National Patient Safety
Improvement Programmes

Managing Deterioration

Signs someone may be unwell and what should I do? (RESTORE2*mini)*

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 the RESTORE2*mini* tool have been adapted so that the language is more appropriate for the care setting and presenters may wish to adapt these slides in a similar way.

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 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 – 13/3/2021

Wessex Academic Health Science Network
Patient Safety Collaborative

RESTORE2™ mini

Recognise Early Soft Signs, Take Observations, Respond, Escalate

Signs someone may be unwell and what should I do?

Ask the person you support – how are you?

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

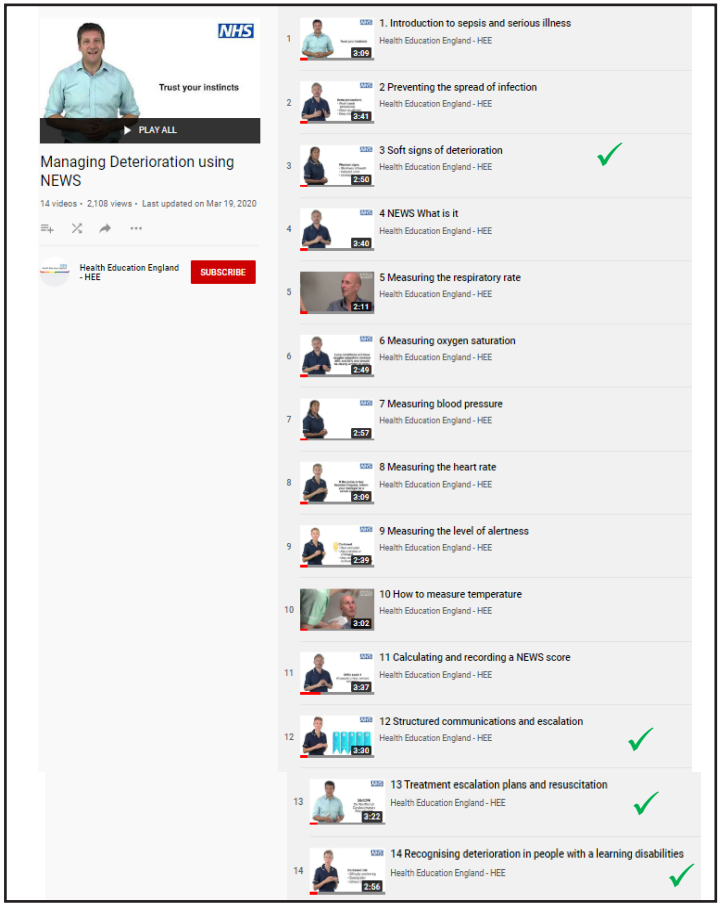
(Situation - Background Recommendation - Decision)

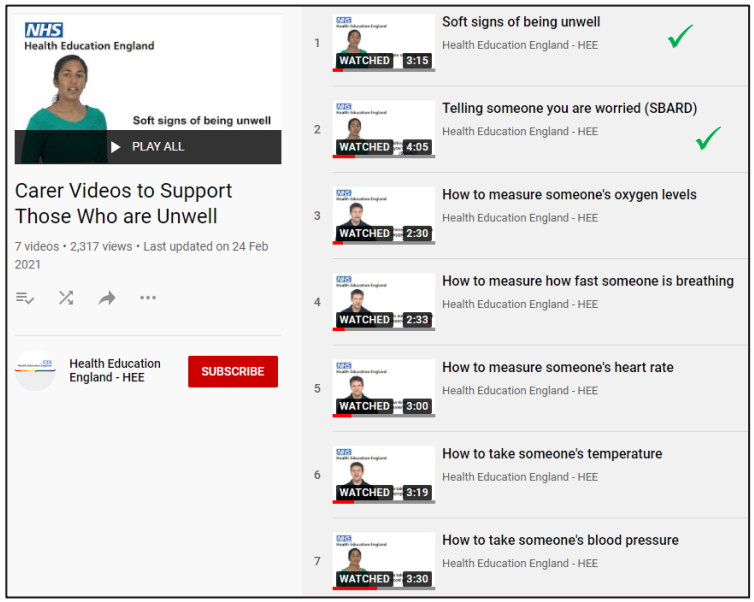
Additional Resources - Managing Deterioration Videos

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 working in care homes to care for residents who are at risk of deterioration.

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.

7 videos have been re-filmed specifically to support carers of people with a learning disability. These are shown in the list on the right.

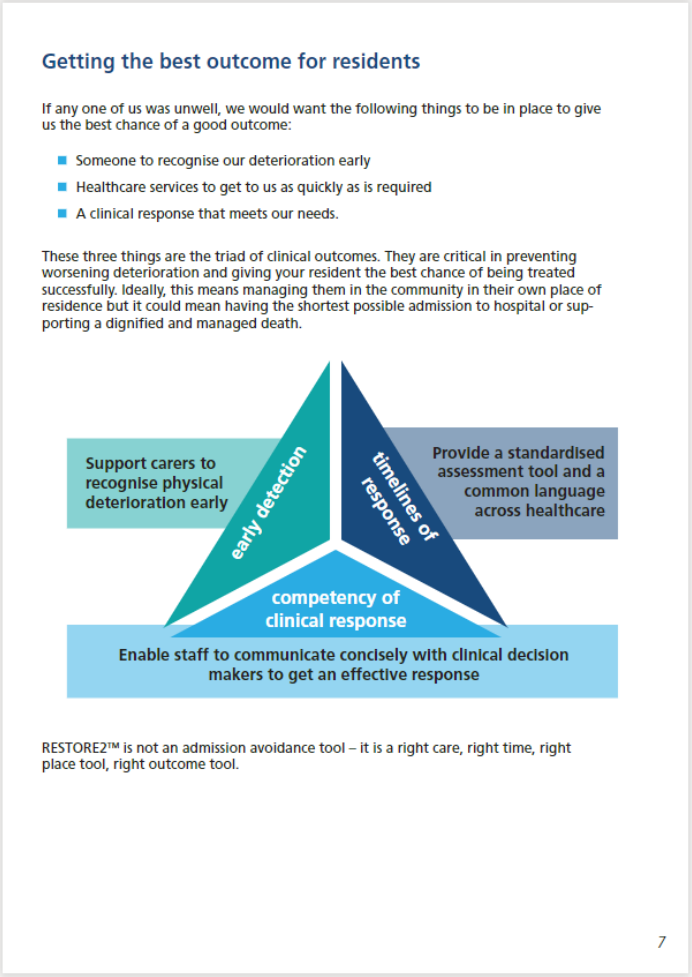




Additional Resources - Rollout Handbook

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 "Signs someone may be unwell and what should I do? (RESTORE2*mini*)". NB: Some of the slides refer to "Care Homes" and "Residents" as they are based on the Rollout Handbook and/or refer to the full RESTORE2 version.



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.

Support carers to recognise physical deterioration early

early detection

timelines of response

Provide a standardised assessment tool and a common language across healthcare

competency of clinical response

Enable staff to communicate concisely with clinical decision makers to get an effective response

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

7

Firstly, a quick word about…

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

NHS

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

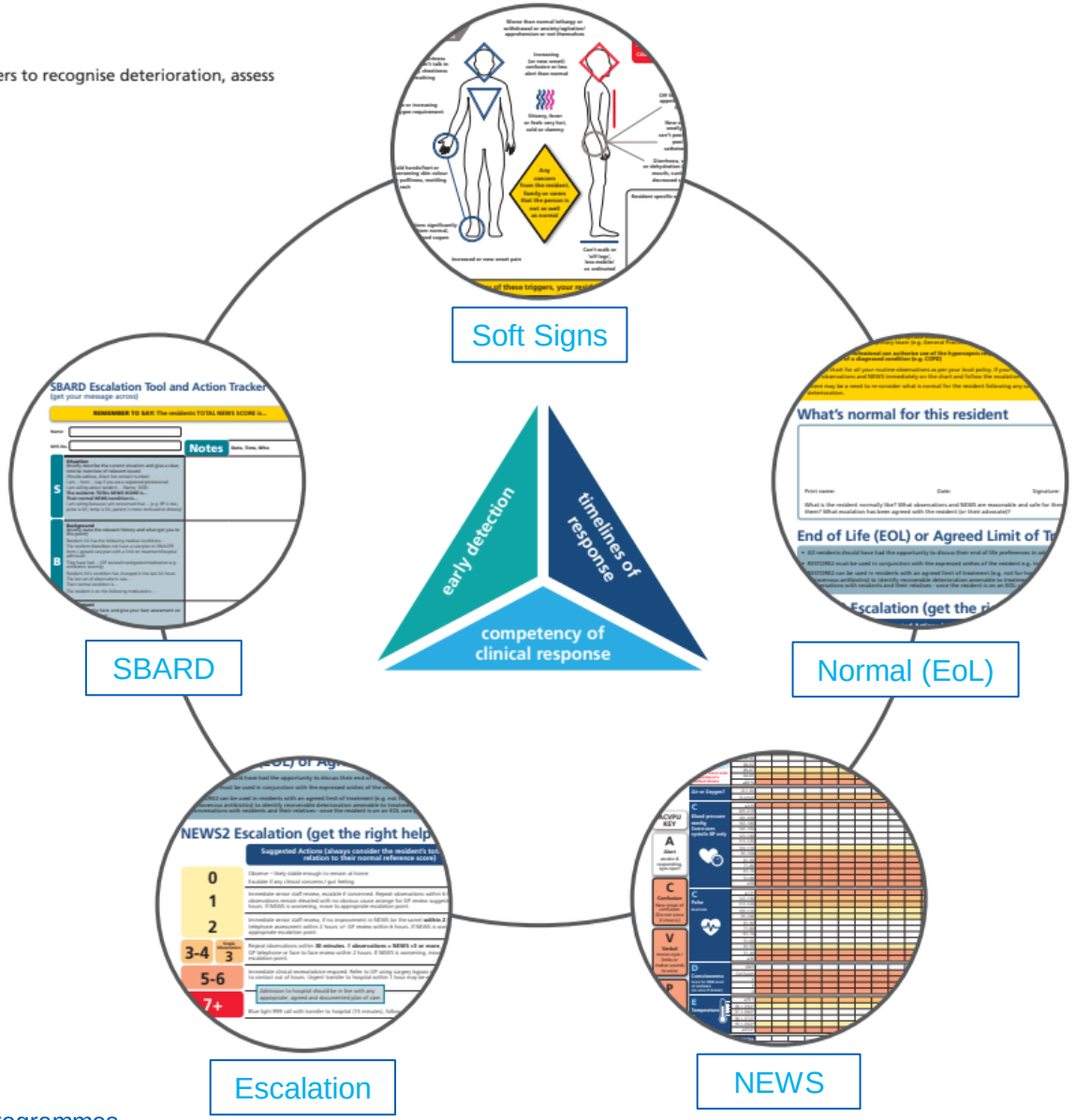
- **National Early Warning Score** physical observation chart that provides a standardised assessment of risk and sickness

  *** 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'**



Where does RESTORE2*mini* fit in?

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

How does RESTORE2™ work?

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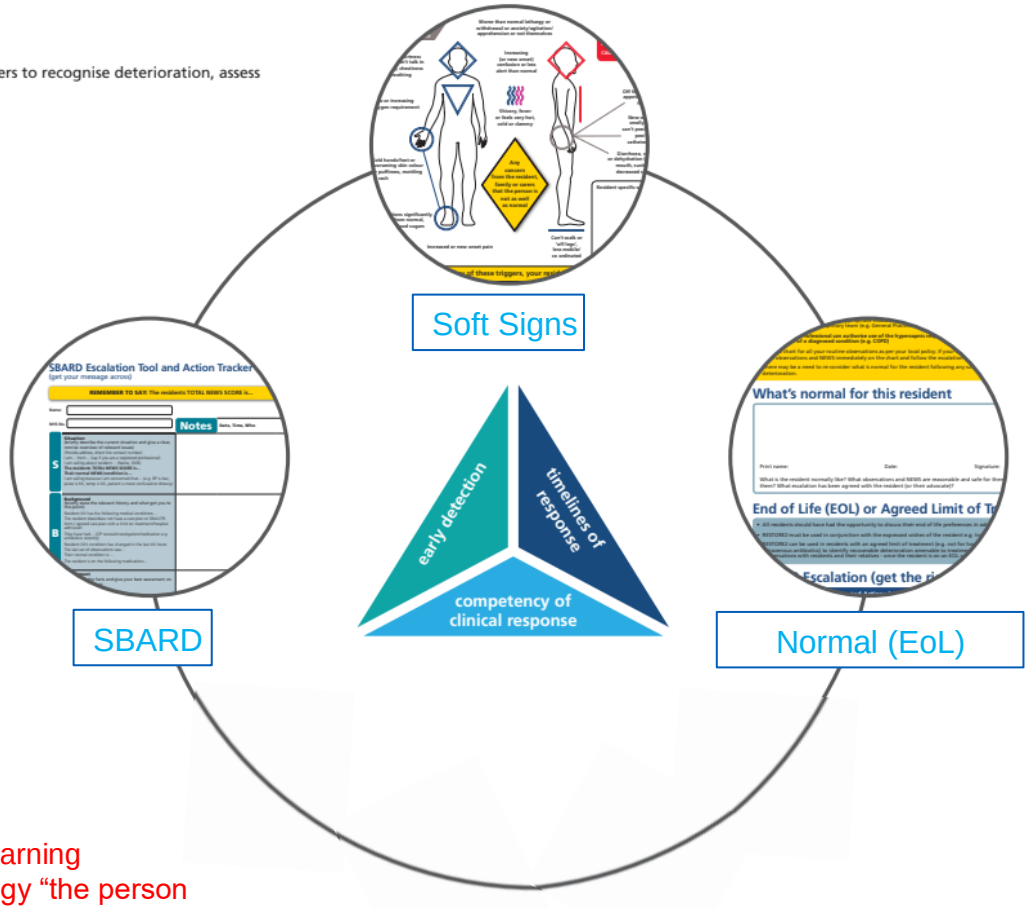


*NB: RESTORE2*mini* for Learning Disability uses the terminology "the person you support" rather than "Care Home" and "residents"

A Soft Signs approach to identifying Deterioration

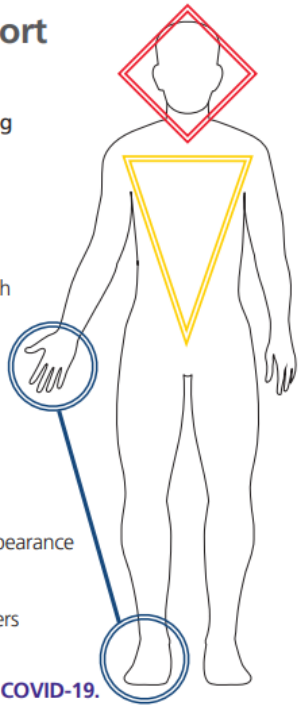
RESTORE2 mini
Recognise Early Soft Signs, Take Observations, Respond, Escalate

Signs someone may be unwell and what should I do?

Ask the person you support – how are you?

Does the person 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 person / 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. If you are a family carer or friend and are worried about the person you support talk to their nurse or GP. In an emergency you may need to call NHS 111 or 999. Support workers or home carers can also do this or consult a colleague or manager. **Try using the SBARD Structured Communication Tool** (below) to support reporting your concerns.

		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?	

Name of person completing: Signature:

Today's date:

If you are worried about the person, don't just think about it, seek advice.

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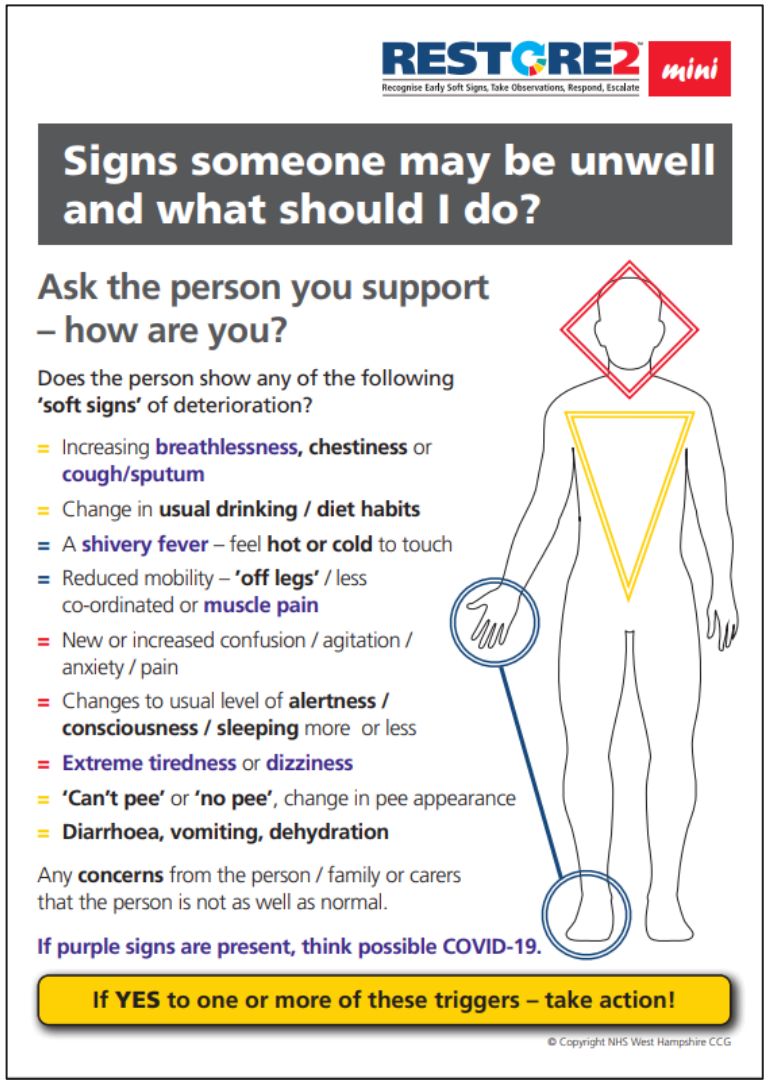
With purple (possible Covid-19) Soft Signs

A Soft Signs approach to identifying Deterioration



RESTORE2 mini

Recognise Early Soft Signs, Take Observations, Respond, Escalate

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- Understanding Soft Signs
- Recognising Normal

RESTORE2™ mini

Recognise Early Soft Signs, Take Observations, Respond, Escalate

Signs someone may be unwell and what should I do?

Understanding Soft Signs

1 

Soft signs of being unwell

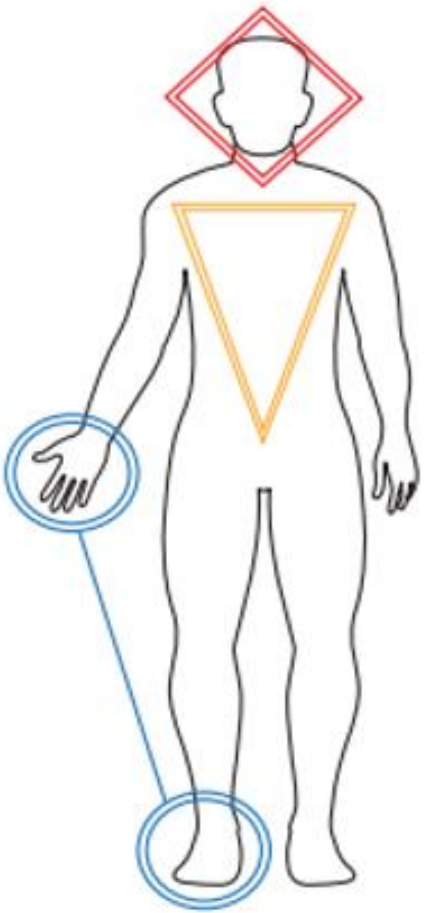
Health Education England - HEE

14 

14 Recognising deterioration in people with a learning disabilities

Health Education England - HEE

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 people 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, person 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 residents 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 resident. 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

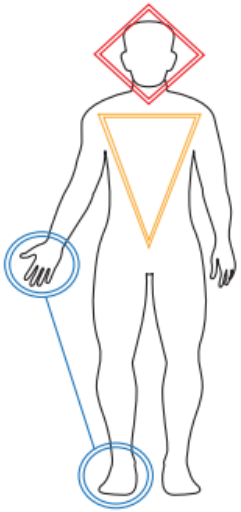
Changes in behaviour or ability may include:

- 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 resident, speaking with their family, friends and carers, you can build up a picture of soft signs that are significant to each particular resident.

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 resident, family or carers that the resident is not as well as normal

A taxonomy of Soft Sign indicators of deterioration

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 eat
	Not doing normal weekly/routine shop
	Buying significantly less than would normally for v
	Fridge and cupboards empty – change for normal
	Food not eaten – left to go stale
	Reduced or increased fluid intake
	Visual signs of weight loss over a short period of t client -clothes loose - skin dry and dehydrated
	Reduced energy levels compared to normal
	Nausea
	Vomiting
	Swelling of tongue/throat

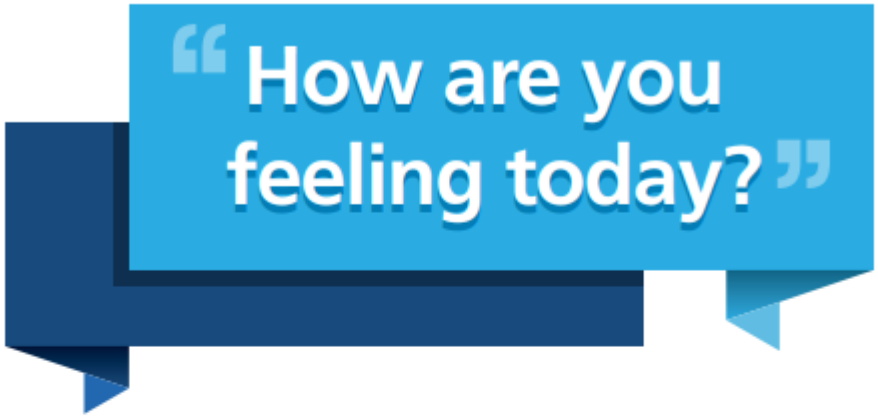
BEHAVIOUR	Increased agitation
	Increased confusion
	Lack of interest/motivation
	Wandering – change to client's presentation
	Disorientated
	Deteriorating low mood
	Out of character behaviour changes
	Focus and fixation on death
	Hyperactivity compared to normal for client
	Paranoia
	Agitation
	Increase 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

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

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 resident’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 residents 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 residents from serious illness’

Soft signs will lead into using the National Early Warning Score (NEWS) system as part of RESTORE2™ and escalating your concerns to a healthcare professional or senior colleague.

This slide is taken from the Rollout Workbook for Care Homes hence use of the term “resident”.

People working in other care sectors or non-residential care settings may prefer to use the terms client or “person you support” instead.

RESTORE2™ mini

Recognise Early Soft Signs, Take Observations, Respond, Escalate

Signs someone may be unwell and what should I do?

Recognising normal

1

Soft signs of being unwell

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 resident better than any other healthcare professional that comes into contact with them.

It is really important that when the resident is admitted to your home:

- You complete a set of vital signs (physical observations) so that you know what is normal for them
- 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 resident's GP about when and in what circumstances the GP might want you to call them with a concern

Knowing your resident will help you to support them to live well but also to think about what they would like to happen if they become unwell. This may include having a Treatment Escalation Plan or Do Not Attempt Cardiopulmonary Resuscitation order.

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

This slide is taken from the Rollout Workbook for Care Homes hence use of the term "resident".

People working in other care sectors or non-residential care settings may prefer to use the terms client or "person you support" instead.

Treatment Escalation and Personal Care Plans

A Treatment Escalation Plan (TEP) or Personal Care Plan (PCP) include personal recommendations about an individual's medical care and are made with the client and their caring team, and often with their family.

Other relevant information about someone's personal care needs may also be found in:

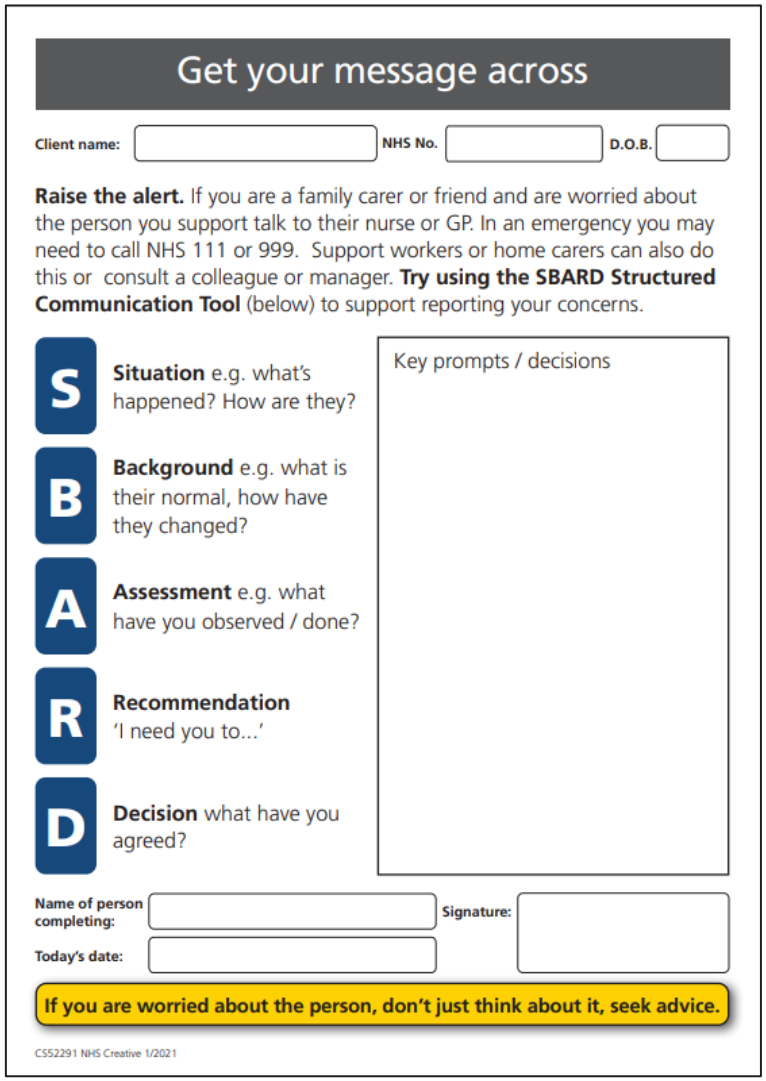
- A healthcare or hospital passport which is a document with information about the person with learning disabilities and their health needs. More at: https://www.nhs.uk/conditions/learning-disabilities/going-into-hospital/ and a template hospital passport at: https://www.mencap.org.uk/advice-and-support/health/health-guides

- A Learning Disability Health Action Plan which is produced by a GP as part of a patient's annual health check. A health action plan identifies the patient's health needs, what will happen about them (including what the patient needs to do), who will help and when this will be reviewed. (More at: https://northlincolnshireccg.nhs.uk/learning-disability-health-action-plans/)

- A 'My Future Wishes Plan' which helps people with learning disabilities be involved in planning for their future care. (More at: https://www.nhft.nhs.uk/download.cfm?doc=docm93jijm4n13922)

- Living Well is a person-centred approach to supporting people to live with long term conditions and think about what they want for the end of their life. (More at: http://helensandersonassociates.co.uk/person-centred-practice/living-well/)

A Soft Signs approach to identifying Deterioration



Get your message across

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

Raise the alert. If you are a family carer or friend and are worried about the person you support talk to their nurse or GP. In an emergency you may need to call NHS 111 or 999. Support workers or home carers can also do this or consult a colleague or manager. **Try using the SBARD Structured Communication Tool** (below) to support reporting your concerns.

		Key prompts / decisions
S	**Situation** e.g. what's happened? How are they?	
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D	**Decision** what have you agreed?	

Name of person completing: Signature:

Today's date:

If you are worried about the person, don't just think about it, seek advice.

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- Raising the Alert
- Reporting Concerns / Using SBARD

RESTORE2™ mini

Recognise Early Soft Signs, Take Observations, Respond, Escalate

NHS

Signs someone may be unwell and what should I do?

Raising the Alert
and
Reporting Concerns / Using SBARD

2

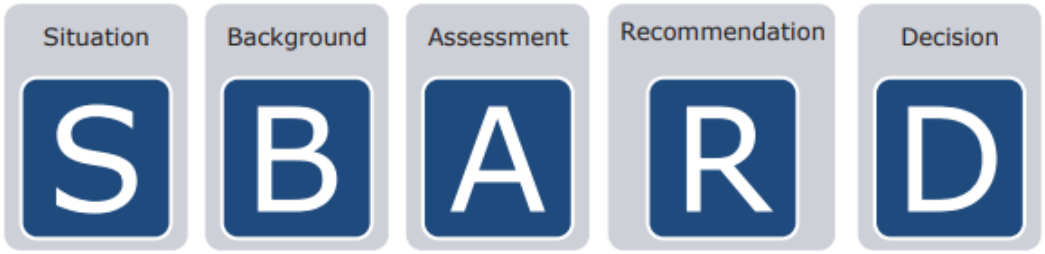
Telling someone you are worried (SBARD)

Health Education England - HEE

Telling someone you're worried (SBARD)

How could you do this?

Follow your organisations reporting procedures



Getting your message across

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

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 the person you support
- Carry out and document any of the actions you have been asked to take
- Remember to continue measuring their vital signs to evidence any improvement or deterioration.

Situation

Start by explaining the current situation.
Introduce yourself and state your role. Explain where you are calling from, who you are and whether you are a carer or registered nurse and what your direct phone number is in case you get cut off. Provide key information about the resident including:

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

Explain what it is that you are concerned about and use the National Early Warning Score to tell them what the resident's current NEWS is and what would be normal for them.

Background

Briefly state the resident'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
- the resident's last set of vital signs.

Assessment

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 resident
- other observations like urine output or blood sugar (glucose)

These slide are taken from the Rollout Workbook for Care Homes hence use of the term "resident".

People working in other care sectors or non-residential care settings may prefer to use the terms client or "person you support" instead.

Recommendation

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

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 for Help

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 without having to go through a switchboard, reception or other floor of your home
- If possible, use a portable device to make your call– that way if the ambulance service need to speak or see the resident 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 resident needs to be admitted, make sure your RESTORE2™ chart is copied for the crew or ask them to photograph it and upload it to their Electronic Patient Record. RESTORE2™ is your legal document. Don't send the original into hospital. If you are using a digital version of RESTORE2™, print the observations out for the crew to give to the hospital.

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RESTORE2™ mini

Recognise Early Soft Signs, Take Observations, Respond, Escalate

NHS

Signs someone may be unwell and what should I do?

SBARD Example Scenario

Scenario - Hillary

Hillary (21) usually enjoys a good conversation, engages well with carers and has a wicked sense of humour. Hillary can be slow to process some information but is able to make her needs well known and can be assertive. Hillary may breathe faster when anxious and may become slightly confused. This is also common when she is becoming unwell. Hillary's condition can deteriorate quickly.

You notice that in the last 2 days Hillary has not been 'herself', appears restless, continuously pacing, irritable and snappy with anyone around. Hillary also seems to have lost the sparkle in her eyes and appears to be avoiding much eye contact. She also has been 'fussy' with her meals, eating and drinking very little.

Q:What would worry you about Hillary today?
What soft signs can you spot in Hillary?
What could you do to get Hillary the right help early?

Additional information and resources

Wessex Academic Health Science Network

NHS

Who we are | Our work | Innovation Exchange | National programmes | Patient Safety | Resources | News & Events | Contact us

Identifying early signs of worsening health in a person with a learning disability

Programme(s):
Patient Safety Collaborative

Wessex PSC is working to implement a standardised common language for managing deterioration across all healthcare settings including the Learning Disability community.

Signs someone may be unwell and what should I do? (RESTORE2mini)

A resource for carers of people with a Learning Disability across Wessex

The **Signs someone may be unwell... (RESTORE2mini)** tool encourages carers to look out for, and respond to, 'Soft Signs' of Deterioration in the people they are supporting. Using a simple question 'How are you today?' the card includes a series of prompts to support staff to consider possible 'soft signs' of deterioration.

Possible triggers include breathing difficulties; changes in appetite, mobility, consciousness or confusional state; bowel or urinary tract problems.

Carers can then raise the alert and communicate their concerns using the SBARD communication process.

Developing the tool

RESTORE2 is a physical deterioration and escalation tool for care/nursing homes co-produced by West Hampshire CCG and Wessex Patient Safety Collaborative and based on nationally recognised methodologies including early recognition (Soft Signs), the national early warning score (NEWS2) and structured communications (SBARD).

RESTORE2mini was subsequently published, without the NEWS2 component, for care settings preferring to use a "Soft Signs" approach as an early sign of unwellness. The **"Signs someone may be unwell and what should I do?" (RESTORE2mini)** version of the tool was developed for use specifically in the Learning Disability Community.

A project team consisting of members from NHS England, NHS Improvement, Health Education England, Wessex PSC, West of England PSC, West Hampshire CCG and a number of Learning Disability charities and experts by experience developed the **"Signs someone may be unwell and what should I do?" (RESTORE2mini) tool** and associated training materials.

Further information about this project can be obtained via the "Contact Us" link at the bottom of this page.

FEATURED VIDEO

How Soft Signs indicate unwellness

BROWSE ALL VIDEOS

RESOURCES

- Signs someone may be unwell and what should I do? (RESTORE2mini) - Slide deck for Trainers (PPT)
- Signs someone may be unwell and what should I do? (RESTORE2mini) - Slide deck for Trainers (PDF)
- RESTORE2 Trainers Rollout Handbook
- RESTORE2 Trainers Rollout Handbook (e-book version for Android and iOS Tablets)
- Generic SBARD Communication Tool (WPSC)

https://wessexahsn.org.uk/projects/401/identifying-early-signs-of-worsening-health-in-a-person-with-a-learning-disability

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
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Matthew Richardson
NHS West Hampshire CCG

Susan Richardson
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Nicki Rogers
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The RESTORE2™ Project Advisory Board