

# RESTORE2mini Training

**Recognising the signs someone with a learning disability  
may be unwell and what you should do about it.**

Andy O'Connell  
Senior Nurse Manager for LeDeR

# What is RESTORE2mini?



A national tool which uses the soft signs of deterioration to help you assess whether someone is becoming unwell.



It can be used in all community and residential care facilities as well as people's homes.

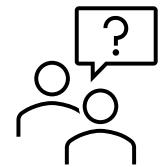


The people expected to be using the tool (support workers working in the care sector and family carers) do not need any medical training or equipment.

# What we will learn today.



Spot when someone may be unwell or getting worse (“**deteriorating**”) using soft signs.



Tell someone that you are worried in order to get the right help using **SBARD** (Situation, Background, Assessment, Recommendation, Decision)

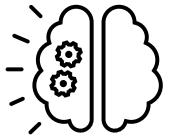


How the RESTORE2mini tool brings these two things together.

# Why is this important?



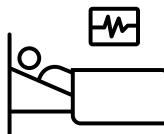
People with a learning disability die more than 20 years younger than the general population and most deaths were considered preventable or treatable.



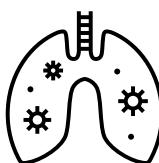
People with a learning disability may have difficulty recognising and saying when they are unwell.



LeDeR still shows examples of late diagnosis and treatment of conditions which could have been caught earlier.



Delays in treatment result in more serious disease and longer stays in hospital, requiring more invasive treatment and interventions.



People with a learning disability may have health problems which make them more vulnerable to infection.

# However...



Carers are often able to tell when a person is unwell due to familiarity and picking up on non-verbal cues.



Carers and health care professionals can be helped to communicate better with each other about a person's health.

# Your 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 did you do to get them help?
- What went well with that call for help?
- What could have been done better?
- How did the experience make you feel?

# Two key factors

Deterioration is often recognised late...sometimes too late, which can have life changing consequences.

What if we could identify it sooner and what we all spoke the same language and could communicate our concerns better?

1

Identifying the **Soft Signs**

Spotting the early indications of illness

2

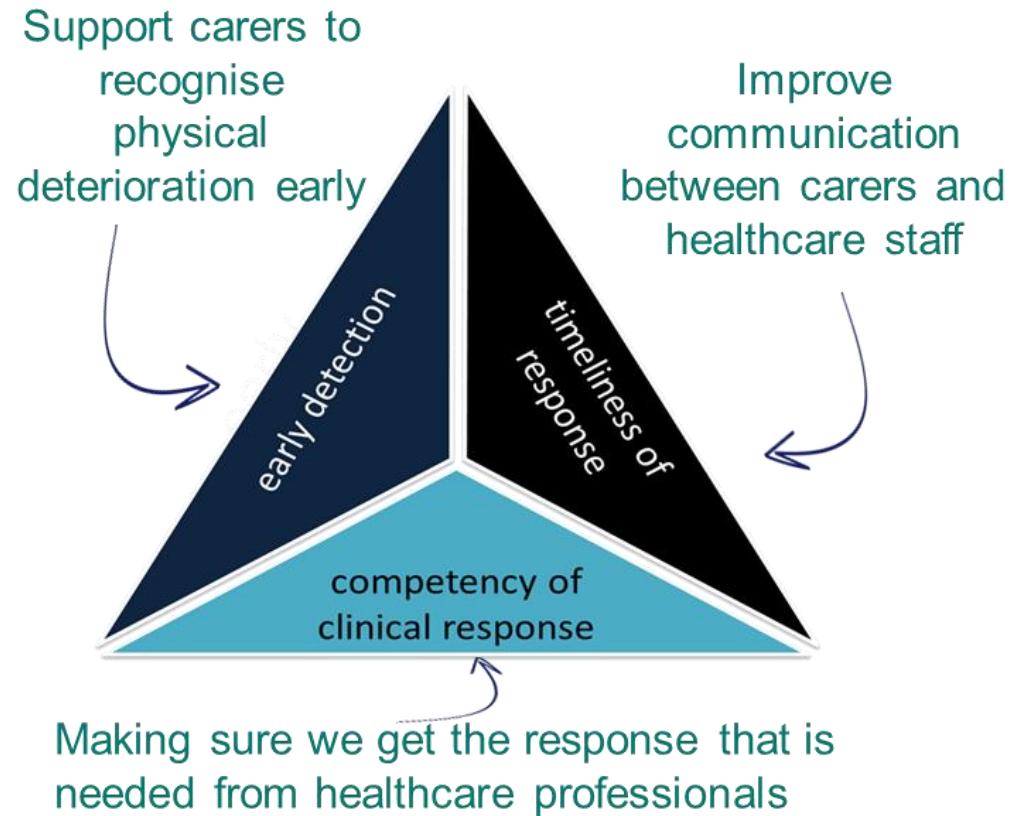
Communicating with **SBARD**

Situation, Background, Assessment,  
Recommendation, Decision

# How do we get the best outcome?

If someone was to become unwell there are steps that would give them the best possible chance at a good outcome:

1. Someone to recognise the deterioration early.
2. Healthcare services getting to the person as quickly as is required.
3. A clinical response that meets the persons need.



# The Tool

**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?

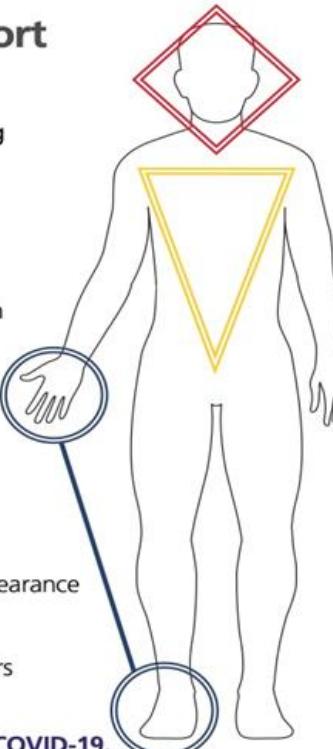
Does the person show any of the following 'soft signs' of deterioration?

- = 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!



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## Get your message across

Person's 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   |
|----------|---|
| <b>S</b> | <b>Situation</b> e.g. what's happened? How are they?                |
| <b>B</b> | <b>Background</b> e.g. what is their normal, how have they changed? |
| <b>A</b> | <b>Assessment</b> e.g. what have you observed / done?               |
| <b>R</b> | <b>Recommendation</b> 'I need you to...'                            |
| <b>D</b> | <b>Decision</b> 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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# Soft Signs Video

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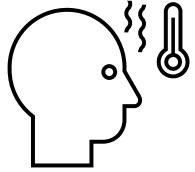


Health Education England



**Soft signs of being unwell**

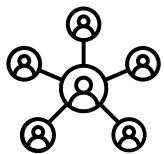
# What are “Soft Signs” of deterioration?



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 different for different people.

Make sure you and other carers know what is normal for the person you support and what their soft signs might be.

## Changes in physical presentations

- Not going to the toilet as often or not passing much urine
- Being unsteady while walking
- Being hot, cold or clammy to touch.

## Changes in behaviour

- Being more anxious or agitated
- Being unusually quiet or withdrawn
- Reduced inhibitions
- Being more irritable than usual
- Being very restless or hyperactive

## Changes in sleep patterns or mental state

- Not wanting to get up in the morning
- Not wanting to go to bed or being restless
- Sleeping for longer or shorter periods
- Having new or worse confusion

# 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 they are finding it hard to breathe.
- 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.**

# What is SBARD?

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

Situation

**S**

Background

**B**

Assessment

**A**

Recommendation

**R**

Decision

**D**

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

# SBARD Video



Health Education England



**Telling someone  
you're worried  
(SBARD)**

# Who is best to help?



The GP/Out of Hours?



The community learning disability team?



Senior carer/manager?



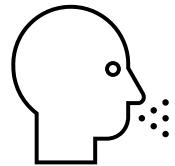
999?

# What does SBARD do?

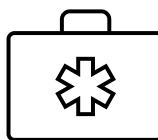
SBARD helps us to think about:



What changes have you noticed? (how is the person different to usual?)



What soft signs and/or symptoms have you noticed?



What response/help do you need for the person?

# The Tool

## Get your message across

Person's 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.

|          |  |                         |
|----------|--|-------------------------|
| <b>S</b> | Situation e.g. what's happened? How are they?                | Key prompts / decisions |
| <b>B</b> | Background e.g. what is their normal, how have they changed? |                         |
| <b>A</b> | Assessment e.g. what have you observed / done?               |                         |
| <b>R</b> | Recommendation 'I need you to...'                            |                         |
| <b>D</b> | Decision what have you agreed?                               |                         |

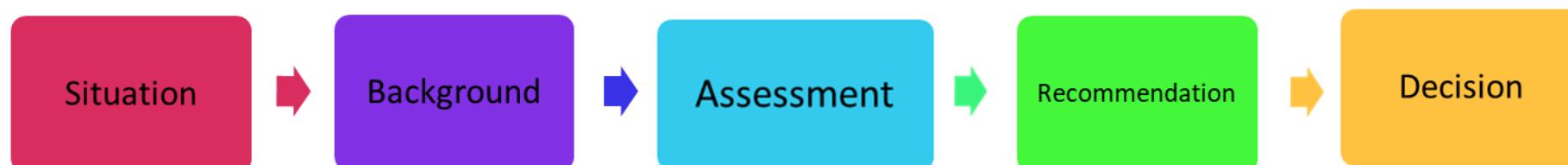
Name of person completing:  Signature:   
Today's date:

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

# SBARD Example - Hillary

Hillary (21) is usually very chatty and has a wicked sense of humour. She lives in supported living with some 1:1 support. She is able to make her needs well known and can be assertive. Hillary tends to breathe faster when anxious and may seem slightly confused. This is also common when she is becoming unwell. Hillary's condition has previously deteriorated rapidly.

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



# SBARD Example - Hillary

Situation

I am calling as one of Hillary's care staff. I am concerned about Hillary who I look after. I think she is ill. Over the last 2 days she has become quieter and less chatty than usual. She is eating and drinking very little and declined any breakfast this morning. This is a big change from her usual self.

Background

Hillary has Down's syndrome. She is usually fit and well. She is usually very chatty and outgoing and quite assertive about her needs. She doesn't have any specific medical history and is not taking any regular medications. Last year she had an illness and the pattern of change was similar to what is happening now. On that occasion she got worse quite quickly.

Assessment

I do not know what is wrong with Hillary. I am concerned it is a physical illness and that she could become very unwell very quickly.

# SBARD Example - Hillary

Recommendation

I would like you to come and see Hillary for an assessment. Could you tell me if there anything I should do in the meantime? (It is likely the doctor will ask various questions during the assessment and make recommendations)

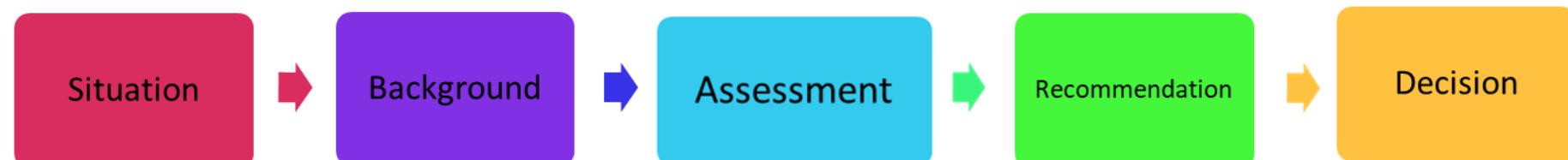
Decision

The GP will visit in the next two hours. Continue to monitor and call back if Hillary's condition gets worse before the GP arrives. Make sure the doctor has your contact details and record what you have agreed.

# SBARD Example - Tom

Tom (32) has a learning disability and additional health needs. He lives in a residential home and visits his family every other weekend. Tom has some visual impairment. He loves to jump, especially when excited. Tom communicates non-verbally and usually responds by smiling or flickering his eyes and making high-pitched vocalisations. Tom loves his food and never misses an opportunity for a pudding.

Carers who finished the day shift reported that Tom has been hyperactive; jumping, burping and slapping his chest repeatedly but has been less responsive to carers talking to him. Carers have also noticed he is having more absence seizures than normal. Tom has had changes in behaviour during previous illnesses and his epilepsy is very well controlled usually. They also noted he refused dinner and didn't drink much in the day.



# SBARD Example - Tom

Situation

I work at Care Lodge and I'm looking after Tom today and I am concerned about him. I think he is ill. Over the day shift he has been very hyperactive but less responsive to carers when they are talking to him. He is eating and drinking very little which is a big change for Tom.

Background

Tom is 32 years old; he has a learning disability, epilepsy and constipation. He takes medication for his epilepsy every day but we only give him laxatives if he hasn't had a poo in a couple of days. He is having it now as he hasn't had a poo in 4 days. Tom has had changes in his behaviour before when he has been ill, but his seizures are unusual as they are normally really well controlled.

Assessment

I'm worried his constipation might be bad and Tom is in pain, the laxatives aren't working as well as they usually do. I don't know for sure though.

# SBARD Example - Tom

Recommendation

I would like an appointment for Tom please so someone can see him. Is there anything I can do?

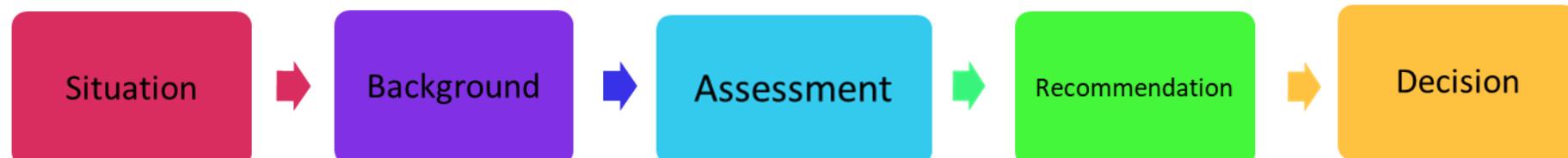
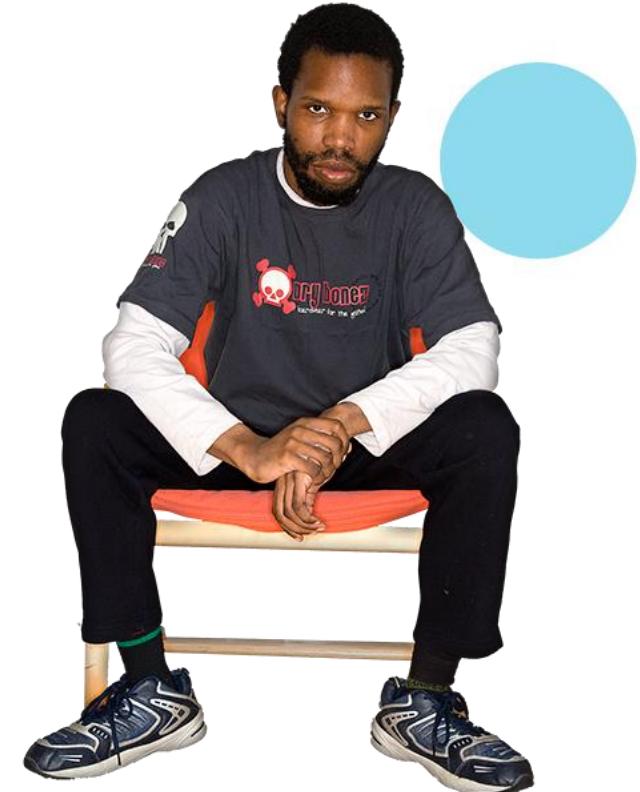
Decision

An appointment has been made with the out of hours GP at the local walk-in centre. Continue to monitor Tom and call back if his condition gets worse. Make sure who you speak to has your contact details and record what you have agreed.

# SBARD Example - Jerry

Jerry (29) has a learning disability and is usually fit and well. He lives at home with support from family and carers. He is fond of the outdoors and loves to go for walks in the park. Jerry has at times had behaviours his care staff have found difficult to manage including hitting and pinching. However his family and carers are usually able to distract him, and this has been managed easily for the last few months.

In the last week, Jerry has increasingly attempted to hit and pinch carers and family and his usual distraction techniques have not been effective. He has been breathless over the morning and a lot more unsteady on his feet. Jerry's anxiety levels appear to be rising as he becomes increasingly distressed and unsettled.



# SBARD Example - Jerry

Situation

I am a carer working for Good Home Care and I'm looking after Jerry today and I am concerned about him. I think he is ill. Over the last week his behaviours have become much harder to manage but today he seems breathless and wobbly, like he might fall over.

Background

Jerry lives at home with his mum and brother. His mum is a bit worried too. He doesn't have any health conditions and isn't taking any medications.

Assessment

I do not know what is wrong, but he has been getting worse all morning.

# SBARD Example - Jerry

Recommendation

Can someone please see Jerry for me? Should I do anything?

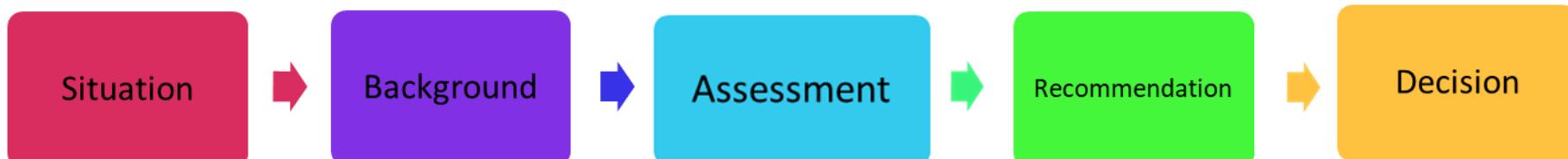
Decision

The GP has booked to see Jerry in the afternoon surgery. Continue to monitor and call back if his condition gets worse. Make sure the doctor has your contact details and record what you have agreed.

# SBARD Example – Shanna

Shanna (40) is a 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. Her pads over the last two days have been unusually dry. On occasions you felt she was drifting back to sleep mid conversation and was difficult to rouse. 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. By the evening Shanna had developed a fever and beginning to lose colour.



# SBARD Example - Shanna

Situation

I am a carer for Shanna and I am concerned about her. She is ill. Last night she was very tired and crying, which isn't usual for her. Her pads have been really dry since yesterday morning and today she is sleeping a lot, really hard to wake up and sounds wheezy. She has a temperature now and looks pale.

Background

Shanna lives in her own flat but with live-in carers, I have been looking after her this week. She does get a lot of chest infections, and we usually call the GP to get antibiotics for her but last time she was this sleepy she didn't really take them.

Assessment

I think she has a chest infection, but she's has got sick really quickly and is getting worse.

# SBARD Example - Shanna

Recommendation

Can someone please see Shanna for me? Should I do anything?

Decision

111 has called an ambulance. Make sure they have your contact details and record what you have agreed.

# Summary

Learning aims:

1. What are the soft signs of deterioration
2. How to spot them
3. How to use the SBARD tool to communicate your concerns to someone who can help.

Remember:

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.

Hospital or Care Passports.

Handover.

**If you are worried about someone, don't just think about it, seek advice.**

