



Management of Deterioration for people with Learning Disabilities – training



House Keeping



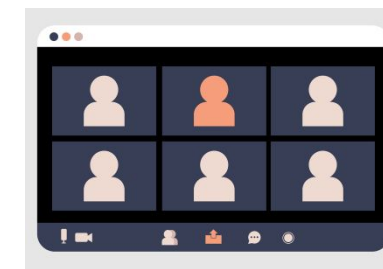
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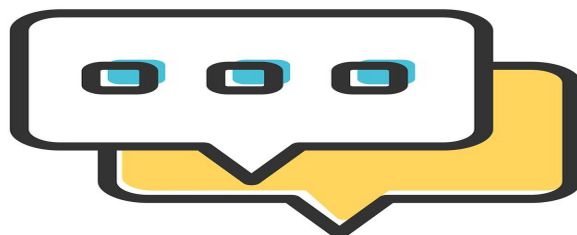
Webinar will be record
and shared



Speaker presentations
will be circulated after
the event



Turn your video off to
minimise any
connectivity issues



Use the chat function to submit comments or questions. We will attempt to address the questions if we are unable to we will follow up after the event



Thank you - Some of the training slides adapted
from WoE AHSN Super Trainers Programme

Meet the Team



Samson Ifere

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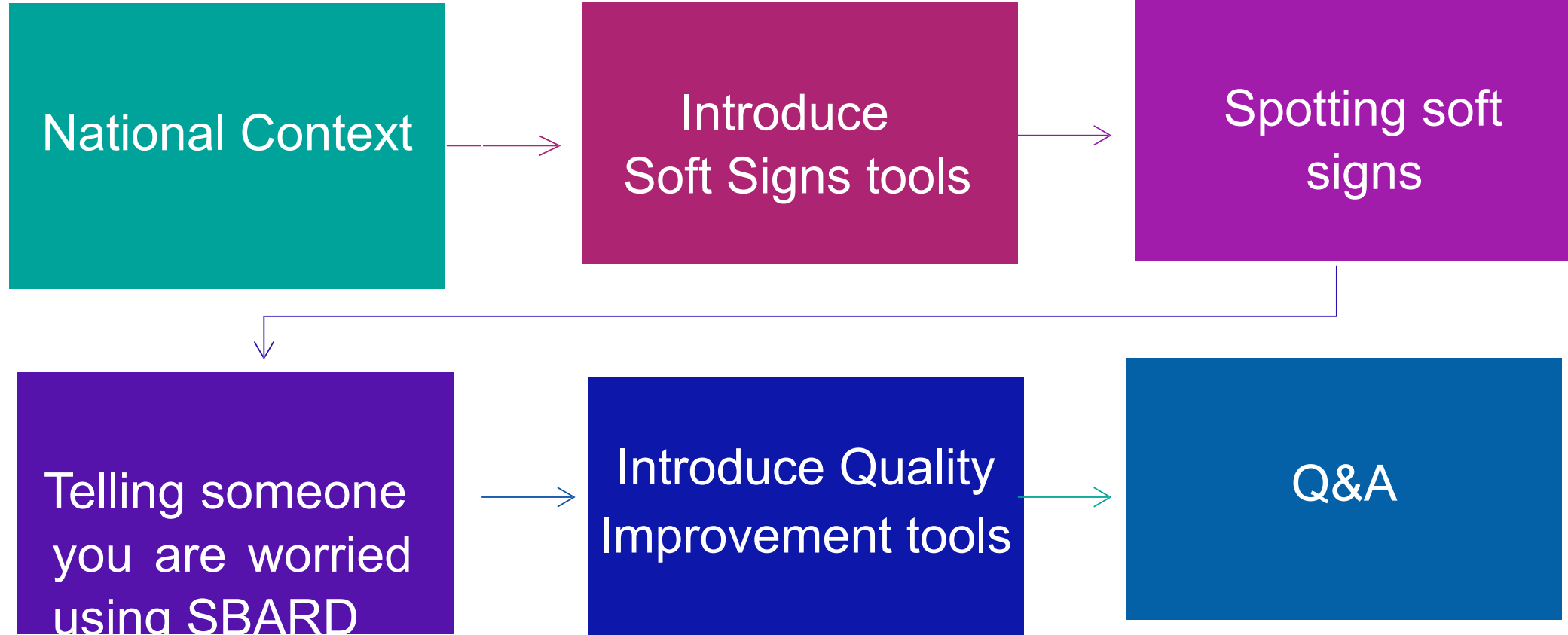
Head of Development
Thera Trust

Our plan for the session

By the end of the session you will:

- Understand why we are introducing soft signs training
- Be able to spot when someone may be unwell or getting worse (“deteriorating”) using **soft signs**;
- Be able to tell someone that you are worried in order to get the right help using **SBARD** (situation, background, assessment, recommendation, decision);
- Understand the range of soft signs tools that are available for use as part of the pilot testing phase
- Understand how you can use Quality Improvement tools to measure impact & improvement in recognising soft signs

Session outline



After the session we will send you...

- The slides we have used today
- Links to the videos used in the training
- Link to a recorded session for your reference
- A certificate of attendance
- Information on how to give feedback, get involved in the research

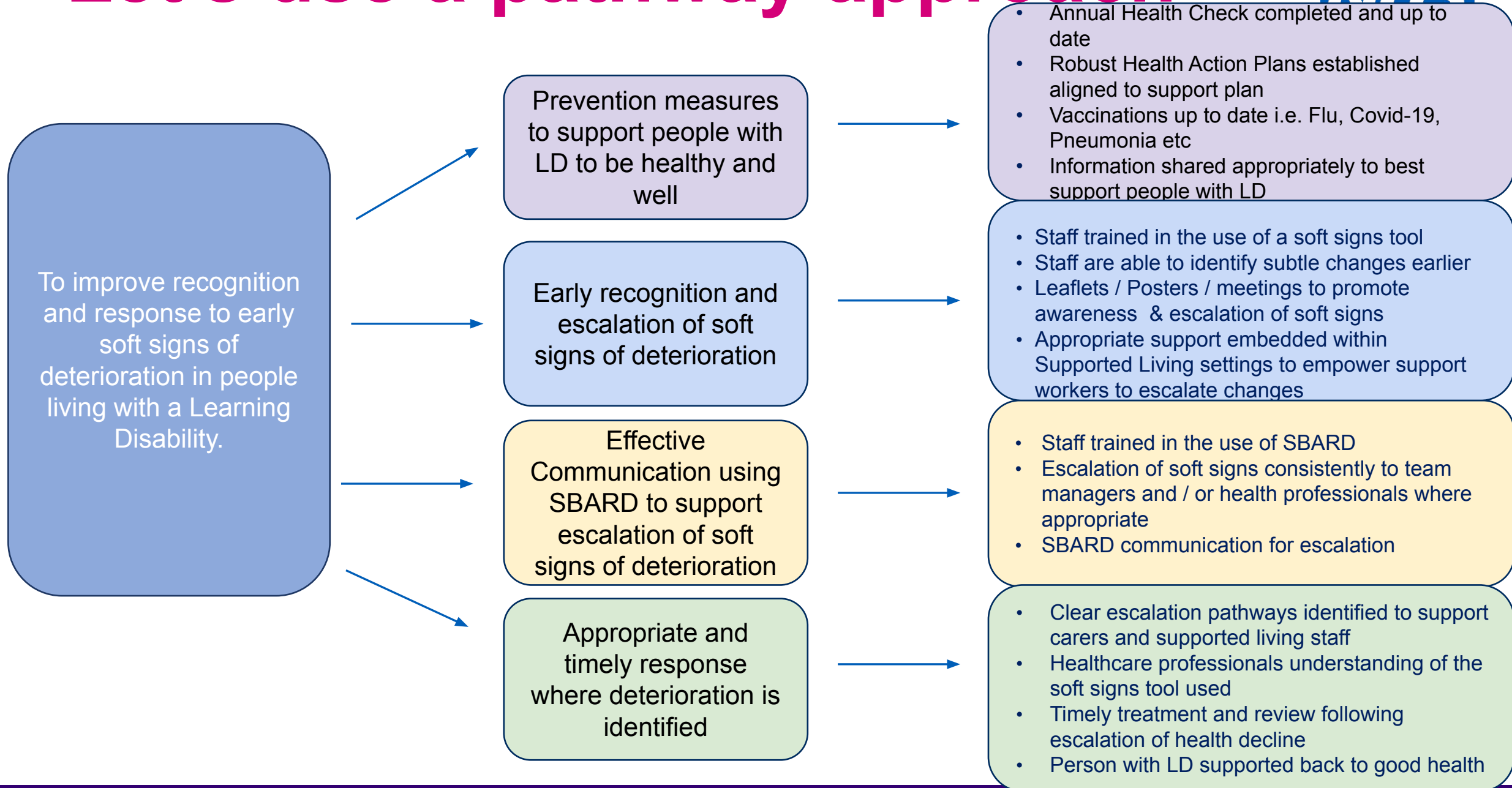


PIER Framework



- **Prevention:** interventions reducing the risk of deterioration-associated harm prior to deterioration occurring. These include developing awareness of and taking actions to mitigate risk at individual, organisational and system levels.
- **Identification:** the expeditious recognition of physical deterioration through the reliable monitoring, identification and assessment of all patients' conditions in all environments, recognising that the physical signs and soft signs of deterioration have equal importance.
- **Escalation:** using standardised protocols and the reliable escalation and communication of deterioration using a 'common language' recognised across the NHS with high quality, structured communication.
- **Response:** the timely response and review by appropriately senior clinicians and reliable activation of clinical interventions including acute or end-of-life treatment appropriate to the patient and setting.

Let's use a pathway approach



Why is this important?



We know that people with a learning disability:

- ☐ Have poor health outcomes and carers may find it difficult to communicate with GPs
- ☐ May have health problems which make them more vulnerable to infection
- ☐ May have difficulty saying when they are unwell, so we want to help families and carers be 'their voice'.
- ☐ Statistically die from COVID-19 are much younger than in the general population
- ☐ Are greatly impacted by COVID-19, so carers will benefit from understanding the signs which will really make a difference in this pandemic.

What factors could ensure the best outcome for us as individuals with Learning difficulties ?

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

**** Right care, Right Time, Right Place, Right Person****

Activity 1: scoping the problem and sharing experience

Think of a time when you or someone you know was unwell.

- ☐ How did you know the person was unwell? (what did you see, hear, feel etc.)
- ☐ What happened to get them help?
- ☐ What went well with that call for help?
- ☐ What could have been done better?
- ☐ How did this make you feel?
- ☐ Do you have any data/ records/ incidents to evidence this ?

Thinking about prevention measures



There are a number of processes already in place to support people with a Learning Disability to have good health. It is important that we ensure these are appropriately communicated:

- ☐ Annual Health Check/ Health Action Plan/ Hospital Passport/ Communication Passport
- ☐ Key contacts as part of a care network to support the person
- ☐ Vaccinations such as Flu, Covid-19, Pneumonia etc, ongoing health appointments

Address	
Email address	

Keeping health plans up to date		
Annual health check done	Date:	
When is the next annual health check due?	Date:	
Who will arrange this?	Name:	
Record of vaccinations	Yes/No	Date:
Covid vaccination -1 st		
Covid vaccination -2 nd		
Influenza		
Pneumonia		
Other		
Are the following plans available?		
	Yes/ No	Date last reviewed
Health Action Plan		

****It's important to understand the person's health background and what is normal for them****

What are “Soft Signs” of deterioration

- ❑ They are the early indicators that someone may be becoming unwell
- ❑ Sometimes it can be obvious that someone is unwell, but at other times it might be much harder to spot.
- ❑ Often families and friends will pick up on the subtle changes in a person's behaviour, manner or appearance. Therefore family concerns should always be taken seriously, even if you think the person is fine.

****It's important to understand what is normal for the person****

Examples of “Soft Signs”

Soft Signs can be related to many things including:

Changes in physical presentations

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

Changes in behaviour or ability

- ❖ increased tiredness
- ❖ altered sleep pattern
- ❖ reduced inhibitions
- ❖ Being very restless or hyperactive

Changes in mental state

- ❖ having new or worse confusion
- ❖ feeling more anxious or agitated
- ❖ Being more withdrawn than normal

Constipation



High levels of
excitement,
anxiety or
stress

NHS



Feeling very poorly or
like something is really
wrong with your body.



Being sleepier than
normal or being hard
to wake up.

Finding it hard to breathe
or breathing very fast.

Soft signs of being unwell

Soft Signs of being unwell

Soft Signs Tools

Signs someone may be unwell and what should I do?



STOP and Watch tool

Is My Resident Unwell

Good Health, Good Lives

Soft Signs Tools cont...



Signs someone may be unwell and what should I do?

Ask the person you support – how are you?

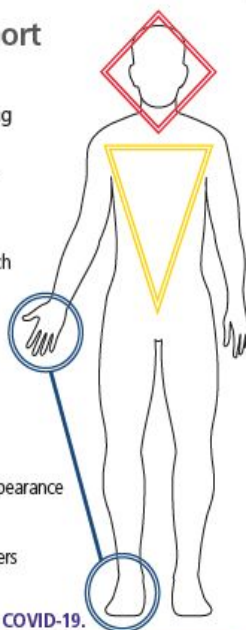
Does the person show any of the following 'soft signs' of deterioration?

- 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!



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Is My Resident Unwell

Step 1: Recognise and record the changes

Resident name:		Date of birth:	
Am I worried enough to want a review?		Am I worried enough to want a review?	
	YES	NO	
Are they becoming restless or agitated?			Are they more confused or drowsy?
Are they flushed, sweating hot or cold, or clammy?			Do they have cold hands or feet?
Are they more or less mobile than usual, or unsteady?			Are they feeling sick, or being sick?
Is there new, or worrying, pain?			Are they off their food or drinking less fluid?
Are there changes in skin colour or condition?			Any changes in urine colour or smell?
Are they short of breath or breathing harder than usual?			Any changes in bowel habits?
What does the resident say about how they feel? If the resident is able to express how they feel please tell us what they say.			

STOP and Watch tool

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ADULT SOCIAL SERVICES

INTERACT

Stop and Watch—Early Warning Tool

If you have identified a change while caring for or observing a resident, Date: ____/____/____ Time: ____
please circle the letter, underline the change and notify the person in charge with a copy of this tool.

Name of resident: ____ Date of Birth: ____/____/____ Room Number: ____

S	Seems different to usual
T	Talks or communicates less
O	Oxygen-increased requirement, breathless, chest
P	Pain—new or worsening; Participates less in activities
A	Ate less
N	No bowel movement in 3 days; or diarrhoea
D	Drank less
W	Weight change
A	Agitated or more nervous than usual
T	Tired, weak, confused, drowsy
C	Change in skin colour or condition, high temp, low temp, clammy, rash
H	Help with walking, transferring or toileting more than usual, overall needs more help

Describe the change you noticed: _____

Carer Name: _____

Senior Nurse reported to: _____

Observations: RR ____ SATS ____ BP ____ Pulse ____ ACVPU ____ Temp ____

Senior Nurse Actions

Repeat observations and record NEWS2 score overleaf (if applicable)

Reported to (circle): GP Rapid Response 111 999 not reported—Why? _____

Used SBAR format (overleaf) to communicate concerns: Y / N

Date: ____/____/____ Time (am/pm) ____

Outcome: ☐ Phone advice
☐ Treatment given in home (circle) GP Rapid Response Ambulance
☐ Transfer to hospital
☐ Other _____

In line with their preferred place of treatment / death? (circle) Y / N (If N please advise below)

Advance Care Plan: Y / N DNACPR/DNAR Y/N ReSPECT Form: Y / N (please circle as appropriate)

Good Health Good Lives

Keeping Well

Part 2: What feels different today?

Use Part 2 to gather information with the person about any changes that are worrying and may need to be passed on to a doctor or other health professional

Some things to look out for when you are worried about someone when they seem unwell or when you are unsure what is wrong



Aches and pains

Answer

How does the person show that they are in pain?
What are the signs to look out for?
This could be things like:

- Rubbing a part

Medical emergencies



There may be occasions when the early signs of deterioration may be a medical emergency. In these cases contact the emergency services immediately. It may be appropriate to monitor the person's vital signs once you have contacted the emergency services. Such situations include:

- ❖ Chest pain or suspected heart attack
- ❖ Where the person is displaying signs consistent with having a stroke
- ❖ Prolonged seizure where the person does not have a care plan in place to manage it or their breathing is compromised
- ❖ Where the person has sustained a significant injury – e.g. a fracture or head injury
- ❖ Where the person is unable to breathe



If in doubt, get it checked out. Remember to use SBARD when contacting 999.

Activity 2: 'Soft Signs' Scenario

Group discussion, a number of case studied scenarios will be shared and as a group we will look to identify the soft sign changes and explore what we may do to respond.

Scenario 1: 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?

Scenario 2: Shanna



Shanna is a 40yr old lady who lives alone in a 2 bedroom flat with support from carers. She is known to be prone to chest infections and often has antibiotics for it.

Last night Shanna looked more tired, less interactive and tearful. She has remained asleep for most of this morning and was reluctant to get up to eat, wash or do any of her usual daily activities. On occasions you felt she was drifting back to sleep mid conversation and was difficult to arouse. You also noticed she was slightly wheezy but has refused the offer of medication. You contacted the GP who prescribed antibiotics as in previous episodes. However Shanna was not keen to take them, choosing to remain asleep. By the evening Shanna had developed a fever and beginning to loose colour.

Q:What would worry you about Shanna today?

What soft signs can you spot in Shanna?

What could you do to get Shanna the right help early?

SBARD is a structured method for communicating critical information that requires immediate attention and action effectively with medical professionals.



Evidence shows that using SBARD helps with Communication, Confidence and promoting safety.

Telling someone you are worried

Thinking about a SBARD form:

- ☐ Could it be worth collecting the information so you know where it is when needed?
- ☐ Do you know who to call if you are worried? How about finding the telephone numbers and keeping them near the SBARD form.
- ☐ Keep the information in one place and tell people where it is – it might be with other important documents such as on the fridge door or even in your mobile phone.

Now let's use the Soft signs scenarios to practice using the SBARD.

How could you do this?



**Follow your
organisations reporting
procedures**





Do you know who to
tell if you are worried
about someone you
care for?

Telling someone you're worried (SBARD)

[Telling someone you are worried \(SBARD\) -
YouTube](#)

Passing on your concerns using SBARD

STOP and Watch tool

SBAR Communication Form

Before calling for help
Evaluate the resident: Complete relevant aspects of the SBAR form below
Review record: Recent progress notes, medications, other orders
Have relevant information available when reporting: (i.e. medical record, advance directives such as ReSPECT and other care limiting orders, allergies, medication list)

SITUATION Date: ____/____/____ Time: ____
I am calling because I am worried about ____ Date of birth: ____/____/____
This started on ____/____/____
Since this started it has got: Worse ☐ Better ☐ Stayed the same ☐

BACKGROUND
Medical Conditions ____
Other medical history (e.g. medical diagnosis of CHF, DM, COPD) ____
Frailty Status (if known) ____
Advance Care Plan: Y / N DNACPR/DNAR Y/N ReSPECT Form: Y / N (please circle as appropriate)

ASSESSMENT
Identify the change(s) from the Stop and Watch tool

Repeat Observations: RR ____ SATS ____ BP ____ Pulse ____ AC/VPJ ____ Temp ____
NEWS2 Score (if applicable):

RECOMMENDATION
Responding Service Notified: ____ Date ____/____/____ Time (am/pm) ____
Actions you were advised to take: ____



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.

CS52291 NHS Creative 1/2021

Is My Resident Unwell

Step 3: Pass on your concerns

Resident name:	Date of birth:
SBARD Escalation and Communication Tool and action tracker	
SITUATION Briefly describe the current situation and give a clear, concise overview of relevant issues. • (Provide address, direct line contact number.) • I am... from... (say if you are a registered professional). • I am calling about resident... (Name, DOB.) • The residents present NEWS score is... (reference/baseline NEWS score is...) • I am calling because I am concerned that... (think about the signs you ticked on page 2 or the part of the NEWS score which is concerning you.)	Notes (including date and time of escalation)
BACKGROUND Briefly state the relevant history and what got you to this point. • Resident XX has the following medical conditions... • The resident does/does not have a DNACPR or ReSPECT form / agreed care plan with a limit on treatment/hospital admission. • If the person is approaching End of Life and they on a palliative care register. Do they wish to be treated at home. • They have had... (GP/other health professional involved recently, eg review, investigation, medication.) • Resident XX's condition has changed in the last XX hours. • The last set of observations was... (date and time.) • Their normal condition is...	
ASSESSMENT Summarise the facts and give your best assessment on what is happening. • I think the problem is... • And I have... (e.g. given pain relief, medication, sat the patient up etc.) OR • I am not sure what the problem is, but the resident is deteriorating OR • I don't know what's wrong, but I am really worried.	
RECOMMENDATION What actions are you asking for? What do you want to happen next? • I need you to... • Come and see the resident in the next XX hours AND • Is there anything I need to do in the meantime? (e.g. repeat observations, give analgesia, escalate to emergency services)	Actions I have been asked to take (initial & time when actions completed)
DECISION What have you agreed? • We have agreed you will visit/call in the next XX hours, and in the meantime, I will do XX. If there is no improvement within XX, I will take XX action.	

Good Health Good Lives

Keeping Well

Part 3: What to do next -SBARD tool

Use the SBARD communication tool to share the information you have gathered
In an emergency situation, call 999

SBARD Tool

Situation, Background, Assessment, Recommendations, Decision

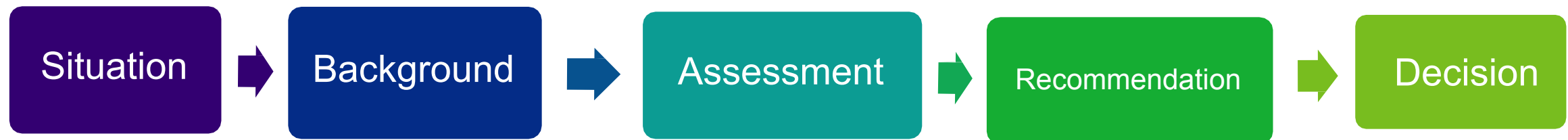
Use the answers to the questions to help the person to provide the following information or do it for them if needed

What has happened		Agreed actions
S	Situation • Give the name, date of birth, address and contact details of the person • Say who you are and what	

Example practice !!!

- > One morning you notice that 67yr old Charlie is reluctant to eat his breakfast and feels he needs to go back to bed for a rest. When you check on Charlie an hour later you feel his hands are colder than normal and he is beginning to shiver.
- > You have been supporting Charlie for the past 3 months and he is generally fit and well. He is on medication for hypertension but no other medication and has not required a medication review. Today Charlie has informed you he does not feel very well.

Using the SBARD framework, how would you communicate your concerns about Charlie to the GP?



Feedback- SBARD (Charlie)

•Situation

I am ringing because I am worried about a person I am a carer for. We have been supporting Charlie for past 3 months and he is generally fit and well.

I became concerned as he is off his food, unusually lethargic, cold and shivering and is complaining of feeling unwell.

•Background

Charlie is 67yrs old and alert with full capacity
He is on medication for hypertension but no other medication He has not required medical review met him.

SBARD-Charlie

•Assessment

I am not sure what the problem is but Charlie's condition is deteriorating

•Recommendation

Please could you visit to review Charlie ?

Is there anything I can do whilst I am waiting for you ?

GP- Advice please give 1g of paracetamol and continue to monitor Charlie

•Decision

GP – will visit in the next two hours after surgery

Continue to monitor and call back if Charlie's condition changes before the GP arrives

Document, Document, Document

Why identification and escalation are so important?



Andrew Bright
Head of Development
Thera Trust

[Andrew Bright Video](#)

QI Toolkit to reduce avoidable harm from deterioration

- Engage your team – Stakeholder mapping
- Scope issue - Gather baseline data, explore culture & identify powerful incident / story
- Develop your aim
- Develop plan - Driver Diagram
- Agree measures – consider a safety cross
- Testing changes (PDSA's)
- Consider QI tools to identify potential changes
- Feedback & celebrate success



Improve recognition of early deterioration in people with Learning Disabilities

The Model for
Improvement



To improve early recognition of deterioration & to increase % of people with a Learning Disability staying in their usual place of residence.

Stakeholder Mapping

Carer: I record the soft signs I notice on **soft signs tool**

Person with lived experience: I know when I don't feel well to tell my support worker

Support Worker: I used SBARD to escalate my concerns

Manager: I ensure that all staff receive training in **soft signs tool**

Relative: I escalate any concerns that I have to staff

Who can help us with reducing avoidable harm from deterioration in Supported Living

Carers
Support Workers
Manager
Families
People with Learning Disabilities

And who externally can help us :

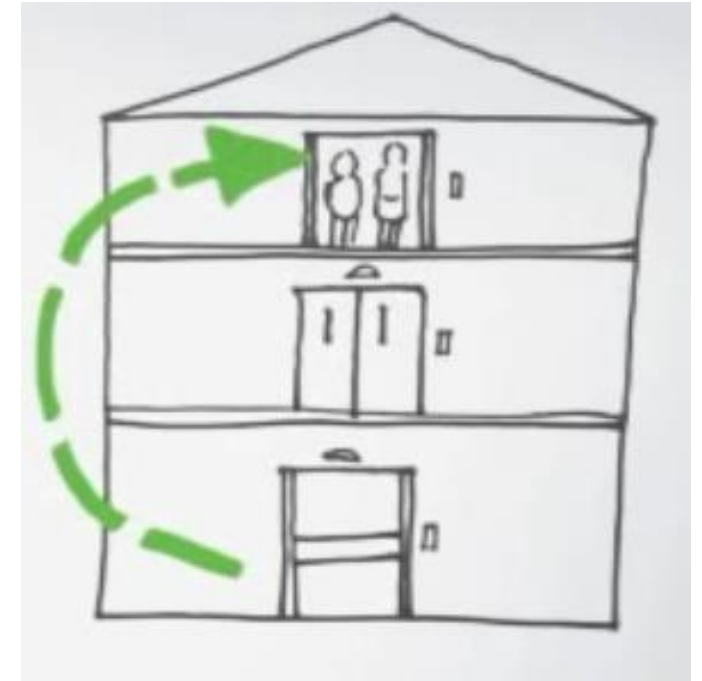
Case Managers
District nurses
Pharmacy Team
Public Health
Rapid Response Team /111
GP
Ambulance service

Define & Agree Your Aim

Example AIM

By Dec 2022 we will improve number of people with Learning Disabilities staying in their usual place of residence X by 30% by implementing a soft signs tool

What do you want to improve, by how much and when?



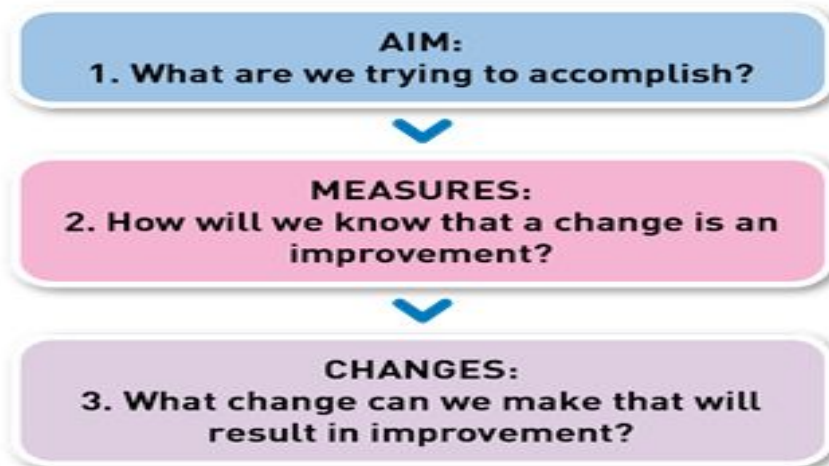
Remember... Some projects fail because the aims are too broad or too vague!

East Midlands
Academic Health
Science Network

- ❑ Simple and visual
- ❑ Engage staff in measurement
- ❑ Encourage early detection of issues
- ❑ Allows staff to see trends and the team to agree on solutions for improvement



The Model for Improvement



Staff may have ideas about what will work best with implementation of the different elements of the [Soft Signs Tool](#)

These can be tested out on a small scale known as a PDSA cycle.



Testing, prototyping and PDSAs

Learn from small mistakes!



Most of us have done at least one PDSA!

Consider Human Factors

Polices and practice... are they the same?



It's human nature to break the rules... How can we support people to do the right thing?

Recognise and celebrate success



Since Dec 2021

All staff have been trained in using the STOP and WATCH tool

We have used a STOP and WATCH tool four times this month which has prevented 2 people we support being admitted to hospital, and receiving the treatment they needed earlier within the community

THANK YOU ALL for your support with this!!

small
actions



lots of
people

BIG
CHANGE

Summary



- You are often the expert on the person you look after and you know when something is not right.
- Think about soft signs for that person, and share them with other people.
- Think about how to tell others when you are worried.
- Remember, **if you are worried about someone, don't just think about it, seek advice.**

Next Steps?



- **Training Pack**
 - Slide Deck
 - Recording
 - Sonia Sparkles (Quality Improvement) – *need your email address please*
 - PDSA material
- **Suite of Tools**
 - Stop and Watch for LD with SBARD
 - RESTORE2 Mini for LD with SBARD
 - Is My Resident Unwell with SBARD
 - Good Health Good Lives Tool with SBARD
- **Survey & Semi Structured Interview**
- **PDSA cycles and Drop in sessions**
- **Collaborative**



Thank you!

Do you have any questions?