

DNACPR



Our main report on how hospitals, care homes and doctors support people to make decisions about re-starting their heart if they get very ill

March 2021



Easy read version of 'Protect, respect, connect: Decisions about living and dying well during COVID-19'



About this booklet



We are the Care Quality Commission. We check services like hospitals and care homes to make sure they give good care to people.



This booklet talks about important decisions people make about how they want to be cared for if they become seriously ill or get near to the end of their life.



These decisions involve talking with each person, their family, carers and doctors about what care they want, whether they would want to go to hospital, or if they want to say no to any types of treatment.



These are not easy things to think and talk about, but people should talk about what they want to happen before they get ill.



These talks can help doctors make decisions about emergency care and treatment if people cannot make these decisions themselves.



One of these decisions is whether doctors should try a treatment on people called 'cardiopulmonary resuscitation'. This is called 'CPR' for short.



CPR is a treatment used in emergencies. It aims to restart a person's heart if their heart stops beating or they stop breathing.



CPR would only be used in very serious situations and does not work in most cases. It can do more harm than good.

DNACPR



People can agree to a 'do not resuscitate decision', which means they decide they do not want doctors to try CPR to try and restart their heart. It can also be called DNACPR.



The government asked us to talk to doctors and people who are in charge of hospitals and care homes, as well as people who use care services and their families.



This is so we can find out how decisions have been made about DNACPRs in 2020, when a lot of people got ill with a new disease called coronavirus.



This is because we were worried that people were not asked about their DNACPR decisions.



We were also worried that DNACPRs were being decided for groups of people rather for each person.



This is our main report about what we found out. We wrote a [first report](#) in December 2020.

What we found out



People who have good care have the time and information they need to talk about what care and support they want.



This includes how to have a peaceful death with dignity.



Every DNACPR decision must be based on each person and their wishes.



Some people said they had been involved in making decisions about DNACPRs, as part their general care planning.



Others said that these decisions happened suddenly, which meant they did not fully understand what was happening or even what a DNACPR was.



Some people did not always know they had a DNACPR. This could be very distressing for people and their families or carers.



We were worried that people in some groups, like older people, people with a learning disability or people with dementia, were not being given the information they needed in a way they could understand, or were not being supported to talk about DNACPR decisions.



We heard from people, their families and carers that 'blanket' DNACPR decisions had been made. This means decisions for groups of people, not each person.



Giving staff training and support to talk to people about DNACPR decisions was important in making sure people get person-centred care and that their human rights are protected.



There are many types of plans used for people's future care. This can be confusing.



Health and care staff had to read a lot of difficult guidance about coronavirus. This could also be confusing.



These could stop people from being fully involved when talking about their own care.



What we think needs to happen



The government should set up a group to look at the issues in this report. They will be in charge of making the changes and improvements needed.



This will include increasing people's awareness of care planning for living and dying well.



Health and care services must make sure that people are included in decisions about DNACPR as part of their care planning, and that staff have enough time and training to do this.



CQC will check that this happens.



Decisions about DNACPR should be recorded and shared well, so that different parts of health and social care (like doctors and care homes), can easily find out people's wishes.



Find out more



See the full version of our report on our website at:

www.cqc.org.uk



If you want to give feedback on your care – it can be good or bad – fill out our form at:

www.cqc.org.uk/givefeedback



Or you can call us on:

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