National Patient Safety
Improvement Programmes

Managing Deterioration

RESTORE2*mini*

for domiciliary care

The physical deterioration and escalation tool for the care sector

@NatPatSIP / @MatNeoSIP

www.improvement.nhs.uk

Delivered by:
The AHSN Network
Wessex Patient Safety Collaborative

Led by:
NHS England
NHS Improvement

Information for Presenters using this slide deck

These slides have been developed as a resource for people seeking to implement RESTORE2*mini*.

They may be used as a standalone training resource or in conjunction with the RESTORE2 "Rollout Handbook" (April 2020). The Handbook refers to the full version of RESTORE2 for Care Homes which includes references to the National Early Warning Score (NEWS2) in those settings.

RESTORE2*mini* is a Soft Signs based approach and does not include the use of NEWS2. NEWS2 and the full version of RESTORE2 are referenced in these slides to explain the development of the RESTORE2*mini* tool and to clarify the differences between the versions for staff who may be aware of both. Other versions of RESTORE2*mini* have adapted the language to suit their own care setting.

Some relevant "Managing Deterioration" videos are referenced on the relevant slides. The short 3 minute videos from Health Education England may be used as a teaching aid during a training session or referred to as an available resource for future use.

These slides may be adapted by presenters as long as the content of the tools themselves are not amended in any way. This includes NEWS2, RESTORE2, SBARD and any other tools referred to.

Some other Care Home resources are signposted via some relevant Wessex PSC webpages. Presenters may wish to adapt the slides to point to other sites as well as, or instead of, the Wessex PSC information.

We hope you find these resources helpful to your work. Constructive feedback is always welcome to improve our materials, comments to geoff.cooper@wessexahsn.net

Wessex PSC v6 - 18/11/2020

RESTORE2™

Recognise Early Soft Signs, Take Observations, Respond, Escalate

mini domiciliary care

A Patient Safety Initiative co-produced by
West Hampshire CCG & Wessex Patient Safety Collaborative

Ask your client – how are you today?

NHS West Hampshire Clinical Commissioning Group

Wessex Academic Health Science Network
Patient Safety Collaborative

Deterioration, including Sepsis, is often recognised late, sometimes too late, and can have life changing consequences.

But what if we could identify it sooner?

or in their own home

at the GPs

in the Ambulance

in the Emergency Department

in hospital

and what if we all spoke the same language and could communicate our concerns better?

Soft Signs

(early indications of "unwellness")

SBARD

(Situation - Background Recommendation - Decision)

NHS West Hampshire Clinical Commissioning Group

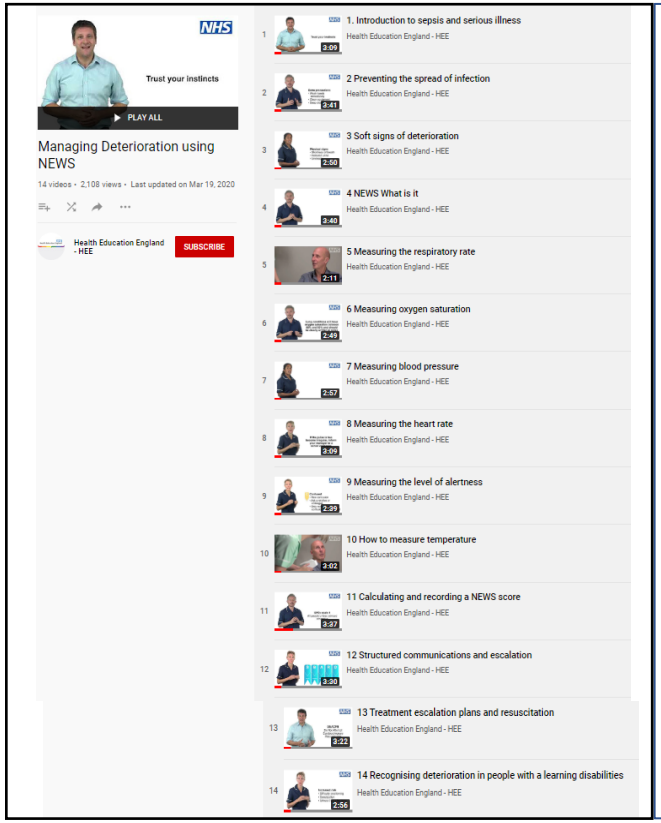
Wessex Academic Health Science Network

Patient Safety Collaborative

Additional Resources - Managing Deterioration Videos

Wessex AHSN and West of England AHSN have collaborated with West Hampshire CCG (RESTORE2) and Health Education England to produce a series of free videos and e-learning materials to support staff to care for clients who are at risk of deterioration.

The full set of 14 Managing Deterioration Videos can be accessed via: https://wessexahsn.org.uk/projects/358/care-home-training-resources and individual videos applicable to the use of RESTORE2mini are flagged below with a green tick (✓) and indicated on the relevant slides.



Linking the Managing Deterioration Videos and RESTORE2

Spotting serious illness and sepsis
Some people are more at risk than others of becoming unwell very quickly and developing a serious illness such as sepsis. This is known as 'deterioration' and it is important that anyone who cares for individuals who are at risk of deterioration knows how to spot the signs, especially during the current COVID-19 outbreak.

Watch this film
- Introduction to sepsis and serious illness

Soft Signs and What's Normal
What to look out for when it is not appropriate to take measurements of a person's vital signs.
The RESTORE2 mini tool is helpful in these situations.
A white paper from Geoff Cooper at Wessex AHSN looks at using soft signs to identify deterioration.

Watch these films
- Preventing the spread of infection
- Soft signs of deterioration ✓
- Recognising deterioration with a learning disability ✓

Take Observations
The National Early Warning Score is used by GPs, ambulance services and acute hospital trusts.
RESTORE2 makes NEWS2 more accessible to care and nursing homes.

Watch these films
- NEWS: What is it?
- Measuring the respiratory rate
- Measuring oxygen saturation
- Measuring blood pressure
- Measuring the heart rate
- Measuring level of alertness
- How to measure temperature
- Calculating and recording a NEWS score

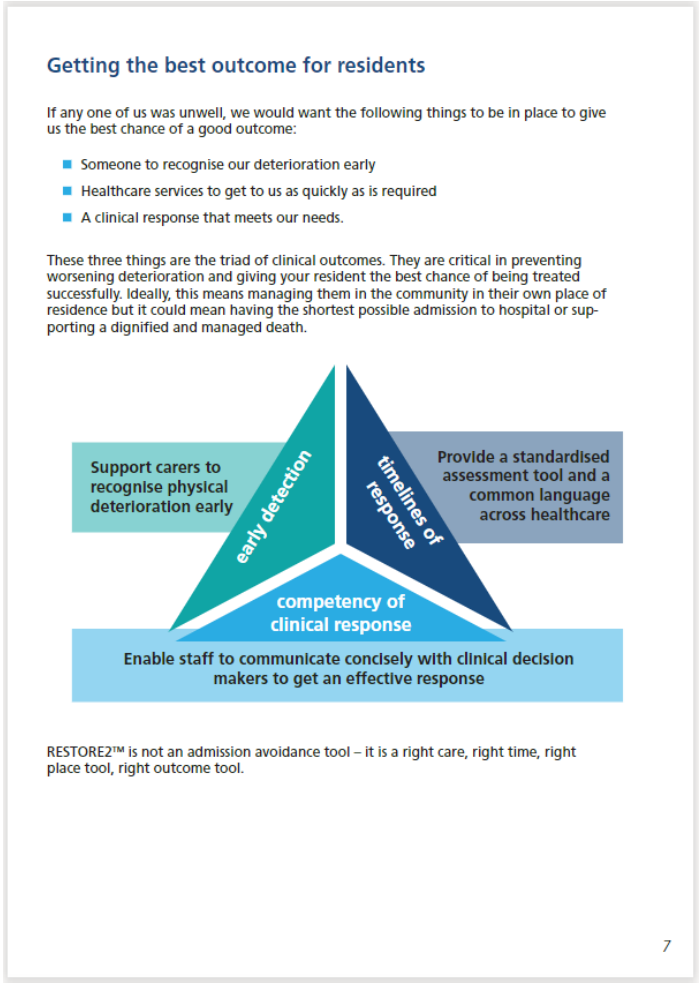
Escalate and Communicate
Effective communication is vital for safety critical messages between different healthcare staff

Watch these Films
- Structured communication and escalation ✓
- Treatment escalation plans and resuscitation ✓

Additional Resources - Rollout Handbook

West Hampshire CCG have produced a Rollout Handbook for RESTORE2 to support staff working in care homes to care for residents who are at risk of deterioration. The handbook is available from https://westhampshireccg.nhs.uk/restore2/.

These training slides have been adapted for RESTORE2*mini* (domiciliary care).



Getting the best outcome for residents

If any one of us was unwell, we would want the following things to be in place to give us the best chance of a good outcome:

- Someone to recognise our deterioration early
- Healthcare services to get to us as quickly as is required
- A clinical response that meets our needs.

These three things are the triad of clinical outcomes. They are critical in preventing worsening deterioration and giving your resident the best chance of being treated successfully. Ideally, this means managing them in the community in their own place of residence but it could mean having the shortest possible admission to hospital or supporting a dignified and managed death.

RESTORE2™ is not an admission avoidance tool – it is a right care, right time, right place tool, right outcome tool.

Firstly, a quick word about…

RESTORE2

Recognise early soft-signs, Take observations, Respond, Escalate

How does RESTORE2™ work?

RESTORE2™ has five key components that support carers to recognise deterioration, assess the risk and act on your findings:

- The soft signs of deterioration which support carers to identify potentially unwell residents

- A 'what's normal for this resident' reference box so people understand when a residents condition has changed and what plans have been put in place to manage this. This includes their normal NEWS

  Including advanced care plans (ACPs) and residents End of Life preferences

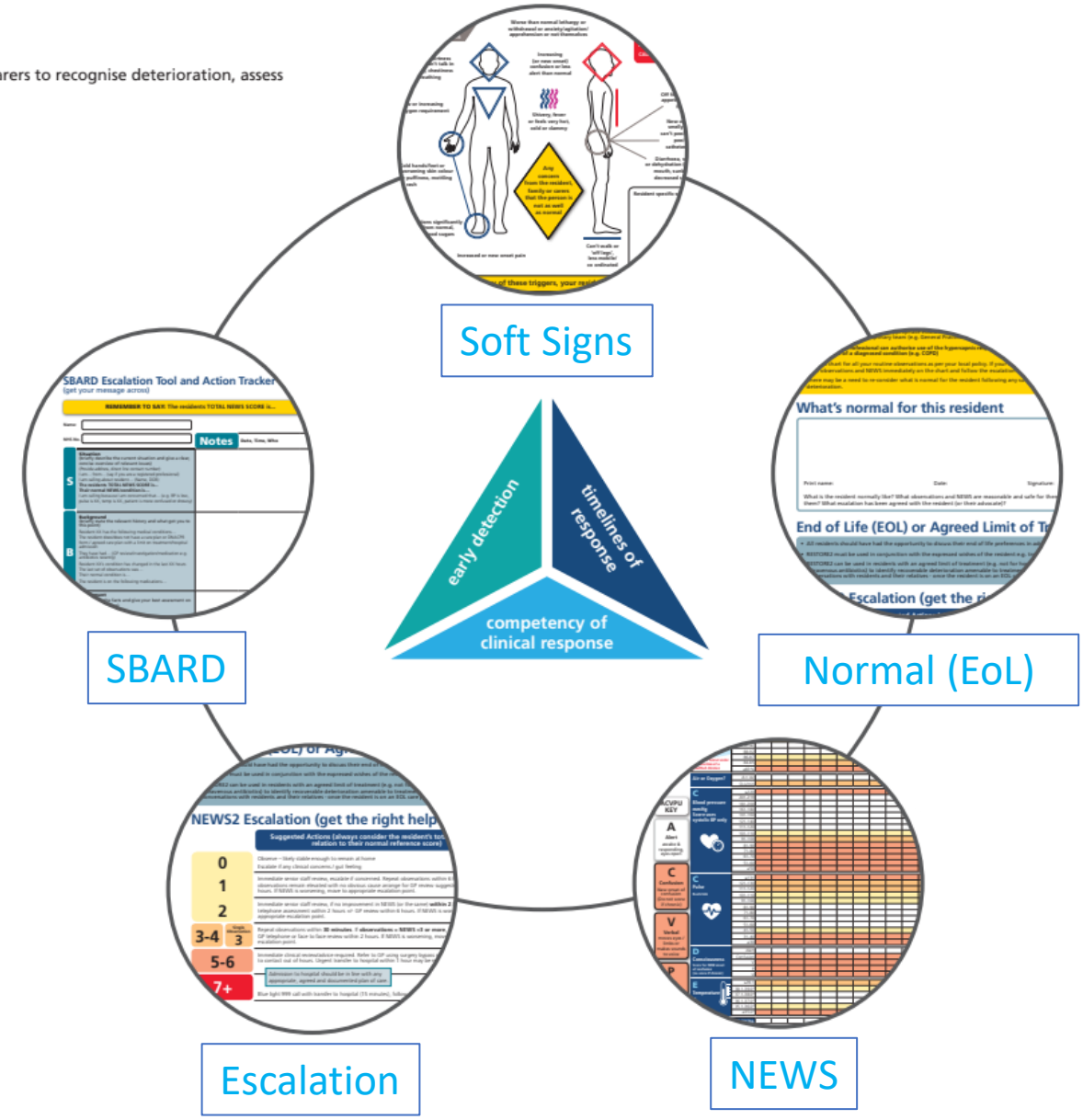
- National Early Warning Score physical observation chart that provides a standardised assessment of risk and sickness

  *** Physical observations are also important to support Care Home "Virtual Wards" & video consultations by GPs**

- An escalation pathway to ensure you 'get the right help'

  Including ACPs and any organisational policies for raising concerns.

- A structured communication tool to help you 'get your message across'



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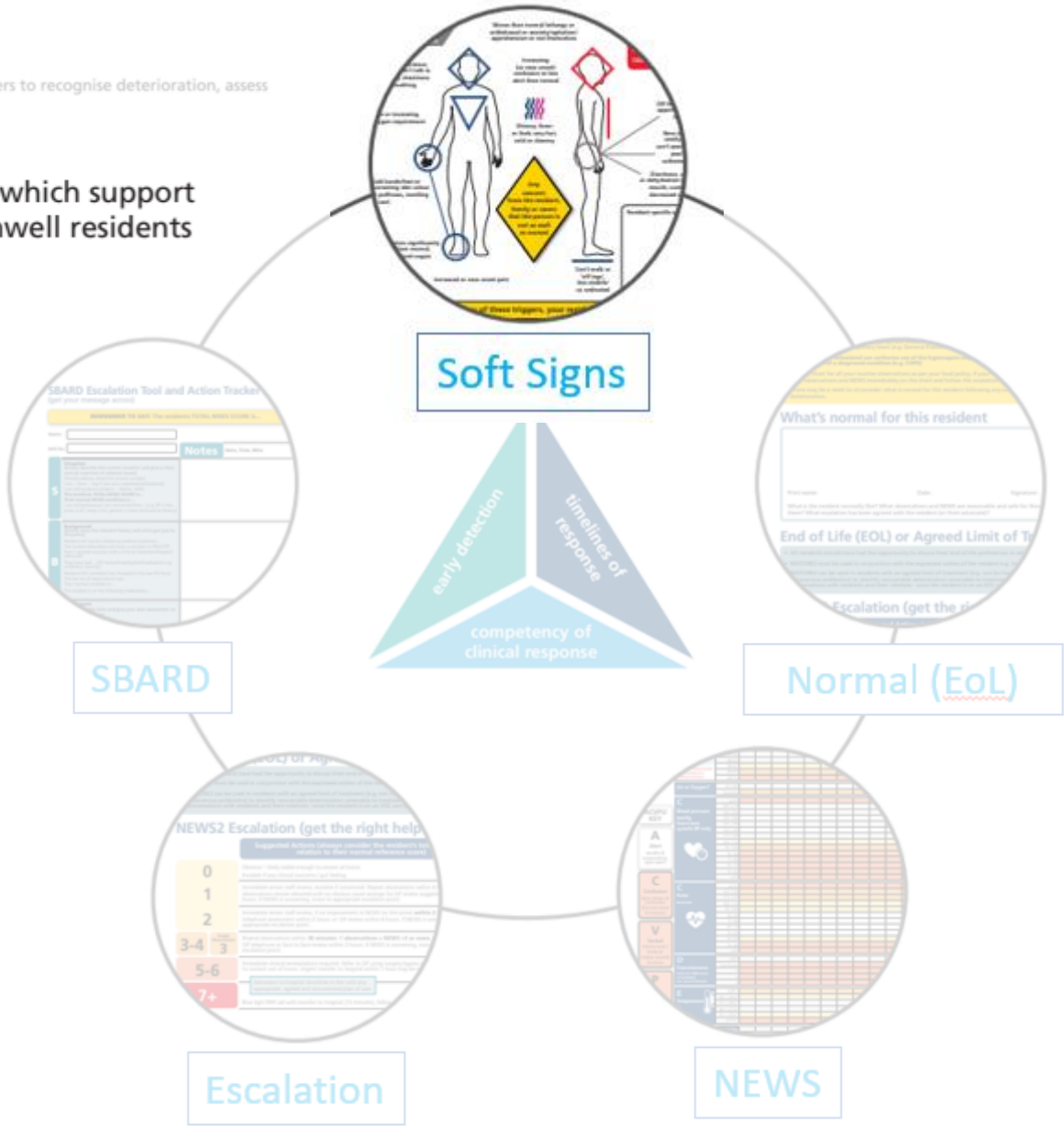

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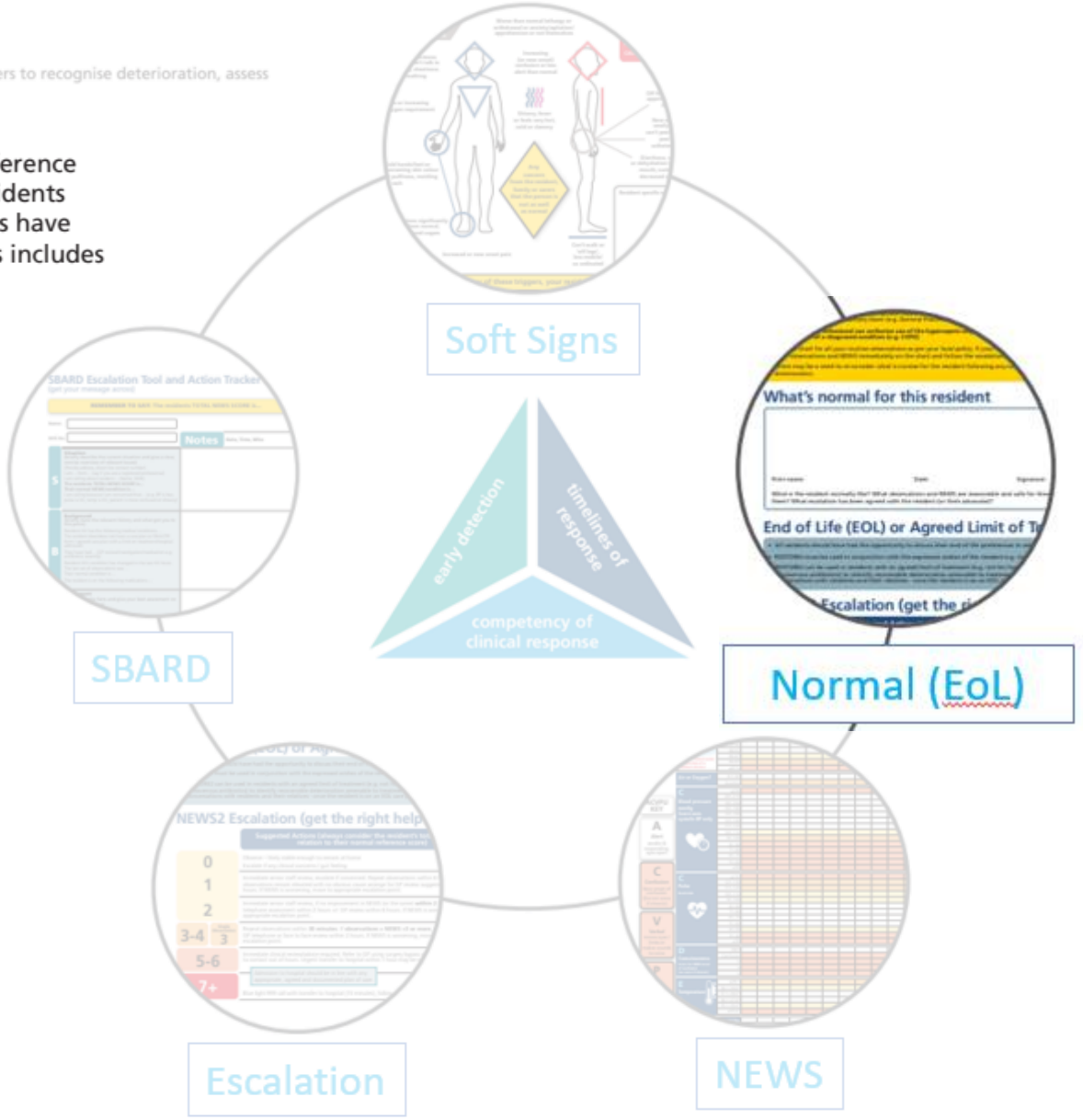

RESTORE2
Recognise early soft-signs, Take observations, Respond, Escalate

RESTORE2 mini domiciliary care
Recognise Early Soft Signs, Take Observations, Respond, Escalate

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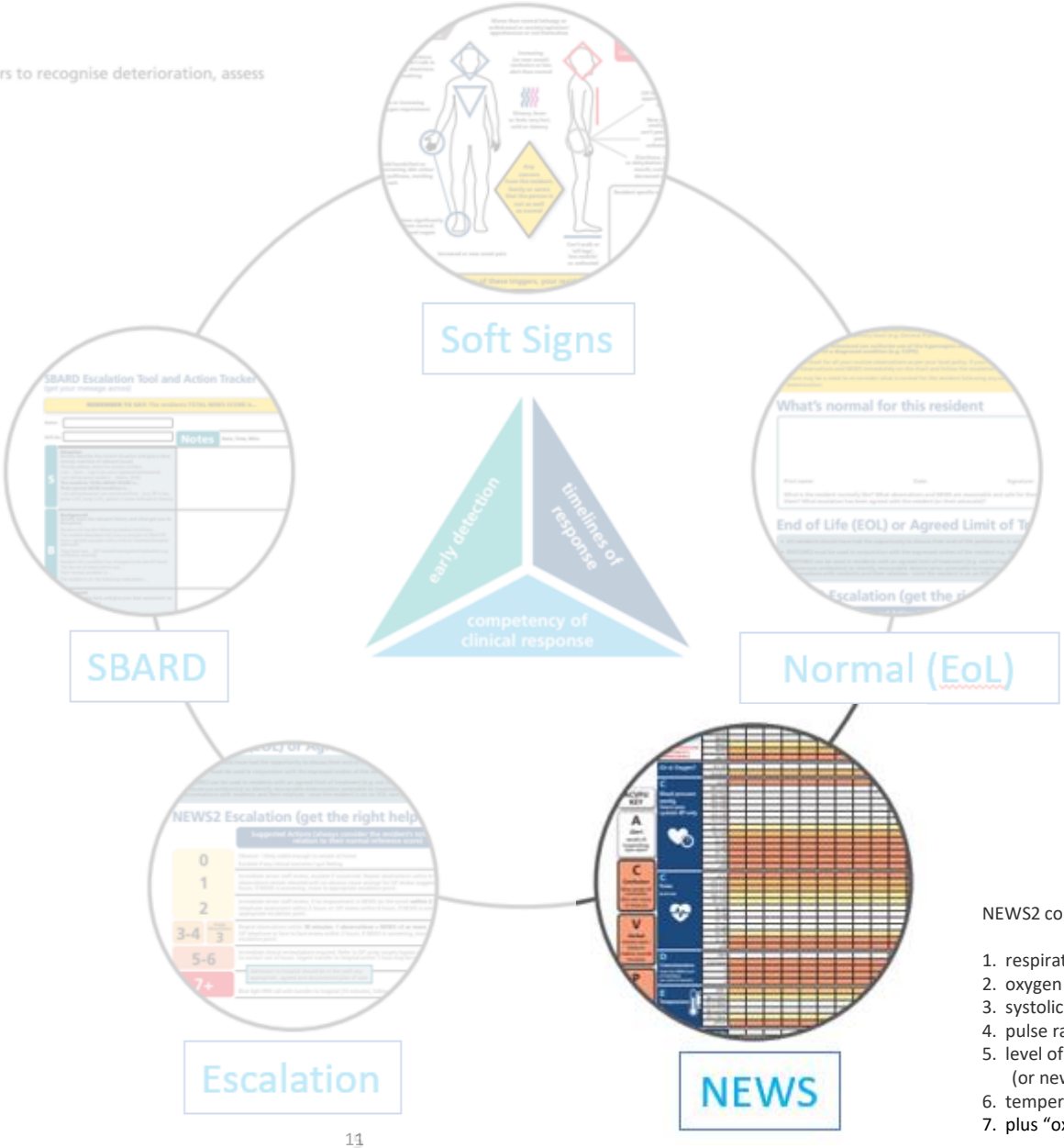

NEWS2 consists of:

1. respiration rate
2. oxygen saturation
3. systolic blood pressure
4. pulse rate
5. level of consciousness (or new confusion)
6. temperature.
7. plus "oxygen uplift"

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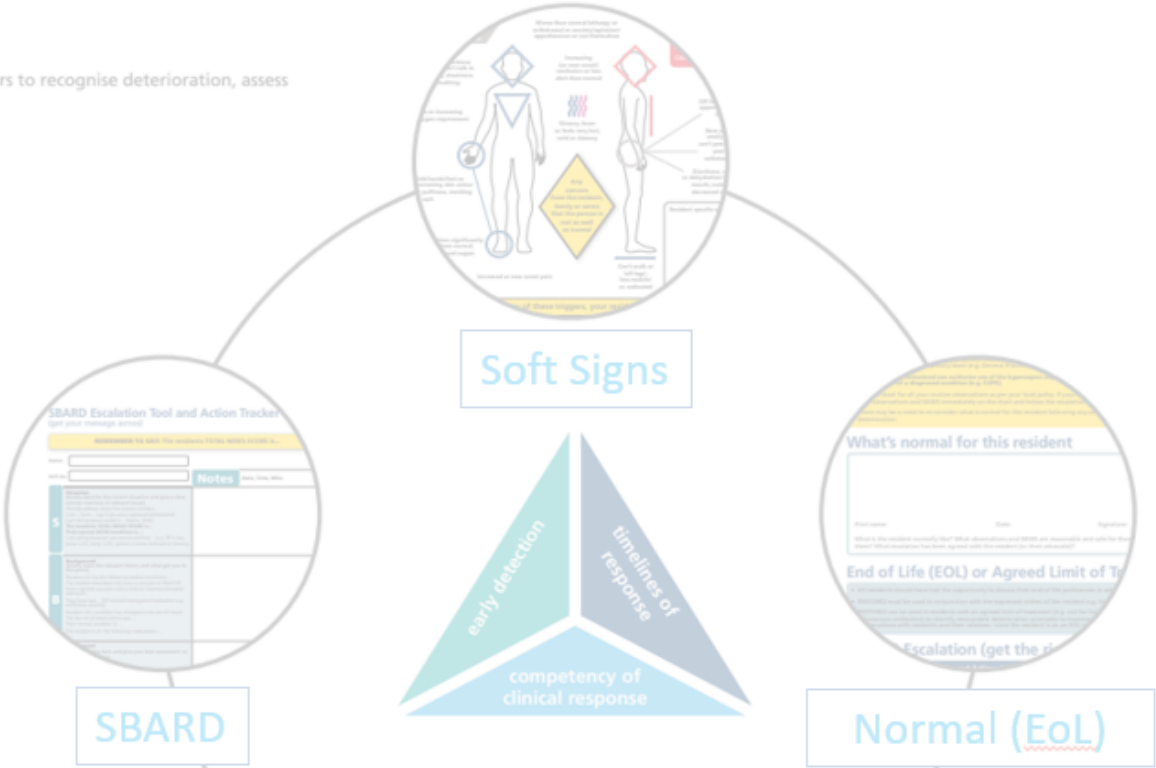

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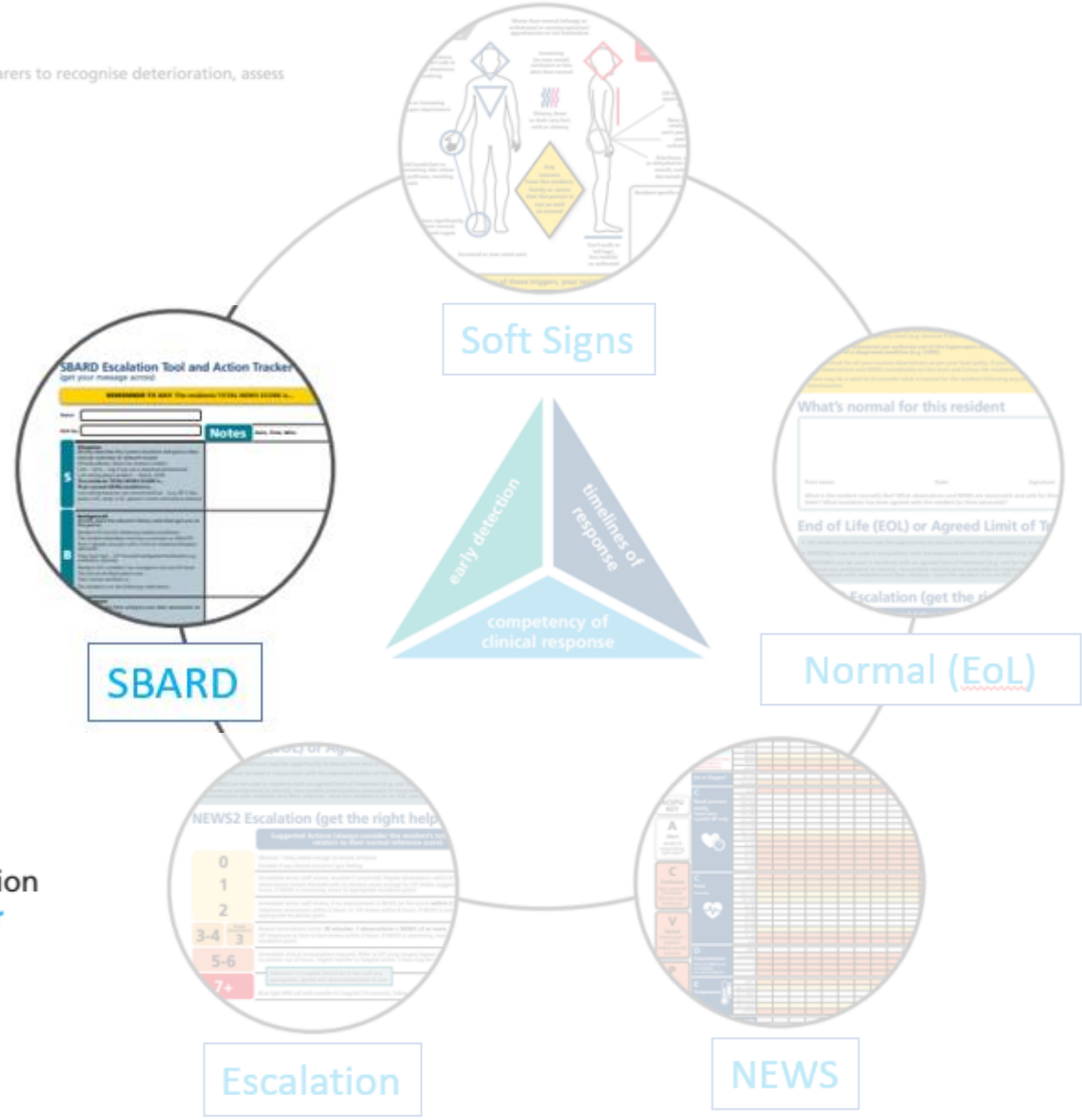


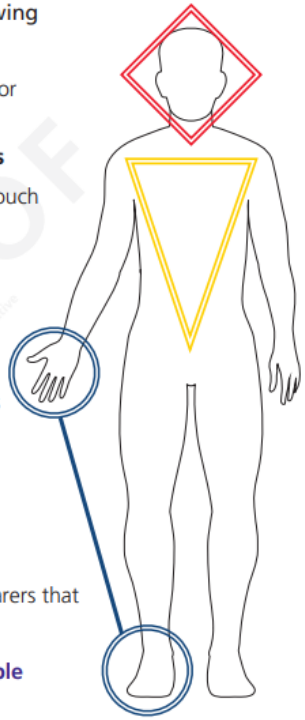
RESTORE2*mini* - A Soft Signs approach to identifying Deterioration

RESTORE2 mini
Recognise Early Soft Signs, Take Observations, Respond, Escalate
mini domiciliary care

Ask your client – how are you today?

Does your client show any of the following **'soft signs'** of deterioration?

- = Increasing **breathlessness, chestiness** or **cough/sputum**
- = Change in **usual drinking / diet habits**
- = A **shivery fever** – feel **hot or cold** to touch
- = Reduced mobility – **'off legs'** / less co-ordinated or **muscle pain**
- = New or increased confusion / agitation / anxiety / pain
- = Changes to usual level of **alertness / consciousness / sleeping** more or less
- = **Extreme tiredness** or **dizziness**
- = **'Can't pee'** or **'no pee'**, change in pee appearance
- = **Diarrhoea, vomiting, dehydration**



Any **concerns** from the client / family or carers that the person is not as well as normal.

If purple signs are present, think possible COVID-19.

If YES to one or more of these triggers – take action!

Get your message across

Client name: NHS No. D.O.B.

Raise the Alert within your organisation e.g. to a senior carer, supervisor or manager. **Report your concerns** to a health care professional e.g. Nurse/ GP/GP HUB/111/999 **using the SBARD Structured Communication Tool.**

		Key prompts / decisions
S	**Situation** e.g. what's happened? How are they?	
B	**Background** e.g. what is their normal, how have they changed?	
A	**Assessment** e.g. what have you observed / done?	
R	**Recommendation** 'I need you to...'	
D	**Decision** what have you agreed? (including any Treatment Escalation Plan & further observations)	

Name of person completing: Signature:

Today's date:

Don't ignore your 'gut feeling' about what you know and see. Give any immediate care to keep the person safe and comfortable.

CSS1690 NHS Creative 8/2020

With purple (possible Covid-19) Soft Signs

Where does RESTORE2*mini* fit in?

RESTORE2*mini* focuses on using Soft Signs and SBARD (plus recognising normal) to recognise deterioration and report concerns.

- The soft signs of deterioration which support carers to identify potentially unwell residents
- A 'what's normal for this resident' reference box so people understand when a residents condition has changed and what plans have been put in place to manage this. This includes their normal NEWS
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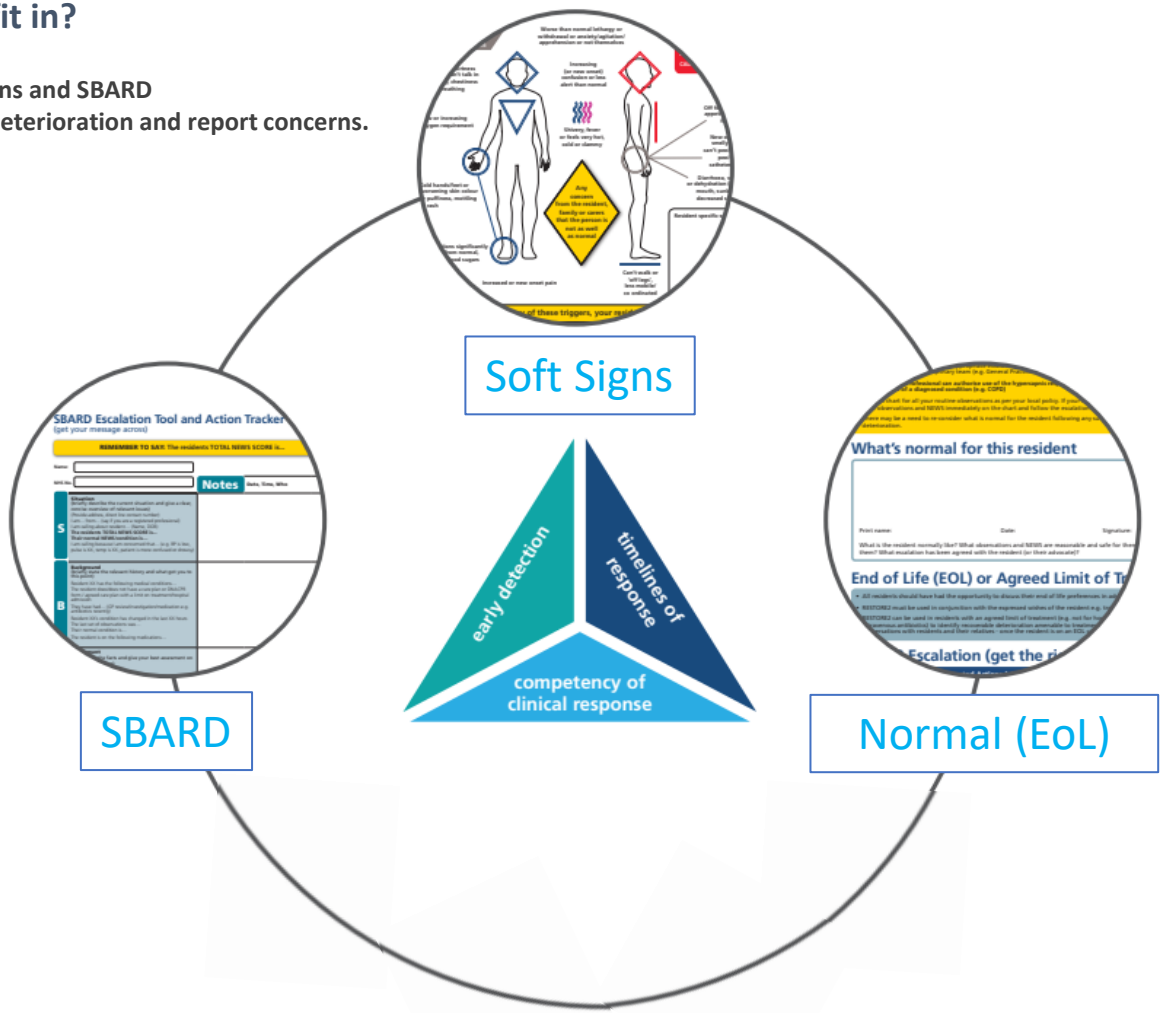
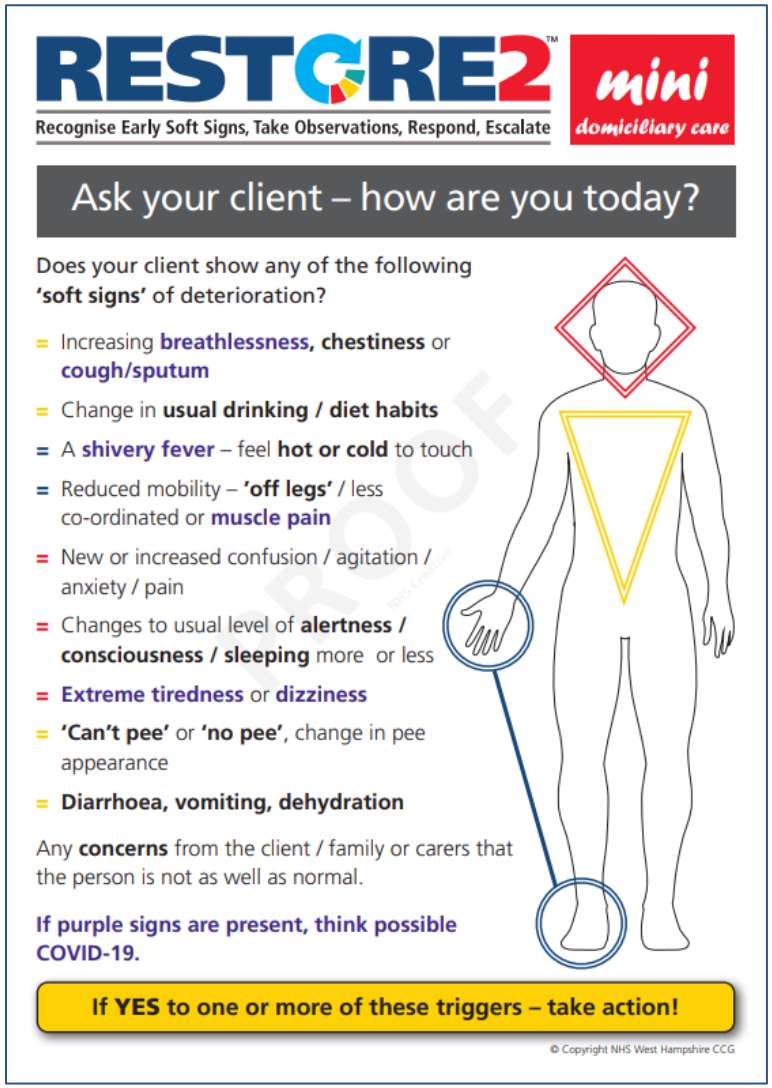


*NB: RESTORE2*mini* for Domiciliary Care uses the terminology of "home" and "clients" rather than "Care Home" and "residents"

A Soft Signs approach to identifying Deterioration

RESTORE2 mini domiciliary care
Recognise Early Soft Signs, Take Observations, Respond, Escalate

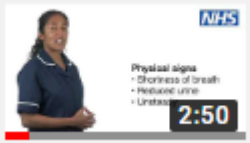


- Understanding Soft Signs
- Recognising Normal

RESTORE2™ mini

Recognise Early Soft Signs, Take Observations, Respond, Escalate

Understanding Soft Signs

3 

3 Soft signs of deterioration

Health Education England - HEE

14 

14 Recognising deterioration in people with a learning disabilities

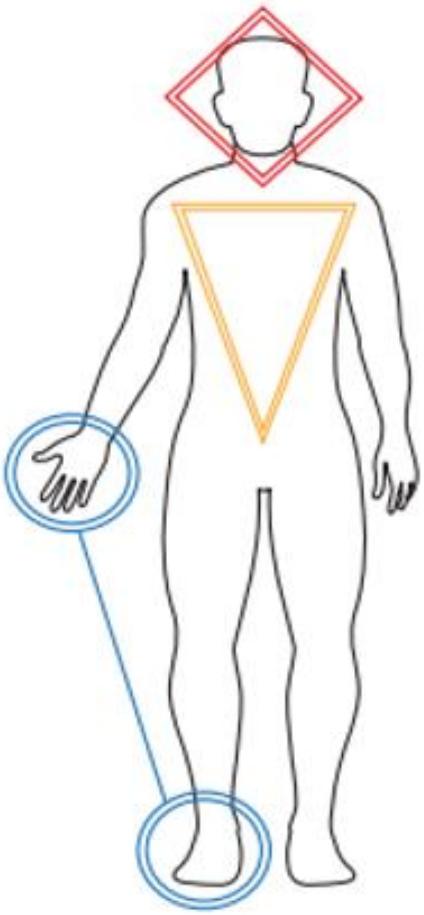
Health Education England - HEE

NHS West Hampshire Clinical Commissioning Group

Wessex Academic Health Science Network

Patient Safety Collaborative

Using Soft Signs to Identify early indications of Physical Deterioration



Early signs of physical “unwellness” can be recognised intuitively by physical healthcare practitioners as evidenced by staff saying “I know something is wrong, I just don’t know what”.

Even people without training, but who are familiar with someone’s usual behaviour and habits, can often sense a problem resulting in them reporting that the relative, client or child in their care “just isn’t themselves”.

There is some evidence to suggest that it is possible to identify physical deterioration before hard physiological signs are present with one study by Boockark et al finding that “Nursing assistants' documentation of signs of illness preceded chart documentation by an average of 5 days.”

Geoff Cooper, Wessex PSC Programme Lead for Deterioration, has written a paper exploring the understanding of Soft Signs in the Literature and their application to Deterioration. This paper can be downloaded from the Wessex PSC website at: https://wessexahsn.org.uk/projects/357/using-soft-signs-to-identify-early-indications-of-physical-deterioration

The Soft Signs of Physical Deterioration

As a carer, you spend time with your clients and can get to know them very well. Sometimes it can be obvious that someone is unwell. Other times the signs might be much harder to spot.

What are soft signs?

Soft signs are the early indicators that someone might be becoming unwell. You do not have to be a health care professional to recognise these signs and as a carer you are ideally placed to recognise small changes in your client. Often family and friends will pick up on the subtle changes in a person's behaviour, manner or appearance.

'Family concerns should always be taken seriously, even if you think the resident is fine.'

Types of soft signs

Soft signs can be related to many things including the resident's:

- physical presentation
- mental state or
- behaviour and ability

Examples of changes in a person's physical presentation could include:

- being short of breath
- not passing much urine
- being hot, cold or clammy to touch, or
- being unsteady when walking

Examples of changes in someone's mental state may include:

- feeling more anxious or agitated
- having new or worse confusion, or
- being more withdrawn than normal

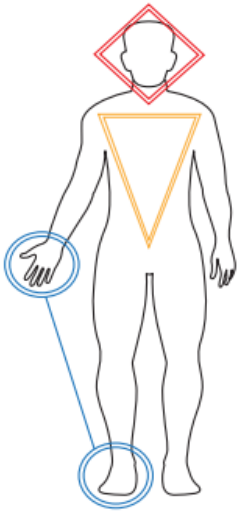
Changes in behaviour or ability may include:

- altered sleep patterns
- increased tiredness
- reduced inhibitions, or
- being very restless or hyperactive.

Some soft signs are universal – for example new onset shortness of breath or decreased urine output. Others may be unique to that particular person, for example a sudden inability to participate in activities they enjoy like doing the crossword, a particular change in behaviour such as withdrawal, agitation or hyperactivity. By getting to know your client, speaking with their family, friends and carers, you can build up a picture of soft signs that are significant to each particular client.

Example soft signs

Mental	Physical	Behaviour or Ability
Worse than normal lethargy	Worsening shortness of breath (can't talk in sentences)	Altered sleep patterns
Withdrawn	New or increasing oxygen requirement	Tiredness / not wanting to get out of bed
Anxiety/agitation or not themselves	Chestiness	Reduced inhibitions
More argumentative or tearful	Fast or unusually slow breathing	Reduced awareness
Increasing (or new onset) confusion	Cold hands/feet	Increased risk taking behaviour
Less alert than normal	Worsening skin colour	More restless / hyperactive
Reduced levels of concentration	Puffiness	Loud or animated
	Skin mottling or rash	Reduced interest in personal care
	Increased or new onset pain	Reduced interest in activities of daily living
	Observations significantly different from normal, including blood sugars	Anger / frustration outbursts
	Shivery, fever or feels very hot, cold or clammy	
	Off food, reduced appetite	
	Reduced fluid intake	
	New offensive/smelly urine or can't pee / reduced pee	
	Reduced catheter output	
	Diarrhoea, vomiting or dehydration (dry lips, mouth, sunken eyes, decreased skin tone)	
	Can't walk or 'off legs', less mobile/co-ordinated	



Any concern from the client, family or carers that the client is not as well as normal

A TAXONOMY OF SOFT SIGN INDICATORS OF DETERIORATION

RESTORE2 mini domiciliary care
Recognise Early Soft Signs, Take Observations, Respond, Escalate

MAINTAINING A SAFE ENVIRONMENT	Lack of awareness of their surroundings or others – change to normal client presentation
	Lack of awareness of dangers around them - changes to normal client presentation
	Unable to respond to dangers around them – crossing road etc. and managing traffic hazards – change to normal client presentation
	Avoiding carrying out certain activities – e.g. crossing road
	Withdrawn - avoiding public places
	Panic/anxious when left alone

BREATHING	Colour of skin and extremities
	Exhaustion
	Using accessory muscles to breath
	Unable to speak/out of breath
	Change in respiratory rate – increase/decrease
	Wheeze on breathing
	Sweating
	Pale and clammy
	Discolouration of skin
	Chest pain
	Pain down arm
	Cold feet and legs
	Shortness of breath
	Abdominal pain

MOBILITY	Reduced mobility
	Loss of mobility
	Change in mobility
	Need to use walking aid
	Need to take more rests
	Increased slips/trips or f
	Refusing to mobilise/ge

EATING AND DRINKING	Reduced appetite
	No appetite
	Change in what would normally like to eat
	Refusing meals
	Unable to taste
	Increased urgent bowel movements following eating/drinking
	Not doing normal weekly/routine shop
	Buying significantly less than would normally for weekly shop
	Fridge and cupboards empty – change for normal for client
	Food not eaten – left to go stale
	Reduced or increased fluid intake
	Visual signs of weight loss over a short period of time and abnormal for client -clothes loose - skin dry and dehydrated
	Reduced energy levels compared to normal
	Nausea
	Vomiting
	Swelling of tongue/throat

PERSONAL CARE	Lack of interest in personal care – change from normal
	Lack of interest/wanting to get out of bed and get dressed
	Change in presentation – unkempt/unshaven/hair unwashed/clothes not washed and clean – change for client
	Becoming more dependant on others for help with personal care – changes for client normal

ELIMINATION	Urine-Decrease or increase in urination.
	Pain/discomfort when passing urine.
	Increased urgency when needing to pass urine/open bowels
	Offensive smell
	Blood in urine, dark, cloudy etc.
	Change in bowel habits – constipation/diarrhoea
	Pain/discomfort when opening bowels
	Abdominal pain

COMMUNICATION	Refusing to communicate
	Unable to verbally communicate – change to normal presentation
	Unable to understand what is being said – change to normal for client
	Slurred speech
	Unable to use communication aid that the client normally uses
	Any changes to communication

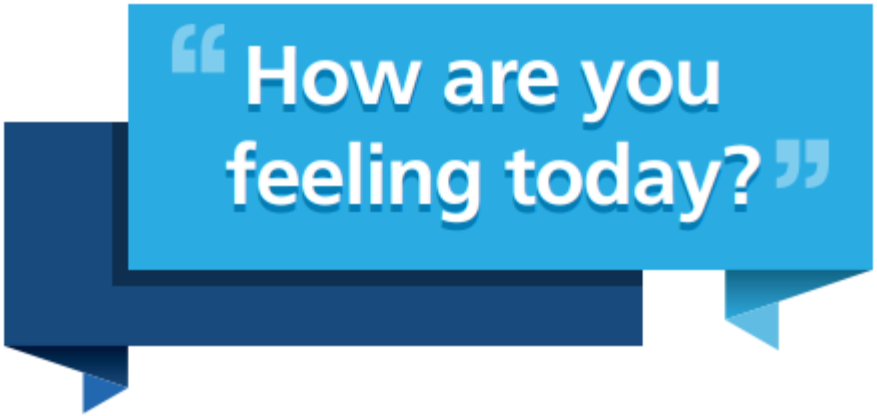
SENSORY	The need to raise your voice so the client can hear
	Client asking others to read a letter/newspaper for them
	Squinting
	Complaints of headaches
	TV/radio on loud
	Distancing self from groups normally attend Unable to hear or join in because of hearing loss)
	Walking into furniture

MENTAL ABILITY	Changes to normal habits/hobbies – so unable to do crosswords/puzzles etc.
	Withdrawn
	Frustration
	Anger outbursts

BEHAVIOUR	Increased agitation
	Increased confusion
	Lack of interest/motivation
	Wandering – change to client's presentation
	Disorientated
	Deteriorating low mood
	Out of character behaviour changes
	Focus and fixation on death
	Hyperactivity compared to normal for client
	Paranoia
	Agitation
	Increase in obsessive behaviour – checking that door is locked/checking that they have their purse in their bag/checking the iron/cooker is turned off Increased patterns of repetitive behaviour
	Unable to identify people known to them
	Scratching self – non verbal communication of area of irritation/ pain
	Increased anxiety levels
	Visual/auditory hallucinations – change for clients presentation or increase if already experiences

SLEEPING	Change in sleep pattern – increase or decrease
	Increase in waking during the night which is not normal for the client
	Waking early hours of the morning
	Increase fatigue
	Change in sleeping arrangements – i.e. from bed to chair
	Change in sleeping positions to that of normal
	Change in level of consciousness
	Not responding to pain
	Cat napping during the day

How to spot soft signs



It is good practice to ask the people you care for, ‘how are you feeling today’? Allow them time to answer the question in their own way and make a note of individual or unique soft signs in the client’s records for future reference. You should encourage friends and family to tell you if they notice any soft signs.

Soft signs are particularly useful for clients who have difficulty communicating or understanding information due to dementia or learning difficulties.

‘By learning about soft signs, you may be able to recognise deterioration early and act to protect your clients from serious illness’

RESTORE2™ mini

Recognise Early Soft Signs, Take Observations, Respond, Escalate

Recognising normal

3

3 Soft signs of deterioration

Health Education England - HEE

14

14 Recognising deterioration in people with a learning disabilities

Health Education England - HEE

Knowing your Resident

As a carer, you may know your client better than any other healthcare professional that comes into contact with them. It is really important that:

- You take time to learn about their usual behaviours so you know if they start doing things that are not normal for them
- You understand their medical history, including any medicines that they regularly take
- You assume that they have the ability (capacity) to make decisions about what they want, including should they become unwell
- You have a conversation with the client's GP about when and in what circumstances the GP might want you to call them with a concern

- As a carer you are ideally placed to recognise small changes in your client
- By getting to know your client, speaking with their family, friends and carers, you can build up a picture of soft signs that are significant to each particular client
- If a client has chest pain, a suspected heart attack or stroke – call 999.

End of Life care

RESTORE2*mini* can be helpful in identifying when a client is approaching the end of their life. This can help to inform conversations with them and their relatives or GP. Once a client is receiving care whilst dying, RESTORE2*mini* and physical observations should not be used so as not to cause unnecessary distress.

- As a carer, you can support people in having conversations about their End of Life care preferences, and help to arrange a Treatment Escalation Plan with their GP
- You should understand whether a treatment escalation plan and a resuscitation decision exists, and what it says about that person's wishes
- You need to know where these documents are kept so that you can access them in an emergency
- A DNACPR order does not mean that a client cannot be treated for other conditions from which they may recover. For example, they may still benefit from antibiotics for an infection, or first aid for an episode of choking
- RESTORE2*mini* can be helpful in identifying when a client is approaching the end of their life but should be discontinued once the person has an end of life plan.

End of life care

Death and dying are inevitable. The quality and accessibility of this care will affect all of us. The needs of people of all ages who are living with dying, death and bereavement, their families, carers and communities, must be addressed, taking into account their priorities, preferences and wishes. Personalised care at end of life will result in a better experience, tailored around what really matters to the person, and more sustainable NHS services.

If you would like more information on the End of Life Care Programme, please email england.endoflifecare@nhs.net and follow our personalised care Twitter account @Pers_Care.

13

13 Treatment escalation plans and resuscitation

Health Education England - HEE

Treatment Escalation Plans and Resuscitation

Knowing your client will help you to support them to live well but also to think about what they would like to happen if they become unwell...

When a client you are caring for becomes unwell, there are different options for looking after them. If possible and safe, most clients would prefer to be treated in their own home. For some clients it will be appropriate to call the GP or 999 to arrange admission into hospital.

For some people, going into hospital is not appropriate or in their best interests. This can be for a number of reasons. Often, people who know they are approaching the end of their life may have decided that they want to die in their home and not in hospital if possible.

For others, perhaps where a specific illness or event has happened (for example a serious stroke) they may have previously expressed a wish to be looked after by people that know them in a way that maintains their dignity.

There are helpful documents available that support clients to have a say in their care prior to when they become unwell. These include Treatment Escalation Plans (TEPS) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents.

Treatment Escalation Plans

A Treatment Escalation Plan, or TEP, is a personalised recommendation for someone's medical care. It is for use in an emergency situation as a reference and communicates the level of intervention or de-escalation in the client's clinical management.

A Treatment Escalation Plan is made with the client and their caring team, and often with their family. It is ideally made when they are well and can say what they would want to happen.

If your client does not have the ability (capacity) to make decisions around what they would want to happen if they became unwell, a suitably trained person should undertake a capacity assessment that is time and decision specific – for example...if you developed a chest infection and oral antibiotics were not working, would you want to go into hospital for intravenous treatment?

If the person lacks capacity to make this decision then a decision in their best interests, involving the clients GP, close family and home staff can be made and documented.

The plan should include details about where the person wishes to be cared for and what treatments they would or would not want. This can include medication, surgery, intravenous antibiotics, or help with breathing. If your client does not have a Treatment Escalation Plan you should assume they are for full treatment and intervention.

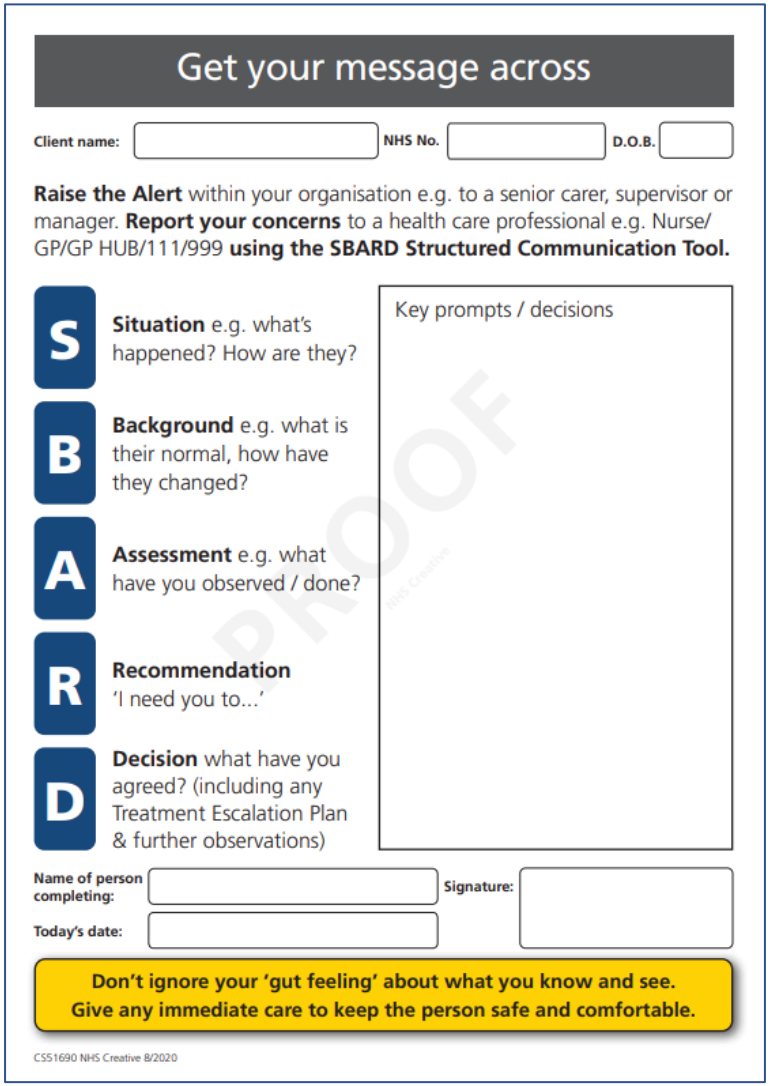
Resuscitation

Cardiopulmonary resuscitation can involve chest compressions and defibrillation (heart shock therapy) in an attempt to restart someone's heart. Resuscitation is more likely to be successful in someone who is ft and well, than in someone who is frail with medical problems.

Do Not Attempt Cardiopulmonary Resuscitation or DNACPR decisions may be included in a Treatment Escalation Plan or be documented separately. They advise emergency teams like the ambulance service on whether they should or should not attempt resuscitation.

Even if a client has a DNACPR in place, this does not mean that they cannot be treated for other conditions. For example, they may still benefit from antibiotics for an infection, or first aid for an episode of choking.

A Soft Signs approach to identifying Deterioration



Get your message across

Client name: NHS No. D.O.B.

Raise the Alert within your organisation e.g. to a senior carer, supervisor or manager. **Report your concerns** to a health care professional e.g. Nurse/ GP/GP HUB/111/999 **using the SBARD Structured Communication Tool.**

		Key prompts / decisions
S	**Situation** e.g. what's happened? How are they?	
B	**Background** e.g. what is their normal, how have they changed?	
A	**Assessment** e.g. what have you observed / done?	
R	**Recommendation** 'I need you to...'	
D	**Decision** what have you agreed? (including any Treatment Escalation Plan & further observations)	

Name of person completing: Signature:

Today's date:

Don't ignore your 'gut feeling' about what you know and see. Give any immediate care to keep the person safe and comfortable.

CS51690 NHS Creative 8/2020

PROOF

- Raising the Alert
- (Not) using NEWS
- Reporting Concerns / Using SBARD

RESTORE2™ mini

Recognise Early Soft Signs, Take Observations, Respond, Escalate

Physical Observations & NEWS2

Taking physical observations and recording a NEWS score part of RESTORE2 are included in the "full" RESTORE2 tool. RESTORE2*mini* is a "Soft Signs" based tool and does not include the taking of physical observations or the use of NEWS2.

More information about RESTORE2 (full) can be obtained from Wessex PSC.

RESTORE2™ mini

Recognise Early Soft Signs, Take Observations, Respond, Escalate

Raising the Alert

12

12 Structured communications and escalation

Health Education England - HEE

Follow your organisations reporting procedures

RESTORE2™ mini

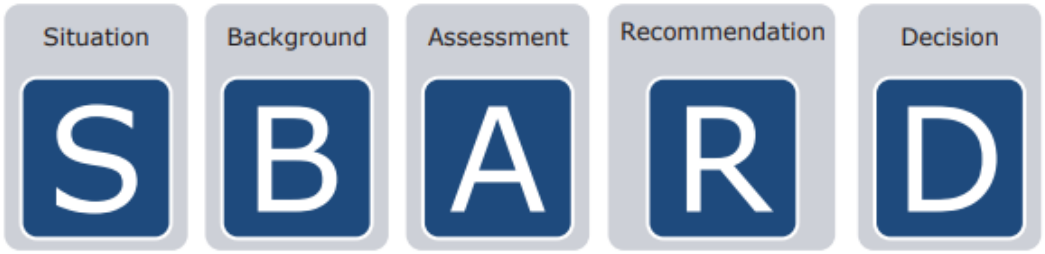
Recognise Early Soft Signs, Take Observations, Respond, Escalate

Reporting Concerns / Using SBARD

12

12 Structured communications and escalation

Health Education England - HEE



Getting your message across

Being able to communicate effectively is a critical skill for everyone working with clients. There is little point in recognising deterioration in a client if you are unable to communicate your concerns in a way that makes others take action to support you to manage your resident.

It can be difficult to communicate when you are under pressure or tired. It can be challenging communicating with so many different groups of people, including GPs, the ambulance service and community teams.

It is good practice to always try and plan your communication so you know what essential information you need to include. To assist you in getting your message across every time, RESTORE2 uses a Structured Communication Tool call SBARD. This is easy to use and helps information to be transferred accurately and safely between people.

SBARD stands for:

Situation	Background	Assessment	Recommendation	Decision
S	B	A	R	D

Evidence shows that using SBARD helps with communication, confidence and patient safety.

- Evidence shows that using SBARD helps with communication, confidence and patient safety
- Practice using SBARD every time you are handing over information to a colleague or healthcare professional and soon it will become more familiar to you
- Have the SBARD template available next to the phone so that you can use it as a prompt when you need to
- Once you have escalated your concerns, you must still continue to attend to the immediate safety and comfort of your client
- Carry out and document any of the actions you have been asked to take

Start by explaining the current situation.

Introduce yourself and state your role. Explain where you are calling from, who you are, your role and what your direct phone number is in case you get cut off. Provide key information about the client including:

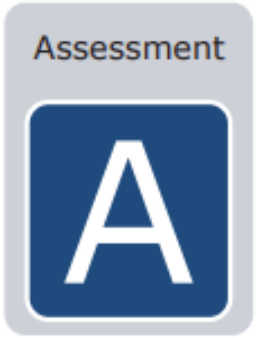
- their full name, date of birth and NHS number.

Explain what it is that you are concerned about and how it is different from normal.

Briefly state the client's relevant medical history and what has got you to the point of calling for help.

This should include medical conditions, any treatments or medicines that they are on and whether they have an End of Life care plan or any limitations to treatment. You could include:

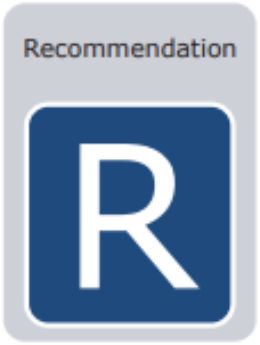
- the last GP review if relevant
- any new medicines like antibiotics
- test results that are awaited



This is where you can summarise what action you have taken so far and suggest what you think might be happening.

If you aren't sure what is going on, don't let this put you off raising your concerns! You could include:

- signs or symptoms e.g. diarrhoea, skin rash, pain or fatigue
- any pain relief or other medications you have given
- actions like re-positioning the client
- other observations like urine output or blood sugar (glucose)



Think about what you would like to happen next.

This may include whether you would want your client to be seen by a healthcare professional and how quickly. You can also ask what actions you could carry out, either to manage the client or whilst you wait for help to arrive. You could use phrases like:

- 'please could you...' or 'I need to you to...' and
- 'what do I need to do next?' or 'Is there anything I need to do in the meantime?'

Finally, summarise your agreed management plan so that you are both clear on what each of you will do to care for the unwell client.

Importantly, remember to document this conversation in the care plan. You could use phrases like:

- 'we have agreed that you will...' and 'I will do...' and
- 'if there is no improvement within XX, I will take XX action'

CALLING AN AMBULANCE

- Always know your direct line telephone number so that a call handler or health professional can call you back quickly and easily.
- If possible, use a portable device to make your call, that way if the ambulance service need to speak to, or see, the client they don't have to hang up and call back on a different line
- You may not be able to follow the SBARD structured communication tool when speaking to the ambulance call handlers as they use NHS pathways which takes them through specific questions in a certain order. However, by having planned your conversation you should have all of the necessary information to hand
- Some ambulance services use a different structured communication tool called ATMIST. You should use the communication tool you have been trained on and feel most comfortable with
- If your client needs to be admitted, make sure your RESTORE2*mini* chart is copied for the crew or ask them to photograph it and upload it to their Electronic Patient Record. RESTORE2*mini* is your legal document. Don't send the original into hospital. If you are using a digital version of RESTORE2*mini*, print the Soft Signs out for the crew to give to the hospital.

SBARD and ATMIST – Different tools for different purposes
*note the ATMIST timer!

Situation — S

Start by explaining the current situation.
Introduce yourself and state your role. Explain where you are calling from, who you are, your role and what your direct phone number is in case you get cut off.
Provide key information about the client including:
- their full name, date of birth and NHS number.

Explain what it is that you are concerned about and how it is different from normal.

Background — B

Briefly state the client's relevant medical history and what has got you to the point of calling for help. This should include medical conditions, any treatments or medicines that they are on and whether they have an End of Life care plan or any limitations to treatment. You could include:
- the last GP review if relevant
- any new medicines like antibiotics
- test results that are awaited

Assessment — A

This is where you can summarise what action you have taken so far and suggest what you think might be happening. If you aren't sure what is going on, don't let this put you off raising your concerns! You could include:
- signs or symptoms e.g. diarrhoea, skin rash, pain or fatigue
- any pain relief or other medications you have given
- actions like re-positioning the client
- other observations like urine output or blood sugar (glucose)

Recommendation — R

Think about what you would like to happen next. This may include whether you would want your client to be seen by a healthcare professional and how quickly. You can also ask what actions you could carry out, either to manage the client or whilst you wait for help to arrive. You could use phrases like:
- 'please could you...' or 'I need to you to...' and
- 'what do I need to do next?' or 'Is there anything I need to do in the meantime?'

Decision — D

Finally, summarise your agreed management plan so that you are both clear on what each of you will do to care for the unwell client. Importantly, remember to document this conversation in the care plan. You could use phrases like:
- 'we have agreed that you will...' and 'I will do...' and
- 'if there is no improvement within XX, I will take XX action'

A.T.M.I.S.T. Handover

Age	Age and Sex of casualty	5 Seconds
Time	Estimated time of arrival and the time of incident	10 Seconds
M.o.i	Mechanism of Injury. -The Gross mechanism of injury (Crash, stab etc) - Known Factors associated with major injuries E.g. entrapment, rollover, ejected	20 Seconds
Injuries	Seen or Suspected	25 Seconds
Signs	-Vital signs, Heart Rate, Blood Prssure, Respitary Rate, SP02, GCS/AVPU -An indication to whether the patient has improved or deteriorated since arrival	35 Seconds
Treatment	Treatment Given	45 Seconds

SBARD Example Scenario

Situation

I am *"name"* calling from "address". I am a carer. My direct line / mobile number is 01276 123 4567.

I am calling about Simon, my 81 year old client who appears unwell today. I am concerned that he is chesty with a higher than normal breathing rate and more confused than usual.

Background

Simon has dementia. He always recognises his daughter but struggled to recognise her today and thought that she was his mother.

Simon has a DNACPR in place but is for full treatment of any reversible illness, including hospital admission. He gets recurrent chest infections. He is currently on a blood pressure medication only.

He has deteriorated in the last XX hours his temperature is 37.8°C and his breathing rate is 24 breaths per minute.

Assessment

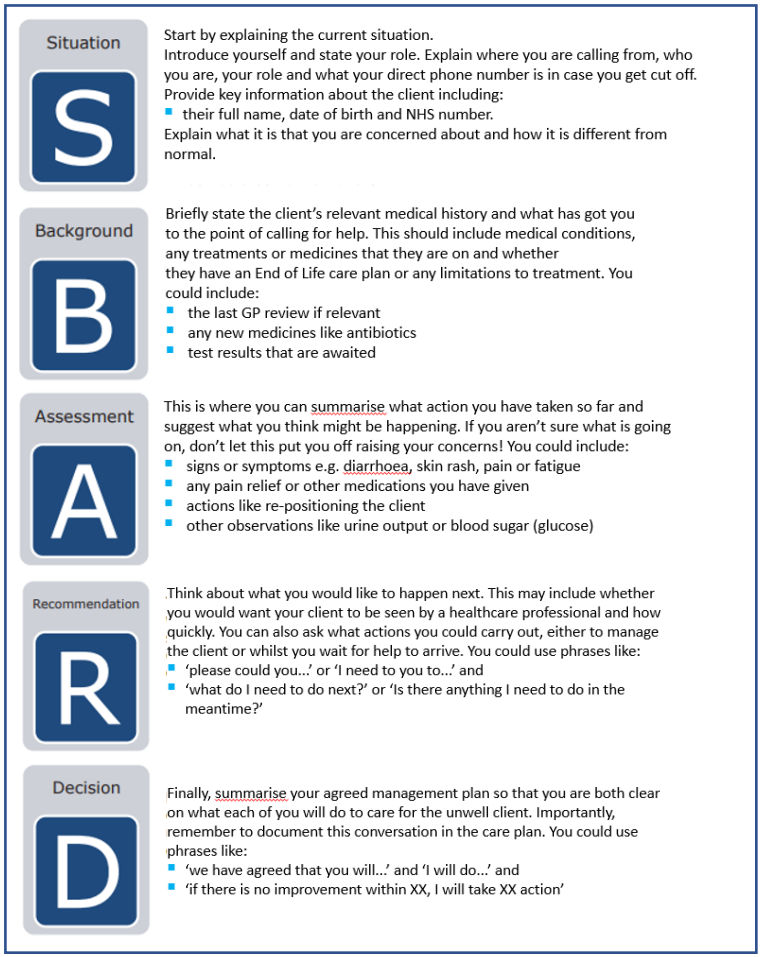
I think he has a chest infection. I have sat him up.

Recommendation

Please could you come and see him in the next hour. Is there anything you would like me to do before you arrive?

Decision

Thank you, we have agreed that you will visit in the next 2 hours. In the meantime we will encourage him to take more fluids.



RESTORE2
Recognise early soft-signs, Take observations, Respond, Escalate

Acknowledgements

The following are thanked for their contributions to the development of RESTORE2™

Tracy Broom
Wessex Academic Health Science Network

Edmund Cartwright
NHS West Hampshire CCG

Geoff Cooper
Wessex Academic Health Science Network

Maria Garrett-Marley
NHS West Hampshire CCG

Matt Inada-Kim
NHS England and Improvement
Wessex Academic Health Science Network

Rachael Lock
NHS West Hampshire CCG

Anne Pullyblank
West of England Academic Health Science Network

Matthew Richardson
NHS West Hampshire CCG

Susan Richardson
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Nicki Rogers
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The RESTORE2™ Project Advisory Board