process of discussing and documenting a resident's wishes for their care towards the end of life, soon after they move into the care home. This includes creating or updating their Future Care Plan or writing a specific Death and Dying Care Plan that captures the resident's preferences – for example, who should be contacted in a serious turn of health, whether they have cultural or religious rituals around death, and how they'd like personal belongings or keepsakes handled after their death. Early planning ensures everyone is prepared and that the resident's wishes are known and respected. It also keeps staff aware of any legal considerations. Overall, involving key people (the resident, their family, and care professionals) in planning gives peace of mind and avoids uncertainty in critical moments.

When?

- **On or before admission:** Ideally, begin conversations before or immediately when the resident moves in. This ensures plans are in place before a crisis.
- **After settling in:** Revisit the conversation a few weeks after admission once the resident is comfortable, to confirm or expand on their wishes.
- **After major changes:** Review and update the plan whenever there is a significant change, for example, a new diagnosis of a life-limiting illness, a rapid deterioration in health, or changes in the resident's mental capacity.
- **Regular reviews:** Even without major changes, periodically review the plan (e.g. annually or at care plan review meetings) to keep details (like contact numbers or preferences) up to date.

How?

- **Use a Checklist:** Use a simple planning checklist to cover all key areas. For example, ensure it records the resident's preferred place of care at end of life, any specific items they'd want with them (a favourite blanket, a hat or personal item to be kept by their side), and their wishes for after death (such as which loved ones to call first, or if they have a funeral plan). A checklist makes the process straightforward and "dead simple," so nothing important is missed.
- **Early, Sensitive Conversations:** Approach the topic with sensitivity and clarity. Soon after move-in, a senior staff member (nurse or keyworker) can invite the resident and their family to a quiet discussion about future care. Emphasise that this is routine for all and is about honouring their preferences. Use simple language and reassure them that plans can be changed any time.
- **Documentation:** Create or update the resident's Death and Dying Care Plan document. Include personal preferences (food, music, spiritual needs), next of kin and emergency contacts, GP details, any advance directives or DNACPR (Do Not Attempt CPR) orders, and funeral preferences if they wish to share.

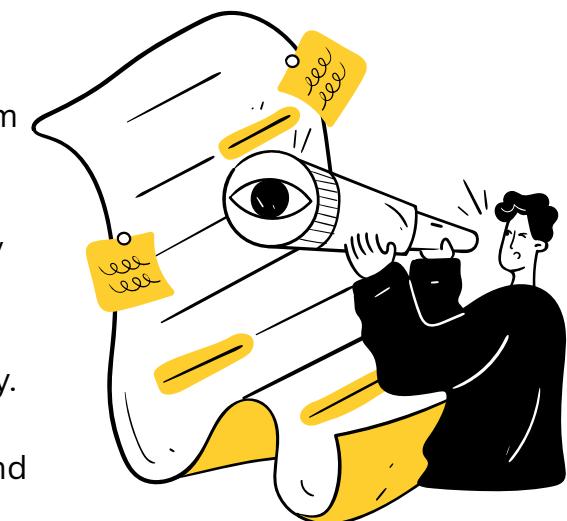


Planned and Practical Support

Future Care Planning Soon After Move-In Continued.



- **Legal and Policy Awareness:** Ensure staff understand current legislation or guidance. For example, clarify who can officially verify or confirm a death in the home. (Legislation updates mean trained nurses may be able to confirm an expected death – know your local policy.) Include any required forms or procedures (such as a care-after-death checklist) in the planning folder so that when death occurs, staff can follow a clear process (checking off tasks like positioning the body respectfully with a blanket, placing a discreet identifier like a flower or symbol as per home policy, and securing personal belongings).
- **Involve the Right People:** Future care planning is multi-disciplinary and person-centred. Involve the resident's family or friends, their GP or community nurse, or even a lawyer or chaplain. Everyone should know the plan. If the resident has a Power of Attorney or guardian, include them early on.
- **Before Moving In (if possible):** If the resident is moving in from home or hospital, check if a Future Care Plan already exists. Liaise with the discharge coordinator or family to obtain it. Having this before admission (or doing the planning during the admission process) ensures continuity. Ideally, future care planning is discussed as part of the admission agreement so families know the home will attend to end-of-life wishes



Care Home Leaders

Care home managers and senior leaders set the tone by making early end-of-life planning a standard practice. Leaders should ensure that a planning conversation is scheduled for every new resident (for example, as part of the intake checklist within the first month). Provide and prioritise training and support to staff on how to talk about sensitive topics like dying - this could involve role-playing conversations or using tools from initiatives like Good Life, Good Death, Good Grief. They should make sure the residents' contract or agreement clearly states how the home will assist with end-of-life planning and what support families can expect. Finally, leaders should foster a culture where staff feel empowered to bring up and document residents' wishes, reinforcing that doing so is an act of care.

Considerations for People with Advanced Dementia

If a new resident has advanced dementia or cognitive impairment, future care planning must involve their family or legal representatives. Gather any known preferences (perhaps from old conversations or an advance statement made earlier in their illness). Use life story work to infer what might be important (for example, knowing their faith could guide religious rituals to include). Even if the person cannot fully participate in planning, observe their non-verbal cues in daily life to understand what comforts them, this can inform their end-of-life care (favourite music, liking a certain pillow or item). Plans should be revisited as the dementia progresses, since the person's reactions to treatments or environments may change (e.g. they may develop a fear of hospitals, suggesting a preference to remain in the care home if possible). Always consider involving an advocate if no family is available (Age Concern Scotland). Ensure that the care plan includes dementia-specific approaches, like pain management plans (since communication is limited) and guidance for staff on soothing techniques that work for that person. By planning early and revising often, those with advanced dementia will have care that respects their personhood, not just their diagnosis.

Planned and Practical Support

Funerals Involving the Care Home



What?

This practice involves including the care home community in a resident's funeral arrangements, such as bringing the resident's coffin for a visit to the care home so fellow residents and staff can pay their last respects on site. In some cases, the hearse may pause at the home, or a small service or viewing is held in a private room, allowing those who couldn't attend the external funeral to say goodbye. The goal is to acknowledge that the care home was the person's home and that many people there cared for them. It's not a routine for every death, it depends on the resident's and family's wishes and cultural or religious practices, but when done appropriately, it can be very meaningful. Everyone, from housekeeping staff to fellow residents, gets a chance to pay tribute in a familiar setting, which can be especially comforting for those who couldn't travel to the funeral venue. If the care home itself can't be involved in the funeral, staff and residents should be offered the opportunity to attend the funeral.

When?

- **If family and culture allow:** Only do this with the agreement of the resident's family/executor, and if it aligns with the person's cultural or religious norms. (In some cultures, viewing or having the coffin present is customary; in others it might be unusual or taboo.)
- **Day of the funeral or prior:** Commonly, the coffin visit happens on the way to the funeral or cremation; For example, the hearse may stop at the care home briefly on the funeral day. Timing should be communicated clearly so people can gather at that moment.
- **After multiple losses:** In cases of an outbreak or multiple losses, the home might hold a collective tribute event (like a memorial) rather than individual coffin visits each time. Determine what's practical and supportive for the community.

How?

- **Coordinate with the Funeral Director:** Open communication with the funeral director and the family is crucial.
- **Prepare a Respectful Space:** Choose a suitable location for the coffin to be placed, even if briefly. Ensure the area is clean, calm, and set up with seating for those who wish to attend, and perhaps some flowers, soft music, or a memory display (e.g. a photograph of the resident).
- **Inform Residents and Staff:** Gently let everyone know in advance that the coffin will be coming and invite those who want to participate. This could be done through a notice on the board and personal invitations to close friends of the resident. Make it clear that attendance is optional.
- **Honour Guard or Rituals:** Decide if any small rituals will be observed. For example, some homes have staff line the hallway in silence as the coffin passes, or light candles around the coffin (if allowed). Perhaps a staff member or resident could say a few words or a short prayer or play the resident's favourite song.
- **Support Attendees:** Have tissues, water, and a staff member available for anyone who becomes very upset. Some residents might need someone to sit with them.
- **Afterwards:** After the coffin departs, offer a gentle transition. Perhaps have tea/coffee for those who gathered so they can talk and decompress together.



Planned and Practical Support

Support for Religious Observance and Cultural and Spiritual Needs



What?

Each resident (and their family) may have religious or spiritual practices that are important to them, especially when facing death or bereavement. Supporting those needs means enabling rituals, observances, or cultural customs to be carried out as much as possible, both before death (for someone who is dying) and after a death (for the deceased and the mourners). This can range widely: ensuring last rites or prayers are given, facilitating worship (like communion or meditating), handling the body in line with faith (for example, covering the body, positioning it towards Mecca, or not removing certain religious items), and observing mourning customs (such as sitting Shiva in Jewish tradition, or a wake in certain cultures). “Spiritual needs” also covers non-religious aspects; a person might find meaning or comfort in nature, music, or personal reflection. All staff have a role in honouring these needs.

When?

- **Moving In:** Right when a resident moves in (and ideally in pre-admission paperwork), ask about and record any religious affiliation, spiritual practices, and cultural traditions important to them.
- **During serious illness and dying:** As resident approaches end of life, it becomes critical to activate any needed observances. For example, if someone is gravely ill, you might arrange for a minister, priest, imam, rabbi, or other spiritual leader to visit for last rites or prayers.
- **Immediately after a death:** Support the family (and other residents) in observing any customs. This could include allowing time for family to perform rites (like a family-led prayer, or even just sitting quietly with the body), or ensuring the deceased is handled according to their faith.
- **Whenever a resident or family requests:** Spiritual needs can arise spontaneously.

How?

- **Gather Information and Preferences:** Create a section in each resident’s care plan for “Religious/Spiritual & Cultural Needs.” Note their religion (if any), key practices (daily prayers, dietary rules, holy days), and any end-of-life specific wishes. Also note cultural identity and any death-related customs in their culture. Keep this info easily accessible.
- **Provide Resources and Space:** Make sure the home has basic resources for various faiths. For example, have a quiet reflection room or a designated prayer space.
- **Liaise with Faith Leaders:** Build connections with local faith communities. Keep a list of local churches, temples, mosques, synagogues, gurdwaras, and their contacts.
- **Cultural Competency Training:** Train staff in basic cultural and religious awareness. Simple things like knowing that a Sikh might wear a Kara (steel bracelet) that should not be removed, or that Muslim deceased should be handled by same-sex staff if possible, or that some Buddhist individuals may want chanting at bedside.
- **Spiritual but not Religious:** Recognise that “spiritual needs” aren’t always tied to an organised religion. A resident might find meaning in listening to certain music, looking at the sunset, or reminiscing. Staff can support these by playing favourite songs or hymns or taking the resident to the garden to feel the sun and nature, especially as they near end of life.



Planned and Practical Support

Death Café- Style Events



What?

A Death Café is a unique type of informal gathering where people come together to talk openly about death, not morbidly, but in a supportive, often surprisingly uplifting way. In a typical Death Café, attendees sit with coffee, tea, and cake and discuss anything related to death, dying, and loss. There is no set agenda, no lecture as it's more of a facilitated group conversation to share thoughts, experiences, fears, and humour about mortality. The purpose is to break down the taboo around talking about death, so that people can feel more comfortable and supported when facing it. In a care home setting, holding Death Café style events can benefit staff, residents, and even relatives: it provides a safe space to express feelings or ask questions about death before one is in crisis. Death Cafés are not grief counselling or therapy; they are more like community conversations. By hosting one, the care home signals that acknowledging death is natural and that no one has to face these thoughts alone.

When?

- **As a regular event:** Consider making a Death Café style event a regular part of your activities calendar. Regular sessions help build momentum and trust.
- **During awareness weeks:** Tie events to broader movements like Demystifying Death Week or Dying Matters Awareness Week.
- **Time of day:** Typically, these work well in the afternoon or early evening over tea/coffee. Ensure it's at a time residents are alert, and staff can also attend (perhaps during a staff break or invite off-duty staff).

How?

- **Plan the Setting:** True to its name, a Death Café should feel more like a cozy café than a meeting. Set up a circle or around a table, with a nice tablecloth, some cakes, biscuits, tea and coffee, consider quiet music too.
- **Use a Facilitator:** It's helpful to have a facilitator. This should be someone who can introduce the concept and keep the conversation flowing.
- **Ground Rules:** At the start, establish a few simple principles: confidentiality (what's shared in the group stays in the group), respect (listen without judgment, allow differing beliefs), and that it's fine to pass if someone doesn't want to speak, if someone wants to leave etc.
- **Provide Resources:** While the purpose is conversation, it's nice to have some resources on hand as takeaways such as Cruse Bereavement Support information.
- **Atmosphere and Approach:** Keep the tone open and gentle. It's okay if there's laughter, Death Cafés often have moments of humour as people share candidly.
- **Length and Closure:** Typically run the event for about 1 to 1.5 hours. Watch the clock because deep conversations can run long and you want to close on time so it doesn't become exhausting.



Considerations for People with Advanced Dementia

Death- style cafe events are likely unsuitable for people with advanced dementia.

Planned and Practical Support

Structured Reflection and Debriefing Opportunities



What?

Caring for people until the end of their lives is rewarding but also emotionally challenging for staff. It's normal for care home staff to experience grief, stress, or self-doubt when a resident dies or when dealing with repeated loss. Structured reflection and debriefing opportunities are formal or semi-formal ways for staff to come together and process their feelings after such events. Unlike an unstructured chat in the break room, these are planned sessions or practices that encourage everyone to share and support each other.

When?

- **After a Resident's Death:** Ideally within a few days to a week after a death, hold some form of debrief.
- **After Particularly Traumatic Events:** If a death was unexpected or distressing (e.g., an accident, a very emotional scene, or perhaps a resident death that affected many staff deeply), convene an ad-hoc reflection session as soon as possible (even the next day or that week). This could be in addition to one-on-one check-ins.
- **Regularly (e.g. Monthly “Feelings Meeting”):** In addition to incident-triggered debriefs, having a routine meeting devoted to sharing emotions can normalise ongoing processing.
- **Whenever a staff member requests:** Encourage an environment where if someone says, “Can we all talk about what happened with Mrs. X? I’m feeling upset,” the home tries to accommodate that.

How?

- **Organise “Feelings Meetings”:** Set a regular slot (and stick to it as much as possible) for a meeting focused on emotional wellbeing. This might be a 30-minute gathering in a quiet room with comfortable chairs. The meeting can be facilitated by a manager or a peer who’s good at listening.
- **Consider Using Tools and Models:** There are established frameworks for reflective debriefs such as SHARE debrief, PETR
- **Infrastructure for Follow-up:** After any debrief or meeting, have a system to follow up on any suggestions or with people who might require more support or signposting.



Care Home Leaders

Leadership must actively support and model participation in these reflective practices. Care home leaders should occasionally attend debriefs or feelings meetings to show that they too are human and affected by losses, but they also must be careful not to dominate. A manager in the room should listen more than talk, to avoid staff holding back. However, if leaders sense that staff are uncomfortable speaking freely with them there (for fear of seeming unprofessional or vulnerable in front of their boss), they might step out and let a trusted facilitator handle it, then get a summary later (excluding personal details).

Planned and Practical Support

Practical Support for Visiting Dying Residents



What?

When a resident is dying, it's vital to make it as easy as possible for their loved ones to visit and be by their side. Yet practical hurdles like transportation can prevent or delay visits, especially for older family members or those who live far. This part of the toolkit focuses on providing practical support for travel to and from the care home for those wishing to visit a dying resident. This kind of practical aid can be as comforting as emotional support as it shows families that the care home doesn't just care for the resident but also cares about enabling the family to fulfil their role. It's often the manager's responsibility to set up these supports, but once arranged, any staff can help implement them.

When?

- **When a resident is actively dying:** The moment it's recognised that a resident is likely in their final days or hours is a trigger to activate visiting support.
- **Late night or early morning calls:** Ask key family members about their preferences for being contacted overnight or in the early mornings. Some people can deal with stressful situations better with sleep and will prioritise that over visiting the care home.
- **For return trips too:** Not just arriving, but after a vigil or after the resident passes, making sure visitors get home safely.

How?

- **Identify Potential Transport Resources Early:** Don't wait until a crisis. Map out what options exist in your area. Check out Volunteer Scotland for local lift services and availability.
- **Partnership with Taxi/Transport Services:** Build a relationship with a local taxi firm. Some taxi companies, when they know it's for ferrying someone to a dying relative, will prioritise those calls.
- **Internal Staff or Volunteer Rota:** Some care homes set up an informal rota of staff or local volunteers who live nearby and are willing to be "on call" for urgent pickups outside normal hours.
- **Inform Families Proactively:** Include a note about this in any end-of-life information leaflet given to families (some homes have a brochure "When your relative is dying" that could mention "speak to us about transport help").
- **Use of Company/Staff Car or Mini-bus:** If the care home has its own vehicle (some have a minibus for outings), consider using it for family transport when not otherwise in use.
- **Coordinate Communication:** Whichever method is used, share key information about the person, for example, if they use mobility aids and their contact details.



Care Home Leaders

This practical support often requires initiative and networking from leadership. Leaders need to establish and maintain the relationships with volunteer organisations or transport services. Leaders must also ensure that staff are informed about the available options and that those who volunteer for such a scheme, have appropriate communication training to be with someone who is experiencing a death or bereavement in a one-to-one situation. Leaders also need to commit to paying staff for this if it is done outside of their working hours.

Planned and Practical Support

Support and Signposting for Funeral Arrangements and Next Steps



What?

In the difficult days and weeks after a resident dies, families can feel overwhelmed by the practical tasks (registering the death, arranging a funeral, notifying banks, etc.) and by their grief. Care home staff can extend their support beyond the moment of death by guiding and signposting families through the next steps. Importantly, many of these supports should be outlined in the residents' agreement or contract and managers typically take the lead, but all staff should know the basics.

When?

- **If death is known to be imminent:** Reminding the family present or in contact with the care home where they can access information about what to do after death.
- **Immediately After Death:** In the first 24-48 hours after a resident dies, families must do certain things. If the family comes to the home shortly after death (to collect belongings or just to visit the room), that's a prime time to hand them written info and walk them through it.
- **Day of/Day after the death:** Some care homes provide a leaflet about what to do when someone dies. This includes their contractual obligations (such as when the room should be emptied). Giving this within 1-3 days is ideal, so that families have a reference as they start making arrangements.
- **During Funeral Planning:** Remain available in the days leading to the funeral.
- **After the Funeral (Early Bereavement):** Often, a week or two after the death (once the funeral is done), reality sets in and families might feel a wave of grief or questions. **A follow-up call around that time** from the care home can be invaluable.
- **Whenever they reach out:** Some families might not be ready to absorb information immediately and will come back later, especially if the death was not expected.

How?

- **Prepare or Access an Information Pack:** Develop a standard "After a Bereavement" pack that you can give to families. This could be a simple folder containing a) A cover letter or sheet expressing sympathy and summarising key tasks with relevant contacts. b) The "[After a Death in Scotland](#)" Guide c) Local resources list: list a few local funeral directors, especially if the resident/family had no preference, local faith leaders or churches (if applicable), and local bereavement support (like the nearest Cruse branch or hospice bereavement service, any grief café or support group in town). d) Cruse Bereavement Support info: like a [Cruse pamphlet](#) or their helpline number and website. e) Possibly the [Scottish Bereavement Charter](#).
- **Train Key Staff to Guide Through It:** Make sure the senior staff are adept at explaining the next steps. Keep it available in the staff room for everyone else to familiarise themselves with it just in case.



Care Home Leaders

Leaders can ask families at a later timepoint to give feedback on how helpful the provided information and support was.

Planned and Practical Support

Fulfilling Contractual Requirements Compassionately



What?

After a resident dies, their personal belongings remain (e.g. clothing, furniture, decorations, photographs, and sometimes medical equipment or valuables). Handling these belongings is both a practical necessity and an emotional minefield for families and staff. Care home staff should assist and guide the deceased's family (or executor) in clearing the resident's room and managing their possessions in a way that is compassionate, organised, and in line with any legal or contractual obligations. Most care homes have a policy (often stated in the residency agreement) about how long belongings can stay and who is responsible for collecting them. Support might include offering help with packing, providing boxes, temporary storage, flexibility with timelines, and clear communication so they know what to expect.

When?

- **Within the first few days:** Shortly after death (maybe not the same day, but within 1-3 days), the manager or a senior staff should reach out to the family to discuss belongings.
- **Contractual timeline:** If the contract specifies a timeline (say 7 days to clear), this should be communicated tactfully, well before the deadline. If giving written information (such as a leaflet or checklist), include a summary of their contractual agreements or where to find this information.
- **Plan ahead:** Sometimes the person tasked with collecting belongings will live at a distance and might require flexibility. It's worth asking questions during care planning about the contractual agreements if they will need to travel far for the funeral. If this means the residents belongings will be moved into another room or space, let the family member know what to expect when they arrive.

How?

- **Clear Communication of Process:** Right up front, explain how the home handles belongings.
- **Offer Practical Help:** Many families appreciate when staff help pack, especially if they themselves are elderly or the volume is large.
- **Respect and Sensitivity:** Treat the belongings with respect. If possible, provide clean boxes or bags, maybe tissue paper for wrapping breakables.
- **Privacy:** If possible, schedule packing/clearing at a time when other residents aren't around. Also, for the family's privacy (they may cry or have a moment in the room). You might put a sign "Family member present: Please respect privacy" on door or simply close the door. Staff helping should be quiet and gentle, not chatting loudly or making jokes and allow the family time to reminisce with staff.



Care Home Leaders

Leaders should train staff on how to handle this process. Perhaps have a checklist for after a death would be useful. Training should highlight respecting the family's pace, consistency and the resident's dignity.

Planned and Practical Support

Opportunities to Contribute a Physical Legacy



What?

When a resident dies, families and care home communities often find comfort in establishing a tangible memorial or legacy in honour of that person. A physical legacy could be anything from a memorial bench in the garden, a planted tree or rose bush, a plaque on a memory wall, a donated piece of furniture (like a seat or a painting for the lounge) or even something like a photo album or scrapbook left for others to enjoy. For the family, contributing something physical can be part of the healing process: it's a way to channel grief into something positive and see their loved one's name or memory living on. For residents and staff, these memorials weave the stories of past residents into the fabric of the care home, reinforcing a sense of continuity and community.

When?

- **During care planning:** If the resident is particularly interested in planning their funeral, it might feel appropriate to speak to the resident about if they would like to leave a physical legacy and what that might look like. Having this conversation ahead of time, helps everyone understand what the care home can reasonably accommodate and learn more about the residents wishes.
- **After a Resident's Death (When Family is Ready):** Typically, the idea of a memorial donation or project is raised a little while after the death. Often, families start thinking of it a few weeks or months later. For formal things like benches or trees, it could be unveiled on a meaningful date; Some do it on the first anniversary or the resident's birthday following their death. Essentially, timing is family-driven; the home should be ready whenever they approach.

How?

- **Memorial Policy or Menu:** Develop a simple policy or list of options for physical memorials, so it's consistent and manageable.
- **Personalisation within Reason:** Allow families to personalise the legacy.
- **Community Inclusion:** Encourage that physical legacies can also involve current residents and staff. For instance, if a family wants to create a memory corner with a photo, maybe have residents help make a scrapbook page to accompany it with messages. Or if a bench is dedicated, have a small gathering with residents and staff to "open" it, sharing a few words.
- **Maintain and Review:** When something is installed or placed, make a plan to maintain it.
- **No Pressure / Alternative Legacies:** Make it clear that no one is required or expected to contribute a memorial. Many families won't, and that's fine.



Emotional Support



Emotional Support

Accessible quiet room or physical space available for reflection



What?

A dedicated, readily-accessible quiet space offers residents, relatives and staff a calm, private environment in which to reflect, pray, remember, or simply pause following a death. A neutral space acknowledges that grief can arise at any time, and that quiet contemplation is a normal, healthy response.

When?

The room should be available at all times, but signposted especially:

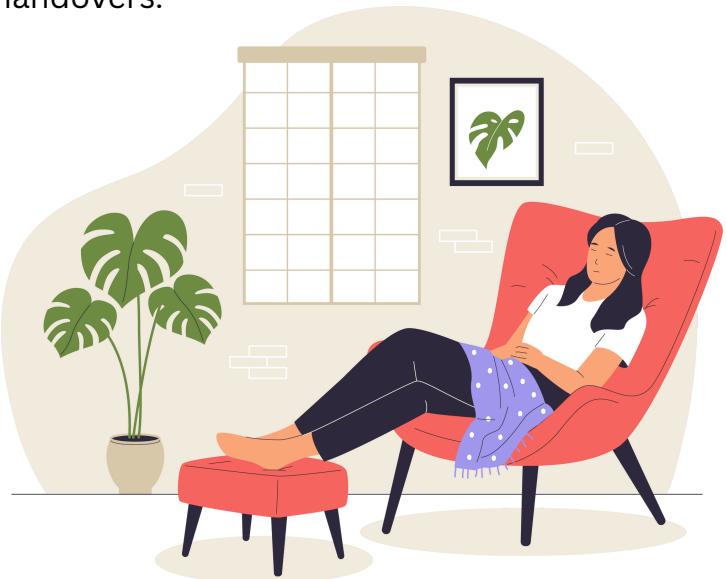
- Immediately after a death, when emotions can feel overwhelming.
- On funerals, or other significant dates.
- During difficult conversations about deterioration or future care planning.
- Whenever a resident, relative or member of staff requests private reflection.

How?

- **Location & accessibility:** Choose an accessible room away from routine noise, with clear signage and step-free access.
- **Environment:** Soft lighting, comfortable seating, tissues, gentle scents, and neutral decor create a soothing atmosphere. Display inclusive, multi-faith symbols only if appropriate; consider removable items to respect different beliefs.
- **Resources:** Provide a reflection book, poetry, spiritual writings, colouring sheets, leaflets (link to Cruse resources) and information cards about local bereavement services.
- **Checklist & maintenance:** Add the room to the daily walk-round checklist. Check cleanliness, seating, and stock of resources each shift.
- **Communication:** Let residents, families and colleagues know the space exists through admission packs, welcome boards, and staff handovers.

Considerations for People with Advanced Dementia

Some people with advanced dementia may benefit from a multisensory approach: textured blankets, familiar music on a low volume, calming aromas, or offer them a photograph of a loved one. Offer accompaniment if the person appears anxious and be ready to redirect gently if the environment becomes confusing.



Care Home Leaders

Leaders model use of the quiet room by occasionally signposting colleagues to it and by keeping a non-judgemental eye on its upkeep. Allocate responsibility for stocking supplies and ensuring the space remains confidential and respected.

Emotional Support

Signposting and access to formal bereavement support counselling for residents, relatives and staff



What?

Most grief adapts naturally, but some residents, relatives and staff need additional, structured support. Signposting ensures that anyone experiencing complicated, prolonged or traumatic grief can access professional counselling. This is relevant to every role: a care assistant might be the one a widow confides in about feeling depressed weeks after her husband's death, or a nightshift nurse might notice a colleague isn't coping. In such cases, knowing where to find counselling or specialist support is crucial. Effective signposting ensures no one falls through the cracks if their grief becomes overwhelming or complicated.

When?

- **When moving in:** include written information in welcome materials about bereavement organisations.
- **At key transition points:** Diagnosis of a new terminal condition, rapid deterioration, or following distressing incidents.
- Immediately after a death, with follow-up offers.
- Whenever an individual, colleague or family member expresses ongoing distress.

How?

- **Map local provision:** Consider developing a living directory of NHS psychological services, hospice bereavement teams, faith-based charities, community counselling hubs and online helplines (e.g. Cruse Bereavement Support, Compassionate Communities UK).
- **Clarify funding routes:** Note which services are free, donation-based or fee-paying and how to refer (self-referral, GP, care-home-initiated). Make clear that while nothing is automatically funded, creative solutions, such as public-health grants or compassionate-community partnerships may remove cost barriers.
- **Visible information:** Display leaflets and QR codes (e.g. to [AtaLoss website](#)) in communal areas and the quiet room. Include contact details on condolence cards and in post-death letters.
- **Staff briefings:** Teach staff the difference between informal listening and formal counselling and rehearse referral conversations.
- **Follow-up:** Document offers and outcomes in residents' notes and the staff wellbeing log; revisit if grief persists.



Care Home Leaders

Champion equitable access by understanding referral pathways to local services, arranging in-house group sessions where possible, and ensuring bank/weekend/out of hours staff also receive information.

Emotional Support

Memorial events to celebrate the lives of those we have lost (e.g. To Absent Friends)



What?

Memorial events bring the care-home community together to honour residents who have died. They validate grief, strengthen mutual support, and celebrate unique life stories. This is relevant to all roles because everyone in the care home community (from the chef to the care assistants) may have formed bonds with residents. Memorial events validate those bonds and give everyone permission to grieve collectively. They also strengthen mutual support among staff and residents, reminding people they are not alone in missing someone.

When?

- Annually during Scotland's [To Absent Friends](#) festival (first week of November) or at a time meaningful to your home.
- Soon after a cluster of deaths or a particularly impactful loss.
- On significant anniversaries as requested by residents or families.

How?

- **Plan inclusively:** Form a small planning group of residents, relatives and staff. Decide on format e.g. afternoon tea, candle-lighting ceremony, memory tree, music recital or photo slideshow. ([Helping People to Remember Hospice UK resource](#) may be helpful)
- **Procedures & permissions:** Draft a simple procedure covering invitations, consent for photos, use of communal areas, and infection-control considerations.
- **Involve all faiths & cultures:** Consult spiritual advisors to integrate rituals such as prayer, silence, readings or culturally specific music.
- **Resources:** Use To Absent Friends toolkits for ideas, printable templates and publicity materials. Provide remembrance cards and keepsake tokens.
- **Communication:** Send invitations to families and former staff; advertise internally via posters and digital screens. Offer virtual attendance options.
- **Evaluation:** Gather feedback and update the procedure for future events.



Considerations for People with Advanced Dementia

Offer shorter, sensory-friendly spaces within the event with quiet background music, familiar scents or handheld objects. Provide a seated area near exits for those who may need to withdraw.

Care Home Leaders

Start by forming a small planning group of staff, residents, and perhaps a family member. Use To Absent Friends toolkit as a roadmap to decide the format (e.g. candle lighting, slideshow, planting a tree). Assign roles and make sure to advertise the event (a simple poster or newsletter mention). Afterwards, gather feedback and refine future events. The key is making it a team effort. Memorial events shouldn't fall solely to management; with guides in hand, any enthusiastic staff member or volunteer can take the lead in coordination, knowing they have proven resources to follow.

Emotional Support

Including residents in care of a dying person



What?

Often in care homes, residents form close friendships. When someone who lives in the care home is dying, others might want a chance to say goodbye or to attend their funeral. Inclusion can help surviving residents make sense of the loss and reduce feelings of shock or abandonment. It's also about transparency: giving factual yet gentle updates and not hiding death as a "taboo" topic. For staff, this means facilitating visits to the dying (perhaps escorting a resident to a friend's room) and coordinating funeral attendance or sharing orders of service. All roles are touched by this - a nurse might discuss with a dying resident who they want to visit, a care assistant might accompany a resident to a funeral, or an admin might photocopy an order of service to give to those who couldn't attend. The guidance respects each resident's choices; not everyone will want to be involved, but those who do should be supported to safely participate.

When?

- From the moment decline is recognised, and the dying phase is anticipated.
- At visiting times agreed with the resident, family and clinical team.
- Post-death, during funeral rituals and memorial services.

How?

- **Early conversations:** Discuss preferences for visiting, funeral attendance and receiving news with residents in advance-care plans. (Good Life, Good Death, Good Grief)
- **Flexible visiting:** Arrange escorted visits to a resident's room for brief, calm interactions. Provide seating to promote dignity.
- **Practical support:** Coordinate transport, appropriate clothing and staff escorts for funerals; obtain copies of orders of service for those who cannot attend.
- **Information sharing:** Offer clear, timely updates about the resident's condition and death, balancing honesty with sensitivity.
- **Documentation:** Record involvement in care notes and the bereavement register.



Care Home Leaders

Facilitate staff training on positive inclusion, be clear with staff about any transport budgets or arrangements and develop a risk-assessment template for external funeral attendance.

Considerations for People with Advanced Dementia

Short, familiar-routine visits may be more beneficial than prolonged vigils. Provide objects like a favourite blanket or photo to maintain comfort and connection. [Alzheimer's Society: Supporting a person with dementia during a bereavement](#).

Emotional Support

Staff mindfully choosing not to share information about the frailty or death of a friend/fellow resident within the home



What?

Sharing news of deterioration or death must be personalised, respecting each resident's wishes, cognitive capacity and emotional readiness. Sometimes choosing not to share sensitive details is the most compassionate act. For instance, a resident with advanced dementia might become deeply confused or distressed upon hearing of a friend's death and then forget but be left with sadness, requiring repeated re-telling of the bad news. Or a resident may have previously said, "I don't want to know if X dies; it would upset me too much." Staff need to respect those wishes. This guidance is relevant for everyone who works in a care home in making ethical judgment calls. It emphasises personalised communication, knowing each resident's preferences and cognitive ability before deciding what to share. All staff must handle such situations consistently and with compassion (e.g. not discussing a death openly in front of someone who ought not hear it).

When?

- When a resident has expressed a wish **not** to know.
- If disclosure may cause significant distress or confusion (e.g. advanced dementia).
- Until family have been informed and have consented to wider sharing.

How?

- **Individual preferences:** Document residents' wishes about receiving such news in care plans.
- **Resources can help with decision making:** Alzheimer's Society ([Supporting the person with dementia to grieve](#)), Dementia UK ([Breaking difficult news to a person with dementia](#)), Hospice UK ([Talking about death to someone with dementia](#)).
- **Positive inclusion:** Offer alternative ways to honour relationships (e.g. lighting a candle, sharing a favourite song) without disclosing specific details.
- **Staff briefings:** Provide guidance on language choices and maintaining confidentiality.
- **Review:** Revisit decisions regularly; a resident's preference may change over time.



Care Home Leaders

When auditing care plans, ensure they balance transparency with personalised care particularly when strong friendships form between residents with advanced dementia (e.g., "In event of death of her friends, do not directly tell Mrs. Y; instead, provide general comfort if she seems aware of absence"). Support staff through reflective supervision to handle ethical dilemmas.

Emotional Support

Dedicated support after death of a fellow resident



What?

Focused support helps surviving residents adjust, fosters community solidarity and prevents prolonged isolation. It's essentially a bereavement care plan for the community: just as staff would comfort a family, they also comfort co-residents. Every staff member can play a part. For example, a care worker might schedule time to sit and talk with Mr. A about his friend who died, or the activities coordinator might engage a group in making a memory box filled with photos and mementos of the deceased. Even catering or housekeeping staff can be observant, perhaps offering someone a cup of tea if they seem down or noting if a usually sociable resident is skipping meals after a peer's death so the care team can follow up. Such dedicated support can prevent prolonged isolation or depression among residents and maintain a sense of community even after a loss.

When?

- Within 24 hours of the death to acknowledge loss.
- Over the subsequent days and weeks as emotions evolve.
- On key anniversaries or when reminders (e.g. empty chair) trigger grief.

How?

- **Wellbeing chats:** Schedule one-to-one or small-group conversations led by trained listeners; use open questions and active listening.
- **Memory boxes:** Invite contributions such as photos, letters, or small keepsakes. Display the box publicly or keep it in the quiet room for private viewing.
- **Additional care:** Offer gentle check-ins, extra hydration and nutrition prompts, or activity adjustments for those showing withdrawal.
- **Peer connection:** Encourage shared meals, storytelling or craft sessions to rebuild social links.
- **Documentation:** Record interactions to ensure consistent follow-up.
- **Useful resources:** Age UK (coping with bereavement (older people), The Silver Line Helpline, At A Loss website



Care Home Leaders

Allocate time on rotas for wellbeing visits and ensure materials (decorative boxes, printing) are budgeted. Make a post-bereavement support plan routine. When a resident dies, in addition to clinical/post-mortem tasks, Leaders should trigger a "bereavement support checklist" for fellow residents. Monitor staff morale, as facilitating others' grief can be emotionally heavy. Consider offering time for specialist training for specific members of the care team (e.g. activity co-ordinators or care workers with a keen interest) to develop more advanced skills in supporting residents with grief.

Emotional Support

Formal debriefing sessions focused on end-of-life care



What?

Structured debriefs provide a safe forum to review care, share emotions, and identify learning. Regular formal debriefing reinforces a culture of continuous improvement. It also helps staff process their grief or stress (preventing burnout and “carer’s grief” from accumulating) and also promotes learning culture, with the insights potentially leading to changes in practice for future palliative care. All levels of staff should be included: a housekeeper who laid out Mrs. P’s favourite blanket in her final hours, or a carer who was present at the death, have valuable perspectives too. Debriefs affirm that everyone’s contribution is recognised and that it’s okay to feel upset. By reflecting as a group, staff can support each other.

When?

- Within 7 days of each death.
- After particularly complex or unexpected deaths.
- Quarterly, to reflect on themes and action plans.

How?

- **Format:** 30-minute facilitated meetings using a simple framework such as [T.A.L.K](#)
- **Facilitator:** Rotate between senior carers, nurses or consider external palliative specialists to promote psychological safety if a death was traumatic.
- **Confidentiality:** Agree ground rules; record action points only, not personal disclosures.
- **Learning loop:** Feed insights into policy updates, training plans and individual appraisals.
- **Support signposting:** Offer follow-up wellbeing resources for staff displaying ongoing distress.

Care Home Leaders

Attend sessions periodically to demonstrate commitment but avoid dominating. Provide time within paid hours and acknowledge contributions in supervision. ([Mind Tools](#) might be helpful)



Emotional Support

Condolence/sympathy card sent from the care-home team



What?

A personalised condolence card expresses sympathy, gratitude and ongoing support, reinforcing the care-home's relationship with the family. It's often the administrators or managers who physically send the card, but input from the whole team makes it personal (for example, care assistants can contribute a short memory to include). For families, receiving a card signed by those who cared for their loved one can be deeply comforting and reinforces that their loved one was cherished by others. It's an accessible practice as even homes with limited resources can afford a card and postage, and it sets a tone of compassion and professionalism. All staff should be aware it's being done, so if a family member calls in thanking a staff member for the note, they aren't caught off guard. Also, if families reply or visit to express gratitude, it boosts staff morale, showing their emotional labour is recognised. In essence, the condolence card is a bridge maintaining connection with the family and an extension of the home's care beyond death.

When?

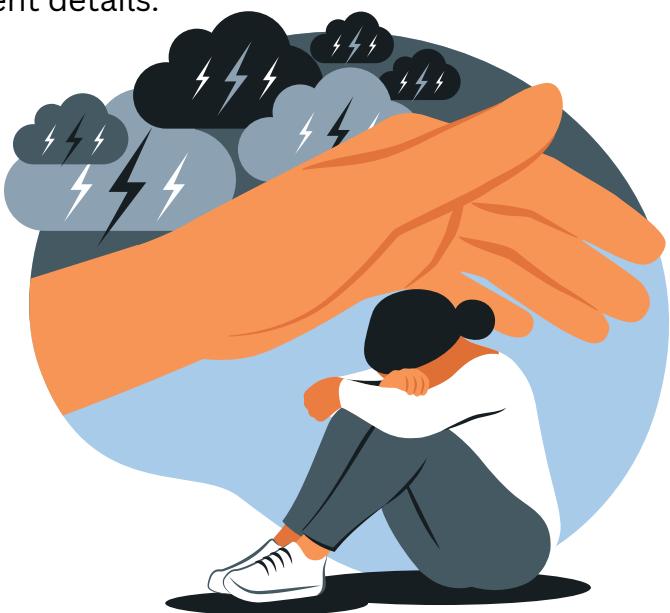
- Within 72 hours of death once official notifications are complete.

How?

- **Consistency:** Have a stock of suitable sympathy cards and stationery in a file that can be accessed by those who typically write and send them; Often the Manager or Deputy, with input from care staff. Create a quick template or guide (e.g., include: the resident's name, something positive/personal, an offer of support, and on behalf of the whole team; avoid medical details and overly formal language).
- **Personalisation:** Include a handwritten message referencing a specific memory or characteristic of the resident.
- **Team involvement:** Invite comments from staff who knew the resident well; consider including photographs of the resident's time living in the care home.
- **Quality materials:** Choose tasteful, inclusive designs and avoiding overtly religious imagery unless alignment with known beliefs.
- **Record keeping:** Log the date sent and recipient details.

Care Home Leaders

Ensure the supply of cards available are inclusive and culturally sensitive. If the care home manager or deputy usually write and send the cards, have a back-up plan for when they are both unavailable so that every family receives a card following a residents death without delay or confusion.



Emotional Support

Ongoing connection with the care home such as calls, visits, volunteering



What?

Keeping bereaved relatives connected can maintain mutual support and foster a positive legacy for the resident's life. This benefits relatives, who may feel lonely or lost when regular visits cease, and it can benefit the care home (former family members often become great volunteers or supporters of the home). For staff, maintaining contact, like a phone call a week after the funeral, is an extension of their care, and it can be very rewarding to know the family is coping or that they appreciate the outreach. All roles might take part: a manager or administrator might schedule and make check-in calls; care staff can greet and chat with a bereaved spouse who comes back to visit; maintenance or kitchen staff might see a familiar face at events and exchange a kind word. It fosters a community feeling - the care home isn't just concerned with its current residents but also cherishes those connected to its past residents.

When?

- Initial check-in call seven days after the funeral (or sooner if agreed).
- Regular follow-ups at one, three and six months, tapering according to need.
- Invitations to seasonal events, coffee mornings or volunteering taster days.

How?

- **Establish need:** Upon a resident's death, ask the next-of-kin if they're comfortable with the home keeping in touch (most will appreciate it).
- **Routine diary system:** Assign a named staff member; schedule calls/check-ins in an electronic calendar.
- **Contact register:** Establish a mailing list for family members/friends of residents who have died who should be invited to key care home events (e.g. summer fetes, Christmas celebrations and fundraising events). Include the opportunity for people to opt-out of future invitations in each email/text message.
- **Visit facilitation:** If you can offer flexible visiting hours, guest meal options and access to the quiet room when bereaved families visit, make sure this information is shared with them.
- **Volunteering pathways:** Provide clear role descriptions (e.g. gardening, reading group), Disclosure Scotland guidance and training. ([Volunteer Scotland](#) website)
- **Community partnerships:** Link relatives to local compassionate-community initiatives for ongoing peer support.
- **Evaluation:** Collect feedback to refine the routine.





Emotional Support

Additional support for those expected to have a difficult experience of grief (e.g. unexpected deaths)

What?

An unexpected death, such as a resident choking in the dining room or a fall leading to a fatal injury, can trigger acute stress, PTSD-like symptoms, or profound shock in the care community. Even an expected death that is especially harrowing can have similar effects. For these situations, care homes should have a proactive protocol: essentially a crisis response plan to offer immediate and ongoing extra support. This is relevant to managers (who must coordinate the response), nurses/carers (who may be first responders to the incident and need support thereafter), other residents (who might have witnessed or been frightened by events), and families (who are dealing with sudden loss). It's an "all hands-on deck" scenario where normal routines give way to focused support. The emotional fallout from such a death can be significant, so no one should be left to struggle alone in the aftermath. Essentially, this is about recognising that some deaths need a higher level of response than the everyday approaches and preparing staff to provide or arrange that.

When?

- Immediately after the event (within hours).
- Follow-up at 48 hours, one week, and monthly until stability is regained.
- On related anniversaries or inquests.

How?

- **Advance preparation:** This is crucial and involves a written critical incident plan that includes enhanced bereavement support for those affected. It also requires formal and informal incident debriefing, family liaison and media handling.
- **Psychological first aid:** Care home staff should be encouraged to complete the [TURAS module](#).
- **Dedicated contact:** Appoint a bereavement key worker who can co-ordinate communication with the family and debriefing with staff and residents who are affected.
- **Environmental adjustments:** Remove triggering items (e.g. equipment involved) sensitively and promptly.
- **Training:** Offer refresher sessions on sudden-death communication.
- **Resources:** [Cruse website](#) and phoneline.

Considerations for People with Advanced Dementia

Simplify explanations: "Your friend is not here now." Provide reassurance through familiar routines and comforting sensory stimuli. Monitor for behavioural changes and respond with personalised, calming interventions.



Care Home Leaders

Lead with transparency, acknowledging the impact on the community. Liaise with external agencies (coroner, safeguarding) and ensure staff have immediate access to counselling.

Wider Care Home Culture





Wider Care Home Culture

Wider Openness About Death and Dying

What?

Developing a culture of openness and acceptance around death and dying within care homes encourages courageous conversations and demystifies death. This openness helps staff, residents, and their families approach the end of life with clarity, compassion, and confidence. Adopting principles such as "with the end in mind" and carefully choosing language fosters a respectful and supportive environment. Such openness demystifies death, reducing fear and uncertainty for everyone.

When?

Conversations about death and dying should be integral to everyday interactions within the care home. Specific opportunities include when planning care, upon admission, during reviews, and around significant changes in a resident's health. Recognising key moments to engage in these dialogues supports ongoing comfort and readiness among all involved.

How?

- **Promote Courageous Conversations:** Provide training for staff to confidently and sensitively initiate and engage in conversations about death with residents and families.
- **Demystify Death:** Have resources, such as Hospice UK's Dying Matters leaflets, freely available in accessible areas of the care home to support informed and open discussions. ([Kathryn Mannix Dying for Beginners video](#); [Lets talk about death and dying](#) Age UK video and booklet)
- **Language Sensitivity:** Ensure staff use clear, compassionate, and culturally appropriate language around death and dying.
- **Regular Reflection:** Facilitate team reflections on the care provided to dying residents to continuously develop understanding and openness.
- **Remembrance and Death Celebrations:** Events to remember and reflect on past residents, including staff, residents and relatives should be planned in advance and appropriately costed.

Considerations for People with Advanced Dementia

In a specialist dementia care home or unit, this recommendation does not apply to the homely environment. However, materials about death and dying should be available for staff in staff-only areas.



Care Home Leaders

Leaders must exemplify openness in discussing death and dying, providing ongoing support to staff, residents, and families. Leaders play a crucial role in normalising these conversations, offering guidance, and creating a supportive environment where death is not feared but recognised as a natural part of life.



Wider Care Home Culture

No One Dies Alone

What?

"No one dies alone" means that every resident should be offered companionship as they approach death. However, family members and friends might not always be available to sit with a resident and there are a number of barriers that care home staff can experience in facilitating this, from outbreaks to staff shortages to multiple deaths happening around the same time. Moreover, not everyone wants to die with company; Some people want privacy, others want to be alone or only want the company of certain people.

When?

This principle is central from the moment a resident enters a care home and continues throughout their stay. It should be explicitly discussed during care planning meetings, reviews, and when a resident's health status changes significantly.

How?

- **Individualised Care Plans:** Document clear, person-centred preferences around companionship or solitude at the end of life.
- **Regular Updates:** Continuously update care plans through conversations with residents and families to reflect any changes in wishes.
- **Staff Training and Advocacy:** Equip staff with the necessary communication skills to sensitively explore, document and share a resident's wishes with empathy and clarity.
- **Resources to support NODA:** Some local hospice and NHS services have volunteer provision to facilitate company at the end of life.

Care Home Leaders

Care Home Leaders should reinforce the importance of personalised care plans, ensuring these are consistently reviewed and respected. They should also be available to lead or support more challenging or sensitive conversations when a resident's wishes differ from their friends and relative's preferences. Care home leaders should also encourage reflection and debriefings when the wishes of residents have not been facilitated by the care home (e.g. if a resident dies alone when their wish had been to have company).





Wider Care Home Culture

Recognising contribution of the whole care home team in palliative care and extending palliative care training opportunities to all.

What?

This emphasises that providing high quality palliative care is everyone's responsibility as a care home functions as a community. Every staff member, from the chef to the cleaner to the maintenance person, interacts with residents and their relatives and can contribute to a comfortable, compassionate environment. For example, a housekeeper who understands a resident is dying might take extra care to keep the room peaceful and clean or sit for a chat if they notice the resident is alone. An activity coordinator could ensure life-story work or meaningful activities are offered to a resident whose friend has recently died. By acknowledging everyone's unique and valuable contribution to palliative care there is a responsibility to ensure training opportunities consider all staff. From this, the care home creates a united team where everyone feels capable and empowered to help.

When?

This inclusive and accepting culture should be cultivated daily through all interactions and particularly emphasised during end-of-life scenarios.

How?

- **Team Inclusion:** Acknowledge the vital roles of all staff, from caregivers to gardeners, in creating a compassionate and supportive environment. This means training opportunities in communication skills and palliative care should be offered (where appropriate) to as many members of the team as possible.
- **Cultural Recognition:** Actively include staff across all roles in conversations, and decision-making related to palliative care.
- **Recognition and Appreciation:** Regularly acknowledge the collective efforts and unique contributions of all staff through team meetings and personal recognition. Share any feedback from friends and relatives following a resident's death with the wider care team.



Wider Care Home Culture

Viewing care homes and encouraging others to view care homes as safe places where death and grief are spoken about openly and safely.



What?

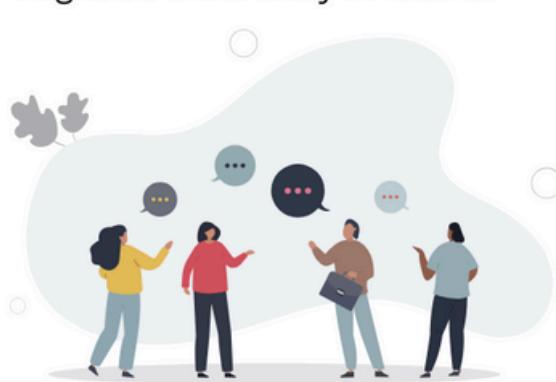
Death is the only inevitability of life and most people who move into a care home will die there. This is why care homes should be environments where death and grief can be discussed openly, safely, and comfortably by residents, relatives, staff and visitors to reduce fear and stigma.

When?

Death should be spoken about regularly. However, some moments should be considered key opportunities to explore death and grief with residents; specifically during moments of planning care or the time leading up to and after the death of a residents friend.

How?

- **Promote Open Dialogue:** Foster ongoing conversations about death and their grief in a sensitive and respectful manner with residents. *Don't forget to document these conversations in daily notes and update Future Care Plans!*
- **Funeral Orders of Service:** Ask relatives for spare copies of the Order of Service to be available within the care home for other residents to read if they wish.
- **Memorial and Reflection Activities:** Consider hosting memorials, remembrance events such as To Absent Friends, and initiate reflective conversations to normalise death and bereavement as a natural part of life.
- **Supportive Resources:** Have educational materials and supportive resources available to residents, families, and staff to facilitate informed conversations. [Access Hospice UK's Dying Matters free leaflets and resources here.](#)
- **Cultural Sensitivity:** Recognise and respect diverse cultural attitudes towards death, ensuring all practices and conversations are inclusive.
- **Debrief with colleagues:** After you've had conversations with residents about death and bereavement reflect on it with your colleagues to consider what worked and what you might do differently in future.



Considerations for People with Advanced Dementia

Many people with advanced dementia do not know they are living in a care home and actively encouraging conversations about death and dying isn't always appropriate. Instead, wait for cues that the person wants to talk about death and dying but be ready to gently distract them if they become upset or distressed.

Care Home Leaders

Care home leaders should model openness and sensitivity about death and grief, creating an environment of trust and safety. Leaders should actively support staff and residents in conversations about death and feelings of grief and wherever possible, support memorial and reflection activities. However, being a leader in bereavement care can be emotionally taxing, so try to create and take opportunities to debrief with your peers.

Contact the study team

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This toolkit is currently under development. The study team is looking for care home staff who have read any of this draft to participate in a short evaluation interview. To register your interest in participating in an interview, scan the QR code or email Maria Drummond at maria.drummond@glasgow.ac.uk

